From: Sent: To: Cc: Subject: Hayley Croft Wednesday, 12 February 2025 4:29 PM

RE: GIPA24/

Agree to Revised Scope



12 February 2025

Our ref: GIPA24/

NOTICE OF DECISION

Good afternoon

I refer to your formal access application under the *Government Information (Public Access) Act 2009* (GIPA Act) that you lodged with the Department of Communities and Justice (the Department) where you requested access to a copy of the following policy and procedure documents:

Name of document	Number of pages
Fostering relations: trainer's manual (1999)	27
Keeping kids safe: DoCS child and family handbook (2000)	381
Child protection & children's services: what's everyone's role? (2002)	8
Trainer's guide: Our carers for our kids (2007)	152
Out-of-Home Care Service Model: Intensive Foster Care (2007)	11
Caring for kids: a guide for foster, relative and kinship carers (2011)	183
Case Planning Framework (2014)	12
Managing Allegations of Reportable Conduct Against Authorised Carers (2014)	43
Total	817 pages

Decision

I am authorised by the principal officer of the Department to decide your access application under section 9(3) of the GIPA Act.

Under section 53 of the GIPA Act, the Department must undertake reasonable searches as may be necessary to find any of the government information applied for that was held by the Department when the application was received, using the most efficient means reasonably available to the Department. I can confirm that in order to scope and locate the information that falls within the scope of your request, a thorough search has been conducted of the Department's records management systems.

I have decided to provide you with a complete copy of the information requested in your access application in accordance with section 58(1)(a) of the GIPA Act.

In deciding your application, I was required to conduct a "public interest test" where the public interest considerations favouring disclosure of government information were weighed against those factors that do not favour disclosure. The following are a number of public interest factors I considered which favour disclosure of the information requested:

- Disclosure of the information could reasonably be expected to promote open discussion of public affairs, enhance Government accountability or contribute to positive and informed debate on issues of public importance.
- Disclosure of the information could reasonably be expected to inform the public about the operations of agencies and, in particular, their policies and practices for dealing with members of the public.
- Disclosure of the information could reasonably be expected to ensure effective oversight of the expenditure of public funds.
- The information is personal information of the person to whom it is to be disclosed.
- Disclosure of the information could reasonably be expected to reveal or substantiate that an agency (or a member of an agency) has engaged in misconduct or negligent, improper or unlawful conduct.
- Disclosure of the information could reasonably be expected to advance the fair treatment of individuals in accordance with the law in their dealings with agencies.
- Disclosure of the information could reasonably be expected to reveal the reason for a government decision and any background or contextual information that informed the decision.
- Disclosure of the information could reasonably be expected to contribute to the administration of justice generally, including procedural fairness.

On this occasion, I have not identified a public interest factor against disclosure, therefore the information has been provided in full and can be downloaded by clicking the below link:

Review rights

If you disagree with any of the decisions in this notice that are reviewable, you may seek a review under Part 5 of the GIPA Act. You have three review options:

- An internal review lodged with the Department's Open Government, Information and Privacy Unit, within 20 working days of the date of this Notice;
- An external review by the NSW Information Commissioner, within 40 working days of the date of this Notice; or
- An external review by the NSW Civil and Administrative Tribunal, within 40 working days of the date of this Notice.

Please do not hesitate to contact me in the first instance to discuss any concerns you have in relation to this decision, noting that you have been provided with a complete copy of the information requested.

Further information about your review rights can be located on the Information and Privacy Commission's website at https://www.ipc.nsw.gov.au/fact-sheet-your-review-rights-under-gipa-act.

Please contact me by phone or email if you have any queries regarding this matter.

Kind regards,

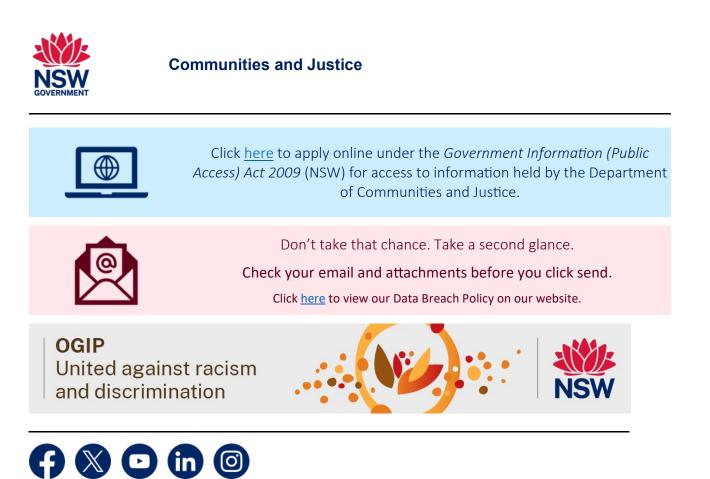
P (02) 9716 2624 E <u>hayley.croft@dcj.nsw.gov.au</u>

dcj.nsw.gov.au

Locked Bag 5000 Parramatta NSW 2124

Working days Monday to Wednesday

DCJ believes in working flexibly. I'm sending this message now because it's a good time for me, but I don't expect that you will read, respond or action it outside of your own regular hours.



I acknowledge the traditional custodians of the land and pay respects to Elders past and present. I also acknowledge all the Aboriginal and Torres Strait Islander staff working with NSW Government at this time.

DISCLAIMER: This email message, including any attachments, is intended for the individual or entity to whom it is addressed and may contain information that is confidential, privileged and/or exempt from disclosure under applicable law. If you have received this email in error you must not disclose or use the information in it. Please delete the email and any copies and notify the sender. Confidentiality or privilege are not waived or lost by reason of the mistaken delivery to you. Views expressed in this message are those of the individual sender, and are not necessarily the views of the Department of Communities and Justice. The Department accepts no liability for any loss or damage arising from the use of this email or attachments and recommends that the recipient check this email and any attached files for the presence of viruses.

Please consider the environment before printing this email.



FOSTERING RELATIONS

This booklet is for the use of Foster Carer Trainers only

Dept. of Community Services	S
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LIBRARY SERVICES	

- 2 Notes
- 3 General Objectives

Contents

4 Session 7 Overview

5 Perceptions

- 6 Common Perceptions of Birth Families
- 7 Common Circumstances of Birth Parents

8 Reactions

- 8 Reactions of the Birth Parents to the Separation —the Phases of Grief
- 9 How these reactions are expressed
- 10 The World of Abnormal Rearing, or the WAR cycle

11 Why is contact important?

12 Discussion

- 12 Why is contact important?
- 14 Reactions of the child to separation
- 15 Do's and Don'ts of Contact
- 17 [OPTIONAL] Discussion of coping strategies based on Case Study Scenarios

20 Video on Birth Parents and Foster Carer

Notes

Session Requirements

Note to the Trainer:

For Foster Carers, this can be a challenging session which will bring out strong emotions and issues – you must view the video before presenting it, and be familiar with the workbook.

When introducing this video, tell foster carers that it is designed to challenge them by:

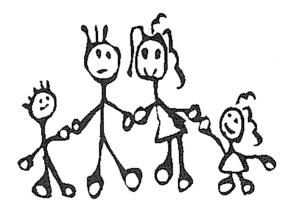
- Bringing them into contact with some of the feelings and thoughts of birth parents
- Bringing them into contact with the possible complications that access between birth parents and children in care creates
- Identifying the advantages that foster carers see in helping children in care maintain their contact with birth parents
- Encouraging them to consider ways in which they would handle some complex situations

It is also important to have an opportunity for debriefing at the end. The last scene is very powerful.

On a final note, remind foster carers that if they are unable to overcome negative feelings about birth parents, then foster caring may not be for them.

General Objectives

- To gain an understanding of birth parents
- To gain some insights into the feelings of birth parents
- To look at behaviours arising from the child's ambivalent feelings towards both families
- To examine the importance of ongoing contact between the birth family and the child



Session 7 Overview

Perceptions

- The aim of this module is to get participants to identify common beliefs and feelings about birth families and children in care.
- Conditions and circumstances of birth parents (what they're like and why)

Reactions

- The aim of this module is to put participants in touch with the feelings of birth parents who are experiencing the loss of their children.
- The 'WAR' abuse cycle World of Abnormal Rearing

Why is contact important?

Throwing open the question – allowing all opinions, without providing the answer.

Discussion

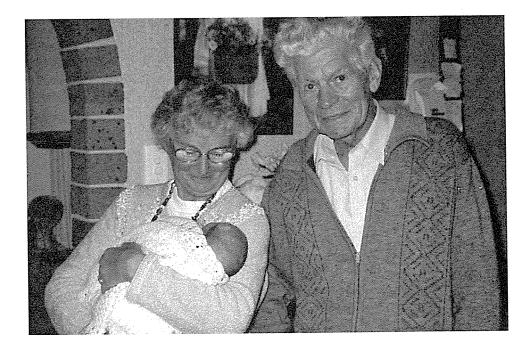
- Answer the question: "Why is contact important", highlighting the issue that contact is now embedded in the legislation and the standards.
- Reactions of the children
- The do's and don'ts of contact
- Discussion of coping strategies based on case study scenarios

Perceptions

The aim of this module is to get participants to identify common beliefs and feelings about birth families and children in care.

It is common that people have mixed feelings about birth families, predominantly negative ones, and that is understandable.

One way of dealing with these feelings and thus prevent them from getting in the way of helping the child(ren) in your care is to better understand birth families and why they behave the way they do.



Common Perceptions of Birth Families

(A brainstorming session may elicit the following common perceptions which need to be covered)

- Lazy
- Dirty
- Uneducated
- Not intelligent
- Neglectful
- Uncaring
- Failures
- Poorer classes
- Inadequate
- Lack aspirations for themselves and their children

- Violent and Aggressive
- They don't deserve children
- They deserve what they get
- Anti-social/Abusive
- Alcohol or other drug users
- Lack community standards
- Uncaring and selfish
- Irresponsible
- Mentally unstable
- They waste money

Common Circumstances of Birth Parents

- Not enough support networks, including a lack of support from extended family
- Lack of resources and knowledge of parenting
- Survivors of neglect/abuse in the family of origin
- Circumstances and environment are seen as out of control
- Often an isolated single parent/multiple partners
- Loss, death and illness may compound difficult situations
- Long standing and severe social problems/alcohol and other drug abuse
- Unable to cope with problems

- Low self-esteem/lacking in confidence
- Little belief in own competence, immature; and may need parenting themselves
- Emotionally fragile/powerless
- Socially isolated families
- Poor financial circumstances/ inability to budget
- Mental health problems eg. depression and maybe unaware of their own condition
- Disabilities intellectual and physical
- Lack of living and social skills
- Unemployed/unemployable

Reactions and an and and and and

The aim of this module is to put participants in touch with the feelings of birth parents who are experiencing the loss of their children.

Reactions of the Birth Parents to the Separation —the Phases of Grief

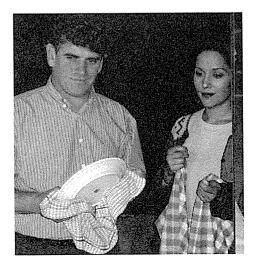
- Shock
- Denial
- Protest
- Despair
- Healthy adjustment



How these reactions are expressed

- Anger
- "We're at the whim of the foster carers"
- Crying/emotional
- Inconsistent
- Need alcohol and other drugs
- Withdrawal from the process
- Unable to control the situation
- Seeking sympathy
- Making promises they don't keep
- May treat foster carers like "hired help"
- Be unable to cope
- Be "nitpicking" and critical
- Unpredictable
- Unrealistic
- Argumentative
- Blames:
 - the child
 - the Department
 - the carers

- Try to steal the child back
- May sabotage the foster carer's efforts
- May not attend access or may attend late



The World of Abnormal Rearing, or the WAR cycle

Birth parents who do not have their own needs met as children and/ or are abused, may go on to rear children without understanding the wrongs perpetrated on them both physically and emotionally.

As a result of their own upbringing, they may be unable to meet the needs of their own children, and/or may abuse their own children, just as they were abused or emotionally abandoned.

This abuse/lack of meeting the needs of their children, may continue from generation to generation unless intervention occurs.

Intervention through good foster care may be an ideal opportunity to break the WAR cycle.

Why is contact important?

Throw open the question and allow all opinions, without providing the answer.

Play video

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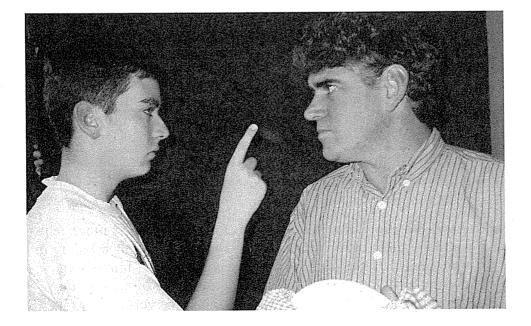
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Duration 25 minutes.

Tea break





Discussion and the second second second

Why is contact important?

- Contact between children and birth parents is prescribed by standards and policy.
- Provides identity knowledge of family background is necessary to construct a picture of who he or she is. Memories of early childhood and tales of other generations by parents, grandparents etc., assist emotional security.
- Provides a sense of history knowledge of background.
- Preserves the child's roots contact provides preservation of a child's roots and assists with the development of new relationships. Otherwise, the child may be emotionally starved.
- Allows ventilation of feelings contact allows children to express their feelings about separation, and with time could lead to better functioning.
- Can mitigate the problems caused by repressed feelings– these feelings may be manifested in behavioural problems – getting along with people – and the feelings may be displaced onto the foster family. Not being able to express feelings about separation leads to behavioural problems which may be diverted towards the foster family.
- Helps calm irrational fears fears of the parents being "dead" or that they disowned the child because they were "bad", "punished" or "abandoned".
- Reduces fantasy the child relates to foster carers as contact helps the child express his or her feelings – they see their birth family in a more realistic light. This reduces the possibility of fantasising about the birth family, and reduces the incidence of playing the foster parents off against birth parents, and vice versa.

Why is contact important (Cont'd)

- Provides security through knowledge The child may miss her or his birth family no matter how difficult or troubled he or she is the child's security is dependent upon knowledge of them.
- Allows the birth family to "Parent" when visiting, they do not have full responsibility, thus they may feel better and so might the child.
- Allows the birth family to demonstrate change- for the birth family, contact represents this opportunity.
- Can be crucial for restoration if the birth family re-establishes, or if the foster placement is disrupted, regular contact assists restoration more easily.
- Can create trust the child may compare parenting during contact, and may gain more trust in foster carers.



Reactions of the child to separation

SHOCK

No visible reaction.

Abnormally good behaviour.

Slowed reactions, dazed look.

Physical signs - eg. colds, vomiting, stomach ache, loss of appetite or overeating,

Bed wetting, nightmares, sleeping problems.

DENIAL

"It hasn't really happened"

"It's not true".

"Someone will come and say it's a mistake".

Behaves as though nothing happened.

Won't talk about it.

Believes parents coming to get them.

No one has really reached them with an explanation of why they're in care.

PROTEST

Feels angry, blames others, feels afraid, miserable, resentful, hurt.

Behaviour can include: Temper outbursts, hits out at others, aggressive, runs away, tearful.

Do's and Don'ts of Contact

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1000 Alexandra

Do:

- Support contact, because contact between children and birth parents is prescribed by standards and policy.
- Prepare the child in advance
- Ensure you know the contact details in advance:

 location
 who will be there
 who will supervise
 how long
 transport arrangements, there and back
- Reassure and support the child
- Provide the child with things to take, or talk about during visits, eg. drawings, schoolwork
- Allow the child to express his or her feelings before and after access
- Understand and accept the child's feelings
- Be honest (but not destructive) with the child, about any access difficulties
- Listen to the child
- Express opinions and any concerns to the case worker / D.O.
- Contact the District Officer's or caseworker's supervisor if concerns are not resolved
- Advise the department or agency if any arrangements are unsatisfactory, e.g. a conflict with sports training on the access day.
- Seek support from the Department or Agency

Do's and Don'ts of Contact (Cont'd) and a standard back with the

Don't:

- Ever have unsupervised meetings unless approved by case conference / agreed case plan
- Ventilate your anger, anxiety or bitterness on the child
- Put down, blame or criticise a child's family
- Expect the child to be perfectly behaved before, during or after a visit
- Place yourself into a position that you are concerned about or are not happy with
- Prompt or pressure the child for information
- Come with expectations on what the birth family is like keep an open mind
- Make promises you can't keep
- Take on the role of counsellor for the child or the child's family



SITUATION 1: Jane

Jane and her little brother have arrived at the Community Services Centre with flowers and a cake for their mother. The DO has rung prior to check the birth mother is coming, but she doesn't arrive. The children keep asking when their mother is coming. Jane becomes more and more upset and disappointed. Her mother eventually phones and tells the DO that she's not coming.

The children have extreme reactions in the Centre, in the car on the way home and for some hours afterwards, including verbal attacks on their birth mother.

Foster carer:

A. Recognises the feelings:

Hurt, disappointment and anger, by being with her and giving physical comfort.

You can't protect children from disappointment, and you and they have to deal with it. Say, "you wish mum would come when she promises she will", "you feel sad and let down".

B. Suggest rational ways of thinking:

"People often say they will do something, when what they mean is they would like to be able to do it,"

"It would be nice if mum would keep her promise, but sometimes she is unable to do what she very much wants to do, particularly when she is unhappy or unwell".

C. Understand why this happens

The parents are often going through phases of grief and the carer needs a good understanding of this and why it happens.

SITUATION 2: Rachel

Aged 14, Rachel is in short-term care. She is old enough to ring her father when she wants, so she does. But when she rings him, he's very drunk or off his face, and can't carry on a conversation with her. Rachel gets really upset and frustrated and hangs up.

Foster carer:

A. Recognises the child's need to talk to her father:

Rachel is old enough and has the right to phone her father when she wants to. The carer can't and should not stop it.

B. Accept her feeling of disappointment

The carer has to be there to pick up the pieces – to support the consequences, not to block or condemn the contact.

C. Inform the D.O./case worker so they can follow up with the father:

It's up to the DO/caseworker to deal with the situation, and if there is any positive action that can be taken to help the father and improve the contact, it is up to the worker, not the carer.

SITUATION 3: Ben

Aged 11, he becomes angry when you ask him to tidy his room.

You repeat the request and he becomes enraged saying :

"I hate you, you are not my real parents anyway. I don't have to take orders from you. You can't make me. I want to go home to my real parents."

Foster carer:

A. Accept Ben's feelings:

"You're angry with me right now", "you don't like me asking you to tidy your room"; "you hate being here sometimes and you wish you could be home with your parents".

B. Clarify the real situation:

"It would be good if you could live with your parents, and I know you miss them very much, but right now they are unable to look after you". "I know you don't like being reminded about tidying your room and I don't like having to remind you".

SITUATION 4: Hassan

Aged 6, he is getting ready to see his mother. He has already shown signs of anxiety by not eating well, wetting the bed and being particularly quiet and uncommunicative.

Foster carer:

A. Accept Hassan's ambivalent feelings about the meeting:

"I guess that you've got really mixed feelings about meeting your mum today? You really want to see her, you're not sure about what will happen".

B. Give clear and appropriate information about what will happen:

eg. "About 10:00 o'clock today, Aurelia your district officer will pick you up. She will be taking you in her car to your mum's house. Your little brother Ali will be there. You will be able to play with Ali for a while and tell mum about what you've been doing at school and your new teacher.

C. Assure Hassan of your interest and concern:

"Children who live away from their families often find visiting them difficult and upsetting". Be physically close, put your arms around him or use some other kind of non verbal communication to show your support and understanding of his feelings.

Video on Birth Parents and Foster Carer

Discussion Questions

- 1. What are the feelings/reactions of these parents when their children are placed in care.
- 2. What do you think the birth parent's feelings are when they see their child during contact?
- 3. When dealing with the child's behaviour, what strategies could you use to assist the child at this point.
- 4. How can you help prepare a child for contact visits?
- 5. From the birth parent's point of view, what makes a good foster parent?



Common Perceptions of Birth Families

Lazy

- Contract

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- Dirty
- Uneducated
- Not intelligent
- Neglectful
- Uncaring
- Failures
- Poorer classes
- Inadequate
- Lack aspirations for themselves and their children
- Violent and Aggressive

- They don't deserve children
- They deserve what they get
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- Alcohol or other drug users
- Lack community standards
- Uncaring and selfish
- Irresponsible
- Mentally unstable
- They waste money



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Common Circumstances of Birth Parents

- Lack support networks
- Lack of resources/ knowledge of parenting
- Survivors of neglect/ abuse in the family of origin
- Circumstances and environment seen as out of control
- Isolated single parent/ multiple partners
- Loss, death and illness
- Social problems/ alcohol and other drug abuse
- Unable to cope with problems

- Low self-esteem/ lacking in confidence
- Little belief in own competence
- Emotionally fragile
- Socially isolated families
- Poverty
- Mental health problems
- Disabilities intellectual and physical
- Lack of living and social skills
- Unemployed/ unemployable

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- Denial
- Protest
- Despair
- Healthy adjustment

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- "We're at the whim of the foster carers"
- Crying/emotional
- Inconsistent
- Need alcohol and other drugs
- Withdrawal from the process
- Unable to control the situation
- Seeking sympathy
- Making promises they don't keep
- May treat foster carers like "hired help"

- Be unable to cope
- Be "nitpicking" and critical
- Unpredictable
- Unrealistic
- Argumentative
- Blames:
 - The child
 - The Department
 - The carers
- Try to steal the child back
- May sabotage the foster carer's efforts
- May not attend access or may attend late



OHT **5** Importance of Contact

- Standards and policy
- Identity
- History
- Development
- Expressing feelings
- Dealing with feelings
- Irrational feelings

- Fantasy
- Security
- Opportunity to Parent
- Demonstrate change
- Restoration
- Trust

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Reactions of the child to separation

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- Denial
- Protest

Keeping Kids Safe

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DoCS Child and Family Handbook



Allowing kids to grow and develop in safe environments

NSW Department of Community Services DoCS Child and Family Handbook

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MESSAGE FROM THE DIRECTOR-GENERAL

Welcome to new ways of 'Keeping Kids Safe'.

The Children and Young Persons (Care and Protection) Act 1998 takes effect in December 2000. It changes the way we respond to children, young persons and families in New South Wales.

The key features of the new Act are:

- * Partnership by working together, we'll share the responsibility for children and young people with families, agencies and communities.
- * Participation we'll encourage children, young people and their families to participate as much as possible in the decisions that affect their lives.
- * Prevention we'll tackle child abuse and family breakdown in the least intrusive way possible by providing early help to families.

We developed 'Keeping Kids Safe' to assist you in your work as a DoCS Child Protection Caseworker. It has principles, practice points and procedures to guide you through the various aspects of your work. You can also gain information on our Intranet and our new on-line Client System.

Our Practice Solutions seminars will provide you with updates to include in this handbook. We will also regularly revise it to keep you across any policy change or practice innovation.

I am sure you will find 'Keeping Kids Safe' a valuable tool. I recommend it to you and thank you for every day of your challenging work. Your commitment and dedication to your team and to the children, young persons and families of New South Wales makes a critical difference to improving our clients' independence, well-being and safety.

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Carmel Niland Director-General

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HOW TO USE KEEPING KIDS SAFE

HOW TO USE KEEPING KIDS SAFE

CONTAINED IN THIS SECTION:

- Introduction
- Updates & Feedback
- How to use Keeping Kids Safe
- Features of Keeping Kids Safe
- Arrangements for Phased Proclamation of the Act

INTRODUCTION

Welcome to Version 1 of <u>Keeping Kids Safe</u>. It will help you with changes being introduced during the next three months.

There will be three versions of <u>Keeping Kids Safe</u>, mirroring the phased implementation of the Children and Young Persons (Care and Protection) Act 1998 and Service 2000/2001 initiatives.

This way <u>Keeping Kids Safe</u> will update you about any child protection or Out-of-Home Care practice changes as new sections of the Act or Service 2000 initiatives take effect.

Version 1 will be introduced 18 December 2000

<u>Version 2 will be distributed April 2001</u> and will include your feedback and new risk assessment tools for field staff.

<u>Version 3 will be ready 1 July 2001</u> to coincide with the proclamation of the Children's Guardian Out-of-Home Care functions. It will also include new arrangements and procedures for Out-of-Home Care.

All Versions will include information about:

- NEW OR REVISED LEGISLATION
- NEW OR REVISED POLICIES, PROCEDURES AND BUSINESS RULES
- NEW TOOLS FOR FIELD STAFF SUCH AS THE CLIENT SYSTEM, AND
- KEEPING KIDS SAFE UPDATES

Keeping Kids Safe has been designed to be an evolving document, which incorporates your feedback at each stage of the process.

UPDATES & FEEDBACK

<u>Keeping Kids Safe</u> Version 1 details the practice fundamentals required under the new Act.

The first version has been designed as a dynamic document making it <u>critical you provide feedback</u> about the handbook's:

2

1 STRUCTURE 2 CONTENT

3 USER FRIENDLINESS

4 SECTIONS WHICH NEED FURTHER CLARITY

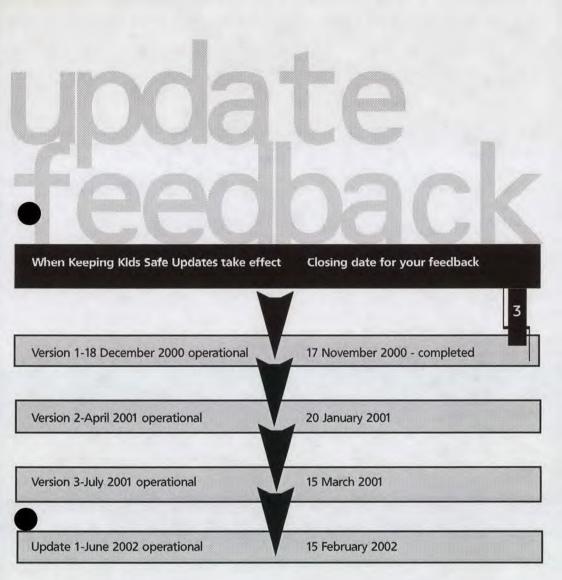
5 ANY GAPS

Your feedback will be used to improve each version of the handbook.

To make it easy to collate your feedback please:

- 1 Email your comments to the Director Child & Family in your area.
- 2 Directors Child & Family will then forward your feedback to the Practice and Standards Unit, Child & Family Directorate.
- 3 Practice and Standards Team will collate responses and send to the Child & Family Business Council (comprises Directors Child & Family) for review and comment.
- 4 Child & Family Business Council make recommendations to the Operations Group (comprises Area Directors and DDG). Director-General approves.
- 5 Approved recommendations incorporated in next Keeping Kids Safe update.
- 6 At Practice Solutions Training Session field staff insert updates into handbook.

Updates are sent with a policy and practice memorandum outlining changes and relevant page(s) to replace in the handbook.



Any urgent changes required before you receive the above updates will be done by page replacement and Executive Policy and Practice Memorandum from the Executive Director Child & Family Services. Communication of changes will follow steps 3-6 outlined on the opposite page. As required and approved by Executive Director Child & Family Services. Flag will be built into the Client System.

HOW TO USE KEEPING KIDS SAFE

1	Sign the acknowledgement sheet on the adjacent page and give to your Line Manager.
2	Look at the Contents page to find the desired topic.
OR	Use the COLOURED TABS
3	Read Section 1 of <u>Keeping Kids Safe</u> carefully as it provides critical information about how to implement procedures and business rules mentioned throughout the handbook.
4	Use <u>Keeping Kids Safe</u> in conjunction with the relevant Act. Legislation is the legal authority for us to take action to make kids safe.
5	If you need help with the transitional arrangements for Out-of-Home Care call the Service 2001 and EnAct Telephone Assistance Line on 9716 2796 at the Child & Family Services Directorate in Central Office.
	This line will operate from 10 December 2000 until June 2001.

ACKNOWLEDGEMENT THAT KEEPING KIDS SAFE VERSION 1 HAS BEEN RECEIVED AND READ BY STAFF MEMBER

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Position:		
Date Received:	Date Handbook read:	
Staff member's signature	<u>x</u>	
Line Manager's name:	and the second second	

FEATURES OF: KEEPING KIDS SAFE

General

Keeping Kids Safe is a one-volume, loose-leaf handbook to guide child protection and Out-of-Home Care practice for all Child & Family staff employed by DoCS.

6

Coloured tabs

Each section in Keeping Kids Safe is distinctively marked by a coloured tab. Tabs provide a 'birds eye view' of a section's contents. Each section has its own table of contents listing the procedures and business rules to follow.

Sections There are 7 sections to Keeping Kids Safe Version 1.

Section 1

Links essential practice components to help you provide effective service under the new legislation -includes procedures around case closure, case transfer and case planning.

Section 2

Talks about the processes and business rules used when a Helpline caseworker takes a call through to how that case is assigned to a CSC or JIT.

Section 3

Gives CSC and JIT caseworkers the tools for working with children, young people and families. It includes assessment and investigation processes and guidance about AVOs, ADR, care plans, and serious and persistent conflict.

features

Section 4

This section is primarily about working with the Children's Court. It discusses what you need to do when protective intervention is required.

Section 5

From 18 December 2000 until June 2001 existing Out-of-Home Care procedures will be used. Provides an overview of existing Out-of-Home Care procedures and a summary chart of the delegations within Out-of-Home Care.

Section 6

Glossary of key terms used in Keeping Kids Safe

Section 7 Contains:

Care Plan fo	ormat	
Restoration	format	
Alternative	Parenting Plan format	
Transfer/Har	dover Summary Report	

Principles

The principles which underpin our practice are listed before each key policy or procedure.

These reflect our vision and the principles which underpin DoCS Child & Family Services.

Vision

We will work with you to keep Kids safe within their families and when they can't be, we'll work in partnership to protect and care for them.

Principles

- We will ensure a child's or young person's safety, welfare and wellbeing is paramount
- We will reduce the impact of harm for the child or young person through providing appropriate support services
- · We will ensure the child's or young person's voice is heard
- We will actively engage the child or young person, their family and their community
- We will focus on the strengths of a child or young person and their family
- We will provide a range of responses, sensitive to the specific client, which focuses on achieving results
- We will take the least intrusive option
- We will provide a seamless service to families
- We will promote interdependence between all Child & Family Services and our mutual responsibility to best serve the people of NSW
- We will share formal responsibility between DoCS and other agencies

Procedures

Each section has a number of procedures or policies, which outline what needs to happen at each stage of your work.

Practice Points

Practice Points are tips, key information and suggested good practice to help you with casework.

Business Rules

Business Rules must be adhered to and are found in the columns throughout the handbook.

Icons

Icons represent where specific actions are required or to signal the need to access other sources of information.

The icons in Keeping Kids Safe are:

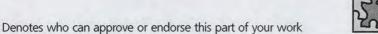
Record on Client System

More detail available from the DoCS Online Intranet









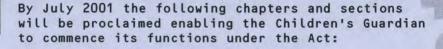


Arrangements for Phased Proclamation of the Act

The Children and Young Persons (Care and Protection) Act 1998 will be proclaimed in several stages.

Chapters 1 and 14 were proclaimed April 2000.

On 18 December 2000 most of the remaining chapters and sections of the Act relating to child protection will be proclaimed.



Section 28 in Chapter 3, Part 2, Records of reports

Chapter 7, Part 3, Compulsory assistance

Chapter 8, Out-of-Home Care

10

 Chapter 10, Children's Guardian (except for section 178 which was proclaimed December 2000 to allow appointment of the Children's Guardian).

· Chapter 11, Child Death Review Team

Chapter 12, Children's Services

In September 2001, Chapter 13, Children's Employment, will be proclaimed.

We will make transitional arrangements in line with the phased implementation of the Act. In some instances we will be using both proclaimed sections of the new Act in tandem with sections of the old Children (Care and Protection) Act 1987. Sections of the old Act will be used until the sections from the new Act, dealing with the same issues, are proclaimed.

This mainly affects Out-of-Home Care, functions of the Children's Guardian, Children's Services and child employment.

Service 2001 and EnAct Enquiry Line

Trained staff at the Service 2001 and EnAct Enquiry Line will answer any questions you have about the new Act.

For example, if you have a query about implications for Children's Court proceedings or how to "translate" Court Orders using the relevant sections of both Acts, first ask your Manager Casework. If your manager can't resolve the issue, then call the Service 2001 and EnAct Enguiry Line.

The Service 2001 and EnAct Enquiry Line is located at Central Office and works closely with DoCS Legal Services Unit and will be able to answer your queries quickly.

The Service 2001 and EnAct Enquiry Line can be reached on 9716 2796.

We'll let you know about an email address for the Enquiry Line by 18 December 2000.

Equivalent terms under the Children (Care and Protection) Act 1987 and the Children and Young Persons (Care and Protection) Act 1998

The following table lists equivalent terms in each Act. These will help you when:

- A section of the new Act has not yet been proclaimed.
- The Children's Court makes an order which refers to a person or procedure which has not yet been implemented.



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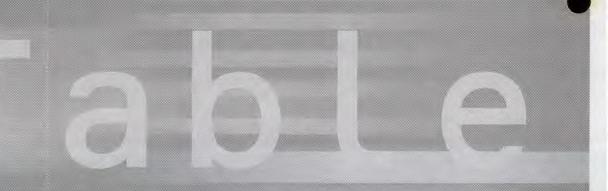
TRANSITIONAL TABLE

TRANSITIONAL TABLE

Children and Young Persons (Care and Protection) Act 1998			Children (Care and Protection) Act 1987		
Section	Order/Provision	with	Section	Order	
38(3)	Order (by consent) allocating parental responsibility to the Minister	=	72(1)(c)(iii)	Order declaring a child to be a ward	
38(3)	Order (by consent) allocating parental responsibility for residence and the day-to- day care of the child to one parent to the exclusion of the other	=	72(1)(c)(ii)	Order granting custody to one parent only	
38(3)	Order (by consent) allocating full parental responsibility to one parent to the exclusion of the other	=		No equivalent Order	
38(3)	Order (by consent) allocating parental responsibility for residence and the day-to- day care of the child to one or both parents and a third party	=	72(1)(c)(ii)	Order granting custody to parents and a third party jointly	
38(3)	Order (by consent) allocating full parental responsibility to one or both parents and a third party	=		No equivalent Order	
38(3)	Order (by consent) allocating parental responsibility for residence and the day-to- day care of the child to another suitable person	=	72(1)(c)(ii)	Order placing a child in the custody of a person	
38(3)	Order (by consent) allocating full parental responsibility to another suitable per- son	=		No equivalent Order	
48	Order for the removal or a child or young person from premises or place specified in the Order	=	59	Order for the removal or a child or young person from premises specified in the Order	
53	Examination and assessment orders	=		No equivalent Order	
69	Interim Care Orders	=	77	Order for the care of children during adjournments	
70	Interim Care Orders	=	77	Order for the care of children during adjournments	
73	Order with undertakings given by person having parental responsibility	=	72(1)(b)(i)	Order with undertakings given by person responsible	
73	Order with undertakings given by child or young person	=	72(1)(b)(ii)	Order with undertakings given by child	
73	Order with undertakings given by person having parental responsibility and child or young person	=	72(1)(b)(iii)	Order with undertakings given by person responsible and child	
74	Consent Order directing a person or organisation to provide support services	=		No equivalent Order	
75	Order for child or young person to attend a therapeutic or treatment program	=		No equivalent Order	
76	Order placing a child or young person under the Director-General's supervision (not to exceed 12 months, but may be extended at a later date)	=	72(1)(c)(l)	Order placing a child under the supervision of an officer	
79(1)(a)(i)	Order allocating parental responsibility for residence and the day to day care of the child to one parent to the exclusion of the other	=	72(1)(c)(ii)	Order granting custody to one parent only	

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TRANSITIONAL TABLE



TRANSITIONAL TABLE

Children and Young Persons (Care and Protection) Act 1998		equates	Children (Care and Protection) Act 1987		
Section	Order/Provision	with	Section	Order	
79(1)(a)(i)	Order allocating full parental responsibility to one parent to the exclusion of the other	=		No equivalent Order	
79(1)(a)(ii)	Order allocating parental responsibility for residence and the day to day care of the child to one or both parents and a third party	=	72(1)(c)(ii)	Order granting custody to parents and a third party jointly	
79(1)(a)(ii)	Order allocating full parental responsibility to one or both parents and a third party	=		No equivalent Order	
79(1)(a)(iii)	Order allocating parental responsibility for residence and the day to day care of the child to another suitable person	=	72(1)(c)(ii)	Order placing a child in the custody of a person	
79(1)(a)(iii)	Order allocating full parental responsibility to another suitable person	=		No equivalent Order	
79(1)(b)	Order allocating parental responsibility to the Minister	=	72(1)(c)(iii)	Order declaring a child to be a ward	
86	Contact order	=		No equivalent Order	
90	Application for Recision and variation of care orders	=	75	Application for Order rescinding or varying a Care Order	
118(1)	Order (by consent) giving effect to an alternative parenting plan allocating parental responsibility to another person, other than the Minister	=	72(1)(c)(ii)	Order placing a child in the custody of a person	
118(1)	Order (by consent) giving effect to an alternative parenting plan allocating parenta	Order declaring a child to be a ward			
	Registration of an alternative parenting plan involving allocation of parental respon to day care of the child to a person other than the Minister	Order placing a child in the custody of a person			
	Registration of an alternative parenting plan involving allocation of full parental res the Minister	ponsibility to a	person other than	No equivalent Order	
119	Registration of an alternative parenting plan involving allocation of parental responsibility to the Minister	=	72(1)(c)(iii)	Order declaring a child to be a ward	
124	Compulsory Assistance Order (not commenced)	=		No equivalent Order	
131	Orders associated with a Compulsory Assistance Order (not commenced)	=		No equivalent Order	
175(3)	Order of the Guardianship Tribunal consenting to special medical treatment of a child	=	20B(2)(b) & (3)	Order of the Supreme Court consenting to special medical treatment of a child	
176(6)	Order that a child or young person be subject to a special medical examination without consent	=	21(6)	Order that a child be subject to a special medical examination without consent	

PRACTICE FUNDAMENTALS

SECTION ONE

PRACTICE FUNDAMENTALS

SECTION

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Seeking Valid Consent	62-66

KEY PRINCIPLES

The NSW Government takes a 'whole of government' approach to caring for and supporting children, young persons and families. This means that government and community agencies work collaboratively with DoCS and each other to achieve a seamless service. There are specific obligations for government departments and agencies under the Children & Young Persons (Care & Protection) Act 1998.

The Department of Community Services (DoCS) has the 'lead responsibility' for providing care and protection for children and young persons in NSW. The Act provides the legislative framework for us to protect and support vulnerable children, young persons and their families.

The key principles of the Act are:

- The safety, welfare and well-being of children and young persons must be the paramount consideration.
- Children and young persons have a right to participate in decisions that have a significant impact on their lives.
- The culture, disability, language religion and sexuality of children and young persons must be taken into account when making decisions or taking action.
- The least intrusive option in the life of a child or young person and their family must be considered when deciding what action needs to be taken.
- If a child or young person cannot remain in their family environment, they are entitled to special protection and assistance from the State and their name, identity, language, cultural and religious ties should be preserved as far as possible.
- When a child or young person is placed in Out-of-Home Care, they are entitled to maintain close relationships with people who are significant to them, unless it is contrary to their best interests.
- Aboriginal and Torres Strait Islander people have the right to participate in the care and protection of their children and young persons with as much self-determination as possible.

The Act gives a legislative basis to the principles of participation and self-determination that have long been recognised as essential to providing a quality service to children, young persons and families in an ethical and accountable way.

Our values of respect, trust, openness, fairness and teamwork reflect the way we work with each other and our community partners in delivering services to children, young persons and their families.

EFFECTIVE CASEWORK PRACTICE

Section One of 'Keeping Kids Safe' focuses on the essential areas of Casework Practice that must be applied consistently.

While working with children, young persons and their families, good professional practice requires that we provide and coordinate services in a systematic way which meet the needs identified, are accountable for our actions and decisions, and maintain timely and accurate records.

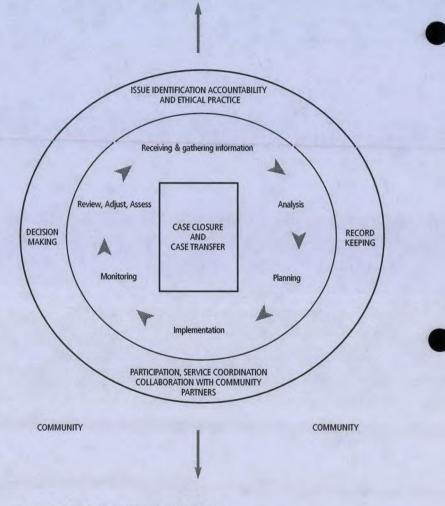
We have to:

- gather, assess and analyse information
- · develop, implement and monitor plans that meet clients needs
- · review the effectiveness of these plans
- · record what we do at each step.

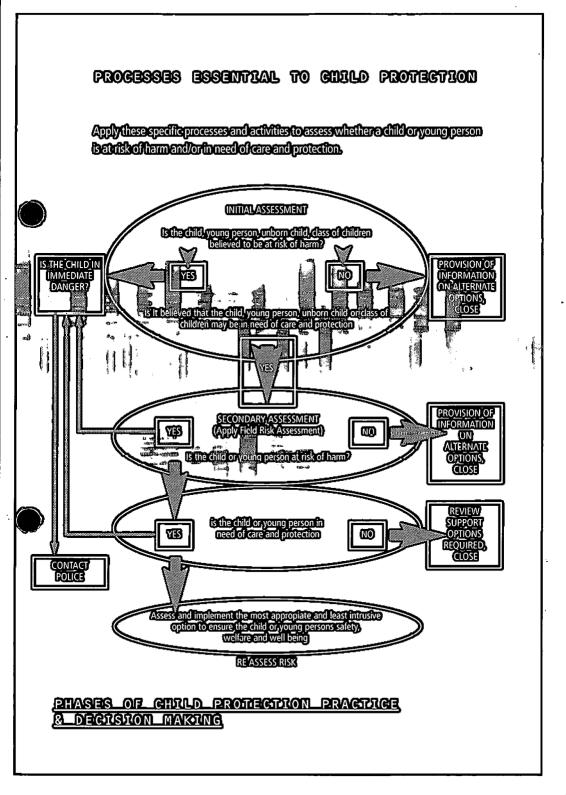
Doing this at each stage of providing a service that protects children and young persons helps us to make clear and accurate decisions.

Our decisions are based on professional judgement. This is developed through gaining qualifications, supervision, and experience in working with children, young persons and their families. The way we work in practice needs to be both ethical and accountable not only to the children, young persons and families we work with, but also to the broader community, our community partners, other government agencies and DoCS.

We need to have a commitment to our own continuous learning, development and improvement so we maintain high standards of practice based on the best available research and information about quality service provision.



EFFECTIVE CASEWORK PRACICE

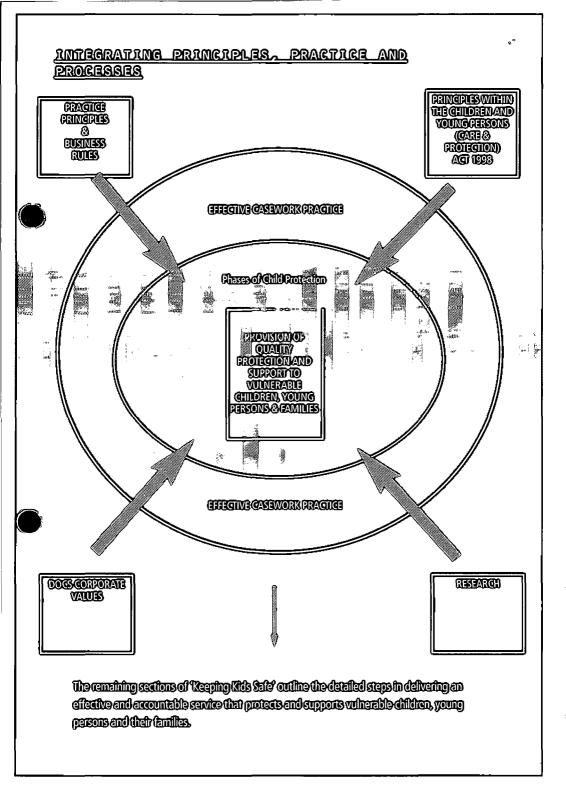


INTEGRATING PRINCIPLES, PRACTICE & PROCESSES

To provide high quality service to vulnerable children, young persons and their families, you must apply the key principles and effective casework practice in each phase of the Child Protection process.

These are shown in the diagram Integrating Principles Practice and Processes.





CASE COORDINATION RESPONSIBILITY

Principles

Each DoCS unit has casework and case coordination responsibility for the child, young person, parent or caregiver who lives in their area.

All units are responsible for providing an integrated and effective service to the family. Staff from each unit involved with the family should consult to identify the services required to meet the needs of the family and to ensure that the services are delivered in a consistent and coordinated way.

When staff from different units are working with members of the same family, overall case coordination responsibility rests with the unit, which has casework responsibility for the youngest child or young person.

Procedures

The unit with overall case coordination responsibility must ensure that Case Planning, Case Meetings and Service Provision is coordinated and consistent. They retain responsibility for:

- arranging Case Meetings
- making sure that there are Case Plans for each child and young person
- ensuring that the Case Plans are consistent and compatible with each other
- overall decision-making regarding planning for the children and young persons.

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If conflict occurs between units about casework decisions, all attempts to resolve this must be made by the Managers Casework of the units involved. Attempts to resolve conflict must be clearly documented. If agreement cannot be reached, the matter should be referred to the Managers Client Services of the units and to the Directors Child and Family Services if required.

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Case coordination

responsibility rests

where the youngest

CASE PLANNING AND REVIEW

Principles

Case Planning is the process for making decisions about a child or young person in order to achieve identified outcomes, which reduce risks.

Every child or young person who is the subject of a report, and is believed to be at risk of harm and may be in need of care and protection or in Outof-Home Care must have a Case Plan.

Each Case Plan must incorporate the principle of future planning and take into account issues associated with culture, religion, disability, sexuality and language. As far as possible, all plans must be made with the agreement of the parents of the child or young person concerned.

To make sure that children and young persons are able to participate in making the decisions that affect their lives we will:

- provide adequate information in a format and language that they can understand
- give the child or young person opportunities and assistance to express their views and record those views
- explain decisions which affect the child or young person
- give them the opportunity to comment on decisions made and record their comments.

Case Plans must be:

- achievable
- based on thorough assessment
- built on the strengths of the child or young person and their family
- orientated to the safety, welfare and well-being of the child or young person
- specific about responsibilities for tasks and expenditure

Business Rule

Every child or young person who is the subject of a report, and is believed to be at risk of harm and may be in need of care and protection or in Out-of-Home Care must have a Case Plan



reviewed regularly to ascertain whether they are meeting needs.

Review dates or the frequency of reviews must be set each time a new Case Plan is developed.

Although it is important that agencies work together to promote the safety, welfare and wellbeing of children and young persons, it can be overwhelming for families to have professionals involved in their lives. Only the minimum number of professionals who can help to meet the needs of children, young persons and families should be involved in a case.



Practice Point

What is the difference between a Case Plan and a Care Plan?

A Case Plan identifies all the needs of the child or young person and the services that will be provided to meet their needs. It reflects the needs and risks identified in assessments and specifies what needs to happen for the child or young person's needs to be met and for risk to be reduced, and how these changes will be facilitated.

The Act introduces the term 'Care Plan'. A Care Plan is an action which is identified through a Case Plan. It outlines the child or young person's assessed needs for care. A Care Plan may be developed as a protective strategy for children and young persons who are in need of care and protection, or specifically as required for the Children's Court. It is presented in a format accepted by the Children's Court and outlined by the Act and regulations.

Every child or young person who is believed to be at risk of harm and suspected to be in need of Care and Protection must have a Case Plan. However, not every child or young person will have a Care Plan.

Procedures

All Case Plans must:

- · identify the needs of the child or young person
- · identify the needs of the family
- identify the actions to be undertaken in order to meet the child or young person's needs
- include a timeframe for each action
- detail a clear budget
- identify the DoCS staff time in hours that will be required to complete the Case Plan
- be developed with the participation of the child or young person and their family
- be approved by the Manager Casework
- record dissenting views of any person involved in the implementation of the Plan.

Approval of Case Plans

All Plans must be approved by the Manager Casework responsible for Case Supervision. This must include approval on the Client System.

Signatures Required on the Plan

To comply with DoCS policy and delegations and the principles of the Act a copy of the case plan must be signed by:

- the Child Protection Caseworker
- the Manager Casework with responsibility for case coordination.

All reasonable actions necessary must be taken to obtain the signatures of:

- the child or young person if they have sufficient understanding
- the parents or people with parental responsibility for the child or young person

Business Rule All Case Plans must identify the caseworker, timeframes and budgets.







- any significant person involved with the child or young person who has a role in implementing the Case Plan
- any person who is responsible for providing a service to the child or young person. This may include community partners, other agencies or government departments and authorised carers.

Distribution of the Plan

All Case Plans developed with the child or young person and their family must be given to:

- the child or young person
- the parents or people with parental responsibility for the child or young person
- every person from a government agency, non-government agency or community partner who is recorded on the Plan as having a role in implementing the Plan, whether or not they attended the Case Conference
- the authorised carers for the child or young person.

Practice Point

Should everyone get a complete copy of the Case Plan?

There are circumstances where it may not be appropriate for every person who participated in the development of the Case Plan to be given an entire copy of it. The Manager Casework has the delegation to make this decision. However, any person who is given only a partial Case Plan must be told this and given an explanation recorded for why they did not receive the entire Case Plan.

It is important to ask everyone who receives a Case Plan to make sure that it is stored confidentially and not discussed with anyone who is not involved in the care of the child or young person.

Business Rule

Case Plans are to be distributed to all affected by them





Recording

The Case Plan must be recorded on the Client System and a hard copy of the signed Case Plan attached to the client file.

Review of the Case Plan

The frequency of Case Reviews is identified in the development of the Case Plan and recorded in the Case Plan.

Case Reviews must also be undertaken when:

- a Review is due according to timeframes established in the Case Plan
- . there is a new report of risk of harm to a child or young person
- there is a significant change in the child or young person's situation
- the child or young person enters Out-of-Home Care
- · a decision is made to initiate Children's Court action
- · a review is required by the Children's Court or under the Act
- . the child, young person or their family request a Review
- a critical incident has occurred.

Practice Points

What does reviewing a Case Plan mean?

Review involves evaluating and modifying a Case Plan for a child or young person to meet their needs.

There are two types of Case Reviews:

1. formal Case Reviews

Formal Case Reviews must be preceded by a review of the current situation of the child or young person. A Case Meeting should then be held to develop an updated Case Plan.

2. informal Case Reviews



Business Rule Case Plans must be approved by the Manager Casework on the Client System and the file

Business Rule

Case Plans are reviewed at specified times and following certain decisions on events



These are reviews, which occur outside a formal Case Meeting. They may occur in the following circumstances:

- in a meeting of the Child Protection Caseworker and the Manager Casework if a formal Review cannot take place and decisions need to be made quickly
- in a meeting with the Child Protection Casework Specialist and approved by the Manager Casework
- in supervision of the Child Protection Caseworker by the Manager Casework
- · peer or group reviews of Cases
- presentations to formal meetings such as Practice Review groups.

Informal Case Reviews rarely result in a change to the Case Plan for the child or young person. The only time the Case Plan will change is when the Manager Casework needs to make an urgent decision affecting the child or young person. In all other circumstances an informal Case Review will not alter the Case Plan, but may inform changes which need to be made to the Case Plan at the next formal Case Review meeting.

CASE MEETINGS

Principles

The essential principles for Case meetings are:

- planning
- partnership
- prevention
- participation
- permanency.

The principles of self-determination and participation in decision making for Aboriginal and Torres Strait Islander people apply in all Case meetings.







Case meetings are held for a range of reasons including information sharing, assessment, Case Planning, case review, decision making and service and interagency coordination. The specific purpose of an individual Case meeting should be identified and will depend on the particular type of plan or action required.

Children and young persons have the right to know what is happening to them and why. They also have the right to have their opinions on these issues heard.

Children, young persons and their families have information to contribute when Plans are being made. Children and young persons especially may have their own insights into the situation which are valuable, although sometimes confronting.

If families, children and young persons are going to be willing to cooperate with future Plans, they must to some extent 'own' the plans and have been involved in their formation. Positive experiences of involvement will also develop a sense of trust with agencies, which encourages positive cooperation in the future.

Practice Point

What are the different types of Case meetings?

The two main types of case meetings are:

- Protection Planning Meetings these are held to determine risk and well-being issues and to develop a plan to protect the child or young person. This Case Plan will set out the intervention strategies needed. Protection Planning meetings may also have a review function.
- Case Conferences case conferences are case meetings which are held regularly to prepare a Case Plan for children or young persons who are receiving an ongoing service from DoCS or are in Out-of-Home Care.

Meetings between Managers Casework and caseworkers are discussed in the section in this handbook on Case Planning and Review.



Business Rule Case meetings are to be held in specified circumstances

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Procedures

When a Case Meeting Should Be Held

The times when Case meetings must be held include, but are not limited to, the following:

- When coordinating a response with NSW Health, Department of Education and Training, Family Support Services etc.
- To determine roles and responsibilities of family and agencies where an AVO is required
- When DoCS has a coordinating casework role and a plan needs to be developed or a case reviewed
- When making a referral to PANOC or Sexual Assault Services
- When a case is being transferred between departmental units
- Where there is to be a change in worker
- When a Care Plan, Restoration Plan or Alternative Parenting Plan is being developed
- When an application is being made to the Children's Court
- To plan further actions before a time limited court order ends
- When a child or young person enters care
- If there has been a placement breakdown
- At critical points during a child or young person's placement in Out-of-Home Care
- Every 12 months when a child or young person is in Out-of-Home Care or more frequently if required
- To develop leaving and after Care Plans before a child or young person leaves care

If a Case meeting is not held but would normally be required, the reasons for this must be recorded by the caseworker on the client system and file.



Attendance at Case Meetings

This will depend on the type of meeting being held. Case meetings that are interagency forums would typically include:

- children and young persons, if they are willing to attend
- family members and other people of significance to the child or young person
- carers
- support people if appropriate
- the Child Protection Caseworker
- the Manager Casework or other line manager with delegated approval
- other DoCS workers from Child and Family Services and Disability Services if required
- external workers such as employees of the Department of Education and Training, NSW Police, NSW Health or medical personnel, social and community workers, children's services workers and family support, youth and drug and alcohol workers.

It is important that only workers who have a knowledge of the Case and are able to contribute to the Case Plan attend the case meeting.

If the Manager Casework is unable to attend the meeting, they must:

- have previously discussed the agenda and possible outcomes of the meeting with the caseworker
- have identified possible financial commitments for DoCS stemming from the Case Plan
- have approved limited expenditure for approval by the caseworker at the meeting
- be readily contactable to ratify decisions of the meeting and discuss any variance in the financial aspects of the Case Plan.



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Business Rule

Manager Casework or a DoCS worker who has been delegated specific authority must attend Case meetings

Practice Point

18

How do I prepare for a Case Meeting?

- The agenda and all relevant material should be distributed before the meeting so
 that everyone has a chance to think about the issues to be discussed. Any issues
 of conflict to be discussed at the meetings should be clearly identified in the
 documentation.
- The purpose of the meeting must be clearly stated in the documents. All materials must focus on developing plans to ensure the best outcome for the child or young person.
- Papers can identify points in the meeting where decisions are to be made so that the meeting moves smoothly from information sharing - issue identification decision making - to plan development.
- You must take into account the developmental, language and literacy needs of all participants. Give clear explanations to young children and make sure families are able to understand documents or have the necessary supports such as interpreters.
- Meet with the child or young person to help them understand the process.
 Explain what they can expect and, if they have something to say but find it hard to do so, help them prepare written notes about what they want to say.
- If appropriate, invite school-age children and young persons to contribute to the development of the agenda.
- Explain options for participation to the child or young person and give them some ideas about where, when and how they can contribute.
- Plan practicalities: choose a comfortable, non-threatening, child-friendly venue with soft moveable chairs and provide some food and drink. Avoid 'board table' venues that inhibit many people from speaking.
- Identify who will chair the meeting and who will take the minutes. Ideally, this should not be the same person.
- Check the need for interpreters or community elders to be present.

MEETING & CONSULTATION SUMMARY GUIDE

MEETING & CONSULTATION SUMMARY GUIDE

Type of Consultation	When does this meeting occur?	What is the purpose of the meeting?	Who will attend the meeting?	Who has delegation for approval of decisions?
Pre-Assessment Consultation (PAC) And Pre-Investigation Consultation (PIC)	A PAC or PIC occurs following allocation to Caseworkers and before the start of the assess- ment or investigation and assessment.	The PAC or PIC is used to discuss the Initial Assessment Report (IAR) and to plan how to address these issues in the assessment and investigation. A case plan is devel- oped and recorded on the CS.	Manager Casework and Caseworker(s) allo- cated to the case Police (for PICs) Other persons may include: • CPCS • Psychologist • Disability worker	Manager Casework
Assessment Consultation (AC) And Investigation Consultation (IC)	An AC or IC will occur after initial contact with the child, young person and their family. More than one AC or IC may need to occur throughout an assessment or investigation.	The AC or IC allows for assimilation of the information gathered and analysis of risk factors. The case plan is also updated to reflect further actions required.	Manager Casework and Caseworker(s) allo- cated to the case Police (for ICs) Subsequent AC and ICs may benefit from consultation with other DoCS professionals, such as the CPCS, Psychologist etc.	Manager Casework
Informal Case Reviews	 These reviews occur outside of a formal case meeting and may occur: between the Caseworker and the Manager Casework in circumstances where a formal review cannot take place and decisions need to be made quickly with the CPCS and approved by the Manager Casework 	Informal case reviews usually occur: - between the Caseworker and the Manager Casework between formal case review meetings or - when the Manager Casework needs to make an urgent decision affecting the child or young person. An informal review may inform changes which need to be made to the case plan at the next formal case review meeting.	Child Protection Caseworker and Manager Casework and / or Child Protection Casework Specialist	Manager Casework
Case Conference (CC) Protective Planning Meetings (PPM's) as identified by the IAG are a form of Case Conference	CCs are held for children and young persons who are receiving an ongoing service from DoCS. CCs will be held on a regular basis, as determined in the case plan, or in response to a change in cir- cumstances for the child or young person.	CC's are held to prepare a case plan for children and young persons who are in need of care and protection or in Out-of-Home Care.	Manager Casework and Caseworker(s) The following people should also attend: The same people as recorded for PPMs should also attend all CCs (see above box).	Manager Casework

- Understand and respect the cultural needs of the family while ensuring the care and protection of the child.
- Discuss any expenditure with the Manager Casework before the meeting.

How should the meeting be conducted?

- Introductions are very important. Make sure that the child or young person and their family are not only introduced to, but also understand the roles of, all participants.
- Child friendly meeting procedures include less formality, comfortable furniture, allowing the child to bring a support person or advocate, and introducing the workers before going into the meeting so the child or young person does not enter a room full of adult strangers who are already seated. You should also take frequent breaks, break up into smaller groups if appropriate, and ask the child or young person for their opinion first not last.
- Have a neutral chairperson who can focus on the process without having to contribute to the content where possible.
- Give explanations in jargon-free language and make sure the developmental needs and levels of understanding of the child or young person and their families are met.
- Make sure that everyone has an opportunity to participate.
- Ensure that the meeting structure, management and venue promote and support a feeling of safety about contributing.
- Focus on the key questions that must be resolved which have been prepared and distributed before the meeting.
- Silences often mean people are processing information. Don't feel the need to always fill them.
- If you or other participants cannot answer a question, note it down and get back to the person asking the question as soon as possible with the correct information. Don't pretend you know things you are not sure about.





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- Don't exceed your delegation or authority. Be open and clear about what you have the delegation to agree or not agree to, and let people know how long decisions which cannot be made at the meeting are likely to take.
- Document everything. When decisions for actions are made, make sure each one has a name next to it to identify who has the responsibility for that action. This ensures efficiency and accountability.
- Regularly check that all participants understand what has happened and what has been decided during the meeting.
- Use family strengths to create solutions together. This helps to keep the family involved and the child and young person connected with their family group. Decisions about placement options, contact, life story contributions and schooling should all involve contributions from family members.
- Once the Plan or Review has been developed, all participants should sign it indicating whether they agree or disagree. Parents should be given the opportunity to state their opinions and disagree. Many children as they grow up want to see their records. Having information recorded that explains who made which decisions, why and when, and who disagreed is important information that the child or young person has a right to know.

What happens after the meeting?

- Distribute minutes and any follow-up information promptly. Include clear actions and the names of those responsible for following them through. Provide jargon-free summaries for participants in an appropriate format that is easy to understand.
- Make sure you follow up with the family and give them opportunities to clarify the process and ask questions.
- Make sure the child or young person is given an opportunity to

express their views and is given a full explanation of the outcome and opportunities for review if they don't agree with what has been decided.

What specific strategies could you use to make Case meetings more child or young person friendly and inclusive?

- Be punctual we need to show respect and acknowledge the importance of the meeting.
- Help the child or young person prepare for the meeting.
- Give participants the choice of participation eg not attend but be involved by tele-conferencing.
- Allow the child or young person to set or contribute to the agenda.
- Use friendly venues eg home, carer's home, youth centre or an outdoor location.
- Let the child or young person have a support person of their choice.
- Make sure the meeting style and setting is as informal as possible.
- Ensure enough time is allowed for the meeting.
- Let the child or young person enter the meeting area first and choose where they
 want to sit and where others should sit in relation to them.
- Introduce the child or young person to all the participants before going into the meeting area. Never bring a child or young person into a room of adults who are already sitting in a circle or around the table.
- Provide name tags.
- Give the child or young person some control eg they call the break time.
- Take breaks and allow the child or young person to discuss points with their support person or others if they wish.
- Break into small groups during parts of the meeting to consider certain issues.
- Use action methods as children like to do things not just talk eg draw something to describe their feelings about an issue before talking.
- Have a signal for the child or young person to give the chairperson when they
 have something to say or disagree so the child does not have to be so assertive

as to speak out in a group of adults.

- Make sure the chairperson responds to non-verbal cues from the child eg. if something is hard to say in front of others, offer to break into pairs or call a break for the child to speak to their support person outside.
- Ask the chairperson to use a ball that is soft to direct who speaks the person with the ball has the floor. This helps some children focus on taking turns to speak. It is also easier to signal for the ball and then be invited to speak, than just to speak out.

CASE TRANSFER

Case Transfer is the movement of casework and case coordination responsibilities from a person or unit who is duly appointed to another person or unit. Case coordination is the responsibility of the CSC, JIT or JIR where the youngest child resides

Principles

Case Transfer must occur in the time frame that is appropriate to the individual circumstances of the case, taking into account the needs of the child or young person.

The transfer and handover of Cases should be a planned activity and should cause minimal disruption for the client and their family. Children, young persons and their families must be advised in writing of who is responsible for their Case whenever there is a change.

Disputes between CSC's about the transfer of Cases should be resolved at the local level. Disputes that cannot be resolved at the local level will be referred to the Directors Child and Family.



Practice Point

Types of Case Transfer

Inter-state transfer occurs when a client moves residence and therefore comes under the jurisdiction of another State. It involves transferring the case from one State jurisdiction to another, and can also include transfer to or from New Zealand.

Intra-state transfer can occur when the client does not move residence, but the responsibility needs to be transferred between DoCS units. This can involve transfer of a Case from the DoCS Helpline to a CSC or a JIT, from a JIT to a CSC, or from a CSC to a JIT.

An intra-state transfer also occurs when a client moves residence and therefore comes under the management of another DoCS unit. This involves the transfer of a case from a CSC to another CSC or from a JIT/JIR to another JIT/JIR.

Handover occurs when the client file moves between officers within a Departmental unit.

Procedures

Transferring Cases from a CSC to a CSC

When transferring case coordination responsibility within NSW, the transferring unit transfers all files and records in relation to the Case to the receiving unit. The only time that all files and records are not sent to the receiving unit is when the transferring unit has negotiated to keep part or all casework responsibility for a period of time. All files and records must be up-to-date and comply with Departmental standards before a Case is transferred.

When you become aware that a client is moving or has moved, you need to find out their new address and whether the move is permanent or temporary. You also need to check which departmental unit provides services for the geographical area where the client is going to be living.

Business Rule

Supervising CSC negotiates interim case coordination responsibility within 5 days of being informed of temporary move



Business Rule Case conference or

teleconference is to be held if move is longer than 21 days.

Child Protection caseworker organises

Business Rule

a Case meeting or teleconference and prepares a Transfer Summary Report.



Temporary Moves (Less Than Three Months)

- When a client moves temporarily, the Manager Casework of the unit that
 has had case coordination responsibility needs to negotiate interim case
 coordination responsibilities. This negotiation must occur within 5 working
 days of the supervising Child Protection Caseworker being aware of the
 client's relocation, for urgent matters this needs to occur within a time
 that will ensure the child or young persons safety. The purpose of this
 interim agreement is to maintain services for the child or young person
 and their family.
- It may be agreed that the coordinating CSC will retain primary casework responsibility whilst the CSC where the client has moved to will provide some interim support. In this instance, the coordinating CSC should provide the CSC providing interim support with a case summary and current Case Plan within 5 working days.
- If the client is going to live in the temporary residence for more than 21 days, then the coordinating unit's supervising Child Protection Caseworker should hold a case conference to review the Case Plan.
- There may be occasions when the coordinating CSC's may decide to retain casework responsibility, despite the client having moved to another area.

Permanent Moves (Longer Than Three Months)

 When a client moves permanently, the Child Protection Caseworker from the coordinating unit where the client previously resided must inform the Manager Casework of the new CSC where the client has moved to, or is planning to live. It is the responsibility of the Child Protection Caseworker which has had case coordination responsibility to organise a case meeting or teleconference and prepare a transfer summary report before the case is transferred.

Practice Point

What should be included in a Transfer Case meeting or Teleconference?

The Case meeting or Teleconference should if possible include:

- the child or young person, if they are willing to attend
- birth parents and any people with legal custody, guardianship or parental responsibility for the child or young person
- other significant people involved with the child, as identified in the current case plan
- agencies who have been providing a service to the child or young person and their family
- agencies who will be providing a service to the child or young person and their family
- the Child Protection Caseworker and Manager Casework from both the transferring and receiving Departmental units
- the Child Protection Caseworker supporting the foster carer if the child or young person is in Out-of-Home Care.

The Case meeting or Teleconference must address and reach agreement on the following issues:

- · a brief overview of departmental involvement with the child or young person
- the current reason for departmental involvement with the child or young person
- financial arrangements within the Case Plan
- . the date that the case will be transferred between units
- an update of the Case Plan.

The Case Plan will specify the date the files and records are to be transferred, the date the receiving unit will accept financial responsibility for the case, and the date the receiving unit will accept casework responsibility.



At the Case meeting the Manager Casework of the coordinating CSC will request confirmation, in writing, from the Manager Casework of the receiving CSC that transfer of the case is accepted. Where the transfer of a Case best meets the needs of a client, it cannot be delayed or refused by the receiving Manager Casework.

The caseworker at the original coordinating unit is responsible for preparing a transfer summary report before the Case is transferred. This will include the minutes from the transfer meeting and the updated Case Plan approved by the Manager Casework.

The Manager Casework of the coordinating unit is responsible for ensuring that all work on the paper file and Client System is completed before transfer of the Case. The Manager Casework must sign the transfer summary report to indicate that all work has been completed and that approval has been given for the Case to be transferred.

The allocated Child Protection Caseworker at the coordinating unit is responsible for informing clients of the change in Child Protection Caseworker.

Timeframe for Transfer

All transfers must occur within 21 days for child protection and Out-of-Home Care Cases. However, if protective issues have been identified, such as the vulnerability of the child, the urgency of the transfer of the file may increase. The exception to this is when it is in the best interest of the child or young person to provide an alternative response.

Financial Responsibilities

This needs to be negotiated between units but is not to impact negatively on the quality of service provision to vulnerable children, young persons and families.

Responsibilities of the CSC Where the Case Has Been Transferred

This CSC is responsible for reviewing the Case Plan when they receive the file and determining the priority to be given to the transferred Case. This



Business Rule All transfers must occur within 21 days unless there are exceptional circumstances



must be done within 5 working days of the file or records being received by the Manager Casework.

Transferring Foster Carer Files

A foster carer's file must be transferred when the foster carer moves to an area supervised by another Departmental unit.

The transfer must be completed within 21 days. If the foster carer has the care of a child or young person, then transfer of their file must be included in the Case Plan for the child or young person.

Transferring Cases from a JIT to a CSC

Please see the section on Joint Investigations for guidelines for transferring Cases from a JIT to a CSC.

Transferring filed cases

If a request is received for client records that are closed and filed at another unit, the transferring unit must transfer the file within 5 days. However, when records are requested in response to the receipt of a new report or request for assistance, transfer CSC responsibility for the electronic records and hard file should occur immediately.

The following documents must be completed for the transfer of a client within NSW:

- a letter from the transferring unit to the receiving unit requesting their acceptance of the case transfer. This includes a return slip to be sent by the receiving unit to the transferring unit.
- a transfer summary report.
- a letter to the following people advising them of a change in the Child Protection Caseworker:
 - the child or young person
 - the parents, caregivers or people with parental responsibility for the child or young person
 - any other agencies that are involved with the child or young person or their family.

Transferring Cases Interstate

Please refer to the Protocol for the Transfer of Child Protection Orders and Proceedings and Interstate Assistance for guidelines on the transfer of cases interstate or to New Zealand.

CASE CLOSURE

Principles

The closure of a Case occurs following a decision that further intervention, support or coordination of services by DoCS is no longer required or resources are not available and provide the service (see Case Allocation section for procedure). The decision is based on an assessment of the safety, risk and well-being of the child or young person and their family.

Closure occurs when:

- the child or young person is not in need of care and protection as determined by the risk assessment framework
- the review has shown that the child or young person is no longer in need of care and protection and no further protective intervention is required
- DoCS will not provide requested casework services or they are no longer required.
- the child or young person and their family are not able to be located. All reasonable efforts to locate the family must be made and documented on the client system.

Procedures

When the DoCS Helpline assesses that a child or young person is at risk of harm and may be in need of care and protection, risk assessment must be completed at a CSC before the closure of the case.



When a child or young person is assessed as being at risk of harm and in need of care and protection using the Risk Assessment framework, the review must be completed on at least one occasion before the Case can be closed.

Before closing a Case, staff must:

- inform the child or young person and their family of the outcomes of any assessment or investigation
- ensure that the child or young person and their family are aware of the support services available to them
- advise any other agencies involved with the family of the closure. Cases are not to remain open for more than six months unless:
- the child or young person is the subject of an application before the Children's Court and an outcome has not yet been reached, or
- the Children's Court has granted a Supervision Order as per S.76(1) of the Children and Young Persons (Care and Protection Act) 1998 and the period of supervision exceeds six months, or
- the level of risk to the child or young person has been assessed and an Assessment Review has been completed and a current Case Plan has been developed to identify how the child or young person's needs will be met, or
- The child or young person is in Out-of-Home Care. The Manager Casework has the delegation to approve Case closure.

Business Rule If a child or young person has been assessed as at risk of harm and in need of care and protection, the Case must have an Assessment Review completed prior to closure.







RECORD KEEPING AND ACCESS TO RECORDS

Principles

Record keeping is a mandatory responsibility for all DoCS staff in maintaining our client and public accountability. It is a basic requirement to record all assessment and investigation findings and decisions in an accurate and objective manner. Records provide continuity by informing current staff about the decisions of previous staff. It is essential that this knowledge is passed on in a systematic and organised way so that it can be retrieved and used in case practice.

DoCS staff are responsible for the safe custody of departmental information.

The management of all records held at DoCS is subject to the requirements of the State Records Act 1998. A record "means any document or other source of information compiled, recorded or stored in written form or on film, or by electronic process or in any other manner or by any other means"1. All records created within DoCS are owned by the State.

The State Records Act requires public officials to make and keep full and accurate records of their business and client activities. This applies to both paper and electronic records. Records provide evidence of statutory jurisdiction, rights, past decisions, legal obligations and create a corporate memory that we can use to improve the effectiveness of our daily operations.

Our records are also subject to other legislation, such as the Freedom of Information Act, 1989 and the Privacy and Personal Information Protection Act, 1998 (see Privacy Guidelines on the Intranet), as well as specific provisions within the Children and Young Persons (Care & Protection) Act 1998.

Section 28 of the Children and Young Persons (Care & Protection) Act 1998 makes specific requirements to keep a record of all reports about children at

risk of harm, and any actions taken or outcomes as a consequence of such reports.

All information about clients is confidential and protected by the Privacy Act. It should only be available to other staff on a need to know basis. The Children and Young Persons (Care and Protection) Act 1998 (section 29) also provides specific protection regarding the identity of people who make reports to DoCS of a child or young person who may be at risk of harm.

Our records are a history of the Department's involvement in any particular case and can be used in courts and tribunals. Assessment of the Department's performance is based on information and data recorded and is therefore dependent on the accuracy and currency of the records we keep.

Our clients may rely on their Departmental records to maintain a history of the events of their life and relationships. For many this may be the sole record of such information, so accuracy is vital. This is particularly important for children or young people in care. Official records form part of their childhood history. They need to include childhood memorabilia and details of development milestones such as school reports and medical records. Please see the section on Out-of-Home Care for further details.

Issues of privacy, dignity and objectivity must always be considered. Staff need to note that clients, under the Freedom of Information legislation, have a right to access information that relates to themselves.

Procedures

Record Keeping

All staff are responsible for the client information they record and manage and must make sure that both running notes and electronic records are continuously recorded, up to date and accurate. These records should show the time, date and the people who were involved in discussion and decisions. All records must be signed and dated with the author's name, Business Rule All actions and decisions must be documented, dated and signed with position and unit of person making the record. position and unit printed next to or under the signature (see sections 8 - 19 of the Privacy and Personal Information Protection Act 1998).

All records must be kept on any report that a child may be at risk of harm, regardless of the decision reached following DoCS assessment. There is currently no provision for the deletion, removal or destruction of any such records.



Practice Point

What is a record?

Records are evidence of the actions and decisions taken by Child and Family staff. Reports need to be concise and include analysis where relevant. As well as recording assessments and analyses, it is important that you keep records about what you see and hear in relation to your casework, such as:

- verbal discussions and observations eg what was said and by whom during assessments and investigations
- telephone conversations with clients and associates
- emails and faxes
- meetings of any kind, including agreed decisions and outcomes.

You must clearly document the reasons for decisions and any meetings or discussions related to a client's case on the Client System and the file.

Records must be kept in official systems, such as the Client System and on client files, so they can be retrieved whenever they are needed. Hard copies of reports generated by the Client System must be kept on the client files.

Practice Points

Why is it important to keep records up to date?

Maintaining accurate, contemporaneous and up to date records is an essential component of effective casework practice.

It is important that current information is captured quickly into the official system and that backlogs of filing do not accumulate. Paper records must be tracked and their location known at all times.

It is important that the most current information is always available to caseworkers who may need it. The Client System provides quick access to historical information about a family or individual and can assist in the assessment of new information. It must be kept updated so that information is available to the Helpline staff who may have out-of-hours emergency contact with clients.

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Business Rule All staff are required to maintain contemporaneous and up to date records of all client or client related contact.

Location of Files

Client files must not be taken out of the office. They should be kept in identified locked records storage within an office or CSC. All storage areas are to be locked at the end of each day. When in use, client files must not be left unattended in the presence of non-Departmental staff or clients. The supervising officer to whom the file is marked on the system is responsible for the care of the file.

Records must not be removed from the Department unless subpoenaed or to satisfy another lawful request such as by the Ombudsman, Commission for Children and Young People, the Independent Commission Against Corruption, or a Royal Commission. This information is provided by the Proffessional Conduct Unit in Central Office. A copy of the file must be made and kept within the owning office.



Practice Points

Are there security issues about where information is recorded?

You need to be aware of potential security issues when using the Client System and strictly follow departmental procedures for access to the system, particularly the use of passwords. Access is only to be given to employees of the Department following criminal record checking procedures and after approval of line management, or to other parties as outlined below, see heading, Access by Other Parties.

The Client System is the only approved electronic client information database. Information contained on the Client System is not to be electronically copied in any way, nor should separate electronic client files be created.

When records are no longer required by DoCS, they are archived according to the procedures advised by DoCS Records Branch at Central Office.

The Children and Young Persons (Care and Protection) Act 1998 makes specific provision that records relating to the placement of Aboriginal and Torres Strait Islander children or young persons in Out-of-Home Care must be kept permanently (section 14).

The records of children or young persons who have been placed in Out-of-Home Care with a designated agency must be kept by the agency for seven years after the agency ceases to be responsible for the placement of the child or young person. After seven years, or if the agency ceases to be a designated agency, the records are to be delivered to DoCS for keeping in accordance with the State Records Act 1998.

Electronic records

Reports on a child or young person who has been suspected of being at risk of harm and all subsequent departmental involvement are kept on the Client System until the child is 18 years old. The documents may then be archived directly through Information Systems Branch at DoCS Central Office.

Paper Documents

All paper child protection documents for children and young people are to be kept by the local Community Services Centre for a period of at least 5 years after case closure. In the case of a subsequent report that a child or young person may be at risk of harm, the previous papers must be attached to the new information. After 5 years from closure of the case, documents are to be sent to the NSW Government Records Repository for permanent storage in accordance with the current Departmental instructions as advised by DoCS Records Branch at Central Office. If a subsequent report is made about a child whose file is in the repository, the records must be retrieved immediately.

Requests for Deletion of Records

Information received and recorded by DoCS is sometimes considered by clients and assessed by DoCS to be inaccurate, malicious or vexatious.

If requests are received from clients or their representatives to delete records, they must be advised that:

- There is no Departmental provision for the removal, destruction or deletion of any record relating to reports about children or young persons being at risk of harm.
- The Freedom of Information Act 1989 and the Privacy and Personal Information Protection Act 1998 provide individuals with the legal right to request access to information held by DoCS, to request amendments to records and to appeal decisions made about such requests.
- Under Freedom of Information and Privacy and Personal Information, they
 may ask to have their own comments attached to the file.
- A two page FOI application form is available on the intranet or from the FOI unit at DoCS Central Office if they wish to access or amend their files.
- There are also provisions for complaint through the Community Services



Commission under the Community Services (Complaints, Appeals and Monitoring) Act 1993, the Privacy Commissioner under the Privacy and Personal Information Protection Act, and the Ombudsman under the Ombudsman Act.

Access to Client Files

All Child and Family staff should provide clients with information about their rights to access information.

Anyone who has information collected about them by DoCS can seek access to this under the Freedom of Information Act 1989 (FOI) or the Privacy and Personal Information Protection Act

When giving access to information or to client files, either formally or informally, information must never under any circumstances be given which identifies any person who has made a report to DoCS about a child or young person suspected of being at risk of harm. Section 29 of the Children and Young Persons (Care and Protection) Act 1998 provides protection of any person who, in good faith, makes such a report.



Informal Access to Information

If clients, including parents of children or young persons, request informal access to information about themselves held by DoCS, the decision to provide this information needs to be made by the Manager Casework on a professional casework basis. The Manager Casework needs to take into account the following issues:

- Our values of openness and participation and the importance of good communication with our clients.
- The confidentiality and privacy of others. We have a responsibility not to breach confidentiality and to protect individuals and their privacy.
 Information about another person, including other family members, cannot be released without their permission.



- The information provided must relate specifically to the person requesting the information.
- Whether providing the information could compromise any investigation or assessment or breach any other legal requirements.
- If the information sought is within a report by an author outside DoCS, the author should be consulted about the provision of the information.

Practice Point

Can information be provided informally?

In general, information that would clearly be available under the provisions of the Freedom of Information Act or the Privacy and Personal Information Protection Act may be provided informally. If there is any doubt about what should be released, or the release of the information would be controversial, or the request is for non specific access to a large amount of documents, the person should be advised to lodge an FOI application through DoCS Freedom of Information Unit at Central Office.

Specific informal access to their own files is available for current and former Out-of-Home Care clients and current and former wards.

Informal Client Access to Files About Themselves (Other Than Adoption Information)

Client files are the responsibility and property of DoCS and although clients have the right of access, the file may not be taken with them when they exit the service. However they are entitled to be provided with the original of documents such as their birth certificate, school reports, medical reports and personal photographs (this will comply with section 169 of the Children and Young Persons (Care and Protection) Act 1998).

Clients and ex-clients seeking access to their own files are not required to make a formal FOI application and should contact the CSC in the area where they are currently



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living. Calls received at the Helpline will refer them to the local CSC or to the Freedom of Information Unit at DoCS Central Office if they are interstate or overseas. The CSC or FOI unit should then obtain the file by sending a Person Inquiry Form to the Central Office Records Branch.

When the file is received at the CSC, a mutually convenient time to view the information is made. The file should be screened to ensure that confidential information about third parties is not inadvertently released. If there is a report on a child or young person, identifying details of the person who made the report are not to be released.

The simple delivery of information is not enough to discharge the Department's obligations. Disclosure of information must be accompanied by appropriate explanations and support. In some circumstances it may be appropriate to refer the person to an after-care or counselling service.

Before a file is released for viewing, staff must:

- Review the file and acquaint themselves with any stressful information (eg reason why they may have entered care) and determine the appropriate response.
- Make sure that all third party and information disallowed under the Children and Young Persons (Care and Protection) Act 1998 or the Freedom of Information Act 1989 is masked.
- Arrange for an appropriate staff member to be present while the person is looking at or copying documents from the client files. Administrative staff or students on placement are not to be given this task under any circumstances.
- Sight proof of identity of the client.
- Accommodate any requests for an independent support person to assist the person to read their history.

You need to inform the person viewing their file that they:

- may bring along a support person if they wish
- can make notes from the file



- will be required to provide proof of identity, unless known by Departmental staff assisting
- do not have to read the file in one visit the file can be kept at the CSC or CFU for three months and this period can be extended on application
- can photocopy, or have photocopied by CSC staff at no charge, personal information such as birth certificate, school reports, medical reports or correspondence.

Practice Point

What assistance should be provided to clients when they view files about them?

Support to ex-clients when reviewing their files should include explanations about former policies, practices and parenting styles etc, and about ongoing review and changes in practice. You should encourage and help clients to look at their history from the perspective of these changes, and from the perspective of others who were involved in their childhood, requesting that they do not use the information provided to cause pain or embarrassment to any other person.

If the person looking at the file feels the information is inaccurate, incomplete or misleading, they may submit a signed statement conveying their concerns. This notation is attached to the top of the file. Any action required as a result of the statement must be followed up by the caseworker. Incorrect personal details must be corrected in accordance with the provisions of the Privacy Act.

The access of clients and ex-client to their files is specifically provided for under Sections 168 and 169 of the Children and Young Persons (Care & Protection) Act 1998 (when proclaimed). Clients who have been in Out-of-Home Care with designated agencies have the same entitlement to access their files.

Access to Records Relating to Aboriginal and Torres Strait Islanders

Section 14 of the Children and Young Persons (Care and Protection) Act 1998 makes specific provision for access to files of Aboriginal or Torres Strait Islander children or young persons. If an Aboriginal or Torres Strait Islander child or young person has been placed in an Out-of-Home Care placement, other than by adoption, the child or young person, their parents and any person authorised by the child or young person is entitled to have access, according to the regulations, to all records kept by DoCS about the placement.

The usual care must be taken not to disclose any identifying information about any person who has made a report about the child or young person being at risk of harm.

Access to Adoption Files Including Requests by Former Client or Out-of-Home Care Clients Who Have Subsequently Been Adopted to Review Their File

All access to information recorded on an adoption file is governed by the Adoption Information Act 1990. All requests for adoption information should be directed to the Family Information Service (FIS) Adoptions Services Branch. Phone (02) 9865 5992 or 9865 5973 or Free call 1800 04 9956.

A DoCS pamphlet 'Adoption: The Adoption Information Act and how it affects you' explains the requirements of the Act and procedures for implementing the Act and should be given to people who request access to adoption information.

FIS staff will prepare the client's file (B file) in accordance with the Adoption Information Act 1990 and either send the file to the CSC for the file to be viewed by the former client or Out-of-Home Care client or arrange for the file to be viewed at the FIS.

Access by Other Parties

Section 248 of the Children and Young Persons (Care and Protection) Act 1998 authorises DoCS to provide information relating to the safety, welfare and well-being of a child or young person or class of children or young persons, to prescribed bodies such as police, schools, health services and others outlined in the Act and regulations (see Exchange of Information section of Handbook).

Other people and agencies may request access to client files. A person other than the client requesting information must indicate the purpose of the request. You need to explain that DoCS cannot disclose any information without the written consent of the client and every endeavour will be made to locate the client and seek consent. The



client or ex-client needs to be made aware before giving consent of the variety of ways the information could be used which may not always be in the interests of the client if requested, for example by the Police or Probation and Parole. The consent must include specifically what information may be given to the enquirer and the letter of consent is to be kept on the file.

When there is a request by Police for access to records to assist a criminal investigation, and the request is not under Section 248 (that is, not related to the safety, welfare and wellbeing of a child or young person or class of children or young persons), a subpoena or a warrant is required to produce the documents. When in doubt about responding to a criminal investigation, you should consult with DoCS Legal Services.

If client files are required by a court, or parties to a court matter, the files may be subpoenaed. When responding to subpoenas, the coordinating unit will retain the original and produce a photocopy for the court or tribunal. Where a request for a file is lawfully made by another body, you need to seek advice from DoCS Legal Services.

Other interested parties who do not have lawful authority are not permitted access to files without the written consent of the client. They may however submit a request under the Freedom of Information Act to gain access to information, which is not contrary to the public interest, does not breach confidentiality or is not a specific exemption under any legislation.

If people are seeking information relating to a family history, including information on next of kin or other significant relationships, they should write to the FOI unit indicating the specific information they want and their relationship to the people involved. A decision can then be made about which DoCS office is best equipped to assist the client.

In some circumstances it may be appropriate to authorise people, such as researchers and postgraduate students to access DoCS files, including the Client System. The Director of Policy and Strategic Planning is the delegate





responsible for approving any research activity occurring in the department. All research projects must go through the Research Coordination Section of the Directorate who coordinate and centrally manage all research involving DoCS.

The protection of confidentiality and privacy must be applied to any applications for access to files.

Freedom of Information (FOI)

If a person viewing their file is unhappy with their access to file documents provided through the informal process, they should be advised of their right to access information through the provisions of the Freedom of Information Act 1989 and the Privacy and Personal Information Protection Act 1998.

If clients are seeking copies of a large number of documents or information about other people, it is appropriate to ask them to submit a formal FOI application.

There is a cost of \$30 or a concession rate of \$15 to lodge an FOI application.

All requests for information under the Freedom of Information Act and the Privacy and Personal Information Protection Act are coordinated by the Freedom of Information Unit at DoCS Central Office. Information about FOI and the two page application form is available on the intranet.





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THE PROVISION OF INFORMATION

Information refers to the communication of knowledge that is sought about a subject or circumstance.

Information that DoCS will provide as a response to general enquiries includes:

- information about Child and Family services provided by DoCS, other government departments and our community partners
- information about community and disability services
- generic information about services outside of the above.

General enquiries are satisfied by providing information that may or may not include the details of specific service providers. Callers requesting information about a DoCS service or program area should be transferred to the relevant unit or identified staff.

DoCS has a responsibility to provide information that will assist members of the community in the appropriate care and support of children, young persons and families. Callers who contact the DoCS Helpline or any DoCS unit seeking generic information and advice will be provided with accurate, relevant information about the services available. When the provision of information is not sufficient to enable the caller to access the service required, DoCS will assist the caller through the process of referral.

Principles

- Self-determination and empowerment families are best able to find their own solutions given appropriate information and assistance.
- Accessibility and participation adequate information should be provided about DoCS decisions, processes and complaint avenues. All information should be clear and easy to understand. The participation of children, young people, adults and families in the decision making processes that affect their lives is essential.
- Confidentiality compliance with the relevant legislation, professional codes of ethics and conduct, and departmental guidelines regarding client confidentiality and privacy.
- Accuracy accurate information should be provided in a timely manner to all requests.

 Cultural sensitivity - information and referral is delivered in a culturally sensitive context. Services should be sensitive to Aboriginal and Torres Strait Islander culture and background and to diverse ethnic, cultural, racial and religious backgrounds.

Practice Point

What does section 248 refer to?

Section 248 of the Act describes DoCS responsibilities for the provision and exchange of information in relation to the safety, welfare and well-being of a child or young person or class of children or young people. DoCS also has responsibilities under various other sections of the Act to provide specific personal information to children, young people and families (see sections 51,168&169), to the Children's Guardian (section 185) and the Child Death Review Team (section 193).

Procedures

Provision of Information

DoCS will respond to general enquiries from a caller or client at the point of contact. This is usually the Helpline, particularly if the caller is not a current DoCS client. However, requests for generic information may be processed at any DoCS unit. The request may be made in writing or by telephone, fax or email.

It is the responsibility of the DoCS staff member receiving the enquiry (usually the Community Services Officer at the Helpline) to identify the nature of the request and clarify the type of information that the person wants. This may involve asking the caller questions. The information provided should enable the caller to make informed decisions about their inquiry or assessed need.

Information may be provided in a number of ways:

 If the caller requires information about a service provided by DoCS, the call should be diverted to the relevant program area within DoCS for a response. For example, advice on childcare services may be directed to the Children's Services Adviser in the relevant





area or an enquiry about adoptions transferred to the Adoptions Unit.

- If the caller requires information about a service provided by an agency other than DoCS, they should be encouraged to contact the service provider directly. The caller should be given information such as the name of the service provider or agency, the contact details for the agency, and any other relevant information such as the name of a contact person and the current availability of the service. Details given to the caller may vary depending on relevant safety issues.
- Responding to some enquiries may require consultation about issues such as those relating to Aboriginal and Torres Strait Islander people, disability issues or cultural, religious or domestic violence issues.
- If the caller is a current DoCS client or the information requested is about a specific client or individual, the enquiry should be transferred to the appropriate DoCS business unit such as the relevant CSC, Disability Services Office or Information Exchange Unit. This is to ensure that existing Case Plans are not compromised and client confidentiality is respected. The centralised management of information exchange between agencies also helps protect DoCS staff from possibly committing an offence regarding unlawful disclosure of information.
- Callers wishing to report a child protection concern or discuss aspects of a case they are unhappy about will not be transferred. Options for addressing the concern or making a report or complaint should be discussed at the point of contact. The relevant DoCS guidelines and policies must be observed.

Safety Issues

DoCS staff must consider safety and well-being issues for both clients and staff in DoCS and other agencies. Releasing information about an individual client's whereabouts is not considered appropriate under provision of information procedures. Requests for this type of information must be referred to the caseworker or Manager Casework who is responsible for the case.







Complaints

Complaints concerning the provision of information and referral practices will be accepted at point of contact and processed in accordance with current departmental guidelines. Information about internal, local processes for handling complaints should be given to complainants. In cases where this is unsuccessful or inappropriate information about the relevant external agencies responsible for investigation and the coordination of complaint processing should be provided. These include the Community Services Commission and the NSW Ombudsman. Additional information is available on the intranet.



REFERRALS

Referral is the sharing of information between professionals with a view to the provision of a service. The information exchanged is limited to that which is necessary in determining the most appropriate service and reaching agreement on the roles and responsibilities of those involved.

A referral is made to a service provider if this is assessed to be the most appropriate response to a caller's request for assistance or within the context of casework. Referrals that are made outside of casework are made only at the request and with the consent of the person who is to receive the service. The referral may be internal, between program areas within DoCS, or service providers outside DoCS.

When the provision of information is not sufficient to enable the caller to access the service required, DoCS will assist the caller through the process of referral.

Principles

- Self-determination and empowerment families are best able to find their own solutions given appropriate information and assistance.
- Accessibility and participation adequate information should be provided about DoCS decisions, processes and complaint avenues. All information should be clear and easy to understand. The participation of children, young people, adults and families in the decision making processes that affect their lives is essential.
- Confidentiality compliance with the relevant legislation, professional codes of ethics and conduct, and departmental guidelines regarding client confidentiality and privacy.
- Accuracy accurate information should be provided in a timely manner to all requests.
- Cultural sensitivity information and referral is delivered in a culturally sensitive context. Services should be sensitive to Aboriginal and Torres Strait Islander culture and background and to diverse ethnic, cultural, racial and religious backgrounds.
- Accountability DoCS is responsible and accountable for the services we provide and the decisions we make. We comply with appropriate record keeping requirements.



Practice Points

How is a referral facilitated?

- DoCS makes direct contact by letter, phone call, fax etc with the service, or
- DoCS helps a person to make contact with a specific service provider. For example, you may give the client a letter of referral or introduction to the service provider.

Referrals within the context of casework are made in accordance with the legislative requirements and principles contained in the Interagency Guidelines for Child Protection Intervention and the relevant DoCS Case work practice.

Requests for service (s.17) This section of the Children and Young Persons (Care and Protection) Act 1998 authorises DoCS to make a request to another government department or a community partner in receipt of government funding to provide services to promote the safety, welfare and well being of the child or young person. The government department must then use its 'best endeavours' to comply with that request.

Best endeavours (s.18) Best endeavours means using a genuine and considered effort to respond to a request for service to promote and safeguard the safety, welfare and well being of the child or young person. The service does not have to be provided if it is out of the range of the service provider's expertise or responsibility. DoCS will not make a 'request for service' unless it is assessed that the child or young person is in need of assistance and that it is best provided by the agency receiving the request and is likely to be effective.



PROCEDURES

Practice Points

Do all referrals require the same response?

Different types of referrals reflect the variety of responses that are appropriate in responding to a request for service, a request for a disability service or a child protection concern. The DoCS response, and therefore referrals, may include strategies for prevention, early intervention or ongoing care and support.

The monitoring of referrals by DoCS is essential to the provision of effective and efficient services and achieving desired positive outcomes for clients. Monitoring referrals is a strategy for developing good partnerships between agencies across the human services sector. The degree of monitoring will vary depending on the client or customer's assessed need for support and the level of intervention assessed by DoCS as appropriate.

Referral Where No Follow Up is Required

During the initial assessment, Helpline staff may generate referrals in the context of prevention, early intervention and support. This type of referral may be made when the caller's assessed need or request is most appropriately responded to by providing a service and no follow up is required.

These referrals are made at the request of a caller when it is assessed as being the most appropriate DoCS response and are only made with the client's consent. They are made when there is no child or young person in need of care and protection or where DoCS will not provide a service.

Individuals who are not current DoCS clients and are seeking this type of referral should be encouraged to liaise with the suggested service provider directly. The provision of relevant information about the service provider may satisfy the request without the need for referral. This practice aims to empower the caller, minimise duplication of information and reinforce the caller's decision-making capacity.

DoCS Disability Services will be provided to clients who meet the criteria for eligibility following appropriate assessment. Referral for assessment by the relevant program area is part of this process.

If a referral is requested and is considered the most appropriate action, the caller may be given a letter of introduction to the service provider or agency. This letter includes a detachable information section to be completed by the service provider and returned to DoCS (the format for this is available on the intranet). The information from the service provider or agency will inform DoCS of uptake rates and help DoCS assess the capacity of agencies to provide services. The information is gathered for the purpose of maintaining relevant data and monitoring the appropriateness of referral. This does not constitute 'follow up' in the casework sense where specific information is exchanged about the client's level of participation and agreed outcomes of the service provision as outlined in the agreed Case Plan.

Referrals may also be made verbally (eg. telephone) in circumstances where a written referral would not be sufficient to assist the caller (ie: emergency accommodation). Verbal referrals should be confirmed in writing with the service provider, including the returnable form as described above.

Information supplied to service providers in making this type of referral should be limited to relevant details enabling contact between the caller and the service or agency. The caller's request for service is viewed as sufficient consent to make contact with the service provider. More detailed personal information should be exchanged directly between the person who is subject of the referral and the service provider.

Requests for these referrals from current DoCS clients should be handled at the relevant CSC (or business unit where appropriate) already working with the child, young person and /or their family/carer and involves monitoring as indicated in the following section. This is to ensure that existing Case Plans are not compromised, interagency responses are coordinated and continuity of service is maintained.





Referrals which Require Monitoring (including section 17 'requests for service')

Referrals within the context of DoCS case coordination are more complex. These referrals occur as part of an approved Case Plan, and are part of an identified strategy designed to address the risks and needs of children, young persons and families, promote change, and provide support. The details of services required are recorded in the Case Plan.

Case Planning is conducted in collaboration with children, young people and their families/carers and other agencies. Referrals for children and young people should be discussed in an age appropriate manner wherever possible to promote inclusive practice, empower the child or young person and maximise the potential effectiveness of referrals. Underpinning this is the principle of participation. See section 10 of the Children and Young Persons (Care and Protection) Act 1998.

When making referrals to external service providers, staff should clearly indicate to the agency the level of DoCS involvement with the child, young person and family who is subject of the referral. This will assist in providing clarity and establishing agreement regarding roles and responsibilities. Referral processes include negotiating. The availability of services should be discussed with individuals. This will usually require consultation with the service provider. Individuals should be advised of the expected processes and timeframes associated with referrals, and advised of any anticipated delays.

Referrals made within the context of case plans are defined by the need for follow up by DoCS and/or the service provider. Referrals need to be monitored for various reasons including the uptake of referrals, the ability of an agency to provide a service, and the immediate and ongoing safety, welfare and wellbeing of children, young people and adults.

The referral process involves making contact with the service provider for or on behalf of the client. The referral process is followed by seeking information from the service provider as to whether or not the client engaged the service and discussion about outcomes of service provision. Referrals to specialist services within DoCS such as psychological services, disability community support teams and Montrose Assessment Services also take place within the context of Case management and require appropriate follow up.



Safety factors must be considered in making referrals. DoCS' responsibilities include sharing information with service providers about any known risk of violence or other safety threats to staff or clients. This will assist the agency in effectively promoting the safety of children, young people, families, carers and staff.

Referrals made on behalf of DoCS clients in the context of casework may include internal and/or external referrals. Staff should ensure that any relevant protocols with service providers are observed and related referral forms completed.

Some Child and Family referrals may occur within the context of a court endorsed Care Plan or Court order to ensure the client's compliance with the referral. For example, a Court may make an order that requires a child or young person to attend therapeutic counselling for sexually assaulting behaviour.

'Best Endeavours' referrals to NSW Health from DoCS Helpline will only occur in the following circumstances:

- urgent mental health intervention/assessment is required
- forensic medical examination is required
- emergency medical treatment is required
- other crisis/trauma intervention is required

Practice Points

Referral Checklist

The information provided in a request for service should include:

- The reasons for the referral
- The needs of the child, young person and/or their family carer
- . How the provision of the service will meet those needs
- The anticipated outcomes, including the expected benefits
- The child/young person/adults/family members views on the service requested
- Details on the referral monitoring arrangements



- Information about what additional supports, including involvement with other agencies, is currently being offered to the child, young person and/or their family/carer.
- What supports, if any, are being provided by DoCS
- Costs associated with the provision of a service should be negotiated and agreed to prior to the commencement of service.
- Approved Case Plan (or part thereof which is relevant to the proposed service provision)

Section 17 of the Children and Young Persons (Care and Protection) Act 1998 gives the Director-General authority to request a service from another agency. This 'request for service' referral outlines the service that DoCS' requests to be provided to the person or persons described in the referral. Section 18 provides for an expectation that agencies use their best endeavours to comply with the request.

Consent

Staff obtaining consent for the release of detailed personal information must ensure that the appropriate forms are completed with copies provided to all parties and held on relevant files. Written consent is a priority. Where this is not possible, reasons for this should be recorded on the relevant files. DoCS clients must always be informed of information that will be released to another agency or person unless, such as in matters relating to criminal investigation by Police, this would impede such investigation or put a person at risk of serious harm. DoCS staff are accountable for decisions and actions taken and must maintain accurate record keeping procedures.

Consent should be sought for all referrals. However, referrals may proceed without consent in the context of child protection casework. Clients are more likely to take up and be effectively engaged in the provision of the service for which they are referred if they have participated in consultation and decision- making processes that led to the referral. When a service is to be provided by another agency, consent may be negotiated between the



Business Rule Consent must be obtained for release of information about clients to other agencies. If consent is not obtained this must be documented on the file with a clear reason. agency that has received the referral and the customer/client for which the service is requested. This form of consent is subject to individual agencies' own procedural requirements.

Referrals to Specialist Health Services (including Sexual Assault Services and PANOC)

Reports containing allegations of child sexual abuse must be appropriately assessed by DoCS. When assessment determines that a child is at risk of harm and the reason for this determination is sexual abuse, the child and non offending parent or parents must be referred to appropriate counselling services available through NSW Health.

These referrals may be made under the provisions of section 17 (request for services) when considered necessary in the context of casework.

Children who do not disclose sexual abuse during interview with DoCS or Police may be eligible for counselling if a belief is formed (and the reasons for that belief are documented) that the child has been sexually abused. When there has been no disclosure a Case meeting should be held with the appropriate health service in order to determine:

- · Whether there is an intention to interview the child and the timeframe for that
- Whether a belief can be formed that the child has been sexually abused
- · Reasons why no police action is being taken if this is the case
- The tasks and roles of each agency involved
- The timetable and process of review
- Whether the safety issue has been addressed

NSW Health will provide support services to non offending parents or carers. Children over 14 years may access specialist health services prior to disclosure or completion of the Risk Assessment.

PANOC

Specialist PANOC services accept referrals form DoCS regarding children and young persons who are assessed as being at high and high/medium risk. Specialist PANOC will prioritise referrals according to risk factors, which have been negotiated and agreed to by DoCS.



The priority factors are:

- 1. a previous child death in the family
- 2. a previous removal or assumption of care of any child in the family
- 3. a child under 5 years
- 4. multiple previous reports on a child or children in the family
- 5. polysubstance abuse by the parents or carers
- 6. a parent or child with a disability

Risk Assessment must have been undertaken at the CSC level prior to referral to a PANOC service. DoCS Risk Assessment does not have to be completed, however a determination must be made that the child or young person is at risk of harm and in need of care and protection requiring protective intervention.

A Case Planning meeting must occur in order to:

- Gather and exchange relevant information
- Determine what, if any, protective strategies are required e.g AVOs
- Determine monitoring and review process

Preliminary discussions should occur between the DoCS caseworker and the PANOC services coordinator in regard to the service's ability to accept the referral. DoCS will be actively involved at the time of referral to specialist PANOC services, but may not remain actively involved with the family for the duration of the service provided by PANOC. In these circumstances a DoCS caseworker will be identified, and the agreed process for monitoring, roles and responsibilities will be stipulated in the Case Plan

EXCHANGE OF INFORMATION UNDER SECTION 248

Principles

Section 248 of the Act describes DoCS responsibilities for the provision and exchange of specific information. Information may be sought from or provided to a prescribed body in relation to the safety, welfare and well-being of a child or young person or class of children or young people.



DoCS also has responsibilities under other sections of the Act (please see sections 51,168 & 169) to provide specific information to children, young people and families.

Privacy, dignity and freedom of information need to be considered when sharing information with other agencies. All information provided must be treated confidentially and consideration given to the dignity of the client and their views. Information must be exchanged as objectively as possible and analysis of issues must be based on recorded fact and professional judgement. The information should be accurate and supplied promptly.

We request information when it is needed to help identify the needs of a child or young person or assess their safety, welfare and well-being. The prescribed agency receiving the request for information does not have any discretion about whether to comply with DoCS' request. They must supply the information.

DoCS will provide a prescribed body with information about a child or young person only if it is in the child or young person's best interests. The Act authorises DoCS to use discretion in its decision as to whether or not to provide information in response to a request from a prescribed body.

Procedures

Requesting Specific Information

DoCS ONLINE

Send a DoCS Information Request Form to the agency. The form must clearly state the name of the person who is the subject of the request and their relationship to the client child or young person. The nature of the information required and how the information relates to, or is motivated by, an interest in the safety, welfare or well-being of the child or young person or class of children or young people must be clearly stated.

Seek the information from the prescribed body most closely involved with the child or young person. This is particularly important if there appears to be an urgent safety concern for the child or young person.



We do not require agencies to provide affidavits outlining the extent of their dealings with a specific client. We cannot request information they do not already hold or have documented. Files and other documents, such as a daybook held in a refuge, may be subpoenaed if appropriate.

All request details must be recorded so that we can monitor responses and compliance with agreed timeframes.

Providing Information Under Section 248

Requests for information relating to the safety, welfare or well-being of a child or young person or a class of children or young people must be sent to DoCS in writing. The requesting agency will indicate the form in which the information may be provided.

Information provided under section 248 (1) of the Act does not constitute a breach of professional ethics or a departure from accepted standards of professional conduct. No liability for defamation is incurred and it cannot constitute grounds for civil proceedings for malicious prosecution or conspiracy.

Timeframes for Providing Information

Timeframes for the exchange of information should be negotiated between the participating agencies. Urgency, workload, and the nature of the information requested must all be taken into account. The safety, welfare and well-being of the child or young person, or class of children or young people, is the most important consideration in determining the urgency of a request.

Apply the following timeframes:

- urgent matters should be responded to immediately or within 24 hours by telephone (any written confirmation should be sent by mail)
- requests not considered urgent should be responded to within 5-10 days
- · requests requiring a written report should be responded to within three weeks

Practice Point

Is consent required for the provision of information under section 248?

The Act does not require that consent be obtained from clients in regard to requests for, or the release of, information under this section. However, consent should be sought in most cases, particularly when information is exchanged as part of case work practice where the participation of children, young people and their families is vital. People should always be informed of any exchange of personal information except if the disclosure may threaten the safety, welfare or well-being of a child or young person.

Exchange of Information with NSW Health

NSW Health is currently establishing a centralised system for receipt and response to requests for information under s248. The system will facilitate the gathering of information in each Area Health Service and includes:

- A single central contact point
- A single register of requests which will record the time the request was received, the nature of the request, the timeframe for response, the staff to be consulted and the outcome of the request including the response time.

Information can also be exchanged informally in relation to the safety, welfare and well being of a child or young person. This is most likely to occur during Case Planning meetings, and discussions between Health workers and DoCS caseworkers with regard to ongoing casework. Clients should be informed of the information exchanged and the purpose of this process. Timeframes for providing information as defined on page 66 has been negotiated with NSW Health.

Requests for information from the Departments of Corrective Services and Probation and Parole

DoCS has an agreement with the Department of Corrective Services (DCS) and the Department of Probation and Parole (P&P) to provide them with specific information to assist them in the processing of applications to two program areas within the Department of Corrective Services. These are the Home Detention Program and the Mothers and Children's Program. The request is referred to as a 'Child Safety Check'.

The DoCS Helpline receives requests for a 'Child Safety Check'. Caseworkers check the Client System to find out if DoCS has any involvement or interest in the child or young person.

If there is no information about the child or family on the Client System, or the information identifies no concerns, Helpline staff advise DCS or P&P of their findings.

If the information about the child on the Client System indicates a concern, one of these responses will occur:

- Helpline caseworkers may inform DCS or P&P of the concerns without the need to consult the Community Service Centre (CSC). DoCS Helpline staff should record the outcome of the request on the Client System. (S.248 and S.113(1)(b) and (2)(b)(c).)
- Helpline caseworkers may decide that further assessment by a CSC Child Protection Caseworker is necessary to provide additional information. Assessment by the CSC is likely to be requested if:
 - the child or family is known to DoCS
 - there is a current DoCS Case Plan and allocated CSC caseworker
 - the application indicates the potential for a change of placement for a child eg placement in prison with the child's mother
 - approval of the application may have adverse consequences for the child eg the early release of a sex offender.

The CSC will complete the assessment on the identified issues and provide relevant information within two weeks of receiving the request. The outcome of the assessment and relevant information will be sent in writing to the assessing officer of the relevant DCS or P&P program. The CSC is responsible for recording the outcome of the request on the Client System.

Business Rule Helpline caseworkers should provide information or transfer the request to the appropriate CSC within 48 hours of receiving the request.



It will not always be necessary for CSC staff to undertake a comprehensive assessment before providing information. A decision about the most appropriate assessment strategy should be based on local knowledge of the relevant issues and level of contact with the family.

Requests for Information from the Police about Missing Children

NSW Police may contact DoCS after they have received a report about a missing child. DoCS has a responsibility to advise the Police if the whereabouts of the missing child are known to DoCS and if the child is known to be safe. If there are also concerns that the child is homeless or considered to be at risk of harm due to other circumstances, DoCS may also have a role in providing supportive or protective intervention.

The Way Police Contact DoCS

The Police contact the DoCS Helpline with identifying information about the child who has been reported missing. This information may include:

- child's name, including any known aliases
- child's date of birth
- child's last known address
- date and time child went missing
- any other relevant identifying information.

Responding to Requests for Information About a Missing Child

A search of the Client System will show whether or not the missing child is known to DoCS.

If the missing child is known to DoCS, the address details on the Client System may or may not be current. The currency of the address depends on the last DoCS contact with the child and the date and time that the child was considered missing. A decision needs to be made about the child's safety. This decision may be made at the Helpline through information on

Business Rule DoCS advises Police and parents if whereabouts of a missing child are

known.





the Client System or by requesting additional information from a Community Services Centre.

The DoCS caseworker will advise the Police whether the child is considered safe or not. This information will be provided in writing on a Missing Child Outcome Advice form that is available on the Client System.

If the missing child is not known to DoCS, or the current whereabouts of a known child cannot be confirmed, the missing child's details will be recorded as a Missing Person Record on the Client System. This record will stay on the Client System until the child is located or for a determined period of time.

The reporting police officer's details are recorded and added to the Missing Person Record. This information should include:

- name of police officer requesting information
- local area command address, contact telephone and facsimile number
- date and time of police contact.

The information provided to the Police will include whether or not:

- the child is known to DoCS
- the child's current whereabouts are known to DoCS
- DoCS is able to determine if the child is safe
- DoCS has current case management responsibilities for the child.

DoCS does not advise the Police of the child's whereabouts if known. The child's parents are to be informed that the child is safe. Information about the whereabouts of the child is released only if there are no safety concerns for the child. The release of any information about the whereabouts of a child must be approved by the Manager Casework.







SEEKING VALID CONSENT

PRINCIPLES

Consent refers to the giving of valid and informed authority for a specific service or intervention. Consent can be provided by a child or young person, parent or person with parental responsibility, or a relevant authority acting on their behalf.

When seeking consent, you must ensure that:

- they identify the circumstances where consent is required
- they obtain valid consent on each occasion where a client or other authority is required to provide it
- clients understand the services they are considering and are able to participate in decision making processes.

DoCS recognises that the people we work with have a right to make decisions and choices, and to express and have due consideration given to their views. They also have the right to choose not to participate in or receive some services. This does not include statutory child protection intervention.

People with the capacity to give consent have a legal right to give their own consent.

In some cases, it may be appropriate or desirable to involve members of the client's family or social or professional support network in making decisions and choices. This may be relevant for, but not exclusive to:

- Aboriginal and Torres Strait Islander people
- people from a non-English speaking background
- · people with a disability
- · people with a mental health concern or psychiatric condition
- people with poor literacy skills.



provision of service is

possible. If consent is

not given, reconsider if

it is appropriate for the

service to be provided.

obtained wherever

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Child and Family staff are responsible for making sure that clients are informed of the service and support being offered to them, the consequences of giving or not giving consent, the advantages and disadvantages of the service, and that their choice will be respected where possible.

Practice Points

What is informed valid consent?

'Informed valid consent' is consent obtained without duress. For the consent to be valid and the service to be helpful, it is important that the person giving consent does not feel coerced.

For consent to be 'informed', a person needs to be informed of what they are being asked to consent to, the advantages and possible disadvantages, as well as possible alternatives. Informed consent cannot be given if relevant information is withheld or information is not provided in a form that the person can understand. The person giving consent must be capable of understanding the advantages and disadvantages of their decision.

Consent can be withdrawn at any time within legal provisions. For example, adoption consent can only be withdrawn within 30 days of the consent being signed.

When is informed valid consent required?

If you believe that a referral to a specific service is required to help parents or caregivers ensure the safety, welfare and well-being of a child or young person, it is essential that you obtain appropriate written valid consent for:

- psychological or psychiatric assessment and treatment services
- medical, dental, speech pathology or other assessment or intervention services



any other legal authority, such as a temporary care arrangement.

Various agencies and specialist service providers may require that informed consent be given in writing in order for the service to be provided.

Who can give informed valid consent?

- Young persons have the right to provide or deny consent on their own behalf if it is believed that they have the capacity to do so.
- A parent or any person with parental responsibility for a child if it is believed that they have the capacity to do so. Wherever possible, the views of the child should also be taken into account.
- In the case of children, you should try whenever possible to get the consent of both the child and the parent or person with parental responsibility. This will be dependent on the developmental capacity of the child.
- Consent should be obtained from children aged 14 and 15 years for any medical examination or intervention.

When can informed valid consent be substituted?

- The Children's Guardian is the only body authorised to give consent for a child or young person in Out-of-Home Care to get married, apply for a passport or be removed from New South Wales.
- Consent is not required if a medical or dental practitioner deems the treatment to be urgent and the proposed treatment is to save the person's life, prevent serious damage to their health or to alleviate significant pain or distress. You should make sure that the person(s) with parental responsibility are notified as soon as possible in these circumstances. (S.174).

• The Children's Court or any other court can also give valid consent.

PROCEDURES

Clearly explain to the person you are asking for consent the reasons for the recommended assessment, examination or service. It is essential that you make sure that the person giving consent understands these things.



Practice Points

What do you need to consider in gaining consent?

The developmental capacity, cognitive ability and language skills of the person, especially a child or young person, must be taken into account. You need to consider the following issues when assessing if the person needs additional support:

- Does the person have a support person they trust? Do they want the support person present for the proposed assessment, examination or service?
- Is this support person appropriate, available and able to be present?
- Does the person have a physical or intellectual disability?
- Are supports needed to assist communication processes?
- Do you need to use an interpreter or a culturally appropriate support person?
- Is there a mental health diagnosis that may affect the person's capacity to make an informed decision?
- Does the person appear to be affected by drugs or alcohol?
- Does the person appear to be influenced or intimidated by another person?
- Does the person have sufficient time to make an informed decision?

Discuss any concerns that the parent, person having parental responsibility, child or young person may have about the need for the proposed assessment, examination or service and any fears they may have. Negotiations should be handled in a way that recognises the sensitivity of the situation and the issues of concern.

Explain the predictable outcomes, risks and benefits of the service and make sure the person giving consent indicates an understanding of them. Explore any possible alternative options.

If consent is refused for a particular service or intervention, this does not mean that we will not seek to obtain other services for the client. It is the responsibility of the caseworker to seek alternative services. Consideration may need to be given to legal

alternatives to gaining consent such as a court or tribunal order. DoCS Legal Services should be consulted about these alternatives.

Record Keeping

Business Rule All negotiations with clients about consent must be documented.



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Document all negotiations with the person giving consent on the appropriate departmental file and on the Client System. If consent is not obtained, the reasons for this must be recorded on the relevant files.

MANAGING CHILD AND FAMILY CONTACTS AND REPORTS

SECTION TWO

MANAGING CHILD AND FAMILY CONTACTS AND REPORTS

SECTION

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MANAGING CHILD & FAMILY CONTACTS & REPORTS

Business Rule All information about contacts must be recorded on the Client System.



All contacts and reports relating to Child & Family Business are made through a statewide centralised intake system called the DoCS Helpline.

Child Protection Caseworkers at the DoCS Helpline only deal with matters concerning children, young persons and families. All other matters are dealt with by Community Services Operators at the Helpline or diverted to other sections of DoCS or other organisations.

All information about each contact must be recorded on the Client System. Any information disseminated, referrals made, or support given is also recorded. All the Helpline assessment processes are supported by the Client System, with prompts and practice guidelines for each step.

If the contact is a request for a service or a request for a prevention service, Child Protection Caseworkers should involve the caller in all stages of the planning process.

Feedback is provided to mandatory reporters about DoCS response to their information.

The objectives of assessment once a caller has contacted the Helpline are:

- to gather information to help make informed decisions about the safety of and risk to children and young persons, and the needs of children, young persons and families
- to conduct an initial assessment of the information received
- to devise initial action plans
- to provide callers with information and support.

The Act has special provisions for reports about Aboriginal and Torres Strait Islander children and young persons (Chapter 2, Part 2 S.11 - S.14). If a caseworker at the Helpline believes that a child or young person who is the subject of a report of suspected risk of harm may be an Aboriginal or Torres Strait Islander, then they must make every effort to find out whether or not this is the case. This may mean that a telephone call is necessary if the reporter suspects, but is unsure, if the child is an Aboriginal or Torres Strait Islander. This telephone call may be to the school or another place where the child or young person is known.

The Helpline is responsible for the initial assignment to either a CSC or JIT/JIR of an assessment; investigation and assessment or requested casework service.

Procedures (Helpline)

Gather Information About the Reason for the Call

The Helpline Caseworker gathers details about the caller's identity, contact details, relationship to the child or young person, and reason for calling.

Callers may refuse to disclose details about themselves and reports may be made anonymously under section 26 of the Act. Reporters are protected under section 29 of the Act and they may need to be informed and reassured that their identity will be protected.

The name of a person who is making a report of suspected risk of harm should only appear in the appropriate data field. After that, they should be referred to as 'the reporter'. This is to make it easier when DoCS has to prepare files which have been subpoeneed for court proceedings.

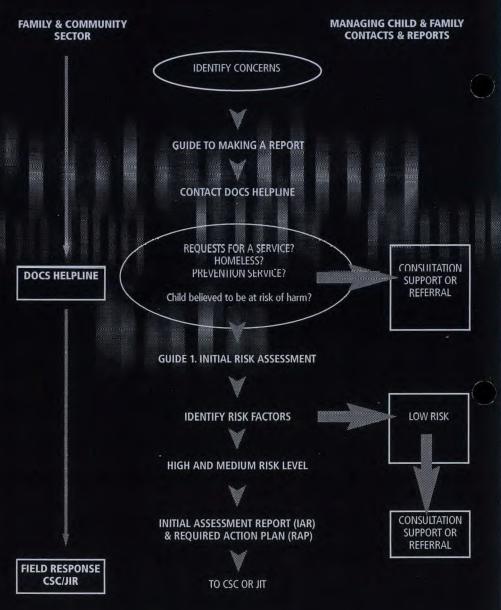
Emergency Situations

If at any time during the call, the Caseworker believes that there is an emergency or life-threatening situation, they should transfer the call to the 000 Emergency Service immediately. Make sure you have the caller's contact details in case you need to call them back.





FLOWCHART OF PROCESSES AT THE HELPLINE



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Practice Points

Can you consult with other workers?

Caseworkers at the Helpline are encouraged to consult with other workers at any stage of the assessment process. These workers might include:

- Aboriginal and Torres Strait Islander workers
- multicultural workers
- Child Protection Casework Specialists
- workers in community partner organisations, other government departments or other agencies who may be able to assist with particular issues or client groups
- DoCS field staff where a case is currently managed within a CSC.

What does mandatory reporter mean?

Mandatory reporters of suspected risk of harm under section 27 are those who:

- in the course of their professional work or other paid employment deliver health care, welfare, education, children's services, residential services or law enforcement, disability services, wholly or partly, to children, and
- hold a management position in an organisation, the duties of which include direct responsibility for, or direct supervision of , the provision of health care, welfare, education, children's services, residential services or law enforcement, disability services wholly or partly, to children.

Any person who provides residential accommodation for a child living away from home without parental permission must report this to DoCS under the requirements of section 122.

For further information about mandatory reporters please see the regulations. Contact Legal Services if you believe a mandatory reporter has failed to report a child suspected to be at risk of harm or living away from home without parental permission.

Classify the Contact

Once the caseworker has obtained the reason for the call, the contact is classified into one of the following categories:

Report of Suspected Risk of Harm

This refers to callers who wish to report that they suspect that:

- a child or young person is at risk of harm under section 24 of the Act
- a class of children or young persons are at risk of harm under section 24 of the Act
- an unborn child is at risk of future harm under section 25 of the Act.

Report of a Homeless Child or Young Person

This refers to callers who wish to report:

- a homeless child under section 120 of the Act
- a homeless young person under section 121 of the Act.

If the report is about a young person, the caller must have obtained the consent of the young person to make the report unless you suspect they are at risk of harm. You should check this point with the caller and possibly call the young person to verify.

Report of a Child Living Away from Home Without Parental Permission

This refers to callers who wish to report a child living away from home under section 122 of the Act.

Request for Assistance by a Child or Young Person

This refers to children and young persons who want to request assistance under section 20 of the Act.

Request for Assistance by Other Persons

This refers to callers who want to request assistance under sections 21 and 113 of the Act.

Prevention Service Required

This refers to callers requiring a service aimed at early intervention or to prevent children or young person being at risk of harm.

Where a Case is Already Allocated to a CSC/JIT/JIR



The Caseworker at the Helpline must check the Client System to find out if there is an open case plan. If there is, the current case plan will be temporarily suspended until the new information is incorporated.

- If the contact is a report of suspected risk of harm and the reporter is referring to information that has been previously reported, the report is transferred directly to the managing Child Protection caseworker at the CSC or JIT with the case plan suspended. The Initial Risk Assessment is not done in this case and no Required Action Plan (RAP) is developed.
- If the contact is a report of suspected risk of harm and the reporter is referring to new information, the matter is treated as a report in the usual way. The RAP must not contain any actions to be carried out by the DoCS Helpline, except if a child or young person's safety is in immediate jeopardy. These cases must be transferred to the local unit (Reports mailbox) in all circumstances.
- If the contact is a request for assistance, a report of a homeless child or young person, a report of a child living away from home without parental permission, or a request for a prevention service, the matter is treated according to usual Helpline procedures. The RAP must not contain any actions to be carried out by the DoCS Helpline, except if a child or young person's safety is in immediate jeopardy. All cases must be transferred to the local unit.

Gather Information About the Child or Young Person and Their Family

Once the reason for the call is ascertained, you need to gather all relevant information about the child, young person or family from the caller.

Business Rule

If information a caller gives has previously been reported, a new report is not generated.

Business Rule

If a report with new information about a current case is made, this is treated as a new report. The information is transferred to the CSC or JIT with the case plan suspended.

Business Rule RAP for existing clients does not include actions by the Helpline except in emergency situations.





Guide One on the Client System helps you gather the information in a structured manner. There are information prompts with each question so that you are able to record as much information as possible for each issue identified.

Check the Client System for any information held by DoCS about any persons or addresses identified by the caller, including those of the caller. This information should be included in the information for each section of Guide One.

Determining if a child or young person is believed to be at risk of harm, or an unborn child at risk of future harm

The Helpline Caseworker has to decide whether there is a child or young person at risk of harm, or an unborn child at risk of future harm. This decision needs to be considered for all contacts.

Practice Point

What is a guide to making a report?

The 'Guide to making a report to DoCS' is a tool developed by DoCS to help our interagency colleagues identify when a child or young person might be at risk of harm, or an unborn child at risk of future harm. The Guide is available to caseworkers on the Client System. It is based on the definitions of risk of harm given in section 23 of the Act.

If a caller is not making contact to report suspected risk of harm but the caseworker considers that risk of harm is present, the caller can be informed of this and encouraged to make a report. You should always consider whether such discussions would impact on the safety of a child or young person. If the caller declines to make a report, or if it is inappropriate to discuss this with them, the caseworker makes a report and is the reporter. You should usually tell the caller that a report is being made unless this would be contrary to the best interests of the child or young person.



Business Rule The report will be recorded as a report if

the caller is a mandatory reporter

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If the caller has contacted DoCS to report suspected risk of harm, and the caseworker considers that risk of harm is not present, the caseworker must inform the caller that DoCS will take no further action and the reasons for this. You can provide information about any services and supports that may be appropriate.

The Helpline Caseworker completes an initial risk assessment tool, called Guide One, if they believe a child or young person is at risk of harm.

Practice Point

How is Guide One used?

The first part of the NSW Risk Assessment is Guide One. This is used by staff at the DoCS Helpline. Guide One and instructions for use are on the Client System. The tool guides decision-making and supports professional practice.

Guide One is used for:

- contacts where the Helpline caseworker has decided that risk of harm is present
- requests for assistance which could not be met by providing information over the telephone
- reports of a homeless child or young person
- requests for a prevention or early intervention service, which could not be met by providing information over the telephone.

Guide One has two facets:

- Safety focuses on the immediate conditions that give rise to risk of harm and the intervention currently needed to protect the child or young person.
- Risk the relationship between the degree of harm and the probability of the believed harm occurring. A full risk assessment is done at a CSC, JIT or JIR.

Guide One is completed for the child or young person who is the subject of the contact and for the primary caregivers and their siblings. If more than one child or young person in the family is the subject of the contact, a separate Guide One should be completed for each child or young person. If there is more than one caregiver, you

need to complete a separate section two of Guide One for each.

Guide One has three sections:

- Section One helps assess the safety of the child or young person.
- Section Two helps assess the risks to the child or young person and the needs and strengths of the child or young person and the caregivers. The probability of harm to the child or young person is identified and needs are listed in priority order.
- Section Three helps you analyse the information and recommend a response.

Making External Telephone Calls as Part of the Risk Assessment Process

These guidelines ensure that caseworkers can make informed assessments at the initial assessment phase, while leaving the larger part of the assessment to the Child Protection caseworker at the CSC or JIT who complete a Risk Assessment.

For Reports of Suspected Risk of Harm

• Your statutory responsibility requires you to assess the information provided by the caller in conjunction with any information held by DoCS. If this is insuficient to make a dicision about risk you can contact an agency or individual prescribed under section 27 of the Act if they have been involved with the child or young person or their family within the last three months and are likely to be able to provide missing information for the 'Guide to making a report to DoCS' tool. The reason for the call must be documented on the Client System.

Where a case is already allocated to a CSC/JIT

The time taken to make the call must not jeopardise the safety of the child or young person. The reason for the call must be documented on the Client System:





- to identify a child or young person who is the subject of a report; and
- to help to establish whether a child or young person who is the subject of a report is an Aboriginal or Torres Strait Islander.

For reports of children who are homeless, a call may be made in order to:

- check the whereabouts of the child or young person; and
- verify that the young person has given consent for the report to be made ask the police to check if the child or young person has been reported as a missing person.

No additional telephone calls are to be made, without the families consent that are:

- requests for assistance,
- requests for a service aimed at early intervention and prevention of child abuse or neglect, or
- reports of a child who is living away from home without parental permission (unless they are believed to be at risk of harm).

Deciding if the child or young person may be in need of care and protection

The caseworker needs to decide whether the information gathered and the analysis so far indicates that the child or young person may be in need of care and protection. This decision is made using Section Three of Guide One.

In deciding how to investigate and assess a report of suspected risk of harm to a young person, consider any wishes expressed by the young person that they did not want the report to be made. You need to take into account the age of the young person and the extent to which they, and any other child or young person, appear to be at risk of harm.



FUTURE RISK LEVEL AND ACTION REQUIRED			
Safety Factor	Harm Probability	Future Risk Level	Action Required
Extreme	Highly likely	* High	Level One
Extreme	Likely		Immediate
Extreme	Unlikely		response within
Extreme	Unknown		24 hours
Serious	Highly likely	* Medium	Level Two
Serious	Likely		Rapid response within 72 hours
Serious	Unlikely		
Serious	Unknown		
None current	Highly likely	* Low	Response within 5
None current	Likely		- 10 days
None current	Unlikely		Level Three
None current	Unknown		Response may include referral to other services

The table below shows the possible outcomes of Guide One and the action required.



Response required:

Level One - requires an immediate response

The Helpline develops a plan for an immediate protective response within 24 hours by a CSC, JIT/JIR or after hours team. This option is used in level one cases if harm probability is highly likely or likely. If appropriate, it may be used if harm probability is unlikely or unknown, or

The Helpline immediately requests the appropriate response agency such as police, ambulance or mental health to provide a service. This option is not used without a DoCS protective response if harm probability is highly likely or likely. If the agency contacted is unable to respond in the appropriate timeframe, an alternative plan for a protective response must be developed. This may include use of DoCS services.

- Level Two requires a rapid response within 72 hours for serious safety concerns or response within 5 - 10 days if there are no current safety concerns The Helpline develops a plan for a protective response by a CSC, JIT/JIR or after hours team to start within 72 hours if there are serious safety concerns. If there are no current safety concerns, the Helpline develops a plan to be implemented by a CSC or JIT/JIR within 5 - 10 working days.
- Level Three response may include providing information about appropriate services

The Helpline provides the caller with information about services, which are appropriate to meet the needs, identified. If the caller is a caregiver, child or young person who is seeking a service but is not able to follow this up independently, a direct referral may be made on behalf of the caller, or

if appropriate services are not available, such as in some rural and remote districts, the Helpline may recommend that a Requested Casework Service is provided by DoCS.

A DoCS protective response must occur for all children under one year of age if an extreme or serious safety concern has been identified. Business Rule A DoCS protective response must occur for all children under one year of age if there is an extreme or serious safety concern. If a DoCS protective response is provided, this means that DoCS is concerned about the safety, welfare and well-being of the child or young person - the child or young person may be in need of care and protection. These cases are sent to a local unit or the after-hours service for further assessment.

If DoCS does not provide a protective response, the child or young person is deemed to be not in need of care and protection. These cases will usually be dealt with by the DoCS Helpline Caseworker providing the caller with information and making referrals. However, in limited circumstances, they may enter 'Requested Casework Services' and be sent to a CSC.

Matching Services to Identified Needs

After completing Guide One, the caseworker has to consider which service type can best address each of the child or young person's priority needs. The service directory on the Client System identifies potential service providers. The standard service classification is represented on the directory, so you can consider all the types of service that could address the need. If the caller is requesting help for themselves, you should involve the caller in the decision about service providers.

Children and Young Persons Who May Be in Need of Care and Protection

For cases where a child or young person may be in need of care and protection, the matter will proceed to a CSC or JIT/JIR. These cases will be the subject of one of two processes:

- investigation and assessment
- assessment.

Investigation and assessment can occur at either a CSC or a JIT/JIR when:

cases meet the criteria for a joint investigation, or



- it is demonstrated that there is extreme harm or potential for extreme harm to a child or young person and the caregivers are assessed as unwilling or unable to ensure the safety and well-being of the child or young person, or
- there is a belief that serious abuse may have occurred which may constitute a criminal offence.

Investigations are part of the assessment process. Investigations are undertaken by a JIT or JIR as part of a joint response with police. On some occasions investigations will be part of the assessment process at a CSC.

Assessment will occur at a CSC for all other matters where a child or young person may be in need of care and protection.

Cases that Require a Joint Investigative Response

A decision is made at the DoCS Helpline as to whether a case requires a joint investigative response. A recommendation for a joint response has to be approved by the Team Leader Helpline.

All cases that meet the criteria for a joint response are transferred to the appropriate Joint Investigation Team (JIT) or Community Service Centre (CSC) for a Joint Investigative Response (JIR). When a case is transferred to a JIT, the Manager Casework of the local CSC is notified electronically. The criteria for a joint response are set out in the section on joint investigation.

When cases are transferred to a JIT/JIR for a joint response, the JIT/JIR caseworker is responsible for making any necessary further enquiries. If further enquiries show that the case does not meet the JIT/JIR criteria, the justification for this must be clearly recorded on the Client System. The case is then transferred to the local CSC by JIT/JIR.

The decision as to whether JIT/JIR will accept a matter must be made within a timeframe which will not compromise the response time determined by Guide One and detailed in the Required Action Plan.

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Business Rule Decision by JIT/JIR about not accepting a case must be made promptly so that the timeframe set by Guide One can be actioned if referred to a CSC.



Determining Risk to Workers

The caseworker needs to decide if there are any possible safety risks for workers who may visit the home.

Risk to workers may be indicated by:

- a previous history of violence or threats of violence
- knowledge of weapons in the home
- · people in the home who may pose a threat to staff.

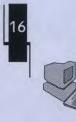
Contact with the police may be required to determine any known safety issues. If there are safety concerns, an alert must be placed on the Client System and the Required Action Plan must address the risk.

Recording Clients on the Client System

In cases where a child or young person may be in need of care and protection, or when DoCS will provide a Requested Casework Service at a local CSC, the Helpline Caseworker records the child or young person who is the subject of the call as a primary client on the Client System. Other people recorded in the Case Plan who are receiving or are planned to receive a service should be recorded as secondary clients.

Providing Feedback to People who make a Report

DoCS has a responsibility to provide appropriate feedback to mandatory reporters and people who make a report in the context of their agency's policies or guidelines. In some cases, feedback can be provided immediately to the reporter by phone. However, the Caseworker at the DoCS Helpline must also send a letter to mandatory reporters informing them which CSC or JIT will follow up the matter, or that DoCS will be taking no further action. The Feedback to Reporters letter is on the Client System. Feedback to mandatory reporters needs to occur at all critical points of intervention including case closure.



Business Rule Helpline sends a letter to all mandatory reporters informing which CSC or JIT will follow up or that no further action will be taken You should provide appropriate feedback at the conclusion of the call to all other persons. The decision to provide feedback must be based on the best interests of the child or young person and their family. The level of detail provided depends on the circumstances of the case with regard to client confidentiality and the best interests of the child or young person.

Client System Alerts

The DoCS Helpline places alerts on the Client System. There are two types of alerts:

Broadcast Alerts - these are visible to all staff who log in to the Client System. They can be entered on the child protection systems of other states and territories in Australia and other states and territories can enter their child protection alerts on the NSW system. A broadcast alert might include child protection concerns for itinerant or absconding families or a missing child or young person.

Case Specific Alerts - these are visible to staff who look up a particular client on the Client System. A Case Specific Alert may refer to worker safety issues or a protection issue for a child or young person.

You need approval from the Manager Casework before placing an alert on the Client System.

Criminal History Checks

The DoCS Helpline may request a criminal history check on alleged perpetrators of harm via a formal exchange of information process with the police. The check will be nationwide and the results will be sent directly to the unit responsible for the matter. You should consult with the Manager Casework if you think that a criminal history check may be appropriate.

Checking Interstate Child Protection Records

The DoCS Helpline may need to call government departments responsible for child protection in other States and Territories to access information about a child, young person or family.



These Departments are:

- Victoria: Department Of Human Services
- Queensland: Department of Families, Youth and Community Care
- South Australia: Department of Human Services
- Western Australia: Family and Children's Services
- The Northern Territory: Family Youth and Children's Services
- Tasmania: Department of Health and Human Services
- ACT: Department of Education and Community Services
- New Zealand: Department of Child, Youth and Family Services

The Required Action Plan and Initial Assessment Report

The Required Action Plan (RAP) details what the local unit must do to respond to the matter. It is based on the identified needs and risks of the child, young person or family determined by the initial assessment process, which includes Guide One.

The RAP forms part of the Initial Assessment Report (IAR). The IAR also contains all the relevant information about the contact and any actions taken by the caseworker at the Helpline. The IAR is approved by the Team Leader at the DoCS Helpline and sent to the designated CSC's/JIT's within an area if necessary.

Procedures - Field Response (CSC/JIT)

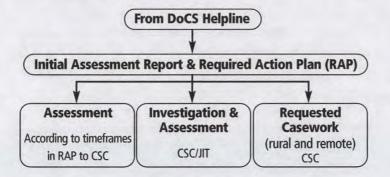
The Required Action Plan sent from the Helpline to a CSC/JIT will identify whether an assessment or investigation and assessment or requested case services response is required. Each type of response has different procedures, however all require an assessment to be undertaken.

Receipt of Case from the Helpline at CSC or JIT

Cases will be transferred electronically to a mailbox called "Reports" at a designated point or points in each area. The designated Manager Casework is



responsible for making sure that the mail box is accessed at 9am and in a continuous process with a minimum of at least three time throughout the day, with the last one just prior to the close of business. The task of opening and printing the emails in the "Report" box may be delegated to a Caseworker or an administrative staff member, but all information must be given to the Manager Casework immediately.



Once a case has been received by staff at the local unit, they must acknowledge receipt electronically. This may be done by the Manager Casework or by a delegated staff member on written authority. The Helpline will contact the local unit if any matter has not been acknowledged in a timely manner. The Manager Client Services is responsible for oversighting who has these delegations within the teams and for ensuring the delegations are current.

If a case is urgent the Helpline will telephone the Manager Casework at the designated entry point/s to alert them that the case has been transferred.

If a case meets the criteria for a joint response, it is transferred to the local JIT or local CSC for joint investigative response. If the case is sent to a JIT, the local CSC is also notified electronically.

Business Rule Manager Client Services is responsible for oversighting the delegations in the unit and for ensuring the delegations are current.



If a case does not meet the criteria for a joint response, but a child or young person may be in need of care and protection, the case is electronically transferred to the local CSC. This is also the case if a child is not in need of care and protection, but DoCS is going to provide a 'requested casework services' response, or if the case has a current Case Plan.

If a child or young person is currently living in a place other than their usual home, the CSC covering that area receives the case. If there is a current Caseworker at another CSC, they must be informed of the situation by the Child Protection Caseworker at the DoCS Helpline.

Upon receiving a report, the Manager Casework at the CSC or JIT reviews existing cases and the response time on the RAP. The Manager Casework makes a decision about whether to assign the case or allocate specific tasks from the RAP, taking into account the workload capacity of Caseworkers and the tasks in the RAP.

In CSC's where there are multiple teams, the relevant Manager Client Services and Managers Casework will ensure that a nominated Manager Casework and at least one other person have authority to access the "Report" Mailbox.

Immediate Level One Responses

If a case requires an immediate Level One response, the Helpline will contact the local unit by telephone as well as sending the case electronically. The Helpline may offer to assist the local unit and the client by implementing some parts of the RAP, in emergency situations.



immediate response, Helpline contacts the CSC by phone as well as electronically

If a matter requires an

Business Rule

WHEN SOMEONE COMES TO A COMMUNITY SERVICES CENTRE SEEKING ASSISTANCE

Principles

All contacts should be directed to the Helpline. It is only appropriate for the CSC to take the initial contact in relation to a child or young person in exceptional circumstances.

No CSC shall maintain an intake team, the Manager Casework shall, however, ensure a rostered caseworker is available to support individuals and families when requested.

If an initial contact is taken at a CSC, the information is transferred to the Helpline. Guide One is completed by Helpline staff in all cases.

Procedures

In the following circumstances, initial contact regarding a child or young person may be taken at a CSC:

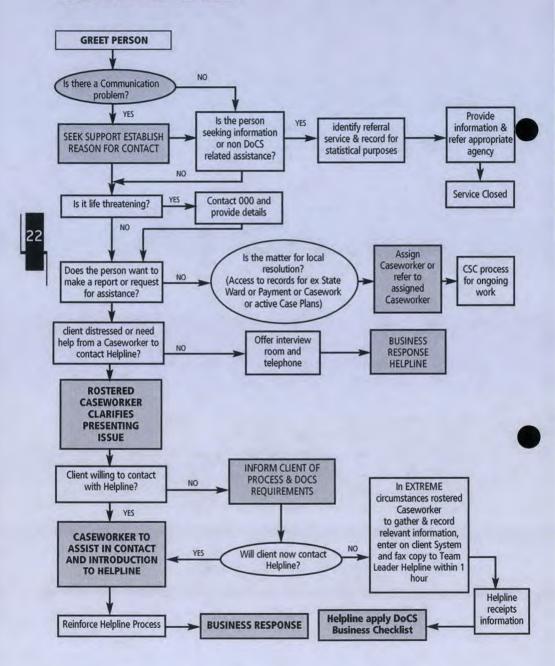
- If a person is distressed and it is necessary to handle the matter on the spot.
- If a person indicates that they would prefer to speak to a caseworker face-to-face, and they want to talk about their own family and it appears that there is risk of harm to a child, young person or unborn child. Pay particular attention to the needs of Aboriginal and Torres Strat Islander people.
- If the quality of DoCS' service would be better if the person spoke directly to a caseworker - for example, a particular caseworker may be able to facilitate communication due to cultural issues, or a person may be in a situation which requires immediate action, such as a woman and her children escaping domestic violence needing help to find accommodation.

In these circumstances, the CSC caseworker/delegated person is to provide the person with a room and a telephone in order for them to call the Helpline. If the person is distressed or needs assistance to contact the Helpline, the caseworker may

Business Rule Only in exceptional circumstance will a CSC take initial contact information



FLOWCHART FOR WHEN SOMEONE COMES TO A CSC SEEKING ASSISTANCE



assist by calling the Helpline and providing an introduction for the person, and assisting the person to communicate with the Helpline if necessary.

In extreme circumstances, the caseworker at the CSC will collect the information from the caller, enter it on the Client System and contact the Helpline. The Helpline staff will then conduct an assessment of the information. If the CSC is unable to transfer the information electronically to the Helpline, the information may be faxed.

CSC Customer Service Officers will greet members of the public attending the CSC and provide referral to other agencies for assistance for non DoCS related enquires.

AFTER HOURS CONTACTS

Principles

Any cases which require a DoCS response within a timeframe which precludes waiting until regular business hours are the responsibility of the DoCS Helpline until the appropriate local unit opens for business.

An after-hours response may or may not involve a call-out. The response may involve providing a response by telephone.

The Helpline is the budget holder for the Sydney metropolitan areas immediate response, out of business hours. In rural areas the after hours response will be achieved through on call contact designated by the Director Child and Family for the relevant catchment area.

Procedures

When a call comes into the Helpline after hours, caseworkers follow the usual information-gathering and analysis procedures.



An after hours call-out can be recommended by the Helpline Caseworker and must be approved by the Team Leader at the Helpline.

Practice Point

Can a response be provided by the telephone?

You may need to provide a response by telephone. This may include arranging placement for a family or individual at a refuge and arranging taxi transport for the family or individual to the refuge. Staff from the Domestic Violence Line may help to find a refuge placement for a woman and children escaping domestic violence.

If an after hours call-out is recommended in the RAP, it should be immediately brought to the attention of the Helpline Team Leader at the Helpline. The Helpline Team Leader will initiate the call-out by contacting the on-call caseworkers and briefing them by telephone. The Helpline Team Leader remains the point of contact for the caseworkers who are in the field. In circumstances where the report concerns a child or young person with an open case plan, the Team Leader at the Helpline may consult with the Manager Casework at the supervising CSC.

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must be approved by the Team Leader at the Helpline who initiates call out response and supervises the process.

Business Rule

After hours call outs

A CHILD OR YOUNG PERSON IS NOT IN NEED OF CARE AND PROTECTION BUT DOCS IS GOING TO PROVIDE REQUESTED CASEWORK SERVICES

Principles

In exceptional circumstances, cases may be transferred to a CSC when a child or young person is not in need of care and protection. This is in situations where the child, young person or family requires a service and DoCS is the only available agency to provide the service. It applies particularly in rural and remote areas where social infrastructure is limited.

Services provided to children, young persons and families in Requested Casework Services are voluntary and may be terminated at any time by the child, young person or their family. It should not preclude statutory work being complete.

Procedures

Requested Casework Services provided by DoCS in this context include:

- family support
- parenting support or skill development
- alternative dispute resolution
- financial assistance using the Family Initiative Fund (information on the use of this is available on the intranet)

Cases, which are assessed by the Helpline requiring Requested Casework Services, will be transferred through the Required Action Plan to a CSC by the Helpline.

DoCS should only provide direct services in this context when staff have appropriate skills, knowledge and experience to respond appropriately to the needs of the child or young person and their family. All other appropriate services need to have been explored prior to DoCS providing a direct service. The Manager Client Services must approve this.





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TOOLS FOR WORKING WITH CHILDREN PERSONS AND YOUNG 0 F CARE WHO MAY BE IN NEED AND PROTECTION



TOOLS FOR WORKING WITH HILDREN AND YOUNG PERSONS HO MAY BE IN NEED OF CARE AND PROTECTION

SECTION THREE

TOOLS FOR WORKING WITH CHILDREN & YOUNG PEOPLE WHO MAY BE IN NEED OF CARE & PROTECTION

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ASSESSMENT CONTINUUM

Principles

The provision of services occurs along a continuum of intervention, from the least to the most intrusive strategies. Assessment occurs within this and is a continuous process that occurs throughout the time we are working with a child, young person and their family.

The principles for providing a service to children, young persons and their families include:

- actively engaging the client
- continuously assessing risk and needs
- · implementing, monitoring and reviewing the Case Plan
- developing casework contracts between clients, DoCS and agencies
- advocating for children, young persons and their families
- brokering services to implement Case Plans
- facilitating referrals
- carefully monitoring safety and risk.

Every report where a child or young person is believed to be already at risk of harm and may be in need of care and protection is assessed using the Risk Assessment Process and reviewed after a time specified in the Case Plan. The application of this process in a systematic way guides what further protective intervention is required or if the case can be closed. The principles of future planning must be considered in all interventions with children.

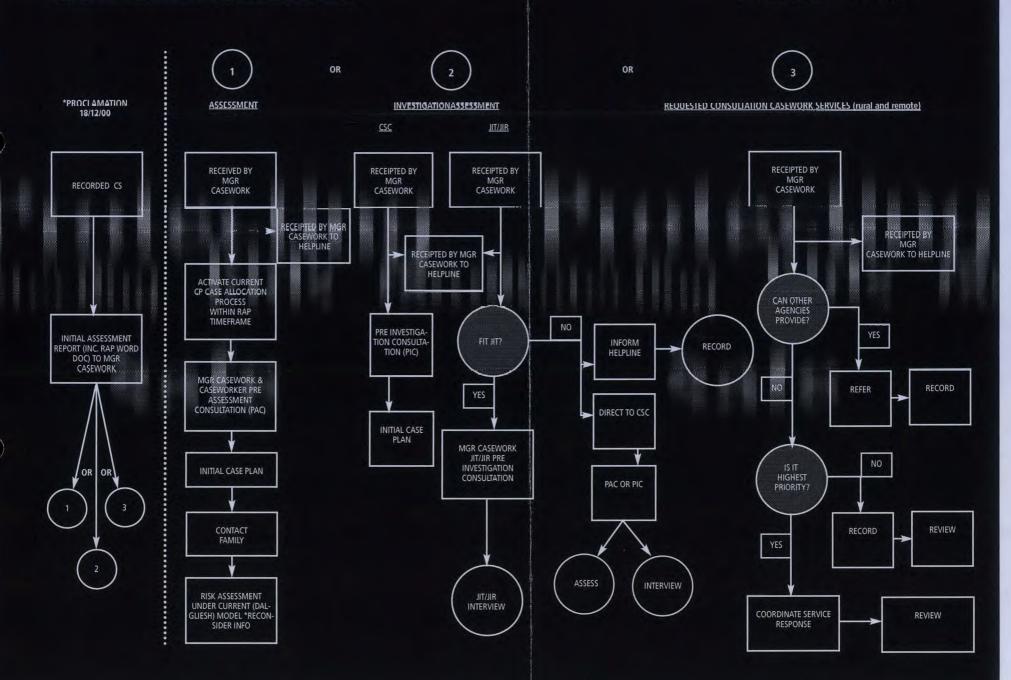
The Helpline will categorise matters according to the three foci (streams). An overview of this process and the case foci is outlined on the next page.



BUSINESS PROCESS STAGED APPROACH

BUSINESS PROCESS STAGED APPROACH

[INTERIM ARRANGEMENT TO 1/3/01]



ASSESSMENT

Principles

A holistic assessment that is applied in a systematic way is essential to determine the safety, welfare and well-being of a child or young person.

The purpose of the assessment is to:

- gather information
- identify the needs and strengths of the child, young person and family
- · decide what, if any, protective intervention is required
- develop an appropriate Case Plan.

Assessment starts from the first contact with the child, young person or family and is a series of evolving and ongoing processes. It includes:

- gathering information through verbal and written contact and observations
- recording information contemporaneously at each stage of the process
- analysing information
- making decisions and documenting them
- reflecting upon observations and information gathered
- continually reviewing information and updating the case plan accordingly.

Assessment is crucial in ensuring that client needs are fully identified and they are referred to or provided with appropriate services. It also ensures that priority access to services is given to clients with the highest need.

Assessment involves communicating with clients and other agencies to obtain and clarify all available information. Families, carers and significant others need to participate in the assessment and have the opportunity to provide and confirm information. We need to make sure that we take into account the nature and complexity of the family including cultural, language, disability and religious factors.

Assessment must be non-discriminatory and free of bias. It looks at the child or young person in the context of their family, social situation and environment and takes special note of kinship ties. We must also make sure that we consider the privacy and dignity of the child or young person and their family.

Assessment should also help you determine the appropriate support services for the non-offending family or caregivers and make any referrals.

Procedures

Allocation of a case

DoCS Helpline forwards an Initial Assessment Report (IAR), which includes a Required Action Plan (RAP), to the relevant CSC. The Manager Casework allocates the RAP to a Child Protection Caseworker.

Practice Points

What has been determined at the Helpline?

The RAP which details the actions required by the local unit to respond to the matter. It is based on the identified needs and risks of the child or young person determined by Guide 1 Risk Assessment. The Helpline have decided that a child or young person is believed to be at risk of harm and may be in need of care and protection.

Changing the RAP at the CSC

A Pre Assessment Consultation (PAC) is held before every assessment. This occurs between the Manager Casework and the Child Protection Caseworker to discuss the issues identified in the Initial Assessment Report and the particular areas that need to be addressed in the assessment. The plan developed in the PAC should be added to the case plan screen on the Client System.

There are two ways of overriding the outcome of RAP:

 Policy override – if any DoCS policy exists regarding safety factors concerning particular client groups or types of harm, the rating is







overridden and the response is consistent with policy

 Discretionary override – if a caseworker considers that the response identified by Guide One contained in the RAP is not consistent with the needs of the child or young person, the rating is overridden with the Manager Casework's approval and the reasons for the override documented on the Client System.

To action a change to the RAP the Manager Casework must contact the Team Leader at the Helpline by phone. The Manager Casework must also email a copy of the changes to the RAP to the Team Leader Helpline. The Team Leader Helpline will enter the changes on the Client System and a Data Contact System. This will allow the number of times the RAP is altered by the Manager Casework to be monitored.

Commencing the Assessment

A decision not to contact the family prior gathering other information from external sources or talking to the child or young person should only be made when prior contact with the family would impede a criminal investigation or jeopardise the safety welfare or wellbeing of the child or young person. The decision is made in consultation with your Manager Casework who approves this.

The Child Protection Caseworker, after the PAC must prepare a clear plan of action, which outlines:

WHY? The rationale for the proposed action

WHAT? What needs to be done

WHO? Who needs to do it

HOW? How the tasks will be carried out

WHEN? A timeframe for each activity

WHERE? The appropriate venue for these processes to be undertaken Assessment should start promptly to minimise the trauma to the child or young person and their family. After initial contact with the child or young person and their family, the Manager Casework convenes an Assessment Consultation (AC) with the allocated Child Protection Caseworkers. The Assessment Consultation should allow for assimilation of the information gathered and further analysis.



Business Rule To change the RAP the Manager Casework must phone the Team Leader Helpline and email them a copy of the changes.

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Business Rule An AC must occur after initial contact to the child or young person and family.





A Case Plan is then developed and added to the Case Plan screen on the Client System. You may need to do more than one Assessment Consultation throughout the assessment phase of a case. Case Plans need to be reviewed and updated throughout the assessment process, when circumstances change and in particular after the assessment outcome decision.

On some occasions the police from the local area command or JIT or JIR may need to be consulted if the situation involves the police or AVOs. The Child Protection Caseworker coordinates the interagency intervention in consultation with the Manager Casework.



Practice Points

What do I need to consider as a part of the risk assessment process?

At the start of assessment planning, you need to consider the following questions:

- How do I take the child or young person's views into consideration?
- How will the child or young person's developmental abilities impact on the assessment?
- How do I ensure the continuing safety of this child or young person throughout the assessment process? Should an interim AVO be considered?
- · How do I ensure the participation of parents and carers?
- What support can I provide for this family through the assessment process?
- Should parents or carers be present when interviewing the child or young person?
- Who else needs to be informed of, or involved in, the assessment process?
- Are the processes culturally appropriate and sensitive?

The most crucial step in the assessment process is deciding if there is a need for immediate action such as removal, or an application for an AVO, to ensure the immediate safety of the child or young person.

Other processes include:

 Deciding whether a medical examination of the child or young person is needed and preparing the necessary documentation for this. The provisions of section 173 of the Act only apply to children. If a medical examination is proposed for a young person, they must give informed consent.

- Deciding how assessment consultations will be conducted. Do you need to involve specialist support people particularly if the children and young persons are from culturally and linguistically diverse backgrounds?
- Having ongoing contact with the child or young person to determine any change to the level of risk to the child or young person.

The assessment must:

 At every stage of the assessment process, gather, analyse and judge the information collected.

There are seven essential categories of information that must be addressed and recorded on the file and client system:

1. Severity of Abuse

- nature of injuries
- · known pattern of abuse, previous reports
- inconsistency of explanation and injury
- access of the alleged perpetrator

2. Aspects of Parenting

- continuity of care
- consistency and cooperation between parents about discipline and other parenting priorities
- carer's perceptions of being a parent
- ability to understand and meet the child or young person's developmental needs

3. Assessment of Carer and Siblings

- chronic illness, intellectual disability, physical disability
- impact of psychiatric illness & preparedness to manage that condition
- · impact of carer's personal and family history
- · impact caused by carer's use of alcohol and other drugs

4. Aspects of Carer's Relationships

- ability to resolve conflict
- family violence
- · ability to balance priorities within and between relationships

5. Assessment of the Child or Young Person

- child or young person's assessment of family life and account of events
- child or young person's age, stage of development
- impact of abuse on child or young person's social, emotional and physical development
- child or young person's response to primary caregiver
- availability of a functioning adult ally for the child or young person

6. Aspects of Family's Social System

- viability of family's social support systems
- · family's ability to access supports and community resources
- financial, housing and environmental issues

7. Level of Cooperation and Protection

- family's ability and willingness to recognise the existence of potential risk
- · family's willingness to protect child or young person
- · family's potential and motivation for change
- impact of the child protection caseworker's relationship with the family

This involves reorganising the information collected from the essential information categories so it focuses on the degree and probability of harm. You can then make a judgement about the level of risk.

Risk assessment must consider both the degree of harm and probability.

Practice Points

What are the significant processes in applying a risk assessment? The analysis of the assessment of risk is crucial to understanding the individual requirements of the child or young person, yet it is often the component of the risk assessment process that is omitted.



Risk is defined as the relationship between the degree of harm and the probability of the believed harm occurring. Probability includes factors, which increase or decrease the likelihood of harm occurring or reoccuring in the future.

Making a Judgement

Judgement of risk level is an evaluation of the degree and probability of future harm. At any point in the protective process, the focus has to be balanced between actions to secure safety over the immediate assessment period and actions to reduce any future need for protection. The immediate assessment period is the period from starting action on the current report until the next planned contact or review.

For example, if action is taken during the assessment period to ensure the immediate safety of the child or young person and the likelihood of future harm is acceptably low, then the case may be closed. Conversely, a child or young person may be safe over the immediate assessment period but the likelihood of future harm remains, so ongoing intervention will be needed.

The degree of safety for the child or young person must also be considered in relation to these two separate focuses of judgement.

These are:

- Over the immediate assessment period, sufficient safety is demonstrated when the child or young person is safe to continue in their current circumstances.
- Sufficient safety is demonstrated in the long term when a reduction of harm has
 occurred, and will continue for the foreseeable future, and is judged as adequate
 to enable DoCS to close the case.

Safety question

When making these judgements about safety and risk, you must continually ask yourself this key safety question:

Is there any risk of harm to the child or young person over the immediate assessment period or is sufficient safety demonstrated?

You should consider the safety question each time new information about a child or young person or their family becomes available or when there are changes in the situation.

You need to consider the issues raised by the assessment and make a brief statement in response to the safety question. This response is a judgement based on the information gathered and your analysis of that information. A formal safety statement should be recorded at the end of the risk assessment framework before the assessment outcome decision is made.

Future Risk Levels

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The future risk level is a judgement made about the degree of risk to the child or young person and the probability of this risk continuing or re-occurring if protective services did not become involved, or did not continue to be involved.

To reach a judgement about the future risk level you must consider:

- consequences (severity) of the harm
- probability of harm.

Factors, which increase the probability of harm, are:

- vulnerability
- pattern of harm
- beliefs about children and young persons
- factors which impact upon parenting capacity such as domestic violence or hazardous use of alcohol and other substances.

These factors are offset by safety factors that decrease the probability of harm such as:

- strengths and resources which positively impact upon the capacity to protect or care and to change
- absence of alleged perpetrator
- engaging with services
- sustained demonstration of protective factors
- · a positive attitude towards the child and to receiving help.

The judgement reflects your opinions about:

- · whether the child has suffered or is likely to suffer harm
- · the significance of harm
- the lack of protection or care provided by the caregivers.

The level of risk assigned to a case relates to the ongoing need for care and protection and is reflected in the assessment outcome decision and the case plan. The assessment outcome decision is your judgement of the relationship between the determined harm, consequences (severity) of the harm and the probability of the harm occurring, recurring, continuing or cumulating.

The assessment outcome decision is a one-off decision within an active child protection case. It is essential to record that the child or young person has been harmed or is likely to be harmed because the occurrences of past harm help to predict any future harm.

Acknowledging past harm may be important for the ongoing protection of the child or young person.

THE ASSESSMENT OUTCOME DECISION

All cases must have an outcome decision recorded on the client file and Client System.

Possible outcome decisions of the risk assessment framework are:

- confirmed, registered this means that a child or young person is at risk of harm and in need of care and protection and protective intervention is required
- confirmed, referred, closed this means the child or young person is at risk of harm and is not in need of care and protection as appropriate referrals and supports during the assessment period have reduced the probability of future harm to an acceptable level, allowing the case to be closed
- confirmed, closed this means the child or young person is at risk of harm but not in need of care and protection



Business Rule

If a child or young person is deemed to be at risk of harm and in need of care and protection, a case cannot be closed until a risk assessment review has been completed with the Manager Casework .



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Business Rule A timeframe for a review is an essential part of a Case Plan. The review must address the individual issues and the changes in the situation. The caseworker and the Manager casework must review the case together



- not confirmed, closed this means the child or young person is not at risk of harm and is not in need of care and protection
- not confirmed, not located, closed this means that the child or young person is at risk of harm and may be in need of care and protection but a decision cannot be made as the child or young person cannot be located. If the child or young person is subsequently located a new risk assessment two must be completed.
- closed without assessment or investigation and assessment

All cases are assigned according to priority ranking and are reviewed regularly. The RAP will give the work sent from the Helpline a priority rating as outlined in section two. To assist in workload management you may allocate some aspects of a RAP immediately in order to reduce the risk to a child or young person. The matter can then be reviewed by the caseworker and Manager Casework and closed if the risk of harm to the child or young person has been reduced.

Where it is not possible to allocate a matter, the existing review processes within areas previously known as "Priority One" should be applied. This process will continue until the new Client System is available in CSC's.

A case cannot be closed if a child or young person is in need of care and protection or at risk of harm unless a review has been undertaken with the Manager Casework and the Child Protection Caseworker.

An essential component of the case plan developed from the risk assessment framework is a timeframe for a review of the child or young person's situation. The review should be conducted by the Child Protection Caseworker with the Manager Casework and address the identified issues and the changes that have occurred following protective intervention.

The review outcomes should be recorded and endorsed by the Manager Casework. The Case Plan should be updated accordingly.

<u>ASSESSMENT FLOMCHART</u> preassessment consultation conducted MANAGER CASEWORK ALLOCATES by Manager Casework REPORTIRECEIVED allocated caseworker and THE REPORT AND REQUIRED FROM > other Does staff as **ACTION PLAN TO A CHILD** HELPLINE required to discuss areas PROTECTION that need to be addressed CASEWORKER in the assessment, and artian plan dovoloped 1 10 **ASSESSMENT CONSULTATION CASE PLAN UPDATED** SSESSMENT/STARIED **CONDUCTED BY THE MANAGER CASEWORK AND OTHER ONTHE CLIENT** WITHIN RAP TIME RELEVANI/DOGS/STAFF/TO ASSIMILATE AND ANALYSP INFORMATION GATHERED SYSTEM FRAMES REVIEW CASEMEETING SUPPORTOPTIONS **COORDINATED**AS REQUIRED, **RISKASSESSMENT CONTINUES** REQUIRED CLOSE

REVIEWING RISK

Principle

An essential component of the Case Plan is a timeframe for reviewing the situation and deciding if the protective intervention has been sufficient, if further intervention is required or if the case can be closed.

The review is used to reassess the level of risk to a child or young person who is in need of care and protection.

Procedures

A review must be held with the Child Protection Caseworker and the Manager Casework and any other person who has been actively involved in the case, such as the Child Protection Casework Specialist or Psychologist, in consultation with the child or young person and their family.

Practice Points

What areas should the review cover?

The review should cover the following areas:

- health and well-being issues for the child or young person
- · actual harm in the assessment period
- pattern and history of harm
- the child or young person's age, developmental stage and functioning
- · opportunity for harm
- parent's or caregiver's relationship with and beliefs about the child or young person and the harm to the child or young person
- · factors which impact upon parenting
- supports and services
- other child, young person or family needs, aspects of functioning not previously included in risk analysis
- any differences between the Child Protection Caseworker's assessment and the child, young person or family's perspective
- placement changes for the child or young person since the initial assessment.



The safety question must be answered again as part of the review.

After the review meeting, an updated case plan must be developed for the child or young person. This plan will identify whether the case will be closed or if ongoing service provision is required to ensure the safety, welfare and well-being of the child or young person. New review dates will be identified if required.

INVESTIGATION

Principles

An investigation takes place when:

- cases meet the criteria for a joint investigation
- it is demonstrated that there is extreme harm or potential for extreme harm to a child or young person and their caregivers are assessed as unwilling or unable to ensure their safety and well-being
- there is a belief that serious abuse may have occurred which may constitute a criminal offence.

Investigations are part of the assessment process. They are undertaken by a JIT or JIR as part of a joint response with police. On some occasions investigations are part of the assessment process at CSCs if, for example:

- it is believed that a child or young person is at risk of harm from sexual abuse but there has been no disclosure made
- the report does not meet the criteria for referral for a joint investigation and the identity of the abuser is unknown.

The purpose of an investigation is to gather information which, when considered with the outcomes of assessments, shapes a judgement on what protective intervention, if any, is required.

If a report or request for assistance alleges abuse of a child or young person by a DoCS staff member, DoCS must arrange for this to be reported to the NSW Ombudsman through the Professional Conduct Unit.



Business Rule Investigations are usually done by a JIT/JIR. They are undertaken by CSC's in limited circumstances only.





Business Rule A PIC is held before an investigation begins



Business Rule After initial contact with the child or young person and family an IC is held.

Procedures

Pre Investigation Consultation and an Investigation Consultation

Before every investigation and assessment there should be thorough consultation and discussion between the Manager Casework and the Child Protection Caseworker who has been allocated the Case. A Pre Investigation Consultation (PIC) is held to discuss the issues identified in the IAR and the particular areas that need to be addressed in the assessment. You need to analyse the already known information and decide how to proceed. The plan developed in the PIC should be added to the Case Plan screen on the Client System.

After initial contact with the child or young person and their family, the Manager Casework convenes an Investigation Consultation (IC) with the allocated Child Protection Caseworkers. The IC should allow for assimilation of the information gathered and further analysis.

A Case Plan is then developed and added to the Case Plan screen on the Client System. You may need to do more than one IC throughout the assessment phase of a case.

Conducting Investigative Interviews

The interview must be conducted in a way that supports and protects the child.

This is done by:

- · using non-leading questions
- · following the rules of evidence
- accurately recording the information.

Protection of the child is the first priority. An interview plan should be completed for each case and recorded on the file before the investigation and assessment.



Practice Points

What does the PIC and IC achieve?

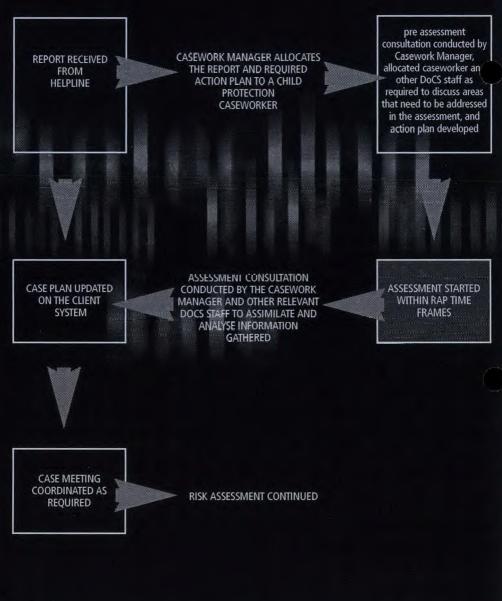
PIC, IC and interview plans help us to achieve the best outcomes in investigative interviews. This includes outcomes for the child or young person as well as for evidence and assessment.

The following should always be taken into account when doing investigative interviews with children or young persons. Thorough planning is essential. You must take into account the individual needs of the child or young person and their family.

- The continuing safety and well being of the child or young person must always be considered when planning investigations and assessments.
- The interview process should be explained to the child or young person and parent or caregiver at the appropriate time.
- The child or young person's needs are paramount when determining who takes the lead in an interview, where the interview occurs and how it is recorded. The child or young person and their parent or caregiver should participate in the decision about how the interview will be recorded.
- You will need to ask about the child or young person's safety and welfare. If a
 direct question is used, it must be recorded word for word.
- When recording the information a description of the child's behaviour, such as crying or shaking, should be noted.
- The child and young person's needs are paramount and if they become distressed, the interview can be terminated and rescheduled if appropriate. If the interview is prematurely ended, the reason should be documented.
- Make sure the child or young person and parent or caregiver understand the actions to be taken after the interview.

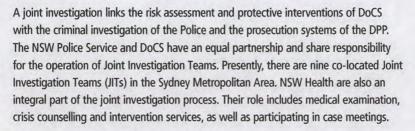


INVESTIGATION & ASSESSMENT FLOWCHART



JOINT INVESTIGATION

Principles



Joint Investigative Responses (JIRs) are conducted in rural areas. There are 12 Child Protection Investigation Teams (CPIT) to provide a joint investigative response and there are five rural coordinators overseeing the JIRs. JIR teams bring together Police and DoCS officers but they are not located in the same office. Please note that in this section JIT refers to any joint investigative response, including those undertaken by JIR and CPIT.

Some key features of the joint investigation process are:

- responses are conducted within an interagency framework
- a timely and comprehensive investigative process is used which minimises delay and promotes information exchange between relevant agencies
- investigative interviews are conducted in a child focussed environment that promotes the participation of the child
- · the minimum number of investigative interviews are done
- care and support services are available throughout the joint investigation process.
- there is immediate referral to a crisis counselling service and
- offenders are identified and prosecuted and the standard of briefs and evidence presented to court jurisdictions is improved.

The Criteria for a Referral for a Joint Investigation

Joint investigation occurs when DoCS believes serious abuse could have occurred which may constitute a criminal offence. If at any stage of the assessment it becomes apparent that a criminal offence may have been committed, the matter should be referred to JIT for their consideration.

Physical Abuse

Physical abuse refers to the non-accidental injury of a child by the parent, caregiver or another person responsible for the child.

Previous injuries or allegations cannot be considered when deciding to charge a parent or caregiver. These issues are relevant to risk assessment and decisions to take a matter before the Children's Court, but the Police must only consider evidence related to the particular incident when the child was injured.

The criteria for referring reports of physical abuse for a joint investigation are:

- all serious injuries to the head of a child or a young person and any non-accidental injuries to the head
- intentional burns

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- non-accidental fractures, serious lacerations, internal injuries and internal injuries that require medical treatment or hospitalisation
- symptoms consistent with 'shaken baby syndrome'
- · serious bruises of varying ages of a non-accidental origin
- attempted strangulation or suffocation.

Physical injury to a child under two, which is reported as abuse or is inconsistent with the history provided, needs special consideration.

Sexual Abuse

Sexual abuse is any sexual act or sexual threat imposed on a child. Coercion, which might be physical or psychological, is intrinsic to child sexual abuse and differentiates such abuse from consensual peer sexual activity.

The criteria for referring reports of sexual abuse for a joint investigation are:

- disclosure or evidence of sexual assault
- reports of sexual abuse of a child or young person (if the alleged perpetrator is under the age of criminal responsibility, which is 10 years, there is no offence and the case cannot be referred to JIT)
- presentation of physical indicators consistent with abuse such as venereal diseases, pregnancy, unexplained bruising on or bleeding from genitals, presence of semen on the child or unexplained bruises to breasts
- · cases of sexual assault by a stranger.

Sexualised behaviour where there is no disclosure is not referred for joint investigation and should be assessed at a Community Services Centre.

Neglect

Neglect is when someone (whether or not the parent) neglects without reasonable excuse to provide adequate shelter, proper food, medical attention and clothing for a child in their care.

The criteria for referring a report of neglect for a joint investigation are:

- extreme neglect resulting in physical harm, such as 2nd degree burns from nappy rash
- · malnutrition or dehydration by neglect
- not providing appropriate medical attention resulting in serious physical harm.

Procedures

Initiating a JIT Response

The Team Leader at DoCS Helpline decides if the report meets the criteria for a joint investigative response. If the matter is referred for joint investigation, the Helpline will also inform the local CSC of the referral.

 The JIT Team Leader or officer in charge or the officer in charge of the Child Protection Investigation Team (CPIT) decides if a criminal offence may have been committed. The JIT Team Leader charge or the officer in charge of the Child Protection Investigation Team (CPIT) will consult with the Manager Casework JIT to determine if the report meets the criteria for referral to









JIT/JIR. If the report does not meet the criteria for referral the report will be rejected and sent to the CSC.

- The JIT Manager Casework will indicate on the Client System whether the report has been accepted or rejected.
- If the matter is rejected the case is electronically transferred to the local CSC "Reports" mailbox. The CSC will complete the investigation and assessment. The Manager Casework at the CSC will determine if a referral to a local area command police station is required. In the case of a JIR response the case will not be transferred as the CSC staff will already have ownership of the case.

Practice Points

What do Joint Investigation Teams do?

- conduct joint investigations and assessments
- convene and participate in Pre Investigation Consultations (PIC) and Investigation Consultations (IC)
- electronically record joint investigative interviews of children and young persons. In rural areas, interviews are recorded by hand depending on resource availability.
- complete Risk Assessments
- participate in and coordinate case meetings to devise case plans that meet the child or young person's care and protection needs
- gather evidence and information that meets the criminal and assessment components of joint investigation and the Evidence (Children) Act 1997
- liaise with NSW Health to attend to the therapeutic, physical and support needs of the child or young person after disclosure
- take whatever protective intervention is required to ensure the safety of the child or young person, including the use of AVOs
- identify and arrange for the alleged perpetrators to be interviewed
- · assess and lodge cases for Children's Court or Criminal Court action
- arrange for the DPP prosecution of alleged offenders.

A Case Plan will be reviewed and amended for each aspect of a joint investigation. The Plan will be attached to the child protection file along with the interview plans and details gathered throughout the investigation and assessment. Care and support services will be provided by the local CSC. This includes securing and supporting foster placements, contact between children and young persons and their families, and all financial arrangements related to this.

If, during the course of the investigation, information is gathered that constitutes a further report of child abuse, the JIT will contact the DoCS Helpline to report this information.

Pre-Investigation Consultation (PIC) and an Investigation Consultation (IC) in a Joint Investigation

- The JIT or JIR Manager Casework and team leader or Officer in Charge are responsible for consulting with the Police Officer and Child Protection Caseworker. If time is very limited, the Manager Casework or Police Team Leader can complete the PIC.
- If the matter involves assessing risk of harm, the meeting takes place on that working day. Joint Investigative Response teams may need to do this via fax or email.
- If a matter involves serious risk of harm, a PIC will be held as soon as the referral is accepted.
- If the child or young person is at immediate risk of serious harm, only
 one Manager Casework or Police Team Leader or Officer In Charge needs
 to be present for the PIC. Joint Investigative Response teams may need
 to do this via fax or email.
- A case plan will be recorded on the file as a result of the consultation.
 Joint Investigative Response teams may need to do this via fax or email.
- The case plan identifies what other information is needed, who is to be interviewed, by whom, and where and when the interviews will take place. For example, you might need to contact health services to arrange post interview support or a medical examination.





Business Rule A PIC is held prior to an investigation commencing





Business Rule An IC is held after the initial interview





- The DoCS Child Protection Caseworker and police officer need to negotiate roles before the interview. It is important to have a plan of how the interview may proceed, but also be flexible and prepared for other contingencies, such as extra questions that might need to be asked.
- The Case Plan is monitored and approved by the JIT or JIR management team. One manager will approve the Case Plan if the matter needs urgent attention.
- An Investigation Consultation (IC) involving both officers should occur as soon as possible after the interview. The Police team leader and the Manager Casework will consult with the Child Protection Caseworker and police investigators after the interview to find out if the objectives of the investigations and assessment plan have been achieved.
- Depending on the action required and the outcome of the investigative interviews, another Case Plan will be recorded on the file.

The procedures for investigative interviews are in the Joint Investigation Handbook.

Case Closure and Transfer

The JIT or JIR are responsible for completing the investigation and assessment and finalising the risk assessment on the Client System. If a Care Application is required, the JIT or JIR will lodge the application and file the evidence.

The JIT or JIR are also responsible for ensuring that all referrals for sexual assault services or other support services are made before the case is transferred to the CSC.

The JIT or JIR Police officer will manage the criminal aspects of the case until criminal court proceedings are finalised. The case can be transferred from the JIT to the Community Services Centre for ongoing casework at the appropriate time. The JIR Caseworker will continue with any Children's Court application and ongoing casework.

The Community Services Centre is responsible for reviewing risk within two weeks of the case being transferred from JIT. JIT will continue to offer a consultation service in relation to a case once it has been transferred to the owning Community Services Centre.

There will be occasions when, because of the high risk, JIT will be required to review the risk. A subsequent review of the risk will need to be completed by the CSC when the case is transferred from the JIT.

If the case is investigated by JIT/JIR and there is no risk of harm to the child or young person, the case is closed after a formal consultation. This consultation may result in recommendations for referral to support agencies. A Case Meeting may be needed to discuss the outcome of the investigation or it may be appropriate to transfer the case without a Case Meeting.

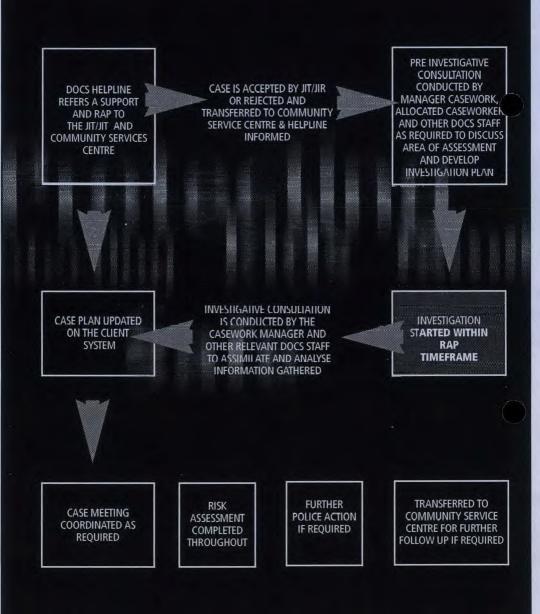
If a matter has been investigated and the child or young person is in need of care and protection but there will be no criminal charges laid, the JIT Manager Casework will convene a Case Meeting with the relevant staff from the Community Services Centre and any other relevant parties. JIT may refer clients to support services before or after the Case Meeting depending on their needs.

If a CSC is working with the family at the time of the investigation, it may be appropriate for the original Caseworker to resume management of the case.

The role of the CSC is crucial when children or young persons are involved in criminal proceedings. Ongoing care and support is essential so the child or young person is less likely to retract the disclosure. An intense level of investigation and assessment needs to be complemented by a high level of ongoing care and support.



JOINT INVESTIGATIONS - JIT/JIR



CASES REQUIRING SPECIFIC PROCEDURES

There are some sensitive situations, which come to DoCS attention where particular responses are required. In some circumstances Child and Family Staff have a responsibility to:

- conduct intensive investigations and assessments
- provide children or young persons with extra support
- provide detailed information to external agencies
- brief members of the DoCS executive.

Procedures for Employee Related Allegations of Child Abuse and Neglect

These procedures relate to:

- 1. a DoCS employee
- 2. a DoCS foster carer
- 3. an employee or foster carer in a designated agency

DoCS Employees and Foster Carers

Informing the Ombudsman.

The Ombudsman must be informed if allegations are made that an employee of DoCS has been involved in the abuse or neglect of a child or young person or a class of children or young persons. This information must be provided to the Ombudsman within 30 days of DoCS becoming aware of the allegation. The Ombudsman must also be informed of convictions of child abuse or neglect against employees.

The allegations and convictions that should be reported to the Ombudsman are when the person:

- is/was a DoCS employee at the time of the alleged incident
- was not a DoCS employee at the time of the alleged incident, but is now a DoCS employee
- is currently engaged by DoCS to work directly with children such as a foster carer, a contractor or volunteer.

Business Rule

The Ombudsman is informed if it is alleged that a DoCS employee or foster carer has abused a child or young person



Practice Point

What is the threshold for reporting to the Ombudsman?

The threshold for reporting allegations to the Ombudsman is lower than the threshold for suspected risk of harm. This means that although an allegation may not constitute a report of suspected risk of harm under Section 24 of the Act, the Ombudsman must still be informed. Even if the allegation is thought to be unfounded, malicious or vexatious, the Ombudsman must be informed.

The Ombudsman must be informed of allegations regardless of the context of the alleged abuse or neglect. This means that if an allegation is made about an employee of DoCS having abused or neglected a child in their home, community or recreational setting, the Ombudsman must still be informed.

Allegations against DoCS employees must be forwarded to the Area Director or Director Child & Family Services where the person is employed. The Area Director or Director Child & Family where the person is employed will inform the Manager Professional Conduct Unit who will inform the Ombudsman.

Allegations against DoCS foster carers must be forwarded to the Manager Client Services of the supervising CSC, who will inform the Manager Professional Conduct Unit.

Practice Points

How does the Ombudsman respond to DoCS?

The Ombudsman will acknowledge receipt of the information from DoCS and will advise if further information is required. The Ombudsman may conduct an investigation into the handling of or response to any allegation against an employee of DoCS. After DoCS has conducted an assessment and investigation of the allegation, the results must be sent to the Ombudsman. The Ombudsman will make a determination as to whether appropriate action was taken by DoCS.



DoCS recording and reporting of the allegation

A briefing note must be prepared for the Minister and Director-General by the Area Director if the allegation concerns a DoCS employee. This needs to be completed within 24 hours of information being received.

A briefing note should be prepared for the Area Director and Director General by the Client Services Manager if the allegation concerns a foster carer. This needs to be completed within 24 hours of information being received.

The Client System record should be sealed and access given by the Area Director of the area where the person is employed. He or she will nominate staff to conduct the investigation and assessment.

If the allegation constitutes a report of suspected risk of harm, and the child or young person may be in need of care and protection, a risk assessment must be completed.

If the allegation does not constitute a report of suspected risk of harm, or if the allegation constitutes a report of suspected risk of harm but the matter will not proceed for action outside the Helpline, DoCS must still conduct an assessment. The nature of this assessment will depend on the nature of the allegations.

An Employee or Foster Carer of a Designated Agency

The Ombudsman needs to be informed if an employee of a designated agency is the subject of allegations or convictions of abuse or neglect of a child or young person or a class of children or young persons.

It is the responsibility of the designated agency to inform the Ombudsman of the allegations. These allegations include those concerning an employee having abused or neglected a child in their home, community or recreational setting. If you are concerned that an agency is not meeting their reporting obligations, you should contact the Ombudsman's Office.



Business Rule A briefing note must be prepared about all allegations.

Business Rule

The Clients System should be secured if allegations are made about staff or foster parents







Designated agencies are:

- Department of Education and Training, including government schools
- Department of Health
- Department of Sport and Recreation
- Department of Juvenile Justice
- Department of Corrective Services
- Technical and Further Education Commission (TAFE)
- Area Health Services
- Statutory health corporations
- Ambulance Service of NSW
- Non-government schools
- · Child care centres and residential child care centres
- Agencies providing substitute residential care for children
- Affiliated health corporations or organisations eg private hospitals, Red Cross Service
- SAAP services where children and young persons are present

All other public authorities are only required to inform the Ombudsman of allegations or convictions, which arise in the course of the work of the agency. These other public authorities include local councils, the Police and other government services.

The allegations and convictions that they should report to the Ombudsman are when the person concerned:

- was an employee of the designated agency or public authority at the time of the alleged incident, but is no longer an employee
- was not an employee of the designated agency or public authority at the time of the alleged incident, but is now an employee
- is currently engaged by the designated agency or public authority to work directly with children, such as a contractor or volunteer.



Practice Point

When do we inform an employee organisation?

If an allegation is made that the provider of children's services is employing a person who has been alleged to have placed a child or young person at risk, DoCS should consider providing this information to the Manager of the service provider. This decision is based on whether the information indicates that the person may be placing other children or young persons at risk. The information may be disclosed to the service provider under section 248 of the Act.

If the allegation will not proceed for action outside the Helpline, it is the responsibility of the Helpline Manager to inform the service provider. If the matter will proceed outside the Helpline, it is the responsibility of the Client Services Manager at the CSC or JIT.

The service provider is responsible for informing the Ombudsman.

DoCS Responses to Employee Related Allegations of Child Abuse or Neglect

This includes responding to allegations of child abuse or neglect when children and young persons are in care and support settings

Practice Point

What happens when a child is not at risk of harm?

If an allegation is made against an employee of another organisation, or a foster carer supervised by another organisation, and the child or young person is not at risk of harm or the child or young person is at risk of harm but not in need of care and protection, DoCS has no responsibility to assess or investigate the matter. The organisation will conduct their own investigation and assessment and liaise with the Ombudsman.





In all cases, the Area Director will allocate appropriate staff to conduct the investigation and assessment. This may involve allocating the matter to staff of another CSC if the person against whom the allegations have been made is known to the local CSC. If a report implicates a DoCS employee, allocated staff should be from a different unit to that of the implicated staff member and should not have direct line management for them.

If the child or young person is known to DoCS, the supervising Caseworker should not be allocated to the case.

The allocated staff and the Manager Casework will then conduct a Pre Assessment Consultation.

Practice Points

Who should attend the PAC?

The Pre Assessment Consultation may also involve the following people:

- JIT/JIR or Police.
- The supervising child protection caseworker if the child or young person is known to DoCS.
- Other DoCS staff such as Disability Services staff, Child Protection Specialists, Children's Services Advisers, Community Program Officers or Senior Practitioners.
- · Professionals from other agencies who may contribute.
- Management staff from the service or agency where the person against whom the allegation has been made is employed.
- A worker from the same cultural background as the child or young person or someone who understands their cultural background. If the report concerns a child or young person who is an Aboriginal or Torres Strait Islander, the case meeting should involve a representative of the child or young person's Aboriginal or Torres Strait Islander community and a DoCS Aboriginal or Torres Strait Islander worker. Child and Family staff should be conscious of client confidentiality when consulting with members of the client's community.
- An interpreter.

At the Pre Assessment Consultation, the following should be considered:

- action required to ensure the immediate and long term safety of the child or young person
- arrangements for interviewing the child or young person and how to coordinate the interviews if more than one child or young person needs to be interviewed
- deciding on an appropriate support person for the child or young person
- action that may be needed in relation to any risk to any other child or young person
- who will inform the child or young person's family and when it is to be done
- · counselling or other support for the child or young person and their family
- arrangements for advising and interviewing the person against whom the allegations have been made and any other relevant people such as the manager of the service, other carers or staff
- engaging a support person for the person against whom the allegations have been made such as a Carers Allegation Support Team (CAST) member or union representative
- action to relieve the person against whom the allegations have been made of their duties for the duration of the investigation and, where appropriate, finding them alternative non-child related work elsewhere within the organisation. DoCS does not have the authority to remove staff from other organisations but in some cases it may be appropriate to consider alternative action such as an AVO
- if the person against whom the allegations have been made is a child or young
 person, actions to address their immediate and ongoing safety and care needs.
- timeframes and clear identification of roles and responsibilities for tasks
- the roles and responsibilities of agencies not directly involved in the assessment must be clarified in consultation with them
- support and debriefing needs to be organised for all staff involved and for other carers in the care or support setting
- how to inform the families of children or young persons who are not the subject of the report, but who may also be at risk
- · a review of funding arrangements and contracts or the license file



- action to protect the validity and integrity of the evidence, ensure confidentiality and proper document storage
- a briefing note may need to be sent to the Director-General, the Minister and the Media Unit.

After the interview, a protective planning meeting should be arranged. This meeting will plan the protective action required to ensure the safety, welfare and well-being of the child or young person. There should be regular assessment consultations throughout the process.

Practice Points

What needs to be considered when assessing an allegation regarding a child or young person in OOHC?

When assessing and investigating reports of suspected risk of harm concerning children and young persons in Out-of-Home Care, consideration should be given to the impact of the situation on the child or young person's relationship with their carer and the carer's family, as well as their psychological well-being. If a change of placement is a consideration, particular attention should be paid to managing this in a way, which minimises trauma to the child or young person. If the report implicates a foster carer, remember that most foster carers are the subject of allegations at some time. The NSW Foster Care Association has established the Carers Allegation Support Team (CAST) to support foster carers. It is important that DoCS staff are aware of CAST and advise foster carers about this support service.

When DoCS is investigating and assessing reports of suspected risk of harm which involve allegations against an employee of another organisation, staff should be aware of the fact that the organisation will also be conducting its own investigation and assessment of the matter. It will be necessary for DoCS staff to liaise closely with staff from the organisation in order to coordinate responses and to minimise trauma to the children or young persons involved.

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Procedural fairness must be a consideration at every stage of an investigation and assessment of allegations against employees of agencies and foster carers. Procedural fairness requires that the person against whom the allegation is made is informed of the substance of the allegation and has the right to put forward their case. It also requires that reasonable enquiries and investigations are undertaken before a decision is made, that investigations and assessments are conducted without delay, and that actions are taken fairly and without bias.

Procedures for Responding to Reports where there are Multiple Victims or Multiple Perpetrators

When a report is received alleging abuse of multiple children or young persons, or alleging multiple perpetrators of abuse against children or young persons, special considerations must be made.

The considerations for responding to reports of suspected risk of harm as identified in the previous section are all applicable in these situations.

In addition, staff should notify the Child Protection Enforcement Agency in cases of serial sex offenders. This means cases where there are multiple victims of sexual abuse or multiple perpetrators of sexual abuse. The Child Protection Enforcement Agency will advise the CSC staff of the nature of the police response, which will occur. A case meeting should be held with the relevant police to plan the most appropriate response.

The response may involve additional resources, a high level of planning, police surveillance before any action takes place, proactive case planning before interviewing children and young persons, coordination with other law-enforcement agencies, management of media and political interest, and additional support for the children and young persons.

Procedures for the Reporting of Alleged Corrupt Conduct

If a staff member receives information alleging that a DoCS employee has been involved in corrupt conduct, the Manager Professional Conduct Unit should be informed through the Director, Child & Family Services. The Manager Professional Conduct Unit notifies the Independent Commission Against Corruption. Business Rule A critical incident report should be submitted within 24 hours of a child's death



Business Rule Director-General and Minister are to be informed if a child or young person dies in Out-of-Home Care

Procedures for when a Child or Young Person Dies

If a staff member receives information that any child or young person has died, regardless of the cause, a briefing note for the Minister and a Critical Incident or Event Report Form must be prepared. The Critical Incident or Event Report Form should be submitted within 24 hours. The report should include the cause of death if known, the result of any departmental enquiries, whether the police and the coroner are involved, whether parents, relatives and others have been advised, and details of any arrangements made for the funeral.

The Manager Briefing and Correspondence Unit must be informed by the Director, Child & Family Services. They then refer the matter to the Manager Client Feedback and Assistance Unit, who then notifies the Child Death Review Team. If DoCS is the authorised authority, the Coroner will also need to be advised. The Coroner must be advised no later than the next working day after DoCS became aware of the death.

If the child or young person's death is non-accidental or due to suicide, or there are reasonable grounds to believe that the death or suspected death would be examinable by the Coroner, the death or suspected death must be reported to the police as soon as possible.

When a Child or Young Person in Out-of-Home Care Dies

When a child or young person in Out-of-Home care dies, the previous procedures for when a child or young person dies must be followed. However, additional procedures also apply.

The Minister and the Director-General are to be informed promptly of the death of any child or young person in Out-of-Home care. The Director Child & Family or their delegate must inform the parents of the child or young person, the Children's Guardian and the Coroner. If the parents live outside Australia, the Department of Immigration and Multicultural Affairs must arrange for the parents to be informed.



The relevant legal guardian must be advised if the child or young person was under the guardianship of the Supreme Court, the Family Court or the Commonwealth Department of Immigration.

Support must be provided to the CSC or residential unit in dealing with the death of the child or young person. This includes making arrangements for any counselling required by the child or young person's family, carers, significant others, and Child and Family staff who are affected by the death.

If the child or young person is in Out-of-Home Care and DoCS is the designated agency, we are responsible for the funeral arrangements.

Practice Points

You need to consider any expressed wishes of the child or young person and their family and their religious and cultural background. This is particularly important for children and young persons of Aboriginal and Torres Strait Islander and non-English speaking backgrounds. You should also consider the wishes of foster carers who have had a long-term involvement with the child or young person. Appropriate parties should be given the opportunity to participate in making the funeral arrangements.

DoCS meets the costs of burial or cremation, flowers, the commemorative plaque and other funeral expenses, particularly if parents are in financial hardship. The Manager Client Services has the delegation to approve funeral arrangements and the payment of funeral costs. DoCS may provide financial assistance to parents and significant others to help them with travel and associated costs to attend the funeral. The Manager Client Services of the supervising CSC attends the funeral as the representative of the Minister.

If the child or young person has left instructions regarding arrangements for their personal property, those instructions must be followed. If the child or young person has not left legal instructions, but their wishes had been expressed, every effort must be made to observe these wishes as closely as possible. If the child or young person was in short-term or temporary care, Business Rule The parents, child's guardian and Coroner are informed





their belongings are to be returned to the parents or the usual caregivers. The Manager Casework must check if any monies are held in trust for the child or young person and advise the Director Child and Family so that appropriate arrangements can be made for dispersal. These monies would normally go to the child or young person's next of kin. The public trustee can be contacted for further advice.

The Manager Casework must ensure that all Departmental records, including the Client System, are amended to note the death of the child or young person. Any records on siblings and parents of the child or young person who has died are to also be amended.

The Manager Casework must apply for a death certificate for the child or young person who was in Out-of-Home Care or was a protected person.

The Manager Casework must promptly prepare a report that includes the following information.

- date, time and place of death
- summary of Departmental involvement if child or young person was in out of home care including the date, place, placement details and reason for their entry into care
- place where the child or young person's body is held
- death certificate if available
- details of any proposed inquest or cause of death
- confirmation of advice to the relevant persons and organisations
- confirmation of advice to parents and any siblings in out of home care
- requests of parents, siblings, foster carers or significant others concerning the funeral arrangements
- details of funeral arrangements, including costs where these are to be met by DoCS
- any concerns for the safety, welfare or well-being of siblings or any other children who have been living with the child or young person whose death has been reported and what, if any, has been DoCS response
- any observations, concerns or conclusions which Child and Family staff consider relevant.





Procedures for informing the police

If staff receive information that an offence involving a child or young person or a serious offence (carries a possible penalty of life imprisonment or imprisonment of 5 years or more Section 316 of the Crimes Act) has been committed, the police must be informed. This is the case whether or not the child or young person is at risk of harm or the matter will proceed for further assessment. It does not include matters, which are suitable for a joint response, as they will receive a police response from the JIT.

Offences which may come to a caseworker's attention include but are not limited to:

- assault
- breaches of Apprehended Violence Orders
- homicide
- · concealing the birth of a child
- firearm and weapon offences
- stealing
- malicious damage to property
- documents containing threats of bodily harm
- · acts causing danger to life or bodily harm
- abduction
- sexually abusive behaviours by a child over 10 years and under 14 years.

Procedures for consulting DoCS Legal Services

Legal Services should be contacted if it appears that an offence under the Act has been committed. This includes but is not limited to:

- failure to mandatorily report under sections 27 and 122
- publication of names and identifying information under section 105
- offences involving children and young persons under chapter 14
- offences under sections 251-254.



Business Rule Section 173 medical examinations apply to children only

MEDICAL EXAMINATIONS

Principles

During the course of an assessment or investigation, the information gathered may indicate that a child may have sustained an injury or physical harm from neglect, physical or sexual abuse. If you believe on reasonable grounds that this is so and a child is in need of care and protection, a Section 173 Medical Examination Notice may be served on the person who appears to have the care of the child at that time.

This notice requires the child to be presented to a specified or described medical practitioner for the child to be medically examined. Police officers also have the authority to serve notice for a medical examination under this section.

Section 173 Medical Examinations apply to children only. Children 14 years and over and young persons have the right to consent to medical examinations on their own behalf.

A person who fails to comply with the requirements of a Section 173 Medical Examination Notice is guilty of an offence. However no offence is committed if it is proven that the person did not have the care of the child at that time. If an offence is committed under this section it should be referred to Legal Services.

Section 173 Medical Examinations are for the purposes of examination only. If treatment is required it must be considered under Section 174 Emergency Medical Treatment or with the consent of the parent or the Director-General, if the child is taken into the care and protection of the Director-General.

Section 174 relates to Emergency Medical Treatment. This is where a medical practitioner or a registered dentist may carry out medical or dental treatment on a child or young person without the consent of the child or young person or their parent. This is where the medical practitioner is of the opinion that this is necessary, as a matter of urgency, to carry out treatment on the child or young person in order to save their life or to prevent serious damage to their health. In this situation consent is deemed to have been given.





There can be no liability or proceedings against the Director-General (or delegated DoCS worker), police officer, medical practitioner or person employed at a hospital or other place where a child is medically examined for anything done or ordered to be done by that person for the purpose of carrying out anything in relation to Section 173 Medical Examinations if that person has acted in good faith and with reasonable care.

Procedures

The Manager Casework has the delegation to approve a Section 173 Medical Examination Notice being served by a caseworker. This is served on a person who appears to have the care of the child. The Director-General is taken to be the parent of the child for the purpose only of enabling the medical examination to be carried out. This assumption is taken from the time the child is presented to the medical practitioner until the expiration of the period of time that is reasonably necessary for the child to be examined or 72 hours (three days), whichever period expires first. In essence this means that the medical examination can take no longer than 72 hours to complete.

What should happen when I have served a Section 173 Medical Examination Notice?

- Wherever possible, arrangements should be made with the hospital or medical practitioner before the child is presented for the examination.
 Details should be provided of the alleged abuse. This allows the hospital or surgery to make adequate arrangements and prevents unnecessary waiting for the child and family. If it appears the child may be in need of urgent medical treatment, you should also contact the Triage Sister at the hospital.
- You need to arrange how the carer is going to get the child to the medical examination. It is appropriate for the DoCS Caseworker to accompany the child or young person and their family unless there is a recorded reason not to do so which the Manager Casework has approved.
- You should also consider who is going to be present with the child and at what stage of the medical examination. Discuss this with medical

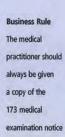


practitioner or social worker at the hospital or surgery. In some situations a child may request that a parent or Child Protection Caseworker is present during the examination. This may not be appropriate for certain parts of an examination.

- Local arrangements will generally determine where a child undergoes the medical examination but as a general rule NSW Health will be the service provider. If there is a choice, choose the most appropriate medical practitioner for the type of examination required. For example, a Child Sexual Assault Service will have experienced staff to deal with the physical and psychological aspects of the examination.
- The medical practitioner should always be given a copy of the Section 173 Medical Examination Notice. This will give them the authority to write their report for authorised DoCS worker.

The Section 173 Medical Examination Notice is on the Client System and must be signed by the Manager Casework or their delegate. The notice should include the child's name or if this is unknown, a description of the child. For example, their approximate age, gender, height, hair colouring etc. It should also include a name or description of the medical practitioner and the hospital or other place where the examination is to be performed. The title of the medical practitioner will be sufficient if a specific name is not known, for example, the Paediatric Registrar New Children's Hospital. The examination may be carried out at a different site or by a different medical practitioner if necessary.

If a person fails to comply with a Section 173 Medical Examination Notice, a DoCS officer or a police officer may present the child, or arrange for the child to be presented, to a medical practitioner at a hospital or elsewhere for the child to be medically examined.





Business Rule The parents, child's guardians are informed

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Practice Points

What should I do if a child is not presented for a Section 173 Medical Examination?

- The Section 173 Medical Examination Notice requires that the child be presented forthwith for the medical examination. The Act does not define forthwith, however it is generally accepted that the word means at once or as soon as possible.
- If it becomes apparent that the parent or carer of the child is unable or unwilling to
 present the child for the examination, DoCS Caseworkers and police officers have the
 authority to present the child for the medical examination. However this authority
 cannot be applied if extreme resistance from the parent or caregiver occurs. A
 decision needs to be made whether to apply for a warrant to search for and remove
 the child under section 233 (1)(b) or to use powers of removal under section 43.
- If action is taken by a DoCS Caseworker or police officer it should be done in a manner that is neither traumatic nor abusive to the child. The arrangement for an officer taking a child for a medical examination should be discussed with the carer and explained as sensitively as possible with the child where appropriate.
- In some circumstances it may be necessary for the DoCS Caseworker to serve the Section 173 Medical Examination Notice on a person who is not the child's parent. The Act authorises service of the notice on any person who appears to have care of the child for the time being. In these situations, you should contact the parents immediately and give them the opportunity to accompany the child.

A medical practitioner may carry out, or cause to have carried out, any medical examination they see fit. This examination can occur at any hospital or other place even if it is not the hospital or place specified in the Section 173 Medical Examination Notice.

The medical examination itself may include the taking and analysis of samples and the use of any machine or device that enables or assists in the examination of a person, for example blood samples or the taking of an x-ray.

The medical practitioner or the person who has carried out the medical examination must prepare a written report of the examination to be sent to the delegated DoCS



Officer. No liability for defamation is incurred by the medical practitioner for the making of the report. The report must not in any proceedings before a court, tribunal or committee be held to constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct.

WORKING WITH CHILDREN OR YOUNG PERSONS IN CRISIS

This section of the handbook focuses on how we work with and respond to children and young persons in crisis. This group includes homeless children and young persons and children and young persons who are missing or have run away.

The Act makes a legislative distinction between a child and a young person. Under the Act, a child is defined as a person under the age of 16 years and a young person is someone who is aged 16 years or above but who is under the age of 18 years. When a young person is 18 years of age, the age of majority, they are an adult in the eyes of the law.

It is a principle of the Act that parents of a child should have responsibility for their child, unless it is not in the best interests of the child that his or her parents have that responsibility.

In general, a parent of a child has the right to make decisions concerning the upbringing and lifestyle of their children. If a child or young person is in out of home care, all or some of these rights can be delegated to the authorised carer or designated agency. However, wherever possible we will provide the parents of a child or young person with up to date information on the child or young person's well-being.

HOMELESS CHILDREN

Principles

Homelessness is where a child is living without any parental or other family support in unsafe or insecure accommodation. It covers a range of circumstances including:

- no accommodation at all
- only temporary or transient accommodation



- emergency, refuge or crisis accommodation
- other long term supported accommodation for homeless people such as hostels or transitional accommodation.

Under Section 120 of the Act any person may make a report to DoCS concerning the homelessness of a child.

Section 122 of the Act has specific provisions for mandated reporting of children who are living away from home without parental permission.

If a child is suspected to be at risk of harm, a report should be made under section 24 of the Act.

The guiding principles when a child is homeless are:

- DoCS has a statutory obligation to assess reports of a homeless child and decide on the appropriate response for that child.
- A person, who provides residential accommodation for a person who they believe is a child living away from home without parental permission, must inform DoCS of their whereabouts. This is to identify children who may have run away from home and have been reported to the police as missing.
- If a child is not under the care and supervision of their parent, or other care arrangement approved by the parent, the child's safety, welfare or well-being may be in jeopardy or the child may be at risk of harm.
- If a child is homeless but remains under the care and supervision of a parent, the child may not be at risk of harm, but support may be provided in response to a request for assistance from the parent or child. A child may be living away from home without parental permission without necessarily being homeless, at risk of harm or unsupported.

Procedures

The type and extent of the assessment will vary on a case-by-case basis depending on the circumstances of the child's homelessness. It may involve only telephone contact to confirm information or obtain additional information.





If action is required this could include:

- referral to support and counselling services to help the child and their family
- advice or material assistance
- providing DoCS services, including residential accommodation such as voluntary out of home care or temporary care with DoCS carers
- arranging residential accommodation such as a youth refuge, supported accommodation or temporary care with a designated agency
- protective intervention if the child is identified at risk of harm and in need of care and protection.

Any action taken must be recorded on the Client System.

If the information provided indicates that the child is not homeless, the response may be to:

- check if the child has been reported to police as a missing person
- · advise police if a missing child's whereabouts become known
- assess if the child is at risk of harm due to other circumstances or requesting assistance.

HOMELESS YOUNG PERSONS

Principles

A young person may:

- choose to live away from home and be responsible for meeting their own needs
- seek support from DoCS concerning their homelessness either by giving permission to another person to provide information to DoCS or by making a request for assistance from DoCS.

Any person may report the homelessness of a young person with the consent of the young person (Section 121). The young person's needs may be met by providing services and support such as alternative accommodation. If a young person is suspected to be at risk of harm, a report may be made under section 24 without the consent of the young person.

Procedures

If the person contacting DoCS has not obtained the young person's consent, they should be advised that the consent of the young person is required for DoCS to become involved unless as stated above the young person is suspected to be at risk of harm section 24 of the Act. Encourage the caller to seek their consent.

If action is required this may include:

- referral to support and counselling services
- advice or material assistance
- arranging residential accommodation such as a youth refuge or supported accommodation.

The young person should be encouraged to discuss how they became homeless and how they would like things to change. They can decide whether information about their whereabouts is given to their parents.

Any action taken must be recorded on the Client System.

Practice Points

What needs to be considered when working with homeless children and young people?

The focus of supportive action should be to maintain the child in their family or to re-unite the child with their family where appropriate and to promote links with schools and other support networks.

The developmental and support needs of a child must be considered if placement in a non-substitute care service is being considered or is the only available option. Additional support may need to be included to ensure that the child's needs are adequately met.

The child should be encouraged to discuss how they became homeless and how they would like things to change.





Children and young persons with a disability may need specialist disability services to assist them to meet their needs. Adolescents with a disability have special needs to minimise any adverse effect of their disability while they attain independence and identity.

A child or young person with a disability may become homeless when their parent or guardian is no longer willing or able to provide care for them.

If a child or young person has an intellectual disability, contact must be made with the local DoCS disability services. If it is appropriate for disability services to become involved, the roles and responsibilities of both Child and Family and Disability Services must be agreed and clearly documented in the case plan. If roles and responsibilities of child and family and disability services cannot be agreed upon at a local level, issues should be referred to the Directors, Child and Family and Disability Services.

Gay and lesbian young people may identify and proclaim their sexuality from a relatively young age. For some adolescents the process of 'coming out' may trigger family conflict and social problems with peers including difficulties at school. Adolescents who identify as gay or lesbian are more likely to drop out of school, leave home at an early age or become homeless compared with their peers.

Support for gay or lesbian adolescents should aim at providing the opportunity to resolve conflicts in relationships with their family. Support should also aim to redress any areas in the adolescent's life, such as their education, that has been adversely affected by their sexuality identity. Contact with other gay or lesbian youth is important in establishing a positive sexual identity.

CHILDREN AND YOUNG PERSONS WHO RUN AWAY

Principles

Any person may make a report of a child or young person who is suspected to be at risk of harm and missing from the care of their parents or other carer. DoCS may consider protective intervention if a report is made.

Parents of a child or young person who has run away from home may make contact with DoCS and ask for advice or help.



Procedures

Parents of a young person should be made aware that DoCS will only intervene if the young person requests assistance or if the young person who is at risk of harm or may be in need of care and protection according to Guide One and the young person wishes protective intervention.

An information sheet called **Information for Parents When Young persons Run Away** is on the DoCS Intranet and may be given to parents.

The parents of either a child or young person should be advised to consider if a Missing Persons Report to the police is also required.

If the child or young person is located, they should be encouraged to discuss why they ran away and how they would like things to change. This may be done by the Child Protection Caseworker, counsellor or other adult support person or friend.

Once a missing child has been located, parents should be informed if the child is safe. The whereabouts of the child does not have to be revealed to the parents if there are concerns that this information may jeopardise their safety, welfare and well-being.

Practice Points

Are there additional issues to consider?

Some children and young people and their families may experience times when the pressures of negotiating the transition from childhood to adulthood cause stress within the family relationships. This may result in conflict leading to behaviour by both parents and the adolescent that negatively impacts on the safety, welfare and well-being of the young person. The adolescent may leave home prematurely, before they have developed the skills and resources for independent living.

One of the key goals when working with adolescents is the prevention of family breakdown and youth homelessness. When working with older adolescents a broader range of strategies may be considered depending on the age of the child or young person. For example, a young person aged 16 years or over may choose to live with their parents or to live independently.



Chronic homelessness means adopting homelessness as a way of life and identifying with the homeless subculture. There is a wide variation in the amount of real time that it takes for adolescents to become chronically homeless. Some adolescents are homeless for a number of months but are then able to move onto stable accommodation with the assistance of a planned and comprehensive intervention.

Homelessness may include circumstances where a child has run away and is living away from home without parental permission.

Business Rule Parents are advised as soon as possible after the child or young person is

identified as missing

MISSING CHILDREN OR YOUNG PERSONS WHO ARE CLIENTS OF DOCS

Principles

A missing client is a critical event. If a client is missing there is an obligation for DoCS to take action if:

- there is an active case of a child or young person at risk of harm or current Children's Court proceedings
- the child or young person is under the parental responsibility of the Minister
- the child or young person is in the care and protection of the Director-General.

Procedures

S

Recording and Reporting

Details of the missing client, the reporter and the action taken must be recorded on the Client System as a Missing Person Record (MPR). The parents must be advised as soon as practical after the child or young person is identified as missing.



The Child Protection Caseworker must complete a critical event report form as soon as possible after the event has been identified. The form is available on the Client System and must be signed by the Manager Casework.



Depending on the nature of the incident and its sensitivity, a briefing must be prepared for senior management, the Director-General or the Minister.

Assessing

The Child Protection Caseworker must consider the level of risk to the missing child or young person, given the available information. Possible responses and attempts to locate them should be considered.

Any decisions for further action must be approved by the Manager Casework and the case plan updated. If new information indicates that a child or young person is suspected to be at risk of harm a report must be made to the DoCS Help Line.

Practice Points

What are some suggested strategies for responding to missing children and young people?

The range of responses to locate the missing child or young person may include:

- checking likely locations where they may be
- contacting friends or other networks such as the local youth centre to alert them that the child or young person is missing
- contacting the local school and the child or young person's teacher to seek information
- requesting assistance from the DoCS Helpline after hours service and the Kings Cross Adolescent Unit to look for them
- initiating a Client System Alert or a media response approved by the Manager Casework







Business Rule Manager Casework approves action to make a missing person's report



Reporting to the Police and Making a Missing Persons Report

Child and Family staff can make a missing person report to the Police if the Minister has parental responsibility for the child or young person or the Director-General has care responsibility. If the child is not in the care of the Minister or the Director-General, you should consult with the parents about making the missing persons report.

Requesting assistance from the police by making a missing persons report must be approved by the Manager Casework. The decision to request police assistance to find the child or young person will depend on whether there are immediate and significant safety risks to the child or young person.

To make a missing persons report, the Child Protection Caseworker needs to go in person to the local police station and provide:

- proof of the legal status or DoCS involvement to warrant making a missing person report for that client
- personal details of the client such as name, date of birth and residential address
- a full description of the client including height, weight, colour of eyes and hair, and a recent photograph
- likely destinations such as favourite places or places with past connections and, if possible, a list of the names, addresses and phone numbers of friends and associates
- information about any medical requirements or medications they need and any concerns for their safety such as risk of suicide or other high-risk behaviours
- the name of at least one Child and Family contact person, such as a Child Protection Caseworker or the Manager Casework, CSC phone number and an after hours contact
- where possible, an indication of the proposed placement for the child or young person when they are found.

You should also advise the Police that they do not have to report under section 122 as DoCS has already recorded the child as missing.

Practice Points

What happens when the Police notify us of a missing person?

The Police place the missing child or young person on the Missing Persons Register if they consider this appropriate. They will undertake investigations to find the missing person if there are concerns for their welfare. Being a missing person is not a crime. The police do not have the power to apprehend, detain or return a child or young person to their placement or home without a warrant.

When a Child or Young Person is Located

When a child or young person under the parental responsibility of the Minister is located or their whereabouts suspected, the following steps may be taken if authorised the Manager Casework.

- a written Order can be made under s232 directing that the child or young person be returned to the care and protection of the Minister
- an application can be made to an authorised justice for a search warrant under s233(1)(c) to enter and search premises, remove the child or young person and return them to the care and protection of the Minister
- the child or young person can be removed under s43 or care assumed under s44 and an application made to the Children's Court for a Care Order under s45
- a Care Application can be made to the Children's Court for an Order to remove the child or young person from a premises or place under s48
- an application can be made to an authorised justice for a search warrant to search premises and remove a child or young person suspected of being in need of care under S.233(1)(a) or the subject of a notice under s173 S.233(1)(b).



Business Rule Parents are informed if a child or young person is located.



Business Rule

Placement and Case Plan must be reviewed when the child or young person is located

Informing parents

Parents should be informed when the child or young person is located and that they are safe. DoCS does not have to provide the details of the child or young person's whereabouts. The decision to withhold the child or young person's whereabouts must be made by the Manager Casework.

If the client is located or returns without police involvement, the caseworker must notify the local police station immediately. This must be confirmed in writing so that the police can withdraw the missing person's report.

When the missing client is found, the Case Plan and their current placement must be reviewed. The child or young person should be encouraged to discuss why they ran away and how they would like things to change. This may be done with the caseworker, a counsellor, the child or young person's school or other adult support person or friend.

WORKING WITH CHILDREN AND YOUNG PERSONS WHO DISPLAY SEXUALLY ABUSIVE BEHAVIOUR

Principles

Child sexual abuse is harmful, unacceptable and a criminal act. Children and young persons who display sexually abusive behaviour are in need of intervention. Wherever possible legal action should be used to promote treatment compliance and encourage behaviour change by allocating responsibility for the offending behaviour appropriately. This is both a therapeutic and an educational process.

Responsibility for child sexual abuse lies with the perpetrator. Children or young persons who exhibit sexually offending behaviour against other children or young persons should not live with their victims or potential victims. This is most important following disclosure and during treatment.



A child or young person should always be taken seriously if they allege sexual abuse. Children and young persons who have been sexually abused have the right to be in a safe and supportive environment and to feel safe. They also have the right to legal and protective intervention and counselling and treatment services. Protection of the child victim and the promotion of their recovery are of paramount importance.

The Act includes in section 75(i) provision for the Children's Court to make orders for children under 14 years with sexually abusive behaviours to participate in treatment programs.

When the alleged offender is a child or young person, DoCS has a dual role. Firstly, to provide care and support services which protect victims and secondly to make sure that children and young persons who exhibit sexually offending behaviour have access to treatment services provided by NSW Health.

Therapeutic counselling or treatment services should not be considered as an alternative to criminal prosecution for a child over 10 years old or an adult offender.

Practice Point

What issues need to be considered when working with sibling abuse?

The nature and effects of sexual abuse by a sibling are as serious as the effects of parent-child sexual abuse. The coercion used by young offenders to make the sibling victim take part in the sexual abuse are similar to the methods used by adults who sexually abuse children.

There may also be emotional or physical neglect in the family that can lead to the victim child being vulnerable to manipulation because of their need for affection and attention.

Intervention is complicated by the parents or carers being required to balance loyalties and parenting care between a victim and a sibling offender. There is often a tendency to minimise the offending behaviour with parents sometimes believing it to be a form of 'sexual play'. In these cases parents may continue to allow unsupervised contact between the victim and the offender, placing the victim at risk of further abuse. Families where sibling sexual abuse has occurred may be dealing with other



problems that compound the adults' inability to manage the situation. Workers should be aware that other risk factors may be present and require assessment.

Procedures

Reporting

DoCS Caseworkers must inform police (Section 42(i) of the Act) of any child aged 10-13 years who exhibits sexually abusive behaviour. Children over 14 years of age and young persons who exhibit sexually abusive behaviour should also be reported to the police. This decision needs to be approved by the Manager Casework and recorded on the file and Client System.

Assessing

The role of DoCS Caseworkers in responding to child sexual abuse is to:

 receive, investigate and assess allegations of sexual abuse of children or young persons (please refer to the Assessment and Investigation section of this handbook for more information).

Practice Points

What are the issues to consider when working with sexual abuse?

DoCS Caseworkers need to be aware of issues such as:

- The disclosure of child sexual abuse will create a family crisis and affect all family members.
- The child victim is likely to be confused by their feelings about their abuser.
- Children or young persons who display sexually offending behaviour tend to deny, minimise and rationalise offending behaviour. They are unlikely to be truthful about the extent of their offending but will sometimes admit to lesser behaviours perpetrated on their victims.
- The parents will generally be traumatised by the situation and this should be a consideration in all communication with them.





- The role of the parents is one of the most important factors in terms of the long term recovery of the victim child or young person.
- The initial reactions of the parents or carers may include anger and denial but this does not preclude the possibility of the emergence of a supportive role towards the victim child or young person.
- The parents are not responsible in sibling abuse. They may be responsible for denying
 or minimising the abuse, but not for the abuse.
- The parent's ability to support and adequately protect the victim child or young person from further harm must be thoroughly assessed.
- There may be issues of sexuality for young persons who may be sexually active in their social context and may not wish to discuss this in the context of their alleged abuse.

Providing Support Services

- Casework must be directed at providing or arranging for appropriate support services. This includes arranging Out-of-Home care and support services where necessary.
- Referral of children and young persons who are victims of child sexual abuse to appropriate support services and the use of protective intervention strategies, such as AVOs.
- Children and young persons who have been sexually abused have a right and a need to access counselling and treatment services to minimise or overcome the damaging affect of the abuse. This should occur as soon as possible.

Practice Points

How do different responses impact on working with sexual abuse?

Appropriate responses by parents and professionals can significantly improve outcomes for the child or young person. If parents or carers do not believe the child or young person's allegations about sexual abuse, they are unable to adequately protect them from further abuse.



The response to non-offending parents by professionals, particularly with helping them with the crisis of disclosure, can have a significant impact on the parent's ability to provide support for their child.

NSW Health provides medical examinations and psychological or developmental assessments, crisis and ongoing counselling for the child and family or carers.

Short-term supportive counselling or treatment needs to occur at the time of disclosure of the abuse or following the assessment decision that abuse has occurred. Long term therapeutic counselling depends on the needs of the child or young person.

Referrals to appropriate counselling services should be made in consultation with the child or young person, the parent or carer and the relevant agencies involved.

The parent or carer may be offered counselling and support to resolve issues presented by the crisis. This will enhance their ability to offer optimum support to the child or young person.

Perpetrator Residing with Victim

 Where the perpetrator lives with the victim, casework must consider alternative living arrangements for the alleged perpetrator.

Children who Sexually Abuse or display Sexually Abusive Behaviour to other Children

 Ensure the safety of children and young persons who sexually abuse others and provide access to appropriate treatment services. DoCS has the authority to lodge a care application for a child under 14 years of age to attend a therapeutic treatment program. An order cannot be made if the child is or has been the subject of criminal proceedings arising from the same sexually abusive behaviours.

Practice Points

What are the issues when sexualised behaviour is exhibited by children under 10 years of age?

Research suggests that a variety of sexual behaviours in children appear to be normal and their frequency decreases with age after peaking between three and five years old.

One of the most difficult situations is where there are a number of sexualised behaviours that indicate the possibility of child sexual assault but the child is unable to tell us verbally what has happened. We need to attempt to establish whether the behaviour is part of a developmentally appropriate exploration, the result of something actively perpetrated upon the child or exposure to sexualised material.

Sexual behaviour becomes problematic when there is evidence of anger, fear, tension, sadness, coercion, force, destructive or aggressive impulses, or compulsive interest and activity. Sexual behaviours which involve one child pressuring the other to engage in the behaviours can be very serious. If a child complains repeatedly about another child's sexual behaviour, professional assessment is advisable.

Referral of children with problematic sexualised behaviours to appropriate Community Health Services will require DoCS assessment and casework. Consultation with the child's parents or carers and appropriate service providers with specialist knowledge is essential.

 One of the most important functions for DoCS in these cases is the prompt referral of the offending child or young person for therapeutic treatment. The referral process requires that all relevant information is shared with the treatment service. This may include information about the victim or victims.





- Referral options must be discussed with the child or young person and their family. The placement and support structure available to the offender are important in the potential effectiveness of therapeutic treatment for the abusive behaviour.
- Enquiries should be made to find the most appropriate treatment service for the identified abusive behaviour. Consultation with DoCS specialist staff may be appropriate if DoCS has specific responsibility for the child or young person.
- Protocols, guidelines and Memorandums of Understanding specific to individual treatment programs must be observed.

Practice Points

What services are available?

The Department of Juvenile Justice (DJJ) provides services for young persons who are convicted of sexual offences. NSW Health provides two specialist services for adolescents with sexually abusive behaviour who are not eligible for programs provided by DJJ. In sexual assault cases involving children or young persons as victim and offender, it is not always possible to attempt prosecution because of insufficient evidence or the young age of the victim.

Early intervention services are important to address sexually abusive behaviours displayed by young persons and children aged 10 years or over. NSW Health provide services through their child and family teams for children under 10 years of age who display problematic or offending sexual behaviour.

DoCS Caseworkers need to be aware of the following issues when working with children and young persons with sexually offending behaviours:

 Children and young persons who sexually offend should be helped in a non-stigmatising approach to accept responsibility for their behaviour and establish healthy, safe ways of relating with others.



- Without specialised treatment and support and an appropriate placement, it is unlikely that a child or young person who sexually offends will stop their offending behaviour.
- Decisions about Out-of-Home Care or placement alternatives for the offending child or young person need to take into account safety issues of any other child or young person who may be affected.
- Care must be taken to make sure that the parents or carers of the offending child or young person understand the importance of participating in planning the treatment for the child or young person. Parents and family members also need to be informed that the behaviour is a crime and is unlikely to stop without intervention.
- A collaborative approach by all agencies involved with the child or young person is necessary to prevent further offending.

It is recommended that different staff members are allocated for the victim and the alleged offender so that the potential for a conflict of interest is reduced as much as possible.

DOCS AND THE FAMILY COURT

The Family Court of Australia is a national court. It is responsible for dealing with a range of issues which arise during relationship breakdowns, including divorce, property matters and issues relating to the ongoing care of children of that relationship such as parental responsibility, residence, contact and child support. It also has certain special jurisdictions about children, such as broad welfare powers (eg consent to medical treatment) and powers under international conventions such as the Hague Convention on International Child Abduction.

Alongside this general jurisdiction that the Family Court has for children is the special child protection role of State Courts and State welfare departments such as DoCS.

Principles

It is important to be clear about the different roles of the Family Court and the Department of Community Services. The role of the Family Court in relation to the welfare and well-being of children or young people is to make decisions, in the best interests of the child, about parental responsibility, residency and contact between parents and children.

Matters of the child's welfare are considered during the Family Court's deliberations. However, if there is a suspected risk of harm, DoCS is the mandated authority to investigate and assess. We have the lead responsibility and expertise to make an assessment and take the necessary action for the child's safety and need for care and protection. This remains the case whether or not there are proceedings before the Family Court.

The issue for DoCS, once the matter is assessed, is whether the Family Court remains the appropriate venue for the child protection issues to be dealt with or should these issue be determined in the Children's Court instead.

Practice Point

What is the link between Family Court and child protection?

As a result of the potential for cases in the Family Court to involve child protection issues which need State intervention, or have already involved such intervention, the Family Law Act has recognised the importance of the State's child protection role in three ways:

- It has provided for the making of mandatory notifications from the Family Court to the State welfare authority wherever a case raises issues of child abuse.
- 2. It has taken away the powers of the Family Court to hear cases and make orders about children affected by certain State child protection court orders and administrative actions, until those actions/orders are finished or the State welfare authority agrees to the Family Court case going ahead. The option for the State welfare authority to agree to the Family Court hearing the case is available in NSW but not in all the other states at this time.
- 3. It has given the State welfare authorities the right to intervene in the Family Court proceedings and deal with the child protection issues in that Court if it so chooses.





Procedures

When a report is received that a child or young person is suspected to be at risk of harm during Family Court-ordered contact or residency arrangements

If a report is received that a child or young person is suspected to be at risk of harm during Family Court-ordered contact or residency arrangements, the information is assessed in the usual way using Guide One at the DoCS Helpline.

If the decision of the assessment is that the child or young person may be in need of care and protection, a full risk assessment is required. Factors such as when the next contact is due to happen are significant for decisions about the timeframe for completing the risk assessment framework.

When Family Court-Ordered Contact is Due to Occur

Reports about children or young persons who may be at risk of harm are received at the Helpline. The Team Leader at the Helpline will decide if an immediate response should occur. Every effort should be made to conduct the assessment or investigation before the anticipated contact visit.

The criteria to investigate and assess a report is that there are reasonable grounds to suspect that a child or young person is at risk of harm due to circumstances outlined in section 23 of the Act.

The Manager Casework or delegate should first attempt to negotiate with the party against whom the allegation has been made to not exercise their rights of contact while the matter is assessed. This should be handled in a sensitive manner, clearly outlining DoCS authority to conduct an assessment under section 30 of the Act. This should result in an opportunity to undertake a risk assessment before the next contact visit.

If negotiations are not successful and the Manager Casework suspects on reasonable grounds that the child or young person is at risk of serious harm, and that it is not in the best interests of the child to be removed from the premises in which they are currently located, a decision is required about whether there is





sufficient concern to assume the care and protection of the child or young person under section 44. This will allow an initial assessment to be started.

If an assumption of care occurs, the matter must be placed before the Children's Court at the first available opportunity, but no later than the next sitting day. The Manager Casework or delegate will need to apply for:

- an Emergency Care and Protection Order (Section 46) which places the child or young person in the care and protection of the Director-General or the person specified in the order for a period of 14 days while the assessment continues, or
- an Examination and Assessment Order which authorises an assessment or a physical, psychological, psychiatric or other medical examination of the child or young person, or
- a Care Order, or
- any one or a combination of all of the above.

If none of these Orders are applied for, you must explain to the Court why no application is being made (please see the Emergency Care and Protection section of this handbook for more details).

Practice Points

What happens when a child or young person is in the Director-General's care?

When a child or young person is in the Director-General's care, the matter is taken outside the jurisdiction of Family Law (Section 69ZK of the Family Law Act 1975) and Family Court contact orders do not apply during the period that the child or young person is in care. The parent with whom we place the child would not be in breach of a Family Court order, unless it were later shown that they had misled DoCS in order to get DoCS to act or that DoCS and the parent had acted improperly in taking steps to deny contact. We need to be aware that action under the Children and Young Persons (Care and Protection) Act 1998 can be reviewed by the Supreme Court if an affected party chooses to apply for such a review. Taking action that is contrary to a Family Court Order is a serious matter and Legal Branch should be consulted.

If the matter is currently before the Family Court

If the matter is currently before the Family Court, the Family Court should be informed of DoCS involvement either directly by DoCS (appearing at the mention or sending a letter) or indirectly through another party to the proceedings, especially if there is a separate representative for the child. The Court can then adjourn the case if necessary while the matter is assessed by DoCS and we decide what action, if any should be taken as a result of that assessment.

Practice Points

Children's Court or Family Court?

DoCS has the right to choose the jurisdiction in which protective concerns are determined. When making a decision about whether the Family Court or Children's Court would be the most appropriate jurisdiction, each case must be assessed on its individual merit.

The issues that should be considered include:

- the level of concern about the safety, welfare or well-being of the child or young person
- whether the protective concerns could be alleviated by a change in Family Law Court residence, contact or special issues orders
- whether there is an appropriate parent or carer prepared and able (including financially) to lodge a Family Court application to establish or vary residence, contact or special issues orders
- which Court is likely to provide the timeliest and most effective solution to secure the safety, welfare and well-being of the child or young person and which Order of which Court will take precedence
- which Court has jurisdiction to make orders most likely to be supported by the parties, including the child, young person and their family
- whether there is a need for DoCS (as opposed to a parent or a separate representative for the child or young person) to present evidence about the current



concerns for the child or young person's safety, welfare or well-being, so that the best possible outcome for the child or young person can be achieved through the Court's orders

 The proposed future role of the Department with the family and whether that role includes orders best made in the Children's Court eg Supervision Orders, Orders for Access to Services or Therapeutic Treatment, Orders for Parental Responsibility to the Minister or some other person who is not a party to the Family Court proceedings.

Should DoCS become a party to the Family Court proceedings?

66

If DoCS decides that the Family Court is the appropriate jurisdiction, we then need to decide whether DoCS should become a party to the proceedings.

We may choose not to become a party but simply remain a source of information for the Court. Parties can at any time subpoena our files or subpoena officers to give evidence about the concerns we have had in the past and the nature of our past and present involvement with the family

Alternatively we may decide to intervene and become a party to the proceedings.

The decision to become a party to Family Court proceedings should only be made after consultation with DoCS Legal Services. and consideration of the following issues.

The considerations for being a party to Family Court proceedings include:

- we may initiate an appeal through the Family Court if we are dissatisfied with the
 outcome of the proceedings and consider the child or young person to be at
 significant continuing risk. As a witness only, we have no right of appeal against a
 decision we do not agree with and it may then be difficult for us to try to achieve
 a different outcome elsewhere
- we have our own voice in the Court and can put to the court what we want and the reasons in support
- we have the same rights as any other party to call evidence, cross-examine witnesses, make submissions to the Court, make objections, and ask for assessments
- we are not reliant on others to call evidence and put matters to the Court on our behalf.

• We can request the Orders that we want made and comment on the Orders proposed by others.

The considerations against being a party to Family Court proceedings include:

- Once determined by the Family Court, the same issues cannot then be heard by the Children's Court.
- We can be bound by the Family Law Act. This can affect our investigation powers because, for some matters, we may need the Family Court's consent. Please see section 102A of the Family Law Act concerning the need for the Court's prior consent to examinations and assessments of a child or young person.
- Statutory protection of information such as notifications can potentially be overridden by the Family Court because it is a Commonwealth Court and our protections are under state laws.
- We can be liable to pay costs which can be awarded solely on the basis of who is successful or unsuccessful in obtaining the Orders they sought.
- We are bound by the Family Court's Orders. This means we could be ordered to do things over which we would otherwise have discretion, such as supervise contact arrangements.
- Legal costs are generally much higher than for care proceedings.
- If the child or young person ultimately comes under the care of DoCS, the court review and administrative review processes under state legislation would generally not apply, and therefore any reviews or changes to the Orders would require taking the matter back to the Family Court.

Can a matter before the Family Court be placed before the Children's Court?

If, during or after proceedings in the Family Court, fresh concerns are raised and DoCS assesses that a child or young person is at significant risk, we may choose to initiate proceedings in the Children's Court.

All information about previous proceedings in the Family Court or proceedings, which are current in the Family Court, must be communicated clearly in any report submitted to the Children's Court.



If DoCS is requested by the Family Court to intervene, and we decide to initiate proceedings in the Children's Court instead, we must inform the Family Court at the earliest opportunity of our intentions.

If No Family Court Orders are in Place and Parents Have Informal Arrangements for Contact and Residency

If an allegation is received that a child or young person is at risk of being harmed during informal contact or residency arrangements, the information is to be assessed in the usual way according to Guide One and the risk assessment framework.

If our assessment Guide One indicates the child or young person may be in need of care and protection, the child or young person cannot be considered safe solely on the basis of assurances by one of the parents that they will prevent contact. If a Guide Two investigation or assessment is not conducted because

the child is considered safe on the basis of such assurances, the child or young person may be left without adequate protection when at a later date the other parent seeks residency or contact and there is no record of an assessment of the allegations.

One option might be to have the parents put in place suitable court-ordered arrangements through the Family Court. This might be desirable in cases where DoCS believes that there is no ongoing role for the Department to play in the family once these arrangement are put in place. This could be, for example, where supervised contact is considered appropriate and the person to supervise contact is another family member such as a grandparent.

ALTERNATIVE DISPUTE RESOLUTION

Principles

Alternative Dispute Resolution (ADR) is a new aspect of DoCS response to children, young persons and families. The Act allows ADR to be used at any point where it might reasonably assist the needs of children, young persons and their families.

There are a number of terms used to define and describe ADR processes. These include arbitration, conciliation, dispute resolution counselling, family group conferencing and mediation.

All DoCS areas have a DoCS Caseworker trained in ADR. Information about ADR is available from Managers Casework or the intranet. DoCS Central Office has an ADR Team that provides support to ADR-trained caseworkers and advice on policy and procedures.

Practice Points

What are the types of ADR?

DoCS will use three types of ADR:

- Dispute Resolution Conferencing (DRC)
- External ADR
- Court-initiated ADR

Dispute Resolution Conferencing (DRC) is provided by a third party who is a DoCS worker trained in ADR. This approach is used when:

- you need to allocate or reallocate parental responsibility without consent of the parties and develop a care plan
- there is a history of conflict between DoCS and family members
- there are issues in dispute between family members
- family members or the Caseworker requests ADR
- family circumstances are complex or there are special needs.





External ADR is used when DRC has been unsuccessful, has not been attempted as it was unlikely to succeed, or has been specifically requested by a child, young person or their family. External ADR is conducted by external ADR providers – this means DoCS purchases ADR services from other contractors. There is a list of these providers on the Client System.

Court-initiated ADR is linked to Section 65 of the Act. At the preliminary conference after a care application has been lodged with the Children's Court, the Court must consider whether the matter should be referred for ADR. Criteria and protocols for using court-initiated ADR are being developed jointly by DoCS and the Children's Court.

Procedures

When you use ADR

After referral by the DoCS Helpline, a Case Plan is developed at a CSC together with the child or young person and their family. If there are any issues in dispute, or if a case plan cannot be developed cooperatively, Dispute Resolution Counselling (DRC) may be appropriate. Remember that the Act allows ADR to be used at several points where it might reasonably assist the needs of children, young persons and their families. Please refer to sections 37,38, 65 and 114 of the Act.

What form of ADR to use

The ADR-trained caseworker attached to the Area Office will consult with the Manager Casework to assess whether DRC is appropriate. If approved by the Manager Casework, the caseworker uses a form of ADR, such as mediation, conciliation or a hybrid of ADR, which suits the family's needs.

If DRC is not appropriate, the matter can be referred for external ADR if the Manager Casework and the ADR-trained caseworker approve this as the best approach. Casework decisions about ADR occur on a case-by-case basis and are negotiated between the caseworker and the Manager Casework of the relevant CSC.





USING APPREHENDED VIOLENCE ORDERS TO PROTECT CHILDREN AND YOUNG PERSONS

Principles

A key principle of the Act is to ensure that children and young persons are protected by using the least intrusive option. Removing children and young persons should be a last resort. An Apprehended Violence Order (AVO) should be considered as an option to protect a child or young person (section 40 of the Act also section 43(i)).

Practice Points

What is an Apprehended Violence Order?

An AVO is an order made by the Court eg. magistrates or district which imposes prohibitions or restrictions on the behaviour of the defendant, the person against whom the Order is made.

An AVO against a person is not a criminal offence and does not give the defendant a criminal record. However, breaching an Apprehended Violence Order constitutes a criminal offence which needs to be proved beyond reasonable doubt.

AVOs are generally set for a period of time specified by the Court. In certain circumstances, children or young persons may be included in an adult Apprehended Violence Order if the adult has a domestic relationship with that child or young person.

The Crimes Act 1900 states that a Court may make an AVO if it is satisfied on the balance of probabilities that a person has reasonable grounds and in fact fears:

- the commission by another person of a personal violence offence against the person, or
- the engagement of another person in conduct amounting to harassment or molestation of the person, being conduct that, in the opinion of the Court is sufficient to warrant the making of the order
- the engagement of another person in conduct which the other person intimidates the person or a person with whom he or she has a domestic



relationship (conduct may amount to harassment or molestation of a person even though it does not involve actual or threatened violence)

stalking.

Young persons will need to satisfy these criteria to apply for an Apprehended Violence Order. A young person may apply for an AVO on their own behalf if they wish. They have full capacity to make the complaint and to apply for a variation or revocation of the Order.

However for a child, the Court does not need to be satisfied that the child fears an offence will be committed or that certain conduct will be engaged in. If the police hold this fear, that is sufficient.

On some occasions a child or young person may be required to give evidence in court in relation to an AVO. Magistrates have the discretion not to accept the hearsay evidence of a police officer. On some occasions a Child Protection Caseworker may also be required to give evidence in Court if they have had direct discussions with either the offender or the child or young person about the alleged incidents. A child has the right to have a support person in Court proceedings (Section 27 Evidence (Children) Act).

An AVO is not enforceable until it has been served on the defendant by a police officer. If the defendant was present at Court when the Order was made, it is deemed to have been served.

Under no circumstances will a Child Protection Caseworker be required to serve an AVO on a defendant.

Procedures

Approval to request an AVO

All requests for AVOs in relation to a child or young person must be discussed with and approved by the Manager Casework.





Practice Points

When would you use an AVO?

You need to consider carefully when an AVO should be used. An AVO that is not appropriate for the specific circumstances may offer little or no protection.

Some of the issues you need to consider are:

- In the majority of cases an alleged offender will not be made to leave the home unless actual abuse has occurred. Will the restrictions of an AVO be sufficient to protect the child or young person?
- An AVO may stop the need for an order being made in the Children's Court. For example, an AVO may be granted in the local court that does not exclude the alleged offender from the home. The Children's Court may consider that the Court has addressed the issue of protection and not proceed with a Care Application. AVOs are only able to prohibit certain actions whereas the Children's Court is able to impose conditions which promote the safety, welfare and well-being of the child or young person.
- An AVO will have no effect if there is no supportive and willing adult, usually the non offending parent, to advise the police if an order is breached.
- The child or young person may have to give evidence in court before the AVO is granted. Will this be abusive in itself?

Types of Apprehended Violence Orders

Interim Apprehended Violence Order

Police seek an Interim Apprehended Violence Order if they believe urgent protection is required. This can be done through the normal court process.

A Police Officer must apply for an interim AVO if they suspect or believe a domestic violence offence or an offence under Section 227 of the Children and Young Persons (Care and Protection) Act 1998 has recently been or is being committed, or is imminent or is likely to be committed, against a person for whose protection an Order is being made.



Telephone Interim Order (TIO)

This Order is made after court hours when police believe, that unless made immediately, the person will suffer injury and it is not possible to apply for an Interim Apprehended Violence Order at Court. The order may also be made to prevent substantial property damage.

A TIO expires on midnight on the 14th day after it was made unless it is revoked or ceases to have effect by Court Order. A TIO cannot be extended beyond the initial 14 days. An interim AVO may be applied for at this time if police believe it is necessary.

A Police Officer must apply for a TIO if they suspect or believe a domestic violence offence or an offence under Section 227 of the Children and Young Persons (Care and Protection) Act 1998 has recently been or is being committed, or is imminent or is likely to be committed, against a child whose protection an order is being made.

A TIO must be served personally on the defendant by the police officer as soon as practicable after it is made. The TIO is not enforceable until it has been served.

The standard conditions for a TIO are that the defendant must not assault, molest, harass, threaten or otherwise interfere with the protected person. Other conditions may also be sought.

Final Apprehended Violence Order

A final Apprehended Violence Order may be made after all parties have had an opportunity to put their case in court. If the defendant is present at the court when the final Order is made, the Order is deemed served regardless of whether the defendant has actually obtained the written copy.

A magistrate may not always decide that a defendant should leave their home as a condition of an Apprehended Violence Order and Child Protection Caseworkers should not rely on this as part of their protective planning and intervention.

Once approved by the Manager Casework, the Caseworker contacts the relevant police officer to discuss the situation. A request for an AVO can be either made through the Police Local Area Command, Domestic Violence Liaison Officer or the JIT or JIR if the case has been allocated to them. If the matter is urgent and the child or young person is in need of immediate protection, liaise directly with police to undertake a joint home visit or consider other emergency protection options.

The Caseworker should discuss with the police officer :

- the assessed issues of concern
- what information is needed to make sure the request is fully considered
- the protective measures requested under the AVO that would be appropriate for the victim's circumstances.

Practice Points

When should an AVO be considered as a protective option?

There are a variety of situations in which an AVO can be considered. These may include but are not restricted to:

- Physical abuse situations where physical abuse has occurred and an AVO is an alternative to a warrant for removal or criminal charges.
- Physical and psychological abuse where an alleged offender does not live in the home and an AVO may stop them coming to the home or school.
- Sexual abuse where sexual abuse is believed to have occurred but the alleged offender is not likely to be charged and the AVO will stop the alleged offender from having contact with the child or young person.
- Verbal, emotional or psychological abuse emotional abuse includes scapegoating, verbal abuse and threats of violence that may cause serious psychological harm to the child or young person.







 Domestic violence – situations where a child or young person is exposed to domestic violence and may suffer psychological or physical harm as a consequence.

Other circumstances include:

- When an offender consents to an AVO against them. This can be advantageous when an offender acknowledges that they have acted inappropriately and makes a commitment to not further abuse. It is more appropriate for cases of physical abuse or domestic violence.
- In cases where there is an immediate danger of abuse, an AVO against the alleged abuser, requiring them for example to leave the house, may be sufficient to ensure the protection of the child or young person while investigations and assessments continue. This is a less intrusive option than removal under Section 43.
- If a young person is living in the home and has offended against another child or young person in the home and removing the victim or offender is not warranted.

Police may apply for an AVO even when the offender has been charged and bail conditions exist. If the charges are ultimately dismissed, the AVO will remain in place to protect the child or young person.

If the police have investigated and applied for an AVO before a report is made, we should try to undertake a risk assessment of the family to determine what other services or supports may be required.



Process for applying for an AVO?

The Child Protection Caseworker needs to complete and fax a 'Request to Police to apply for an Apprehended Violence Order' form. This requires approval by the Manager Casework. This can be completed before or after discussion with the relevant police officer. This form is on the Client System depending on the urgency of the situation.

Practice Point

Who can apply for an AVO?

The Police must apply for an AVO if they suspect or believe that a domestic violence offence or child abuse has been or is likely to be committed. This decision always rests with the police. They will complete and fax a 'Police Response to Request from DoCS for Apprehended Violence Order' to the Child Protection Caseworker.

You may need to request details of interim orders and final orders from the Police.

The Police must advise DoCS:

- whether an interim AVO has been granted, the conditions of the order and who it covers
- the hearing date
- when the final order has been served.

A final Order is only enforceable after it has been served on the named person or defendant. Delay or inability to serve the order might present some child protection concerns.

If the Police decide they will not apply for an AVO, the reasons for this decision must be recorded on the Client System and in the client file by the caseworker.

The caseworker in consultation with the Manager Casework must consider alternative protective action and review the case plan.

Breach of an AVO

A Child Protection Caseworker needs to advise police if they become aware that an Apprehended Violence Order has been breached. They may be required to give evidence in Court about the breach.







SERIOUS AND PERSISTENT CONFLICT

Principles

The Children and Young Persons (Care and Protection) Act 1998 states as a principle that the parents of a child should have responsibility for the child unless this is not in the child's best interests.

If there is serious and persistent conflict between a child or young person and their parents and the safety, welfare or well-being of the child or young person is in jeopardy, or if the parents are unable to provide adequate supervision, chapter 7 part 1 of the Act has provisions to enable:

- conflicts between a child or young person and their parents to be resolved, if possible, without recourse to legal proceedings
- services to be accessed where breakdowns in relationships occur between a child or young person and their parents
- the Children's Court, if necessary, to make appropriate orders when the differences between a child or young person and their parents are so serious that it is no longer possible for them to continue to live with their parents.

Procedures

Use of ADR

If the conflict between a child or young person and their parents is so serious that they can no longer continue living with their parents, an appropriate form of alternative dispute resolution should be included in the Case Plan before considering legal proceedings to obtain an Order from the Court.

Practice Point

When would ADR apply?

The aim of ADR is to resolve the conflict between the child or young person and their parents and for them to eventually return home. However, the outcome of ADR may be that it is appropriate for the child to remain out of the home for a period of time while the conflicts are being resolved.



In some circumstances, the important long term relationships between the parents and the child or young person may only be worked through while the child is living away from the parents in a safe situation.

Use of Alternative Parenting Plans

Agreed by all parties

When it is agreed that it is appropriate and productive for the child to remain away from home for a time, an alternative parenting plan may be developed by the Caseworker and approved by the Manager Casework and submitted to the Children's Court.

Practice Points

What is an Alternative Parenting Plan?

An Alternative Parenting Plan is a proposal that sets out the way in which the needs of the child or young person may be met in the light of the breakdown in the relationship between the child or young person and their parents.

The Alternative Parenting Plan may include:

- the reallocation of Parental Responsibility or specific aspects of Parental Responsibility
- residential arrangements
- supervision
- contact arrangements
- education and training
- medical care
- the provision of services.

The format for the DoCS Alternative Parenting Plan is available on the Client System and the intranet.







When the parents, or people with existing Parental Responsibility, and the child or young person agree to the provisions of the Alternative Parenting Plan, any party to the plan may apply to the Children's Court to register the plan.

Practice Point

When do you register an Alternative Parenting Plan?

The Children's Court will register an Alternative Parenting Plan if:

- it is necessary and appropriate for the care and protection of the child or young person, and
- the child or young person and their parents have been advised that they should seek legal advice about the proposed changes to the allocation of parental responsibility.

If an Alternative Parenting Plan is registered with the Children's Court, it has the same effect as if it had been approved by an order of the Children's Court.

Registering the plan with the court may be an appropriate method of ensuring a child or young person's safety, welfare and well-being in cases where aspects of Parental Responsibility can be reallocated within the family, all parties agree to the plan and there is confidence that the agreements will be kept. If Parental Responsibility is to be allocated outside the family, an Order from the Court is required (see below).

| Agreements Not Reached

If agreements about parenting are not being reached, or there is doubt about the willingness or ability of parties to keep to the agreement, an application to the Children's Court for an order approving an Alternative Parenting Plan may be lodged. An application for an order approving an Alternative Parenting Plan differs from other orders in that it may be made by the parents or the child or young person, as well as DoCS.

Business Rule Consult with Legal Services if an order for an alternative parenting plan is recommended by DoCS. In this case, DoCS develops the plan This option should only be considered by DoCS after consulting with DoCS Legal Services. The Caseworker must be able to demonstrate why this Order serves the best interests of the child or young person more adequately than a Care Order.

If DoCS is a party to proceedings for an Order approving an Alternative Parenting Plan, we must formulate the plan.

Practice Points

When can Alternative Parenting Plan be made?

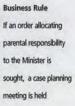
An Order for an Alternative Parenting Plan can only be made by the Court when it is satisfied that the parents and the child or young person have been advised that they should seek legal advice about the proposed changes to the allocation of Parental Responsibility.

If a decision is made to apply for an order for an Alternative Parenting Plan, all attempts must be made to obtain the views of all parties including the child or young person, the family and any agencies providing services. The plan may be developed through individual meetings with the parties or in meetings with all participants.

Allocating Parental Responsibility to the Minister

If consideration is being given for an order allocating Parental Responsibility to the Minister, a full case planning meeting must be convened by the Manager Casework, attended by all parties. The purpose of the meeting is to:

- fully assess and reach agreement that this is the most appropriate Order for the child or young person,
- ensure that all parties have received legal advice and are fully aware of the implications of such an order, that is, that the parents are relinquishing their rights to make the parental decisions about the child or young person,
- provide approval that this is the most appropriate Order.







Business Rule Alternative parenting plan is signed by all affected by it



The Alternative Parenting Plan must be signed by each person who has agreed to participate in the Plan. The Plan should also refer to the views of any person who declined to participate because they did not agree with the Plan.

Lodging an application for an Alternative Parenting Plan

The decision to lodge an application for an order for an Alternative Parenting Plan must be approved by the Manager Casework. The Plan must be signed by the caseworker and the Manager Casework.

An 'Application for an Order other than a Care Order' must be lodged with the Alternative Parenting Plan and an affidavit setting out the reasons for the application.

Practice Points

What must the Children's Court be satisfied of?

The Children's Court must be satisfied that:

- there is a serious or persistent conflict between the parents and the child or young person of such a nature that the safety, welfare or well-being of the child or young person is in jeopardy, or
- the parents are unable to provide adequate supervision for the child or young person to such an extent that the safety, welfare or well-being of the child or young person is in jeopardy.

The Children's Court must not make an Order unless it is satisfied that:

- the parents and the child or young person have been advised that they should seek legal advice about the proposed changes to the allocation of parental responsibility, and
- all appropriate steps that could be taken to resolve the matter have been taken and all other appropriate forms of dispute resolution have been exhausted, or
- no useful purpose would be served by trying other forms of dispute resolution.

When the application for an order is disputed

If the parents or the child or young person dispute the Alternative Parenting Plan, they may contest the application for the Order at the Children's Court. The matter will then go to a hearing for a determination by the Court.

The Children's Court may adjourn an application for an Order approving an Alternative Parenting Plan so that further assessment, counselling or mediation may be carried out.

Court Orders

If the Children's Court is satisfied that all conditions for an order have been met, it may make whatever orders it considers appropriate to give effect to the proposed Alternative Parenting Plan or specified parts of the Plan.

The court must consider the views, age and maturity of the child or young person, as well as their capacity for independent living and the practical and emotional supports available to them.

CARE PLANS

Principles

The Children and Young Persons (Care and Protection) Act 1998 introduced the term 'Care Plan' to the Children's Court.

A Care Plan outlines the child or young person's assessed needs for care and is presented in a format accepted by the Children's Court as outlined by the Act and regulations. A Care Plan is an action arising from a Case Plan for a specific purpose (Refer to section on Case Planning in Section 1).

A Care Plan may be specifically required for the Children's Court as part of a Care Application, or it may be developed by cooperative agreement with the family as a protective strategy and registered with the court, or it may be developed outside the Court system as an informal agreement.

Practice Points

In what contexts does the Act refer to Care Plans?

The Act refers to Care Plans in several different contexts:

in response to a report – Section 34 – by agreement

If an assessment indicates that a child or young person is in need of care and protection, we may develop a Care Plan to meet these needs without having to take the matter to the Children's Court. If it is assessed that Orders from the Court are required to ensure agreements are kept, the Court may make orders consistent with the Care Plan which will give effect to the Care Plan. Any appropriate Order may be granted by consent without the requirement to establish the grounds for a Care Application as long as all parties understand and agree to the provisions of the Care Plan and have received independent legal or other professional advice.

as an outcome of Alternative Dispute Resolution – Section 38 – by agreement

A Care Plan may be developed during the course of Alternative Dispute Resolution and may be registered with the court, and may form the basis of consent orders. If agreements are not kept and a Care Application is later made, the Care Plan provides evidence that attempts have been made to resolve the issues.

if a Care Application is going to be withdrawn – Section 66

If, during the process of a Care Application, a decision is made to seek leave of the Court to withdraw the application, the Court requires a statement indicating how the issues have been resolved or a Care Plan specifying how those issues are going to be resolved.

when a child or young person is removed from home – Section 78 mandatory for Court

If an application for an Order for the removal of a child or young person is made during the process of a Care Application, a Care Plan explaining the possible alternatives must be presented to the Court before final Orders can be made. This does not apply for Emergency Protection Orders. when the court makes an order allocating Parental Responsibility
 Section 80 – mandatory for Court

A Care Plan is mandatory before the Court can make a final order allocating parental responsibility. The Care Plan must provide detailed information about the proposed care of the child or young person.

 When a voluntary care arrangement has expired – Section 155 – mandatory

A child or young person must not remain in voluntary Out-of-Home Care for a period in excess of 21 days as per section 155(1) of the Act. Within seven days after the expiration of the 21-day period, if there is no restoration plan, the designated agency must develop a Care Plan.

Procedures

Developing a Care Plan

The format for the Care Plan is on the Client System and includes information required by the Act and Regulation.

If the child or young person is in out of home care, the Caseworker needs to complete Part One and Part Two of the Care Plan. This section includes information about the proposed care of the child or young person and goals to set for them to return home.

The caseworker must make sure that the child or young person and the parents participate in developing the care plan.

A planning meeting should be convened with all parties, including the family and any other agencies that are, have been or may be providing services.

Areas of contention may include issues between DoCS and the parent or child or young person, or issues between the child or young person and the parents, or issues between the child, young person, and other parties. If there are areas where agreement cannot be reached, alternative dispute resolution could be used to try and resolve these issues. Any dissenting views must be recorded on the Care Plan.

Business Rules

If a child or young person is in out-ofhome care, Part One and Part Two of the Care Plan are required.

Child or young person and family are involved in developing the Care Plan.

A planning meeting which includes child or young person family is convened.

Dissenting views are recorded in the care plan.

Practice Points

How is the information collected for a Care Plan?

Assessments

Much of the background information needed for the Care Plan may already be on the Client System. Information such as personal details, family background, safety and risk assessments, and needs and strengths assessments may be transferred into the Care Plan format.

If information is not available, all reasonable attempts must be made to obtain it so that decisions are based on comprehensive information. If necessary, further assessments should be done and psychological, psychiatric or medical reports attached. If the circumstances warrant it, an application for an Assessment Order can be lodged with the Children's Court.

Individual meetings

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The Care Plan may be discussed during home visits or a separate time could be arranged with each of the affected family members to make sure they have the opportunity to put forward their individual views.

The caseworker should identify the issues to be considered for the Care Plan and set realistic and achievable goals in the best interests of the child or young person. The goals should address the planned outcomes identified through the assessment and review processes.

Meetings

A planning meeting should be convened with all parties, including the family and any other agencies that are, have been or may be providing services.

This meeting should aim to:

- confirm the goals of the Care Plan
- obtain input from all the parties affected by the Care Plan
- identify required service activities
- identify roles and responsibilities for each of the parties
- identify all areas of agreement or disagreement
- address issues of parental responsibility.

If consideration is being given for an order allocating parental responsibility to the Minister, a full case planning meeting must be convened by the Manager Casework, attended by all parties.

The additional purpose of the meeting is to:

- fully assess and reach agreement that this is the most appropriate order for the child or young person
- ensure that all parties have received legal advice and are fully aware of the implications of such an order, that is, that the parents are relinquishing their rights to make the parental decisions about the child or young person.
- provide approval that this is the most appropriate order.

Practice Points

Who needs to be consulted when developing a Care Plan?

All parties on whom the Care Plan has an impact should participate and be asked to sign the Care Plan, including those noting their dissenting views. Each party should be given a copy of the Plan.

If a Care Plan is prepared as part of a Care Application, every attempt should be made to reach agreement on as many elements of the Plan as possible. Details of any areas of disagreement must be included in the Care Plan when it is submitted to the court.

When the Care Plan is not part of a Care Application, it is important that the Care Plan has the agreement and approval of all parties. Although the proposed Care Plan has to be approved by the Manager Casework, he or she cannot override decisions of the parties. The Care Plan is often a mediated outcome. If necessary, the Manager Casework may need to chair the meeting to participate in and approve of the decision making process.

Once the Care Plan is approved, it is recorded on the Client System and the Case Plan updated.

Business Rule A full case planning meeting is held if allocation of parental responsibility to the Minister is considered

Business Rule Child or young person and family must be informed of the implications of relinquishing rights when allocation of parental responsibility is considered.



When should a Care Plan be registered with the Children's Court?

A decision to register a Care Plan with the court must be approved by the Manager Casework after all assessments have been completed.

Practice Point

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What is the value of developing a Care Plan and not going to Court for an Order?

Outside the Court system, a Care Plan can be used when the child or young person is assessed as being in need of care and protection, and we are able to reach agreements with the child or young person and the family about how to bring about the changes needed to make sure the child or young person's needs for care and protection are met. It is a way of working with a child or young person and their family to help set goals and tasks for family members and DoCS or other agencies and may include a variety of solutions for individual circumstances. It can be an avenue for cooperative agreement that provides an alternative to the processes involved in establishing the grounds for a care application at Children's Court.

If a Care Application is later required, a Care Plan can demonstrate to the Court what alternatives have been attempted.

A Care Plan does not necessarily have to be registered with the Children's Court, although in some cases, you may consider it necessary to be registered to formalise the agreements. A Care Plan is only enforceable if its provisions are the subject of Orders from the Court.

If a decision is made to register the Care Plan with the Court, prepare the Care Plan in the correct format and lodge it with the Children's Registrar at the Children's Court. Registration is a formal record of the Care Plan but the Plan is not enforceable unless there are Orders made which require compliance with certain aspects of the Plan. The documentation you lodge must state what is required from the Court, including whether any Orders are being sought to support the Care Plan. If a Care Plan that is not part of a Care Application includes reallocating parental responsibility, an Order by Consent must be made by the Children's Court to give effect to the reallocation of parental responsibility.

The Case Plan should then be updated to include provisions for maintaining ongoing monitoring and support to make sure the Care Plan is implemented.

If any changes are made to a Care Plan registered with the Court, or any changes are made to a Case Plan which could change the nature of a court registered Care Plan, the caseworker must notify the Children's Registrar of the changes and the Care Plan altered. This should include getting signed agreements to the changes from all the affected parties. The Children's Registrar may vary or set aside a registered Care Plan as appropriate.

Practice Points

What do you need to consider when registering a Care Plan?

Factors to consider when making a decision about registering a Care Plan with the Court include:

- the level of risk to the child or young person's safety
- the needs of the child or young person for care and protection
- the strengths of protection and supports available to the child in the current environment
- whether there are concerns about the willingness of any of the parties to keep the agreements if this may jeopardise care and protection
- whether any of the parties would have difficulties or barriers to keeping the agreements
- whether the requirement to register with the court would add a further stress or be considered unnecessarily intrusive
- if the registration at Court would be the least intrusive, but most appropriate, necessary protection option available.



Is an Order from the Children's Court needed?

Practice Point

When is a Care Plan enforceable?

A Care Plan alone is not enforceable but aspects of the Plan may be included in an Order by the Court with the consent of the parties. A Consent Order by the Children's Court is not a Care Order within the meaning of the Act, and does not require that a case be established before the court. Therefore a Care Application does not need to be lodged. The Court can make whatever order that is required to give effect to the goals of the Care Plan. It is not restricted to the Care Orders listed in the Act that are made as a result of a Care Application.

If the Care Plan includes reallocating parental responsibility, you **must** have an order from the court for it to take effect. A Consent Order is legally binding. All parties need to understand and have received independent advice regarding the provisions of the Order. Although the Act is not explicit, this would usually be interpreted to mean legal advice.

If a decision is made to apply to the Court for an Order to effect a Care Plan, and a Care Application is not already before the Court, an 'Application for Order other than Care Order', and an Affidavit explaining why the Order is needed, must be lodged with the Children's Registrar at the Children's Court. The application must be approved by the Manager Casework.

Practice Point

What Orders can the Children's Registrar make?

The Children's Registrar can make any Orders by consent which do not reallocate parental responsibility. If the agreed Care Plan reallocates parental responsibility, or aspects of parental responsibility, to any person other than the parents of the child or young person, the Order will be made by the magistrate.



The Children's Court will advise DoCS of the outcome of their decision. The caseworker must make sure that the child or young person, the parents and family members as well as any service providers affected by the Care Plan and the Order are informed of the outcome and given a copy of the registered Care Plan.

If the Court has made Consent Orders which put a Care Plan into effect, and there is a change in the Case Plan which alters the requirements of the Care Plan and the Order, the matter must be taken back to the Court for a variation or rescission of the Order.

When is a Care Application required?

If there are still concerns that a child or young person is in need of care and protection, and Alternate Dispute Resolution has not assisted DoCS and family members to reach an agreement about a Care Plan, or an agreed Care Plan has not been adhered to, then a decision has to be made about lodging a Care Application. THIS PAGE IS LEFT BLANK INTENTIONALLY

CHILDREN AND YOUNG PERSONS IN NEED OF CARE AND PROTECTION

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SECTION FOUR

CHILDREN & YOUNG PEOPLE IN NEED OF CARE & PROTECTION

SECTION FOUR: Children and young people who are in need of care and protection

SECTION

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CHILDREN AND YOUNG PEOPLE WHO ARE IN NEED OF CARE & PROTECTION

The Children and Young Persons (Care & Protection) Act 1998 aims to make sure that children and young persons receive the care and protection that is necessary for their safety, welfare and well-being, taking into account the rights, powers and duties of their parents or other people responsible for them.

Under Section 34 of the Act, the Director-General and his or her delegates have the power to take whatever action is necessary to safeguard or promote the safety, welfare and well-being of a child or young person. This action must be the least intrusive intervention in the life of the child or young person and their family that is consistent with the paramount concern to protect the child or young person from harm and promote their development.

The Role of the Children's Court

The Children's Court has a range of Orders to help provide children and young persons with the care and protection they need. Its aim is to find out what has happened in the child or young person's life and decide the best way to provide them with care and protection. It is a court of inquiry rather than an adversarial court so it is not necessary to prove that an offence has been committed. The Children's Court is not bound by the rules of evidence that apply in other court jurisdictions, unless the court itself decides that these rules do apply to particular proceedings.

The standard of proof in the Children's Court is 'balance of probabilities'. This is a lower burden of proof to 'beyond reasonable doubt' in the criminal jurisdiction or 'very highly probable' as it was under the previous care and protection act. An AVO, which can be applied for through the local court, is based on the same 'balance of probabilities' standard of proof.



Principles

Taking action in the Children's Court should be seen as a last resort. Other options such as Care Plans put together with parents, temporary care arrangements, referral to a tertiary child abuse service, alternative dispute resolution or an Apprehended Violence Order should all be considered first. Participation is a key principle of the Children's Court. The court has the responsibility to make sure that:

- the child or young person has the fullest opportunity practicable to be heard and participate in the proceedings
- the age and developmental capacity of the child or young person is taken into account so that they understand the proceedings, the nature of any assertions made in the proceedings, and the legal implications of those assertions
- any aspect of the Children's Court procedure and any decision or ruling made by the Children's Court is explained to the child or young person if they, or someone acting on their behalf, asks for an explanation.

A child or young person does not have to give evidence in the Children's Court (section 96 of the Act). However, the court may require the child or young person and anyone having Parental Responsibility to attend the court. If the child or young person does not wish to attend court, the court may take their wishes into account.

Procedures

A Care Order can only be made (section 72 of the Act) when the court is satisfied that:

- the child or young person was in need of care and protection at the time when the circumstances that gave rise to the care application occurred or existed, or
- the child or young person would be in need of care and protection if the care and protection arrangements made under section 49, 69 or 70 did not exist.

Business Rule All options must be considered before taking Court action



A care order can only be made if a child or young person was in need of care and protection or would be if the application did not proceed.

CHILDREN'S COURT CLINIC

Principles

The Children's Court Clinic's core business is to provide independent assessments of families and children to help the court formulate appropriate Orders.

The objects of the Children's Court Clinic are to:

- make clinical assessments of children
- prepare reports for courts
- undertake any other functions prescribed in the Children's Court rules.

Practice Points

What does the Children's Court Clinic do?

A magistrate in the Children's Court may refer matters to the Children's Court Clinic for assessment. This referral may occur at the request of one or all of the parties to the proceedings or on the court's own motion.

The Children's Court Clinic has a Director who maintains a statewide register of expert clinicians who will undertake assessments on a sessional basis. The register will include psychologists, psychiatrists and experts from other fields whose services could be regularly required by the clinic. For example, some social workers may be considered experts in conducting certain types of assessments. These experts will not be employees of the clinic but will be clinicians of outstanding ability who meet the standards and are committed to accepting clinic referred assessments on a sessional basis.

In addition to assigning matters to expert clinicians on the register, the director will have the discretion to assign matters to experts who are not on the register in exceptional circumstances on a case-by-case basis.

Clinicians on the register have to disclose and be screened for any police records, including arrests and convictions, and any complaints to the Health Care Complaints Commission, the Psychologists Registration Board, the Medical Registration Board and any other relevant body. All clinicians on the register will operate out of their own premises and make their own arrangements for conducting assessment interviews and preparing reports.

It is estimated that the majority of the care matters referred to the clinic will be 'post establishment' psychological assessments of the child or young person and their family, requested by the court to help it make the most appropriate orders. However, on some occasions an application for an Examination and Assessment Order can be made after a Care Application and before the matter has been established.

If the court makes an Assessment Order under Section 53 or 54 of the Children and Young Persons (Care & Protection) Act 1998 it must appoint the Children's Court Clinic to prepare and submit the assessment report about the child or young person.

In some circumstances the Children's Court Clinic may be unable or unwilling to prepare the assessment report or may believe that it would be more appropriate for the assessment to be done by another person. In these situations, the Children's Court Clinic has to appoint another person. The person appointed is to be, as far as possible, agreed to by the child or young person being assessed, the parents or other people who have Parental Responsibility for the child or young person, and the Director-General.

Procedures

These will be developed by the Director of the Children's Court Clinic and will be made available in the update.



EMERGENCY PROTECTION AND ASSESSMENT ORDERS

Principles

If the Director-General is satisfied on reasonable grounds that a child or young person is at risk of serious harm, he or she may take steps to ensure the child or young person is no longer at risk of harm.

If the child or young person is placed in the care and protection of the Director-General, the Manager Casework or their delegate must inform:

- the child or young person if they are 10 years old or over
- a person nominated by the young person, if that person can be reasonably located
- each parent who can be reasonably located.

They must be told that an application can be made to the Director-General, under Section 50 of the Act, for the discharge of the child or young person and the procedures for doing this.

A child's parents must be kept informed of the child's whereabouts, unless the Manager Casework has reason to believe that the disclosure of the child's whereabouts would be prejudicial to the welfare and interests of the child. This also applies if the Manager Casework has reasonable grounds to fear for the safety of an authorised carer or a member of their family.

If the child's whereabouts are not disclosed to the parents, the parents may apply to the Children's Court for these to be made known to them. The court will decide if the child's whereabouts should be disclosed.

It is an offence for anyone to remove a child or young person, without a lawful excuse, from another person into whose care and protection the child or young person has been placed under any section of the Act. This also includes causing or procuring the removal of the child or young person. The maximum penalty for this offence is 200 penalty units.

Business Rule

If a child or young person is placed in emergency care and protection of the Director-General, they and their parents are informed

Business Rule

Parents are informed of the whereabouts of their child in care unless this would be against the child's best interests



Section 48 Removal of a Child or Young Person Pursuant to Order of the Children's Court

Practice Point

When should you apply for this Order?

If an issue of safety arises when an application for a Care Order is being made for a child or young person, and all other less intrusive options have been exhausted.

Procedures

Removal of a Child or Young Person Pursuant to an Order of the Children's Court

The decision to apply for a Removal of Child or Young Person Pursuant to Order of the Children's Court should be made in consultation with the Manager Casework.

The form for the Application for Removal of Child or Young Person Pursuant to Order of the Children's Court is on the Client System. It should be approved and signed by the Manager Casework and evidence supporting the application included in an accompanying Affidavit.







Section 43 Removal of Child or Young Person Without a Warrant

Procedures

The Manager Casework may approve the removal of a child or young person from a place of risk if he or she is satisfied on reasonable grounds that:

- the child or young person is at immediate risk of serious harm, and
- an Apprehended Violence Order would not be sufficient to protect the child or young person from that risk.

The Manager Casework may approve the removal of a child from a public place if he or she suspects on reasonable grounds that they are a child and are:

- in need of care and protection
- not subject to the supervision or control of a responsible adult
- living in or habitually frequenting a public place.

The Manager Casework may approve the removal of a child or young person from a place or premises if he or she suspects on reasonable grounds that:

- they are in need of care and protection, and
- the child or young person is or has recently been on any premises where
 prostitution or pornography are involved or has been participating in an
 act of child prostitution or for any pornographic purposes.

Practice Points

When should I use this Order?

This section of the Act is designed to provide protection if a child or young person is at immediate risk of serious harm. The Director-General has the care responsibility for the child or young person when they are removed from the care of their parents under this section of the Act.

Business Rule

Risk of harm must be genuinely 'immediate' if removal is proposed Other options to protect the child or young person must be considered first to minimise the trauma to the child or young person and their family. If other options will not ensure the protection of the child or young person, then removing the child or young person without a warrant may be considered.

Reasons for removal and other information may be given verbally at the time of removal of the child or young person. If verbal notice is given, written notice must be given as soon as practicable after the removal. The information you need to give verbally or in writing is in the Emergency Protection, Removal without a Warrant form on the Intranet.

This information includes:

- the name of the person removing the child or young person and the nature of their authority to do this
- the reasons the child or young person is being removed
- the fact that the law authorises the person to remove the child or young person
- what is likely to happen about the care and protection of the child or young person after their removal.

This information should be given to the person who appears to have the care and protection of the child or young person for the time being and to the child or young person themselves if they are ten years old or over. Any information given to a child or young person must be in an appropriate format that they can understand.

If the child or young person is ten years old or over they must be informed that they may choose to contact any person at the time of the removal. You should also make sure that they are given reasonable opportunity and appropriate help to do this.



Business Rule Information about the removal and reasons for it must be given to the child or young person and carers at the time. If given verbally, they must be given later in writing

Business Rule

Information for a child or young person must be in a form they can understand





Business Rule After removal, an application to the Court must be made as soon as possible



Business Rule If it is decided not to pursue a Care Application after removal, the reasons must be given to the Court

After the removal

The outcome of the removal and subsequent action must be recorded on the Client System and the Case Plan updated by the Caseworker.

An application must be made to the Children's Court for one or more of the following Orders:

- Emergency Care and Protection Order
- Examination and Assessment Order
- Care Order

This must be done at the first available opportunity, but no later than the next sitting date of the court. The Manager Casework has to approve the application and will become the applicant for that Order.

Practice Points

The forms for any care application, including an Examination and Assessment Order or an Emergency Care and Protection Order, are on the Intranet. Evidence to support the application should be included in an accompanying Affidavit.

If circumstances change or a decision is made after further investigation and assessment that no Order is necessary, you must explain to the Children's Court at the first available opportunity why a Care Application was not made.



Section 44 Assuming Care and Protection of a Child or Young Person in Hospital or Other Premises



Practice Points

DoCS may assume the care and protection of a child or young person if he or she:

- suspects on reasonable grounds that a child or young person is at risk of serious harm, and
- is satisfied that it is not in the best interests of the child or young person to be removed from the premises where they are currently located.

Procedures

The decision to assume the care and protection of a child or young person should be made in consultation with the Manager Casework. The decision can usually be a planned one as the child or young person is not currently in an unsafe situation. The plan should reflect the decision that the child or young person's safety may be jeopardised by being removed from a specific place.

If the child or young person is transferred to different premises after the assumption of care, the Order does not cease merely because of that move.

At the time of assuming the care and protection of a child or young person, an Order must be made in writing and signed by the Manager Casework or his or her delegate. The form for the Legal Authority for Assumption of Care and Protection of Child or Young Person in Hospital or Other Premises is on the Intranet. The Order is served on the person who appears to be in charge of the premises such as the nursing unit manager or the relative where the child or young person is staying.



Business Rule

A copy of assumption of care Order is given to the person in charge of the premises where the child is staying



Business Rule Care Application must be lodged no later than next Court sitting day



Business Rule

If no Care Application is lodged, the reasons must be given to the Court.

After the Assumption of Care and Protection

The outcome of the assumption of care and protection and any subsequent action must be recorded on the Client System and the Case Plan updated.

An application must be made to the Children's Court for one or more of the following Orders:

- Emergency Care and Protection Order
- Examination and Assessment Order
- Care Order.

This must be done at the first available opportunity, but no later than the next sitting date of the court. The Manager Casework has to approve the application and will become the applicant for that Order.

Practice Points

The forms for any Care Application, including an Examination and Assessment Order or an Emergency Care and Protection Order, are on the Intranet. Evidence to support the application should be included in an accompanying Affidavit.

If circumstances change or a decision is made after further investigation and assessment that no order is necessary, you must explain to the Children's Court at the first available opportunity why a Care Application was not made.

Section 46 Emergency Care and Protection Orders

Practice Points

This Order is designed to provide emergency care and protection for a child or young person at risk of serious harm. It differs from a removal under Section 43 or an assumption of care under Section 44 because there is no requirement of immediate risk of harm.

The Order provides emergency care and protection while further assessment is done or other options are considered. It is made by the Children's Court for a period of up to 14 days. It therefore does not require the Caseworker to attend court on the first available sitting date following removal.

An Emergency Care and Protection Order may place a child or young person in the care and protection of DoCS or a person specified in the Order. It can only be extended once, for a maximum of fourteen days.

Other options such as family support, an Apprehended Violence Order or an Agreed Care Plan must be considered first. If these options will not be sufficient to protect the child or young person, an Emergency Care and Protection Order should be considered.

Procedures

The decision to apply for an Emergency Care and Protection Order should be made in consultation with the Manager Casework. If appropriate, the proposed action and placement options should be discussed with the Child or Young Person.

The Child or Young Person may be placed in the care and protection of the Director-General or another person specified in the Order. This should be the most appropriate person for the Child or Young Person.

The form for the Application for an Emergency Care and Protection Order is on the Intranet. It should be signed by the Manager Casework and Business Rule All alternatives to an emergency care and protection Order are considered







evidence supporting the application included in an accompanying affidavit. The grounds of the application must satisfy the Children's Court that the Child or Young Person is at risk of serious harm and that an apprehended violence order would not be sufficient to protect the Child or Young Person from that risk.

A Care Application or an Application for an Examination and Assessment Order can be made at the same time or during the 14 day period of the order.

The Case Plan must be updated when the order is made and if it is extended.

Section 47 Order Prohibiting Act by a Parent

Practice Points

When should you apply for this Order?

You can apply to the Children's Court for this Order at any stage of court proceedings, including applications for Emergency Care and Protection Orders. An application for this Order can also be made in it's own right without application for any other Order.

This Order can be applied if it becomes apparent that an order may be required to provide protection for a child or young person that will restrict or prohibit the Parent, or another person associated with the child or young person from doing anything which may normally be considered part of their parental responsibility.

Some possible situations might be:

- A Parent wishing to give consent to an unusual medical procedure to be carried out on their child. The court may make an Order prohibiting the Parent from consenting to the medical procedure if in its opinion the procedure would be highly likely to be detrimental to the welfare of the child.
- A Parent might be restricted from physically disciplining a Child or Young Person.



Procedures

The decision to apply for an Order Prohibiting an Act by Parent should be made in consultation with the Manager Casework.

The form for the Application for an Order Prohibiting an Act by Parent is on the Intranet. It should be approved and signed by the Manager Casework and evidence supporting the application included in an accompanying Affidavit.

The case plan will need to be updated, on the Client System.

Section 53 Examination and Assessment Orders

Practice Points

When should you apply for this Order?

These Orders are designed to provide DoCS with the opportunity to thoroughly investigate and assess the situation of a child or young person. This helps us decide if emergency protection is required, if a Care Application is necessary and, if so, what Orders should be sought.

This Order can be used:

- If an independent assessment is needed to inform casework and help decide what further action is needed.
- If the parents, child or young person want the assessment by an independent service.
- To formalise an agreement with the parents, child or young person for an examination or assessment.
- If there are concerns that a child or young person is resistant to an examination or assessment and we believe the child or young person is not of 'sufficient understanding' to make an informed decision.
- If a parent seems resistant to agreeing to an examination or assessment and we consider there is a risk of harm to the child or young person.







Examination and Assessment Orders can be for a physical, psychological, psychiatric or other medical examination of a child or young person. The medical examination can include testing the senses, taking and analysing samples, and using a machine or device that enables or assists in the examination.

An Assessment Order can be made regardless of whether or not an application has been made for any other Care Order, including an Emergency Care and Protection Order.

If an Assessment Order is made by the Children's Court, this does not preclude us from undertaking our own assessments and investigations and carrying out emergency action if necessary before the examination or assessment has been completed.

If a child or young person is of 'sufficient understanding' to make an informed decision, they may refuse to submit to a physical, psychological, psychiatric or other medical examination or assessment.

The court must make sure that a child or young person is not subjected to any unnecessary assessments and must consider any distress the child or young person may experience or has experienced from previous assessments and if this outweighs the value of the information that might be obtained.

The court may also assess, with the consent of the person, the capacity of a person who has parental responsibility or is seeking parental responsibility of a child or young person, to continue to carry out some or all of those responsibilities.



Procedures

The decision to apply for an Examination and Assessment Order should be made in consultation with the Manager Casework.

You must inform the child or young person to be assessed and the persons with parental responsibility of:

- · the reasons for the assessments requested
- the nature of the assessments that will be done by the Children's Court Clinic
- the court process that is required to apply for this Order.

The form for the Application for an Examination and Assessment Order is on the Intranet. It should be approved and signed by the Casework Manager and evidence supporting the application included in an accompanying affidavit.

The affidavit must include:

- the proposed examinations and assessments required
- the purpose of the request
- the information the assessments will provide that cannot be obtained elsewhere
- the wishes of the child or young person and the person with parental responsibility.
- whether we believe the child or young person is of 'sufficient understanding' to make an informed decision
- whether the person with parental responsibility has consented to an assessment of their parental capacity
- any possible stress or distress the assessment might cause to the child, young person or other person
- any distress caused by previous assessments done for the same or another purpose
- any other relevant information that might affect the court's decision to grant an examination or assessment order
- any other supporting documents for the application.

All parties involved must have the opportunity to scrutinise the application for an Examination and Assessment Order to ensure that the information provided to the person doing the assessment or examination is accurate and complete.

The Case Plan will need to be updated, on the Client System.









Business Rule If a child or young person of sufficient understanding does not want an examination or assessment, the Court must be informed

Practice Point

When might you believe a child or young person is not of 'sufficient understanding' to decide whether they want to have an examination or assessment?

Although this decision is always at the discretion of the Children's Court magistrate, you need to consider whether a child or young person is of 'sufficient understanding' and inform the Court whether or not they want an examination or assessment.

For example, you may need to consider:

- Does the child or young person have an intellectual disability and to what extent does this preclude them from making an informed decision?
- Does their chronological age limit their understanding of what an examination or assessment is and why we think it would assist them ?
 Some older children may need an explanation from the professional conducting the examination or assessment.
- Are there any mental health issues, such as eating disorders, which mean the child or young person does not recognise the need for a medical examination?
- Is the child or young person in fear of their parents if they consent to an examination or assessment?

Section 232 Persons Under the Parental Responsibility of the Minister Leaving or Being Removed from Care

Practice Point

What happens when the Minister holds parental responsibility?

If a child or young person has been placed under the parental responsibility of the Minister and they leave or are removed from the care and protection of the Minister, DoCS may direct that they are returned to the Minister's care and protection if it is believed to be in their best interest.

Procedures

A briefing note with all the relevant information must be prepared and sent to the Minister via the Area Director. The order under Section 232 must be in writing and signed and approved by the Manager Client Services.

Once an order has been signed by the Minister for the return of the child or young person, an application may be made to the Children's Court for a search warrant under Section 233.

Section 233 Power of Search and Removal of Children and Young Persons in Need of Care

Practice Points

When should you apply for this order?

There are several grounds on which a police officer or a delegate of the Director-General may apply for a warrant under section 233 for the search and removal of children and young persons in need of care.

The grounds for the Power of Search and Removal of Children and Young Persons in need of care are that:

- · there is a child or young person in need of care on the premises
- a person has failed to present a child for a medical examination after having received a notice under Section 173 requiring them to do so
- a child or young person subject to an order under section 232 may be found on the premises.

A search warrant may be issued if the court is satisfied on reasonable grounds that:

- a child or young person is or may be at immediate risk of harm
- an Apprehended Violence Order would not be sufficient to protect the child or young person from that risk





- a medical examination notice has been served on a person and they have failed to comply (legal branch should be informed of this)
- a child or young person under the responsibility of the Minister who has left or been removed from care may be located on the premises.

A search warrant under Section 233 (3) (a), where a child or young person is in need of care, authorises the delegated Caseworker or a police officer to:

- enter the premises, if any, specified in the warrant
- · search the premises for the child or young person
- remove the child or young person from the premises.

A search warrant under section 233 (3) (b), where a person has failed to comply with a notice for the medical examination of a child in need of care, authorises the delegated Caseworker or a police officer to:

- · enter any premises, if any, specified in the warrant
- search the premises or elsewhere for the child who is the subject of the notice
- present the child to a medical practitioner at a hospital or elsewhere so the child can be medically examined.

A search warrant under Section 233 (1) (c), where a child or young person has left or been removed from care, authorises the delegated Caseworker or a police officer to:

- enter the premises, if any, specified in the warrant
- search the premises or elsewhere for the person who is the subject of the Order under Section 232
- remove the child or young person
- return the child or young person to, or place the child or young person in, the custody of the person specified in the Order.



Procedures

A search warrant issued under section 233 does not need to specify the name of any particular child or young person or an address or other description of the premises.



The form for the Application for the Power of Search and Removal of Children and Young Persons in Need of Care is on the Intranet. It should be signed by the Manager Casework and evidence supporting the application included in an accompanying affidavit.

If the court issues a search warrant, the details and outcomes of the search must be recorded on the Client System and the Case Plan updated.

CARE APPLICATIONS

Principles

The Children and Young Persons (Care & Protection) Act 1998 makes provision for several alternatives to meet a child or young person's need for safety, welfare and well-being before deciding to lodge a Care Application.

The grounds of a Care Application must satisfy the Children's Court that the child or young person is in need of care and protection and other alternatives, such as an Apprehended Violence Order, would not be sufficient to protect them.

When a Care Application is lodged, DoCS will have already made a decision about what Care Order it will be seeking from the court and this will be stated on the Care Application. The court however is not bound by the request in the application. In making final orders, the Children's Court may make an order different from, in addition to, or in substitution for the order that we applied for, provided all prerequisites are satisfied.





Business Rule When a Care Application is lodged, you need to satisfy the Court that it is not possible to provide care and protection by alternative means If an assessment indicates that the care and protection of a child or young person can be provided through agreements with the family, without obtaining a Care Application, a Care Plan should be prepared in consultation with all parties. In some circumstances it may be appropriate to register the Care Plan with the Children's Court to formalise the agreements. If it later becomes necessary to lodge a care application, the Care Plan can be used as evidence that other alternatives have been attempted.

If the agreements within a Care Plan reallocate parental responsibility or aspects of parental responsibility to a person other than the parents, an order of the Children's Court is required to give effect to the changes in parental responsibility. This order can be made with the consent of all parties without the need to establish the grounds for a Care Application.

Practice Points

What status does an Order by Consent have?

An Order by Consent has the same legal status as other Orders issued by the court. It may be made if:

- the Care Plan requires an Order from the court to ensure commitment from all parties
- · the Care Plan allocates parental responsibility and
- the parties give consent to Orders and
- · the parties understand and have freely entered into the provisions of the Order
- the parties have received independent advice.

Procedures

Practice Points

What are the grounds for a Care Application?

DoCS must state the grounds for lodging an application for a Care Order. The Children's Court must be satisfied that the child or young person is in need of care and protection (section 71(i) of the Act) because of one or more of the following:

- there is no parent available to care for the child or young person
- the parents acknowledge they have serious difficulties in providing care



- the child or young person has been or is likely to be physically or sexually abused or ill-treated
- the child or young person's basic physical, psychological or educational needs are not being met or are unlikely to be met
- the domestic environment may cause or has caused serious developmental impairment or serious psychological harm
- a child who is under 14 years is exhibiting sexually abusive behaviour and an Order is required from the Children's Court to ensure access to or attendance at appropriate therapeutic services
- the child or young person is subject to a Care and Protection Order of another State or Territory that is not being complied with.

Poverty or disability of the parents is not considered grounds for a Care Order (section 71(2) of the Act). In these situations, referrals and support services need to be provided. If the provision of support services has not eliminated, or cannot eliminate, the child's need for care the usual grounds for a Care Application must be demonstrated.

Lodging a Care Application

The applicant for a Care Order must be the Manager Casework. The Manager Casework cannot be the Caseworker in the matter if they are also the applicant.

An 'Application for Care Order' form must be signed by the Manager Casework. The form must be accompanied by an affidavit including the supporting evidence of the Caseworker. Other affidavits, including an 'Affidavit of an Expert Witness' may also be included if applicable. These forms are on the Intranet.

The affidavit should be written in a manner that can, if possible, be understood by the parent, young person or child.

It should include the following:

- All relevant information about why the order is being sought.
- Reference to family background including significant cultural information.









Information about Aboriginal or Torres Strait Islander families should include details of national or tribal groupings and identification of kinship groups.

- Evidence of any alternative action attempted, including details of support and assistance already provided. It is important that you provide details of all the issues identified, the services provided and the success or otherwise of these actions. Make sure you include areas that have been successful as well as those that have not been successful.
- Details of alternatives to a Care Order, such as an AVO, that were considered before starting proceedings in the Children's Court and why these alternatives were rejected.
- Details of any other existing Orders, such as AVOs, Family Law court orders, Criminal Orders or bail conditions that impact upon the family.
- Details and results from any relevant assessments and examinations that have been completed.
- A copy of the proposed case plan.
- Details of the views of all the people who will be significantly affected by the Order. You also need to include any areas of contention and agreement from the department's perspective.
- Requests for any interim Care Order, particularly interim Contact Orders, required before the application is fully determined. Contact Orders may either provide for or restrict contact. The court may make any Care Order on an interim basis if it believes it is appropriate. If you request an interim Order for care, you must provide evidence that it is not in the best interests of the child or young person to stay with their parents or other people with parental responsibility.
- The type of final Order sought. The court must be given the details of why this Order is necessary and why a lesser Order would not be sufficient.
- If other agencies have provided or are providing services to the family, you
 may obtain existing current reports from them and include these with the care
 application if possible. This information is used to build a history of the family
 and their current situation. Make sure you discuss with the agency what is
 required, why it is required and the timeframes that apply. Some documents
 may need to be subpoenaed.



Practice Points

What Orders may be sought in a Care Application?

Section 53 Examination and Assessment Order

This can be requested either as part of a care application or as a separate court action.

Section 73 Order Accepting Undertakings

This makes an Order accepting undertakings for the care and protection of a child or young person from:

- the person having parental responsibility of the child or young person, or
- the child or young person in relation to their conduct, or
- both the child or young person and the person having parental responsibility.

These undertakings must be in writing and signed by the person making them. They remain in force for the period specified in the undertaking.

DoCS or any other party to the proceedings may notify the Children's Court if the Order is subsequently breached. If the court finds that the Order has been breached, it may make other Orders as appropriate.

Section 74 Order for the Provision of Support Services

This makes an Order for a specified period, not exceeding twelve months, formalising the involvement of a person or organisation in providing support. The support services required and the service provider must be identified and their consent obtained. They must also be given the opportunity to be heard at court. The Order helps to clarify the roles and responsibilities of agencies in meeting the needs of the child and family and emphasises the importance of the service provision. In making this order, the views of the child or young person must be considered.

The parents of a child or young person cannot be compelled to accept support services. However the acceptance of the service may be the subject of undertakings.

Section 75 Order to Attend Therapeutic or Treatment Program

This provision relates to sexually abusive behaviours by a child 10 years and above but less than 14 years of age where the police have decided not to prosecute. The Business Rule A Supervision Plan is required if a Supervision Order is sought

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proposed therapeutic program must be presented to the court and agreed to by the service provider, the parent and the child.

Section 76 Order for Supervision

This places the child or young person under the supervision of the Director-General, initially for a maximum period of twelve months. In making the Order, the Children's Court must specify the reason for the Order, the purpose of the Order and the length of the Order. These factors will be relevant as the baseline performance indicators for any future evaluation of the effectiveness of this supervision.

The caseworker must include a Supervision Plan that provides details of which behaviours require supervision, how the supervision will occur, who will provide it, how it will be monitored and for how long the Order is required.

While a child or young person is subject to a Supervision Order, a Caseworker from the Department may meet and talk with them and inspect their residence. The child or young person must accept the supervision of the Caseworker and comply to all reasonable directions.

The court may require one or more progress reports during the supervision or a report before the Supervision Order ends. The report should include the outcomes of the supervision, whether it achieved its purpose, if there is a need for further supervision or whether any other Orders are needed to protect the child or young person.

A Supervision Order can only be made initially for a maximum period of twelve months but this may be extended by the court.

DoCS should notify the Children's Court if there is an alleged breach of a Supervision Order. If the court finds that the Order has been breached, it may make other Orders as appropriate. This subsequent Order does not require variation or rescission action.

Section 47 Order Prohibiting Act by Parent

This prohibits any person, including a parent of a child or young person, from

doing anything that could be done by the parent in carrying out their parental responsibility. It can be made with a Care Application or as a result of Emergency Protection action under Section 47 of the Act if the Children's Court is satisfied that the child or young person is at risk of serious harm. The Order can apply until the child or young person reaches the age of 18 yrs.

Section 79 Order allocating Parental Responsibility

This can allocate parental responsibility for the child or young person, or specific aspects of parental responsibility, to one parent to the exclusion of the other parent or to one or both parents and another person jointly or to another suitable person. The Order can also place the child or young person under the parental responsibility of the Minister.

The Caseworker has to recommend which aspects of parental responsibility need to be allocated and to whom. Aspects of parental responsibility include residence, contact, education and training, religious upbringing and medical treatment. Any area of disagreement about the reallocation of parental responsibility must be identified and reported.

It is important to find out if there are any existing custody or guardianship Orders made by the Supreme or Family Court for the child or young person. The Children's Court Order cannot contravene an Order of the Supreme Court.

Section 86 Order for Contact - When a child or young person is the subject of proceedings before the Children's Court, any of the parties involved can apply for a Contact Order. The Order may stipulate minimum contact requirements between a child or young person and their parents, relatives or other significant people. It may also stipulate requirements for supervision or for denial of access with a specified person. Contact Orders may be on an interim basis while the matter is being determined or as a final Order. In general, Contact Orders are about minimum contact and do not prevent further contact with the consent of the person who has parental responsibility. Business Rule DoCS notifies the Court if a Supervision Order is breached

Business Rule DoCS recommends aspects of parental responsibility to be allocated and informs the Court of any disagreement with the proposal

Business Rule A Children's Court Order cannot contravene an Order of the Supreme Court



Attendance at court

If there are any issues about the attendance of any of the parties, these should be included in the application.

If there are any problems about the child or young person attending court, the court should be advised and must take into account the child or young person's expressed wishes. A child or young person is not required to give evidence in the Children's Court.

The court may require the person having parental responsibility for the child or young person to attend. If they have been served notice about the Care Application but don't attend, the court may proceed in their absence.

If there are any concerns about the capacity of parties to participate in the court process, the matter should be discussed with the DoCS legal representative. You may need to advise the court that a Guardian ad litem or Amicus Curiae is required (sections 100 & 101 of the Act).

The Preliminary Conference

 Once the Care Application and supporting documents have been lodged the registrar will arrange the preliminary conference

Practice Points

Preparing for the preliminary conference

The Children's Registrar at the Children's Court is responsible for arranging and conducting the preliminary conference. The Children's Registrar will advise DoCS of the date of the preliminary conference and this must be recorded on the client files.

A party may be legally represented at a preliminary conference. If there is an AVO in place for one of the parties against another of the parties, DoCS should inform the Children's Registrar at the time of lodging the application.



Business Rule If an AVO exists between parties to a conference, the Registrar must be informed



The preliminary conference is usually convened by the Children's Registrar within one week of the Care Application being filed, except in cases of emergency protection and assessment. In some circumstances it is possible to ask the Children's Registrar to refer the matter directly to the magistrate for hearing.

If the parent, child or young person have difficulty attending the preliminary conference, you should consider what assistance can be provided and make the appropriate arrangements for attendance.

 A meeting should be arranged with the department's legal representative and any other necessary people to work out our strategy for the preliminary conference.

Practice Points

Preparing for the preliminary conference includes understanding the context and history of the matter before the court. You must have a clear understanding of the Department's position and which elements of that position are open to negotiation and which are not.

The issues that will be addressed at the preliminary conference include:

- identifying areas of agreement and dispute
- deciding the best way of resolving those disputes and whether ADR is necessary or useful
- if ADR is not appropriate, setting a timetable for the hearing of the application by the Children's Court
- formulating any Interim Orders that may be made by consent.

Issues to be considered in determining the conference strategy include whether the attendance of the child or young person would be harmful and if the child or young person's legal representative should be contacted and provided with that advice. Business Rule Prior to the preliminary conference, a meeting with Legal Services is held to plan for the hearing





The preliminary conference should be informal and non-adversarial. However, section 65 (3) provides that legal representation may be present at the preliminary conference if desired. DoCS does not usually provide legal representation. If this is required, it needs to be approved by the Team Leader Care Litigation in Legal Services.

Practice Point

What happens at the preliminary conference?

The Children's Registrar explains the areas of dispute and agreement and may then make one of the following decisions:

- Send the matter for hearing if it is considered that dispute resolution processes, such as ADR, are unlikely to resolve the areas of dispute.
- Arrange an Alternative Dispute Resolution process to resolve areas of dispute.
- If there are no areas of dispute, the registrar may make an Order by consent, send the matter for hearing by the magistrate regarding parental responsibility Orders, or agree to withdraw the Care Application.

When the Matter Proceeds to Hearing

DoCS' legal representative should be briefed about our proposed strategy in relation to the matter. In some complex cases, the Manager Casework may be involved in the briefing with the legal officer. The legal representative will provide advice on whether on not it is possible to achieve the proposed outcomes. Decisions about legal strategies are always made by Legal Services.

Practice Points

Issues that should be considered in the briefing with the legal representative include:

- any issues that affect the child or young person's immediate safety
- the Department's position about the interim or final Orders the court can issue

Business Rule DoCS' legal representative is briefed prior to the conference



- whether the child should be in attendance at court or exempted from part of the proceedings
- whether subpoenas are required
- whether an adjournment is required to enable further information such as medical, psychological and family assessments to be collected
- whether a guardian ad litem is required.

A guardian ad litem may be appointed by the court if there are special circumstances and the child or young person will benefit from the appointment. The role of the guardian ad litem is to instruct the child or young person's legal representative in accordance with the child's interests when the special needs of the child prevent them from giving their own instructions.

If the matter is complex, or a contested hearing occurs, multiple briefings may be required with the Department's legal representative.

Other Interested Parties

- Any person who, in the opinion of the court, has a genuine concern for the safety, welfare and well-being of the child or young person to be granted leave to participate or be represented in the court proceedings.
- If you are aware of any person with a genuine interest in the child or young person, you should advise them that if the matter proceeds to court they have a right to seek leave to participate.
- DoCS legal representative should be advised of any other party with an interest in the matter.



Anyone with a legitimate interest is advised of the hearing and of their rights Business Rule DoCS legal representative is advised of anyone with a legitimate interest

Business Rule



Practice Point

What will happen at court?

The Caseworker attends court and the Manager Casework should be available if required.

At the first stage of proceedings the court starts hearing the application and begins exploring matters such as where the child or young person presently is, who is caring for them and whether DoCS is seeking an Order for the child or young person to remain in the Director-General's care for the period of the court proceedings.

The court also asks whether the parents and any other parties will be contesting the application. If the matter is being contested, the parties will be Ordered to prepare evidence supporting their position in the form of an 'Affidavit in Reply'.

DoCS will have already lodged its evidence at the time the application was made. However if further evidence becomes available, leave of the court can be sought to submit further evidence or amend the application at any time during the hearing (section 68 of the Act).

While the matter is being finalised, the court can make any Interim Orders that are required. These Interim Orders can cover, for example, where the child or young person is staying or contact between them and other people.

A further mention date is then set to consider the evidence filed by the parties.

If no evidence contesting the application is filed and the parents consent to a Care Order being made, it may be determined that the child or young person is in need of care and protection. Depending on the Order requested, the court may request further reports or updates of previous reports to help in the determination of final Orders.

What happens if the matter is contested?

If Affidavits in reply contesting the Care Application have been filed, the case will proceed to a hearing.

At the hearing, which may take several days, each of the parties present their evidence and witnesses. Proceedings before the Children's Court are not to be conducted in an adversarial manner. There should be as little formality and legal technicality as possible under the circumstances. The witnesses, including the Caseworker, may be examined 'in chief' by their own legal counsel, and cross examined and re-examined by the legal counsel for any of the other parties.

At the end of the hearing the magistrate gives a judgement, finding the child or young person to either be in need of care and protection or not to be in need of care and protection. If the finding is that the child or young person is not in need of care, the Care Application will be dismissed.

What happens if there is new information or evidence after the application is lodged?

In the interests of fairness and due process, DoCS has an obligation to make sure that all information of which we are aware and which is relevant to the proceedings is put before the Court.

If leave to provide further evidence is granted, the evidence is then lodged with the court and served on the parties' legal representatives.

What happens at a placement hearing?

If the child or young person is found to be in need of care, the matter proceeds to a placement hearing. Before the placement hearing, the court can request a number of detailed reports, rather than affidavits, from DoCS.

If the placement hearing involves reallocation of parental responsibilities, it could involve more dissenting views than the establishment hearing. Sometimes these matters are resolved by filing reports from interested and expert parties.

The court cannot make an Order involving the removal of the child or young person from their parents' care unless a Care Plan has been provided to the Court. The Care Plan should carefully describe and evaluate detailed background information about the child and the proposed care arrangements.

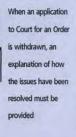
If a period out of home is considered, with a planned return to the parents, the Court will then need a Restoration Plan.



Business Rule Leave of the Court is sought for amendment

or withdrawal of an application

Business Rule



Withdrawing or amending an application once it has been lodged

- If evidence arises which indicates that an amendment or withdrawal of the application may be required the Caseworker should discuss this decision with the Manager Casework and seek approval for action.
- The legal representative should be advised and leave of the court sought to amend or withdraw the Care Application (this can only be done if DoCS is the applicant).
- The request for leave to withdraw a Care Application must include a statement that explains how the issues that caused the Care Application to be lodged have been resolved. If the issues are not yet resolved, a Care Plan must be included specifying how it is proposed to address the issues.

Restoration Plans - Sections 83 & 84

If a child has been removed from their home at any time after an interim Order but before a final Order, the Caseworker may advise the court if there is a realistic possibility of the child or young person returning home. If this is the case, you will need to prepare a Restoration Plan that can be submitted with the Care Plan.

The Restoration Plan must include:

- The minimum outcomes that must be achieved before it would be safe for the child or young person to return to their parents.
- Details of services to be provided or arranged to facilitate restoration.
- Details of the services that the Children's Court could request from other government departments or funded non-government agencies to facilitate restoration.
- The length of time during which restoration should be actively pursued.

The Children's Court itself may also independently decide that a child or young person should be restored and request a Restoration Plan.

As the Caseworker, you coordinate the planning for restoration. All relevant parties should be involved including the child or young person, the parents and any agencies that will provide services to facilitate the restoration. Permanency Planning should always be a consideration when Restoration Plans are being developed.

The child or young person and their parents must be involved in the development of the Restoration Plan. They should also be formally approached for their endorsement or otherwise when the Plan is completed. Their feedback may lead to further development of the Plan.

The Restoration Plan must be approved by the Manager Casework. If approval is not granted, the Case Plan should be reviewed to resolve the issues raised.

Once the Restoration Plan has been approved, it is submitted to court for consideration in making final Orders.

Once the Court has Made a Decision

When all the information is submitted to the court, a determination is made and final Orders are issued. A copy of these are given to each of the parties.

Any of the parties to the hearing may appeal against the decision in the District Court or apply for a variation or rescission of the Order.

The Caseworker should make sure that the parents, child or young person and any other appropriate people are aware of the court's outcome and the Orders that are in place. Make sure that the parents, child or young person understand the court Order, the protection that it offers and their responsibilities. The assistance of a support person may be required.

The court outcome must be documented on the client's file. If the court outcome is not the outcome desired by the Department, the Case Plan will need to be reviewed.

Business Rule Child or young person and their family must be involved in the development of restoration plans



Business Rule A copy of the Order and information about the outcome is given to all involved

Business Rule If court outcome is not as DoCS recommended, the case plan is reviewed.



AFTER THE CARE APPLICATION

Variation to Orders

Principles

Any party to proceedings who is dissatisfied with an Order of the Children's Court, other than an Interim Order, may appeal to the District Court or Supreme Court. An appeal must be lodged within 28 days.

Practice Point

An appeal may involve a new hearing with fresh evidence, or evidence in place of or in addition to evidence of the original hearing. Alternatively, the appeal court may decide to admit the transcripts and any exhibits of the Children's Court proceedings.

The Appeal Court may uphold, vary or set aside the decision of the Children's Court.

If DoCS is dissatisfied with an Order made by the Children's Court and still holds concerns for the safety or well-being of a child or young person, a case review may consider lodging an appeal. If you wish to appeal a decision of the Children's Court, you need to provide Legal Services with information about the case. They will review the information, approve and manage the appeal process.

If the appeal is against the Children's Court declining to issue or continue an Emergency Protection Order, DoCS will need to request the appeal court to suspend operation of the Children's Court Order.

Procedures

Responding to a notice of appeal

If DoCS receives a notice that an Order to which they were party has been appealed, the legal unit will advise the Caseworker of the appeal and ask for information or a report. The legal unit will review the information and manage the appeal proceedings.

Business Rule If an appeal is lodged, Caseworker prepares report and attends court







The Caseworker should attend the court and prepare any reports requested by the court. When the outcome of the appeal is received, you need to assess the impact of the appeal decision and, if appropriate, review the Case Plan.

Change of Circumstances Impacting on an Order

If the circumstances of a child or young person have changed significantly since the making of an Order, or there is information available that impacts on the court Order, you may need to consider whether the matter should return to the court for an Order that reflects the current circumstances.

It may be that changed circumstances suggest that the Order should be varied or rescinded, or it may be that a breach of an Order has occurred.

The child or young person and their parents should, wherever possible, be involved in this decision-making. A case review, in consultation with the Manager Casework and other appropriate persons, should be conducted to consider the options available and possible action.

Recision or Variation of Order - Section 90

Practice Point

An application for rescission or variation of a Care Order may be made by :

- DoCS
- the Children's Guardian
- a person having parental responsibility for the child or young person
- a person from whom parental responsibility for the child or young person has been removed
- any person who considers themselves to have a sufficient interest in the welfare of the child or young person and the court agrees that they do.

If an application for rescission or variation is made or opposed by DoCS on grounds which have not previously been considered by the court, the grounds must be proven as if it was a new application for a Care Order.

Business Rule If the situation changes, a case review is held to consider whether application for recision or variation of the Order is necessary



Application by the department

If a Caseworker believes that there has been a significant change in any relevant circumstances since the Order was made or last varied, leave of the court may be sought to hear a rescission or variation application.

Before making a change to an Order where parental responsibility was given to the Minister, the Caseworker must prepare a report for the Children's Court that includes information about:

- the age of the child or young person
- the wishes of the child or young person
- the length of time the child or young person has been with their present carers
- the strength of attachment to the birth parents and the present carers
- the capacity of the birth parents to provide adequate care for the child or young person
- the risk of psychological harm if the present arrangements are varied or rescinded.

The court may Order, rescind or vary the Order. If the court rescinds the Order, it may make any Order that it could have made had an application been made.

Breach of Undertakings – Section 73(4)(5)(6)

If a Caseworker becomes aware that a breach in undertakings has occurred, you need to consider the likely effect the breach has or will have on the safety, welfare and well-being of the child or young person.

If breach action is appropriate, you need to prepare a submission to notify the court that a breach in undertakings has occurred. This submission must detail the Order sought as a result of the breach.

It is important to note that if the court determines the undertakings have been breached, they are able to make any Orders that could have been made when the Order for undertakings was made, without the need for rescission or variation action.

Business Rule If DoCS applies for

variation or recision of an Order, a court report is required.



The Manager Casework must approve the decision. If the proposed action is not approved, the Case Plan must be reviewed.

The Caseworker must advise the parent, the child or young person and service providers of the action to be taken.

The court will advise any action required. This may include attendance at a preliminary conference or notification of a hearing date. The court may grant new Orders or vary the existing Order.

The Caseworker must advise all parties of the court outcome and review the Case Plan. The court result may mean that changes have to be made to this Plan.

Monitoring Orders

Principles

The Caseworker monitors any Orders made by the Court that require DoCS involvement and makes sure that all requirements are kept. The Order becomes part of the Case Plan and is not a separate part of the Caseworker's work.

Procedures

Specific Orders require different levels and types of monitoring by DoCS staff.

Order Allocating Parental Responsibility

Practice Point

Are there specific issues with monitoring an Order allocating Parental Responsibility?

The Court may order that a written report be submitted within six months, or any other period specified by the court, about the suitability of the arrangements for the care and protection of the child or young person.



Business Rule If court action for breach of undertakings in relation to breach of undertakings is proposed, all parties are informed

Business Rule

All parties are informed of the outcome in relation to breach action. Case Plan is reviewed.

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Orders are monitored by Caseworkers as part of their ongoing work with the family. If the court is not satisfied with the arrangements for the child or young person, it may Order that the matter be brought back before the court so that the existing Orders may be reviewed.

If the Children's Court makes an Order placing a child or young person under the parental responsibility of the Minister, they will specify:

- if there are aspects of the parental responsibility which are to be the sole responsibility of persons other than the Minister
- which aspects are to be the sole responsibility of the Minister
- if there are aspects of parental responsibility to be exercised jointly by the Minister and other people.

Where aspects of parental responsibility are to be exercised jointly by the Minister and another person, either the Minister or the other person may exercise those aspects. An agreement should be reached between the Department and the other person about who is responsible for which aspects of parental responsibility. This agreement should be clearly outlined and recorded.

Where an Order is made (Section 79(iii)) that allocates parental responsibility, or aspects of parental responsibility, of a child or young person to the Director-General, or where DoCS is identified as the designated agency to provide supervision of a placement in the Care Plan (Section 78), we are responsible for providing supervision.

DoCS is responsible for locating and supervising an appropriate placement and exercising the delegated functions which include:

- placing a child or young person with an authorised carer
- making decisions relating to the safety, welfare and well-being of the child or young person
- giving directions to authorised carers
- supervising the placement to ensure the safety, welfare and well-being of the child or young person.



Business Rule

If aspects of parental responsibility are shared by the Minister and someone else, a written agreement about how this will be done is developed



Supervision Orders - Section 76, 77

During the period that a Supervision Order is in place, the Caseworker may have to provide one or more reports describing the progress of the supervision.

Practice Point

The Children's Court may require a report before the end of the supervision that states:

- · the outcomes of supervision
- · whether the purposes of supervision have been achieved
- whether there is a need for further supervision to protect the child or young person
- whether any other Orders should be made to protect the child or young person.

While a child or young person is under a Supervision Order, the Caseworker may meet and talk with the child or young person and inspect where they are living. The child or young person must accept the supervision of the Department and obey all reasonable directions. DoCS may notify the Children's Court if there is an alleged breach of a Supervision Order.

Practice Points

If the Children's Court is notified of an alleged breach of a Supervision Order, they must give the parties an opportunity to be heard concerning the allegation and then decide whether the Order has been breached. If they find that the Order has been breached, they can make any Orders that they consider appropriate in the circumstances.

An application for further Orders under these circumstances is not a variation application under section 90 (Rescission and Variation of Care Orders). The Children's Court may make any Orders that it could have made when the Order for supervision was made.

A Supervision Order may be made by the Children's Court for a maximum period of 12 months. However they may extend the Order for a further 12 months after giving all parties an opportunity to be heard.



Order for Provision of Services - Section 74

If the Children's Court makes an Order for the provision of support services, and DoCS is the identified service provider, the services must be provided in accordance with the Order.

Contact Orders – Section 86

Business Rule Caseworker must support a contact Order

The Caseworker must support any Orders made by the court which stipulate contact arrangements.



WORKING WITH CHILDREN AND YOUNG PERSONS IN OUT-OF-HOME CARE

SECTION FIVE

WORKING WITH CHILDREN & YOUNG PERSONS IN OUT-OF-HOME CARE

SECTION

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ENTRY INTO OUT-OF-HOME CARE

The Out-of-Home Care provisions and the functions of the Children's Guardian will be proclaimed under the Children and Young Persons (Care & Protection) Act 1998 by 1 July 2001.

For DoCS practice this means that for the period 18 December 2000 - 30 June 2001 we will continue to provide Out-of-Home Care Services under the Children (Care and Protection) Act 1987 and in accordance with existing substitute care standards. However the new principles that underpin the new Act in relation to Out-of-Home Care will be integrated into practice during this period.

Principles

A key principle for Out-of-Home Care is the right of children and young persons to participate in decisions about their Out-of-Home Care placements and what happens to them in care. Families and carers should also be able to participate in these decisions. Everyone involved should be given enough information to allow them to make informed decisions.

Out-of-Home Care placements need to consider:

- the importance for the child or young person of maintaining close relationships with those who are significant to them
- how to help a child or young person maintain their cultural heritage in Out-of-Home Care, including practising their own religion
- the special needs a child or young person may have because of a disability
- how the sexuality of the child or young person will affect their needs.

All Out-of-Home Care placements must have a Case Plan, and these should be recorded on the client system and the file.

Business Rule Every child or young person in Out-of-Home Care must have a Case Plan



What is Out-of-Home Care?

Out-of-Home Care is care provided for a child or young person away from their usual home and by a person who is not their parent or relative. Care provided in situations such as boarding schools and hospitals is not considered to be Out-of-Home Care.

Who provides Out-of-Home Care?

Out-of-Home Care for a child or young person may be provided by:

- A person who is registered and approved to provide foster care by an authorised private fostering agency
- A person authorised or approved by the Minister or the Director-General
- A person who is providing care under an Order of the Children's Court or Family Court.
- · A licensed residential child care centre
- A residential service operated by the DoCS.

Out-of-Home Care may be short term or long term care.

It is an offence for anyone else to provide care for more than 28 days in any 12 month period.

Procedures

Assessment

The Caseworker must ensure that all non Out-of-Home Care options for the child or young person are thoroughly canvassed. Consideration must be given to the placement of children and young people with extended family.

Assessment should focus on the collective needs of siblings, together with the individual needs of each child & young person.

Business Rule Case Plans for children and young people in out-of-home care specify outcomes. Business Rule Children and young people must be involved in planning to meet their needs Assessment needs to be made about both short and long term goals for the child or young person. The Case Plan must identify outcomes

Participation of the child & young person, their family and carers needs to be an integral component of the assessment process.

Practice Points

What is Permanency Planning?

Permanency Planning is a formal commitment to ensuring that continuity of significant relationships, stability of placement and planned outcomes for clients are maximised. The Permanency Planning Bill (2000) being considered by Parliament may mean that if it is against the child's best interests to ever be restored to their birth family, alternative arrangements which consider the stability and security of the child's placement will be considered. This could include adoption by the carers. This Bill may be amended further before it is reconsidered by Parliament. However adoption may only be suitable for a small proportion of children in long term care so other approaches to ensure stability and security will still be needed.

What needs to be done when a child or young person may enter care?

Entry into care is a disturbing time for all children and young persons and the start of a new part of their life. The child or young person must be involved in the process and given information about prospective carers before a placement is made.

Make sure that you:

 Ask the child or young person where they want to live, record their response and then assess the viability of this option first. Tell the child what you did to check out their choice of placement and explain the outcome and reasons for it.

Business Rule Children and young people entering Outof-Home Care must be told what is happening and their views about this considered Tell the child or young person what is happening. Explain that you will need to tell the carer certain things about them and their situation.
 Ask them how they feel about this and whether there are things they would or would not like shared at this stage.

Entry into Out-of-Home Care

There are a number of ways that children and young people can enter Out-of-Home Care. The type of option chosen will depend on the needs of the child or young person.

Practice Point

What do you need to discuss with a child or young person who is going into Out-of-Home Care?

- Give the child or young person a clear and honest explanation of the reason for entry into care and information about their rights.
- Introduce the child or young person to the carers before the placement if possible.
- Where possible include the child or young person in the placement decision making processes.
- Start assembling life story materials and information.
- Respond to the emotional support needs of the child or young person. Make sure they know how to seek help and support if they have any concerns. Help school age children and young persons to develop strategies to respond to questions and teasing from peers about being in care.
- Make time to meet regularly with the child or young person to hear and discuss their ongoing concerns. Dealing quickly with their concerns about a new family, school or community will minimise the chances of placement breakdown. Meet in a neutral child-friendly place, e.g. fast food outlet, park, shopping centre, or arrange to pick the child up from school and chat on the way home. Phone calls just to ask the child how they are going are particularly helpful in building a supportive relationship.

Introduce the child or young person to the carers before the placement begins.

Business Rule

• Link the child or young person with other children or young persons in care e.g. CREATE, arrange a pen pal or phone link with another child who has been in care longer than them, organise a social event for children and young persons in care in the area.

Types of Out-of-Home Care Placements

- Temporary care arrangements
- Emergency placements and placements during court adjournments
- Placements made when a final Order has been made by the Children's Court
- Placements of homeless children
- Kinship care

Temporary Care Arrangements

Practice Point

What is temporary care?

Temporary care usually refers to placement in Out-of-Home Care for up to 3 months. It is arranged by a voluntary agreement between the parent or guardian and the Department.

The format for temporary care arrangements is on the Intranet.

A Case Plan must be developed before entry into temporary care. The child or young person, the family and the carers should be encouraged to participate in the planning process.

Before temporary care is arranged for a child or young person, the Caseworker needs to obtain details in writing from the person with parenting responsibility to:

- · identify the length of time the child or young person will be in care
- identify the reasons for the placement



Business Rule A case plan is developed before a child or young person enters care



- make arrangements for contact with family and significant others
- plan the casework and support services for the parent to resolve the problems, which necessitated the child or young person's entry into care.

The Manager Casework has the delegation to approve the placement of a child or young person in temporary care in any of the following circumstances:

- the placement is part of an approved Case Plan to support the family
- a parent is considering adoption of their child but is unable or unwilling to provide for the child's care
- an Adoption Consent has been signed.

The entry into temporary care, together with details of the placement, must be recorded by the Caseworker on all relevant files and the Client System as soon as the placement starts. All parties to the agreement, including the child or young person and the carer must have a copy.

Placement of children and young persons in temporary care by voluntary agreement is not to occur if:

- a Children's Court application is appropriate
- a child has, in the previous twelve months, been subject to temporary care arrangements for a period, or periods in aggregate, exceeding six months
- the parents or guardian of the child do not consent to the temporary care arrangement.

Practice Point

What do I need to tell the parents when temporary care is being arranged?

The temporary care arrangement must be fully explained so that the parents or guardian understand the conditions of the agreement. In





Business Rule Temporary care must not be arranged if a child or young person has been in care for more than 6 months in previous 12

Business Rule Effect of temporary care arrangements must be explained to parents



accordance with Section 14 of the Act, only one person needs to give consent. If both parents have the daily care of the child or young person and both can be located, as a matter of policy both must consent to the placement. If one parent has the day to day care of the child or young person only that parent's signature is needed. However all reasonable steps must be taken by the Department to locate the other parent and inform them of the arrangement.

If the current carer of the child or young person does not have legal custody or a parenting order from the Family Court, their consent may still be acted upon.

However the Caseworker arranging the placement must, as soon as possible, make all reasonable efforts to find a parent and inform them of the arrangements. In accordance with section 151 of the Act, if that parent wishes to resume care, this is to occur if it is in the child or young person's best interests.

If there is a dispute between parents, or others with parenting responsibility, about where the child or young person is to be returned and only one person signed the agreement, the child or young person must be returned to that person.

If all efforts to contact a parent or guardian are unsuccessful, the child or young person may be returned to the person who had care before the temporary placement, if that person requests this.

However if it is considered that the child or young person will be at risk of serious harm if returned, DoCS may assume care under Section 44 of the Children and Young Persons (Care and Protection) Act 1998 if appropriate.



Emergency Placements and Placements During Court Adjournments The Manager Casework must approve any emergency placement made before court action or when the Director-General has care responsibility under an Emergency Care Order.

How long can an emergency placement be?

When the matter goes to court, an Emergency Care and Protection Order for up to 14 days can be made. This can be extended by the Children's Court for another 14 days.

If a child is discharged from emergency care before the Emergency Care Order has expired, an explanation must be given to the Children's Court. The discharge must be approved by the Manager Casework.

What happens during other court adjournments?

The child or young person is placed in Out-of-Home Care under an Interim Order while a Care Application or application for an Alternative Parenting Plan is under consideration.

What do I tell the parents about an emergency placement or placement under an interim order?

If the child or young person enters Out-of-Home Care in these situations, information must be given to the person with parental responsibility. This information must include:

- the arrangements for access and contact, unless this is not appropriate in the circumstances
- the Case Plan
- the whereabouts of the child or young person ,unless this is not appropriate for the Case Plan.
- While the child or young person is in Out-of-Home Care, parents are to be kept informed of all matters about their welfare.

If the Manager Client Services decides that the parents are not to be informed of the child or young person's whereabouts, the parents are to be advised that they may approach the court to request disclosure of this information under section 51(2) of the Children and Young Persons (Care and Protection) Act 1998.



What are the types of orders relating to Out-of-Home Care?

Children's Court Orders after care application

A child or young person may enter Out-of-Home Care when an order has been made after a Care Application to the Children's Court by DoCS.

Parental responsibility can be allocated wholly or partly to the Minister. Any placement by DoCS under an Interim or Final Care Order must be approved by the Manager Casework.

Orders for alternative parenting plan

A child or young person may enter care after orders for an Alternative Parenting Plan or registration of an Alternative Parenting Plan. These are made where there is serious and persistent conflict between a child or young person and their parents.

These Orders can allocate parental responsibility and specify care arrangements. If a placement is made where DoCS has this responsibility, it must be approved by the Manager Casework

Homeless children



Practice Point

What responsibility does DoCS have for homeless children?

The Director-General can arrange services for a child, including residential accommodation, if a report has been made that they are homeless. Placement of a homeless child must be approved by the Manager Casework.





How do you decide where to place a child or young person?

The child or young person's needs and their expressed wishes are the most important considerations when arranging Out-of-Home Care. These must be balanced with the need to provide a safe placement. The type of care must be the most appropriate to meet the needs of the child or young person. In most situations, care can be arranged either by DoCS or another authorised agency.

Placing a child or young person with relatives should always be considered unless this would endanger safety or impact adversely on the ability to implement the Case Plan. An example of this is a short term placement with relatives who live somewhere that is inaccessible to the child's parents.

There may also be other people in the family social network who are suitable and willing to provide Out-of-Home Care. If this type of placement is considered, the carers must be assessed, approved and authorised as carers.

The choice of carer must be matched to the particular needs of the child or young person. Residential care or placement in a SAAP service is suitable for some older children, depending on their needs and the ability of the service to meet them.

Kinship care

Practice Point

What is Kinship Care?

Kinship Care is the placement of children or young persons within their extended family or family network.

Business Rule

Choice of carer is matched to the needs of the child or young person



Business Rule Kinship Care is always considered as a placement option The Act promotes the use of the least intrusive strategies to protect and care for children and young persons. If Out-of-Home Care is needed, either temporarily or long term, Kinship Care can provide an option that places the child or young person with familiar people and in familiar surroundings. It also helps them maintain contact with other relatives and networks.

Kinship Care is the preferred form of care for Aboriginal and Torres Strait Islander children and young persons and must be considered when Out-of-Home Care is necessary.

If families make informal arrangements for kinship care, with for example a grandparent, aunt, uncle or stepbrother, these do not count as Out-of-Home Care. The placement does not have to comply with the rules that DoCS uses for Out-of-Home Care.

If a Caseworker recommends that a child or young person is placed in the care of a relative under a Care Plan or Alternative Parenting Plan or recommends a Court Order which allocates parental responsibility to a relative, it is important that the standards that apply to Out-of-Home Care are met. In these situations we must be confident that the child or young person's needs will be met.

In these situations, the process of assessment and approval that is used for authorised carers should be followed. If the placement is to be medium or long term, most carers would benefit from the training offered to authorised carers.

If emergency care is needed for a child or young person, a placement with a relative can be considered before a full assessment is done. If this type of placement is to be made, you need to discuss with the relative their ability to meet the child or young person's immediate needs. Visit their home to check that they can offer a level of safety appropriate to the child or young person's age and development. If there are any concerns, alternative placement with an authorised carer must be arranged.

The Client System check should be done before the placement. The Working with Children Check needs to be submitted to the Professional Conduct Unit on the day of the placement or the following day if it is an after hours placement. If the placement is made formally under a Court Order, Care Plan or Alternative Parenting Plan or arranged by DoCS, the carer is entitled to payment for providing Kinship Care.

Life story work

Life story work is simply keeping records on the child's life and helping them to understand their history and their cultural, religious and family background. It includes anything that helps them make sense of their world, both past and present. The life story materials enable them, when they are ready, to understand why they came into care and to express their feelings around this issue. It is a vital element in helping children and young persons to formulate their own identity and self-worth.

Life story work should be a natural part of casework with the child or young person in care, not a separate process and should be added to on a regular basis in consultation with the child or young person. It is important that they identify their own important life events, the ones they want to keep a record of. Be creative - opportunities for records are everywhere in the child's environment eg movie tickets from a recent outing.

The child or young person will not always want to sit and 'do' life story work with you. They need to be invited to participate eg helping you put together a diagram of family and friends or ordering the collection of materials into their own narrative.

The Manager Casework must allocate the responsibility for proactively gathering materials for life story work to a particular person and make sure that they are aware of the importance of this work.

Life story work:

- helps the child or young person to understand that they are not responsible for the reason that they are in care;
- begins when a child enters care and continues until they leave care, or beyond. It is not a structured event, resulting in a well-presented album,

Business Rule

Life story work begins when a child or young person enters care





Business Rule

Records and materials relating to the child or young person are kept as part of life story work but a living record of the child or young person's life, constantly being added to and reflected on;

- includes a variety of records, notes and photos. For example: certified copy of birth certificate, school reports, holiday snaps, old photos, awards, letters, thoughts and drawings, discussion notes about access visits. Any memorabilia such as baby tags and birthday cards are precious. If possible, videos are a useful record. If records are not gathered at the time, opportunities are lost;
- allows the child or young person to ask the caseworker questions they have not felt safe to ask before eg. How many other children does this happen to? What's wrong with me? Why did this happen to me and not to my brothers or sisters?
- helps parents to write or record from their perspective the reasons for the child or young person's entry into care;
- identifies and records a network genogram, including the child or young person's extended family and other significant relationships; and
- ensures that details about the child or young person's culture and religion and that of their parents is recorded.

OUT-OF-HOME CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PERSONS

Principles

It is important that we work with Aboriginal and Torres Strait Islander children and young persons in a culturally sensitive and respectful way.

It is easy to make inappropriate decisions if you are not familiar with a child or young person's specific cultural group or situation.

The Children and Young Persons (Care and Protection) Act 1998 specifies an Order in which placement options for Aboriginal and Torres Strait Islander children must be considered. The viability of options identified at each level must be excluded before moving to the next one. The Act also specifies the situations in which a placement option can be excluded. Business Rule Placement Order specified by the Children and Young Persons (Care and Protection) Act 1998 is observed



Practice Point

As a Caseworker what information do you need to obtain if working with Aboriginal and Torres Strait Islander children and young people?

- What Aboriginal or Torres Strait Islander family kinship group does the child belong to and where is their country?
- Does the child or young person or their parents identify with more than one culture? This could be an Aboriginal culture and a non-Aboriginal culture or two different Aboriginal communities.
- Are there any conflicts or issues between Aboriginal family kinship groups which should be considered if looking for placement?

- . Who are the respected elders for the child's family kinship group?
- What is the hierarchy of Aboriginal family kinship group relationships for this individual child? For example, you need to include the "aunty" system and spiritual relationships not just biological ones. Where are these people?
- Who are the best sources of information and advice about the child's kinship group apart from the parents?
- Were the parents or close kin of the child part of the stolen generation? It is important to consider implications and implement strategies to reduce the parallels between the past and your current intervention.
- What cultural community participation does the child have now? What specific events and contacts over the next year are important to maintain this cultural connection? This is particularly important if the child is placed out of area, with a non-Aboriginal carer or with an Aboriginal carer from a different kinship group.

As a caseworker, you need this information to enable you to understand the context and support system in which the child or young person lives and have culturally respectful interaction with their family. This is crucial for risk assessment, case planning, restoration and leaving care planning and to maintain the child's cultural identity and connection.

You also need to be able to identify:

- the people to consider and the order to consider for placement
- the people who need to be included in participatory decision making and possibly alternative dispute resolution
- . the people who the child needs to keep in contact with.



Procedures

All placements of Aboriginal and Torres Strait Islander children and young people should meet one of the following criteria:

A child or young person should be placed;

- with a member of the extended family or kinship group of the child or young person
- with a member of the Aboriginal or Torres Strait Islander community to which the child or young person belongs
- with a member of an Aboriginal or Torres Strait Islander family that lives near the child or young person's usual home
- with a person approved by the Director-General after consultation with members of the child or young person's extended family or kinship group or an appropriate Aboriginal or Torres Strait Islander welfare organisation.

A caseworker must document the reasons for the type of placement made and the reasons for this on the child or young person's file before placement or, if placement is made in an emergency situation, on the next day. All placements must be approved by the Manager Casework.

Practice Point

What else is important?

It is important to realise that the Act defines 'family' as it is used in Aboriginal communities. It is not limited to narrower non-Aboriginal notions of a nuclear or extended family.

When placement decisions are made, the wishes of the child or young person must be considered including whether they identify as an Aboriginal or Torres Strait Islander. It is important that all Aboriginal and Torres Strait Islander children and young persons in Out-of-Home Care have the opportunity to connect with their culture.







CHILDREN AND YOUNG PEOPLE RECEIVING AN OUT-OF-HOME CARE SERVICE

This section relates to children and young people who have entered a form of Out-of-Home Care.

Principles

The entry of a child or young person into Out-of-Home Care can be a disturbing time for them. The child or young person must be involved throughout the process of DoCS involvement in their Out-of-Home Care placement.

The type of Out-of-Home Care placement and its appropriateness in meeting the needs of the child or young person must be reviewed according to the timeframes in the case plan. This is to ensure that the placement best meets their needs within the resources available.

Child or young people have the right to have contact with significant people, including their family.

A child or young person's cultural heritage, including practising their own religion must be a component of the Out-of-Home Care service they receive.

If the child is of Aboriginal or Torres Strait Islander background, the Act outlines appropriate placement principles to ensure that every effort is made to keep the child or young person within their community.

Procedures

Contact

Business Rule Detailed plans for family contact are in all case plans

Contact with a child or young persons' family and key people in their lives needs to be included as part of each child or young person's Case Plan. This Plan needs to include the frequency of contact, the location and whether it is to be supervised or not. The Children's Court can make contact Orders for a child or young person involved in the proceedings. In this instance the Caseworker specifies the contact arrangements in the child or young person's Care Plan. This Plan requires the approval of the Manager Casework. Contact with parents, relatives and friends, the frequency of contact, and whether it is to be supervised can all be specified. Everyone, including carers, must comply with these Contact Orders.

The Children's Court will consider the views of anyone who will be affected by a Contact Order. An Order for contact with someone who does not want it cannot be made.

Contact Orders can only be varied by applying to the Children's Court. However, Contact Orders are usually about minimum contact and do not prevent further contact with the consent of the person who has parental responsibility. This is the only situation in which a case conference or Case Plan can recommend contact which is contrary to a Children's Court Order.

Practice Point

How do you assist in maintaining relationships and contacts ?

Strategies for maintaining meaningful contact include:

- Avoiding placing children in physically inaccessible or distant areas where maintaining contact is difficult for both parties.
- Asking the child or young person who is significant to them and who they would like to keep in contact with. This can include children or adults who are not relatives.
- Making sure that a network genogram, including all family, extended family and non-relative significant relationships, is recorded on file when the child enters care. The file should be updated at reviews and include contact numbers and addresses and birth dates of family members so the child can make a card to send.



Business Rule Contact orders specify minimum contact. A case conference cannot override the minimum requirements of a contact order.

Business Rule Meaningful contact is maintained between children and young people in care and those significant to them



- Negotiating and planning appropriate contact times and places with input from the child or young person, parents and carers.
- Using multiple forms of contact visits, phone calls, letters, tape recorded messages, email, photo exchanges. Tape recorded messages are particularly useful if phone contact is not appropriate because the parent pressures the child for information on their whereabouts or other concerning things are said. Tapes can be sent via a nominated person and passed on to the child.
- Preparing specific questions and issues to involve parents eg subjects to study at school, attending parent-teacher meetings, sports days or concerts, choosing a doctor or dentist, opinions on medical and dental procedures recommended eg braces. Make sure parents still have a role in the child or young person's life.
- Actively involving parents and other family members in life story work. Ask for photos, take some new ones and develop a family tree with input. Help write a birthday list with the child, share memorabilia and family stories. Use tape recordings for messages to the child if the child cannot attend family events or get a grandparent to tape some oral history. Give the parent a disposable camera and ask them to take photos of people and places in the child's life with them.
- Encouraging extended family and community contact, including visiting the graves of deceased family members, phone calls to friends from their previous school, pen pal link ups to cousins, neighbours and school friends.
- Including contact with members of the family beyond parents ie siblings, grandparents, members of the extended family, friends of the family and others significant to the child. For children of Aboriginal and Torres Strait Islander background, wider kinship relationships need to be considered, not just blood relationships eg 'Auntie' as defined within the child's cultural community.





How can you help to make contact visits enjoyable?

To facilitate the best conditions for positive contact, agencies should provide:

- transport
- child care
- convenient weekend and evening hours for visiting
- a safe and appealing visiting room, or visits in the foster carer's home where possible or the parent's own home where safe
- toys to encourage age-appropriate interactions
- a food preparation area.

Caseworkers in developing contact arrangements should consider:

- Using structured activities to minimise awkward interactions at the start of the visit.
- Identifying a place for contact to occur which is respectful to ties to people, places and things eg a familiar park close to the parents' home.
- Picking a safe and public setting. Normal surroundings help normalise the visit. If possible avoid having it at the local office in an interview room.
- Structuring the visit eg establish regular routines for hellos and goodbyes, break the visit up into an activity, a snack or meal, then a second activity. This gives you opportunities for modelling play and responding to the child's needs.
- Providing periodic review and modification. The child and the family's needs change over time and these changes should be respected and incorporated.

Identity and Family Relationships

Parents' Rights to Information

Parents have a right to information about the progress and development of their child while they are in Out-of-Home Care. Caseworkers must keep

Business Rule Parents are given information about their children while they are in care. **Business Rule**

Register the birth of a child in care if it has not already been done when the Minister or Director-General has parental responsibility parents informed of significant illnesses and major events in their child's life and given copies of documents such as school reports.

Registering a Birth

Parents of infants in Out-of-Home Care are to be encouraged and assisted to give their child a name and to formally register the birth, even if they are not likely to have full responsibility for the child.

If the Minister or Director-General exercises any parental responsibility, excluding a child in temporary care, Child Protection Caseworkers must make sure that the child's birth is registered and a certified birth certificate is obtained.

If the child or young person's birth has not been registered, an "Information of Birth" form (available from Births, Deaths and Marriages) is to be completed by the parents as a matter of urgency, with assistance from the Child Protection Caseworker if required. The Manager Client Services must make sure that the form, with the accompanying form letter (see form letter: Unregistered Birth available on the Intranet) and fee payable is sent to the Registrar of Births, Deaths and Marriages as soon as possible.

If the child's birth is not registered and the whereabouts of the parents are not known, a form letter (see form letter: Unknown Whereabouts of Parent available on the Intranet) and an"Information of Birth" form must be sent to the hospital where the child was born. When the documents are returned from the hospital, they must be sent with a covering letter and the fee payable to the Registrar of Births, Deaths and Marriages, requesting a birth certificate.

If a child has not been given a first name by their parents, the Caseworker must lodge a birth registration form to name the child within three months of the child's entry into care.



If a child has been abandoned, lost or deserted and the whereabouts of the parents are unknown, you must make every effort to locate the parents and

find out any details of the birth which may facilitate registration of the birth. All enquires must be recorded on the child's file.

If the birth of the child occurred outside NSW and the birth has not been registered, a form letter (see form: Letter to Crown Solicitor re Unregistered Birth of child or young person born outside of NSW available on the Client System) must be sent to the NSW Crown Solicitor, together with full details of the child's birth, requesting the birth to be registered. When the birth has been registered, the Manager Casework is to approve payment of the fees to obtain the birth certificate.

Obtaining a Copy of a Birth Certificate

The Manager Casework has the delegation to request a certified birth certificate and to approve payment of associated costs.

A certified birth certificate is obtained from the NSW Registry of Births, Deaths and Marriages or another appropriate authority outside NSW.

If a birth has been registered in NSW, an application form and accompanying letter are to be signed by the Manager Casework and sent to the Registrar of Births, Deaths and Marriages requesting the birth certificate.

On receipt of a birth certificate for an unnamed child, the Manager Casework must ensure that a statutory declaration is completed, signed and sent to the Registrar of Births, Deaths and Marriages with a form letter (see form: Request for a Birth Certificate available from Births, Deaths and Marriages), requesting a birth certificate in the chosen name.

If the birth is registered in another State or Territory in Australia, a letter (see form letter: Request for Birth Certificate - Interstate available on the Client System) requesting the birth certificate must be sent to the relevant authority. It must be signed by the Manager Casework and a cheque for the applicable fee enclosed.





If the child has been born in another country, the Manager Casework must seek advice from the Consulate or Embassy of that country about the procedure and fees required to obtain a certified birth certificate.



You can also contact the Adoptions Branch for advice about intercountry adoption cases. A form letter (see form letter: Request for Birth Certificate - Overseas available on the intranet) is to be sent to the relevant Consulate or Embassy. Payments to foreign authorities may be approved by the Manager Casework.

For verification of birth and personal details of a protected person (noncitizen child), a visa or immigration document must be obtained from the Department of Immigration.

All birth details held on DoCS files, including the Client System, are to be checked against the birth certificate and corrected if necessary.

Birth certificates must be enclosed in a protective cover and attached to the child's file. A copy of the birth certificate is to be given to the child for safe keeping with their Life Story Book, except in cases where the child is placed for adoption. The full birth certificate remains the property of the DoCS and is not to be given to any person.

If foster carers need a birth certificate, this is to be obtained at DoCS's expense. In some circumstances, a photocopy of the birth certificate, signed by a Justice of the Peace to the effect that, "I certify that this is a true and unaltered copy of the particulars of the birth of......" may be sufficient.

Correspondence and Gifts, including Christmas Gifts, to Children and Young Persons in Care

Gifts and correspondence must be sent to the child or young person as soon as possible and an acknowledgment returned to the sender. You must promptly and personally deliver the gift or correspondence to the child or young person. The items should be opened by the child or young person themselves wherever possible.



Business Rule

Forward gifts, letters and cards to children and young people in care as soon as possible If the Caseworker considers that the gifts or correspondence should not be given to the child because of a potential harm, a written recommendation stating the reasons why must be referred to the Manager Client Services.

The Manager Client Services must consider the child's best interests in the context of the current Case Plan when deciding whether the items should be withheld. A copy of the withheld correspondence or a description of the gift should be added to the file.

The CSC must be notified if gifts or correspondence are to be withheld from the child. The Case Plan must be reviewed and a case conference may be required.

The sender of the withheld gifts or correspondence must be notified of the decision and the reasons why they were withheld from the child. The items must be promptly returned to the sender and any correspondence kept on file.

Birthday and Christmas gifts for children and young people in Out-of-Home Care

Money will be provided for the purchase of birthday and Christmas gifts for children and young people in Out-of-Home Care.

As a guide, a base of \$55 for Christmas and \$40 for birthdays is to be used (as at October 2000). The actual amount is at the discretion of the relevant Manager Casework, taking into account the age and needs of the child or young person. The money may go to buy a gift or, if appropriate, be given to the child or young person so they can make their own choice.

If the child or young person has been placed for the purpose of adoption or has been legally adopted, please refer to the section on Adoption on the Client System. Business Rule If items forwarded to a child or young person in care are withheld, Manager Client Services must approve





Informing children and young persons of the death of a relative or other significant person

Practice Point

Who does this include?

The term 'relative' includes parents, siblings, grandparents, aunts and uncles. For Aboriginal and Torres Strait Islander children and young persons it also extends to members of the tribal or kinship group. Significant others includes foster carers.

The child or young person must be personally informed of the death of a parent, relative or significant other. The information is best conveyed by a person who knows the child or young person well. They should be informed in a manner that they can understand according to their age and maturity.

The child or young person must be supported to cope emotionally with the loss and their reactions responded to sensitively. Specialist grief counselling may be arranged with the approval of the Manager Casework.



All details known about the death are to obtained. This information must be recorded and conveyed to the child, personally, if this is considered appropriate. For example, very young or very distressed children may not be able to understand all the details but may ask for more information at a later stage.

If the child or young person is in DoCS care under a temporary care arrangement, the Manager Casework must ensure, as a matter of urgency, that a decision is made about parental responsibility for the child or young person and their future care. Advice may be sought from Legal Branch on a case by case basis.

The child or young person must be assisted to attend the funeral if at all possible. The decision as to whether the child or young person attends the



knows them

Rusiness Rule







funeral must be based on their own wishes and best interests. The Manager Casework has the delegation to approve the child or young person's attendance and any costs incurred by the child and escort in attending the funeral or other related ceremonies. Assistance may also include paying for flowers to be sent from the child or young person. The child or young person must be escorted to the funeral by a person significant to them who is capable of providing the emotional support they need.

Responding to the Death of a Carer

The privacy and dignity of each child or young person, their family and carer must be recognised and respected when a carer dies. Confidentiality of personal information is not to be compromised.

The Minister's condolences are to be extended personally by the Manager Client Services to the surviving spouse and family of the carer as soon as it is known that a carer of a child or young person has died.

The Child Protection Caseworker and other relevant staff are to attend the funeral and a message of sympathy and flowers are to be sent to the family.

Support and counselling are to be made available to the foster family and to the child or young person in the placement.

At an appropriate time, the Child Protection Caseworker must visit the foster home to discuss the support needs of the family and to assess the feasibility of continuing the placement. After this, a formal case review is to occur to discuss the placement of the child or young person and any other issues about their ongoing welfare. The review must first include discussion with the surviving foster carer and then discussion with the child or young person.

If the child or young person is to remain in the placement, particular attention must be given to assessing what additional services and support need to be provided to the surviving carer so they can continue caring for the child or young person.



Business Rule The Minister's condolences are extended by the Manager Client Services when a carer dies



Business Rule A formal case review is held when a carer dies If the child or young person is in a voluntary placement, the birth parents must be consulted about future arrangements for the child or young person before a review decision is made. If the child or young person is subject to the guardianship of the Supreme Court or the Family Court, the court must be informed of any change of placement.

All DoCS records are to be amended, including the Client System, to record the carer's death and any change in placement arrangements for the child or young person. Any other agency involved in the case or with the parents of the child or young person must be kept informed.

Obtaining a Death Certificate

If a child or young person's parent has died, the Manager Casework must write to the Registrar of Births, Deaths and Marriages within one month of the death to obtain a copy of the death certificate. A copy may be given to the child or young person and/or a copy kept on the file. Other DoCS records, including the Client System, must be amended as appropriate.

The supervising Child Protection Caseworkers need to find out if the child is a beneficiary of the deceased person's estate. Action must then be taken to ensure that the child's rights and interests are protected. This may require contact with Legal Branch.

Religious affiliation

DoCS may arrange for a child or young person to undertake the appropriate ceremony in relation to their chosen religious affiliation if the parents of the child or young person, or the child or young person themselves, want this to occur.

Health Care

Meeting the health needs of children and young people in care

Child Protection caseworkers must ensure that plans are in place and actions occur so that the health needs of children and young people in care are met.

Business Rule Plans must be made to meet the health needs of children and young people in care







These needs must be considered and addressed:

- at the time of entry into care
- during regular needs assessments
- when case planning
- at case reviews.

Particular attention needs to be given to the special health and medical needs of children or young persons with disabilities in Out-of-Home Care.

Practice Point

What do we need to consider?

We need to be familiar with the provisions of both the Children and Young Persons (Care & Protection) Act 1998 and the Children (Care & Protection) Act 1987 in relation to medical treatment and consents for children and young persons in care during this transitional period.

Section 177 of the Children and Young Persons (Care & Protection) Act 1998 deems a person who is an authorised carer under the Children (Care & Protection) Act 1987 to give consent to ordinary medical treatment (non-surgical and surgical) for children and young persons in care.

Section 174 of the Children and Young Persons (Care & Protection) Act 1998 gives provision for a registered medical practitioner to give treatment without consent in order to save a life or prevent serious damage to a child or young person's health.

Section 175 of the Children and Young Persons (Care & Protection) Act 1998 relates to 'special medical treatment' which is defined in the section as:

 a) any medical treatment that is intended, or is reasonably likely, to have the effect of rendering permanently infertile the person on whom it is carried out; not being medical treatment:



- i) that is intended to remediate a life threatening condition, and
- ii) from which permanent infertility, or the likelihood of permanent infertility, is an unwanted consequence, or
- b) any medical treatment that involves the administration of a long acting injectable hormonal substance for the purpose of contraception or menstrual regulation, or
- c) any medical treatment in the nature of vasectomy or tubal occlusion, or
- d) any other medical treatment that is declared by the regulations to be special medical treatment for the purposes of this section.

A medical practitioner may carry out special medical treatment on a child if they are of the opinion that it is necessary, as a matter of urgency to carry out the treatment in order to save the child's life or to prevent serious damage to the child's health, or, if the Guardianship Tribunal consents.

Personal Health Record for Children

When a child enters care, Caseworkers are to obtain the Blue Book from the parents if possible. If this is not possible, you may request a new one for the child from an Early Childhood Health Service or hospital where local records may also exist on the child.

The Blue Book is given to the foster carers who keep it and update it while the child is placed with them. It is to be given back to the Caseworker when the child leaves the placement to ensure that it goes with the child to the next placement or to the parents.

Practice Point

What is the Blue Book?

NSW Health produces a booklet 'Personal Health Record for Children' known as the Blue Book. This booklet is given to all parents in NSW when a newborn baby leaves hospital.

The Blue Book enables a record to be kept of a child's health examinations, progress and immunisations from birth throughout their childhood.



Caseworkers and carers should familiarise themselves with the information on the child in the Blue Book especially regarding allergies, health progress and the immunisation records.

If a child or young person in care does not have a Blue Book, their health progress must be recorded by their carer and reported regularly and at reviews to DoCS staff. Caseworkers are responsible for making sure that planning includes health concerns and that any action is recorded on the child's file.

DoCS has a responsibility to maintain records on children and young persons who enter Out-of-Home Care. These records may contain information about the child or young person's medical history or the medical history of other family members which, if known, may lead to different decisions about a proposed medical treatment.

Other Health Considerations

For children or young persons for whom restoration is a possibility, you should consult the natural parents about their views on a proposed treatment in case they want to either oppose the treatment or to have the matter determined by the court.

If you are considering action to prevent a medical or dental treatment, which has been consented to by the young person, you must first consult DoCS' Legal Services.

In adoption cases, the birth parents are entitled to receive birth details and copies of medical reports and examinations of the child before the child is placed for adoption.

If a child is in care while the parent is considering relinquishment for adoption and needs medical intervention, the consent of the parent or guardian must be obtained. From the date an Adoption Consent is signed by the parent until the Adoption Order is made in the Supreme Court, the consent of the Director-General or his or her delegate is required for:

Business Rule

Parents are consulted about treatment for their children in care, particularly if restoration is likely





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Business Rule

Children and young people in care should have their own Medicare cards unless in care temporarily

Business Rule

Children and young people in care are not included on a carer's Medicare card

- immunisations
- surgical procedures
- administration of an anaesthetic
- blood transfusions
- other medical interventions, such as HIV testing.

The consent of the Manager Adoption Services must be sought for medical intervention, such as surgery or blood transfusion, and for any physical examination which might be used as evidence in cases involving a report of risk of harm about a child in Out-of-Home Care after Adoption Consent has been signed.

Medical payments and Medicare cards

Generally, carers should apply to Medicare for appropriate rebates on general medical expenses.

All children and young persons in Out-of-Home Care should have a Medicare card of their own, except for temporary care arrangements and certain pre-adoptive cases. You need to make sure that an application is made to Medicare as soon as possible for a Medicare card for the child or young person.

Children and young persons are not to be included on the carer's card. When the child or young person enters care, the Caseworker must make every effort to obtain the child or young person's card or, if this is not possible, to obtain their Medicare number.

When a child or young person is placed in a short term placement, the carer is required to pay the first \$250 per quarter from their carer's allowance for medical, dental, prescription and pharmaceutical needs. Amounts exceeding \$250 in a quarter will be met by DoCS.

For children and young persons in long term placements, the carer is required to pay \$1000 per annum from their carer's allowance for medical,



dental, prescription and pharmaceutical needs. Individual bills over \$250 should be reviewed for payment by the Manager Casework.

Health Care Cards

Health Care Cards (HCC) are issued through Centrelink when children and young persons are in receipt of an allowance. A HCC is not issued to a young person if Family Payment is paid for that young person.

A child or young person in Out-of-Home Care will generally not qualify for a HCC in their own right because of the Family Payment entitlement of the foster carer.

A Health Care card is available to carers for use for the child only if:

- they receive a family allowance for the child or young person, and
- the child was eligible for a concession card in their 'original' family, birth or adoptive.

If Family Payment for a child or young person in Out-of-Home Care is paid directly to a residential care service rather than to a foster carer, a HCC may be granted to the child or young person in their own right.

Managing medication for children or young persons in Out-of-Home Care

Practice Point

What is medication?

'Medication' refers to tablets, drops, injections etc prescribed by a medical practitioner as well as 'over the counter' medicines.

No medication may be given to children or young persons in Out-of-Home Care without written orders or a prescription from a medical practitioner, except for the following 'over the counter' medicines :

- mild analgesics eg paracetamol
- antacids eg Mylanta

Business Rule For children and young people in temporary placements, carers meet the first \$250 per quarter for medical, dental and medication needs. For long term placements, this is the first \$1000 per year.



Business Rule Except for a limited range of over the counter medicines, no medication may be given to children or young people in care without written orders from a medical





Business Rule

Psychotropic medication is administered only after comprehensive assessment by a qualified specialist

- mild laxatives
- non-restricted topical agents eg calamine lotion.

Administration of medication must be carried out according to the manufacturer's instructions on the container or the instructions on the pharmacist's label.

Injections are only to be given by medical practitioners or registered nurses. However, children and young persons with insulin dependent diabetes need to be trained to self-administer. If this is not possible, the carer must be trained and certified competent by a medical practitioner.

It is important that a record is kept of all medications that the child or young person is currently taking so that medications are not missed or given incorrectly.

Records need to include:

- the name and strength of the drug
- how and when the drug is taken
- which doctor prescribed the drug
- known drug allergies
- any occasions when medication was missed or accidentally taken.

All medications need to be stored in a safe place.

Psychotropic medications and behaviour management

The issue of informed consent must always be considered if psychotropic medications are going to be used. Please see the section on Informed Consent. The Manager Casework must approve.

The decision to prescribe psychotropic medication should only be made after a comprehensive assessment of the child or young person's emotional



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and behavioural disturbance by a qualified specialist.

This assessment should include:

- descriptions of the behaviours
- assessment of the efficacy of previous drug and non-drug treatments
- consideration of biological, psychological, environmental and social contributions to the presenting problems and any known factors which trigger, prolong or lessen the behaviours.

Treatment with psychotropic drugs needs to be an integral part of the management strategies in the individual child or young person's Case Plan. It is unusual for psychotropic medication to be the sole treatment or management strategy.

The precise reasons for prescribing the psychotropic medication must be stated in the child or young person's case plan. It is important to consider possible alternatives or seek further professional advice rather than use medication as a form of restraint.

Any changes in the child or young person's behaviour during the course of treatment must be accurately recorded. You need to talk to the child or young person and their carers about the child or young person's reaction. You should also observe their behaviour first hand to ensure that an accurate account is given to the specialist or health team about the progress of the treatment.

The purpose and possible side effects of any prescribed medication and the importance of its administration must be explained to the carer. This is particularly important for children or young persons with medical conditions, such as epilepsy, whose lives may be threatened if the medication is not taken as prescribed.

When a psychotropic medication is withdrawn, a proper withdrawal regime must be designed in consultation with the appropriate health professionals and the child or young person and their carer. Sudden withdrawal of psychotropic medications, especially when these have been in use for a lengthy period, is usually undesirable and may cause serious complications.

Business Rule Carers must be provided with information about infection control.



Business Rule Approval is required for placement and payment of fees for pre-school, child care, private schools and boarding schools



Universal Precautions for Infection Control and Meeting the Needs of Children in Care with Infectious Diseases

Universal precautions for infection control reduce the risk of transmission of all diseases borne by blood, body fluids and body substance. These precautions involve the use of protective barriers and practices to protect service users and providers from exposure. The basic principle is to treat all these substances as potentially infectious and apply this principle universally to all patients regardless of their infectious status.

Appropriate resources must be available at all times to ensure the safety and well-being of clients and carers.

- Workers and carers must have access to latex rubber gloves at all times. Gloves must be worn when handling or cleaning up blood and all body fluids and when changing or handling sanitary napkins for clients.
- When cleaning a spillage of blood or other body fluids, a solution of one percent chlorine, cold water (not hot) and detergent must be used. Blood and other body substances are disposed of as if they were infectious.
- All 'sharps' such as needles and razor blades must be disposed of in proper sharps disposal containers, not glass containers.

Education

Private School, Pre-School and After School Care - Enrolment and Approval

As a general rule, children and young persons in Out-of-Home Care attend government schools. However, they may be enrolled in private schools in exceptional circumstances if this has been clearly identified in the case plan as the best way to meet their particular needs, including their cultural and religious requirements.

Enrolment in boarding school cannot occur without the Director's Child & Family approval.

Enrolment in a private school cannot occur until approval is received from

the Manager Client Services. Prospective carers must be informed of DoCS policy about enrolment in private schools before the placement of the child or young person. Approval by the Manager Client Services is still required if the carer is prepared to meet all costs and the enrolment is not contrary to the Case Plan.

Examples of exceptional circumstances where enrolment in a private school might be approved include:

- the special needs of the child, including any disability
- the particular social dynamics of the child's placement eg. all the other children in the household already attend a private school
- the enrolment is necessary to maintain stability and continuity in the child's life eg the child was already a private school student before entering care.

The Area Director may also approve, on a case by case basis, other fees and costs which are an integral part of the child or young person's participation in school activities.

Private school building funds are a voluntary component of the non government school fee structure. As non government schools are funded by both Commonwealth and State governments, no contribution is to be made to school building funds as part of the fee structure or to any separate levy.

Approval for enrolment and payment of fees is for the current school year and is subject to annual review. In approving the enrolment, Child Protection Caseworkers must be satisfied that the enrolment meets the child or young person's needs, is consistent with the Case Plan and the fees charged are average for the area.

For pre-school, child care and private school enrolment, the supervising Child Protection Caseworker has to prepare a report which includes:

 a recommendation on the merits of the enrolment in fulfilling the Case Plan goals









Business Rule Carers meet \$80 per week of child care costs from carers' allowance

- details of the pre-school/centre/program/private school
- the days and times of attendance
- the fees charged
- . the reasons for and against the enrolment and payment of fees
- any relevant supporting assessments and reports.

If approval is given, you should inform the carer and make arrangements to pay the balance of the fees. The carer is required to pay \$80 per week of childcare costs from their carer's allowance.

Caseworkers must monitor the child or young person's attendance and progress and review when necessary. The Children's Services Adviser is to be consulted if a child in pre-school or child care is being reviewed. The review should include a recommendation on whether the enrolment should continue or not.

If the carer is in employment and the enrolment is to enable the carer to continue in employment, the report on the child or young person's enrolment must focus on the needs of the child. The recommendation must include the proposed action about paying the fees.

If you propose to place a child or young person with carers who are in employment, you must consider the child's possible participation in child care, including before and after school care and vacation care, before the placement is approved. You need to focus on the child's emotional and developmental needs at the time of placement.

Payment of fees is only to be made after approval and for the period of approval. Caseworkers must make sure that accounts are sent to the CSC on a regular basis. Accounts should specify the period and days on which the child attended.

Practice Point

The term 'private school' refers to all types of non-government schools.

A 'boarding school' is any school where the child or young person is to regularly stay at the school overnight, during the week or for the school term.

Fees are defined as only those costs associated with tuition and accommodation (boarding school) or other fees that are crucial to the child or young person's attendance. For more details, please see the section on Out-of-Home Care Payments.

 The carer is required to pay the first \$250 per quarter of education costs. This includes fees, tutoring, and the hire and purchase of text books. The carer has to meet the cost of school uniforms, sports uniforms, excursions and school camps from the carer's allowance.

Children and young people in Out-of-Home Care should attend the child care or school which best meets the individual needs identified in their Case Plan.

Decisions about child care and schooling should involve the child or young person, as well as their family and carer, wherever possible.

Special consideration needs to be given to the choice of child care and schooling for:

- children of Aboriginal or Torres strait Islander background
- children with disabilities
- children of non-English speaking background
- · children from rural or remote areas
- children with special needs.

The education provided for the child or young person must promote their culture, religion and general rights and must not disadvantage their development or hinder their opportunity to participate in the activities of their family or community.

Carers meet the first \$250 per quarter of education costs

Business Rule

Business Rule Families and carers are to be involved in decisions about education and child care



Practice Point

What assistance is available for schooling?

The Department of School Education has established District Substitute Care Teachers who provide itinerant support for children and young people in care.

Details of the locations and contact numbers for these teachers are available from the Senior Education Officer (Substitute Care) on (02) 9886-7521 or from the Senior Education Officer (Community Care Programs) at NSW Department of School Education, Level 4, 35 Bridge Street, Sydney (from October 2000).

You should consult the District Substitute Care Teachers about school enrolments for children or young people in care and involve them in case planning as appropriate.

Abstudy & Austudy

Students of any age who receive Austudy and students who are 16 years of age and receive Abstudy, do not qualify for Family Payment. They may qualify for a HCC in their own right, subject to the usual income and residency requirements.

If the foster carer holds a HCC and the Abstudy student is 15 years of age, they may qualify to be included in the foster carer's Family Payment and therefore would be covered by the carer's HCC.

Changes to Placement

Responding to Placement Disruption

Disruption of a placement refers to the threat of breakdown or actual breakdown of a placement. This is the point where the child or young person no longer wishes to stay with the carer or the carer is no longer willing or able to care for them.

Agencies and Child Protection Caseworkers must always try to support continuity and stability of placement to minimise the risk of disruption and further moves for the child.

In the event or risk of disruption of a placement, you must make every effort to resolve the issues affecting the relationship between the child and the carers before removing





the child or young person. If the disruption is unavoidable, this will help to enable a successful and sustainable transition.

You need to be alert to the possibility of disruption so that a pro-active response may be planned. Removing a child or young person from their placement should not occur unless an assessment of the situation, including the physical and emotional risk to the child or young person, has been undertaken.

If a removal from placement occurs in an emergency situation, the reasons for the move are to be explained to the child or young person as soon as possible. Children and young persons are to be spoken with and prepared for the removal to another placement and given every assistance to come to terms with the disruption.

The Case Plan must be reviewed to cover the disruption and to ensure that it meets the needs of the child or young person in future.

There is a correlation between the age of the child or young person and the likelihood of disruption. The older the child or young person at the time of placement, the greater the risk of placement breakdown. Caseworkers must give particular attention to preparation and support for placements of young people. Young people placed with extended family or people they already know are equally vulnerable to disruption and require as much supervision as any other placement.

You need to be alert to the dynamics of each placement and where contentious issues between the child or young person and the carer are likely to occur. Every effort must be made to resolve issues at the earliest possible stage before conflict occurs.

Breakdowns in Adoption Placements

The Manager Adoption Services is the delegated legal guardian of children relinquished for adoption in NSW (except children under the parental responsibility of the Minister as determined in the Children's Court) and for children born overseas who enter NSW for the purpose of adoption.

Business Rule When placement disruption is likely or occurs, case plan is reviewed

Business Rule Young persons and their carers may require intensive placement support due to risk of placement disruption





If you become aware of the threatened or actual breakdown of an adoptive placement, you must notify the Manager Adoption Services immediately. The Adoption Information Regulation provides for birth parents, who are registered on the Reunion and Information Register, to receive advice when the relationship between the adopted person and the adoptive parents has irretrievably broken down and the adopted person is living separately from the adoptive parents.

The consent of the Manager Adoption Services must be obtained if the child is to be removed from the placement and placed in an alternative placement. After the disruption of a local adoption placement, the child should if possible be placed with their previous temporary carers.

The Manager Adoption Services or his or her nominee must be included in any case conferences and consulted about both short-term and long-term Case Plans.

In adoption cases where several different workers are involved, such as a private social worker, child and family officer or community service consultant, it is important that a key worker is nominated. The key worker will then keep the Manager Adoption Services informed of progress, with written reports and other contacts as required.

If a placement breaks down after an adoption order has been made, the Caseworker must contact the Manager Adoption Services to discuss the involvement of an adoption worker in assessing the child and deciding whether to refer them for another adoption placement.

Assessing placements at risk

If there are unresolved risk factors or other issues have arisen, the Caseworker must assess the situation. This assessment must include an analysis of the factors contributing to the risk of disruption and possible placement alternatives. Comments about the advantages and disadvantages of the current placement versus available alternatives are appropriate.

In making the assessment, the Caseworker should consult other professional DoCS staff, such as the departmental psychologist, child protection specialist and, in adoption cases, the private social worker. You should also consider any other specialist assessments of the child or young person which may be relevant.

Other CSCs or agencies that have a role with the child or young person should also be consulted.

The Manager Casework or, in adoption cases, the Manager Adoption Services must review the case to consider what services, if any, may need to be provided to prevent the breakdown of the placement. If the placement is no longer viable, then support services to help those involved come to terms with the disruption must be provided.

The Manager Casework or the Manager Adoption Services has the delegation to approve removal of children and young persons under the parental responsibility of the Minister from a placement. The carers must be advised in writing why the decision to remove has been made.

The child or young person's file must remain with the coordinating CSC or the Community Service Consultant in the Adoption Services Branch until any new supervisory arrangements are resolved by a case conference. The file and all relevant reports and assessments must be sent to the new CSC within 5 working days of the placement, after coordination responsibilities have been resolved.

If the child is temporarily placed pending the arrangement of longer term care, the original CSC or the Adoption Services Branch remains responsible for the overall casework, liaison with temporary carers and for the file until a more permanent placement is made.

The coordinating Manager Casework or the Manager Adoption Services must make sure that:

 substitute care payments to the original carer stop from the day the child or young person is removed Business Rule Following placement disruption, case remains with coordinating CSC until new arrangements are resolved at a case conference







- the CIS/PAS is amended
- reports and assessments are brought up to date, attached to the child or young person's file and copies distributed to relevant people
- a departmental transfer note is completed if the file is to leave the CSC.

Reviewing the reasons for the disruption

A formal review must be done after the disruption of a placement to help all parties to consider the process and understand the reasons for the disruption.

The aim of the review is to collect information and identify causal factors. The review is chaired by the Manager Client Services or the Manager Adoption Services and includes:

- the circumstances of the child or young person entering care
- the child or young person's social history
- the rationale behind the placement decision and the evaluation of the carer's strengths and areas of risk
- the introductory stages of the placement
- all aspects of the placement before and including disruption.

Approving Absences for Children or Young Persons from Care

An absence from care is time spent away from the child or young person's usual placement and outside their usual daily routine for home and school. Absences may be one-off events such as a school camp or special excursion or they may be recurrent events such as fortnightly access with a parent.

Approval for any absence must be based on an assessment of the safety of the child or young person and how appropriate the activity is for them. The child or young person's views about opportunities for recreational activities should always be considered when approving absences from care.

Children or young persons in Out-of-Home Care are encouraged and supported to have access visits, holidays and social visits consistent with appropriate child development and their individual Case Plan.

44 A formal review is held following placement disruption



Business Rule Approval is required for extended absences

from placements





Approval of absences from care need to consider the importance of maintaining the child or young person's cultural identity and family relationships. For example, it may be appropriate to approve and support arrangements for an Aboriginal child to attend the funeral of a tribal elder.



The approval of the Manager Casework must be obtained for holidays, school camps or other extended absences away from the child's usual placement when children and young persons are under the parental responsibility of the Minister.

For a child or young person with special needs, a disability or behavioural difficulties and where respite is included in the Case Plan, DoCS will meet all costs.

Vacation camps

The child or young person must have a choice about attending a camp and must be consulted about and agree to all aspects of the camp.

DoCS retains a duty of care when children and young people attend camps. Children or young persons with the following behaviours cannot participate in mainstream camps:

- seriously aggressive behaviour
- sexually assaultive behaviour
- a history of illicit drug use or other substance abuse eg petrol sniffing
- identified psychiatric disorders associated with seriously self destructive or challenging behaviours
- any other behaviours that pose serious risks to other children or adults.

Short absences

For short absences, such as overnight or weekend stays, carers must inform the Child Protection Caseworker of the arrangements.







Longer absences

For absences longer than a week, carers must inform the Caseworker of the arrangements. Interstate or overseas absences must be approved by the Manager Client Services.

Recording an Absence

Details of who will be responsible for the child or young person during the absence must be recorded on the child's file and in the Client System as part of the case plan. Details of supervision or monitoring of the child or young person during extended absences are also to be recorded.

If the child or young person is going to live for an extended period outside the area of the usual placement, the relevant Manager Casework must negotiate any supervision arrangements with the relevant CSC if appropriate. Please see the section on case transfer.

When a child or young person temporarily leaves a placement, eg for respite or for a camp, the allowance will continue to be paid to their carer unless the absence exceeds 21 days. For longer periods, financial payments must be discussed with all relevant parties before seeking approval from the Client Services Manager. Contingencies may be paid for respite care.

Arrangements should be made for the child or young person to receive their usual pocket money allowance during extended absences. Pocket money is included in the care allowance.

Missing Children and Young People

Carers and Child Protection Caseworkers must promptly report to the relevant Manager Casework any unapproved absences from care or if the whereabouts of the child or young person is unknown. Appropriate action must be taken to ensure, as far as possible, the safety and well-being of the child.

You are required to report the child or young person as a missing person when it is verified with their carers and family that they cannot be located. A critical incident report must be sent to the Area Director at the same time





Business Rule Financial arrangements for temporary absences from placement are discussed prior to seeking approval for the absence



Business Rule Manager Casework is advised of unapproved absences from care promptly

as they are reported missing to the Police. For further information, please see the section in this handbook on Missing Children or Young Persons who are Clients of DoCS.

Arranging Travel for Children and Young Persons under the Parental Responsibility of the Minister

DoCS supports travel if it provides benefits for a child or young person in care.

The Manager Casework can approve expenses incurred for travel and accommodation if this is part of the approved Case Plan and enables the child or young person in care to have access to and contact with their family or significant others.

Travel which is considered of benefit to the child or young person may also be approved by the Manager Casework. For example, travel which will help a child or young person to understand and appreciate their cultural heritage will be supported.

Expenses incurred by the carer for travel and accommodation while accompanying the child can be reimbursed.

When a child or young person in care has to travel, their needs must be considered when deciding on the mode of travel. Special consideration must be given to children or young persons in care who live in rural and remote communities.

When arranging contact meetings or case conferences, the child or young person's needs must be paramount in deciding whether the child should travel to the family or vice versa. The coordinating CSC is responsible for the cost of travel and any necessary accommodation for the child or young person and their carer to facilitate contact or to fulfil the approved Case Plan.

If the child's birth family are unable to travel for contact or attend case conferences due to their financial circumstances, the Manager Casework of the office coordinating the birth parents can approve and pay the costs of





Business Rule The child or young person's needs are paramount when determining venue for contact







Business Rule

The parents of a child or young person are informed is they are going to travel overseas



their travel and accommodation. For further information and contingency codes, please refer to this chapter on the Intranet.

Interstate Travel for a Period Exceeding Three Months

Approval from the Area Director is required for a child to travel interstate for a period exceeding three months. Approval for interstate and overseas travel for children placed in care for the purpose of adoption rests with the Manager Adoption Services Branch.

Overseas Travel

Children in care can travel overseas provided it is in their best interests and does not contravene any Court Orders.

The Manager Casework can approve a child travelling with a carer or a young person travelling without their carer for less than 3 months.

The approval of the Manager Client Services, on the recommendation of the Manager Casework, is required if the proposed absence is between 3 and 12 months. The approval of the Area Director is required for all proposed absences of more than 12 months.

During the transition period before full proclamation, a child or young person who is under the parental responsibility of 'another suitable person' under section 79 (1) (a) (iii) will need the consent of the Minister to travel overseas. After the proclamation of Chapter 10 of the Act, the Children's Guardian will hold this function. The consent of the Minister will also be required for travel overseas by a child or young person if they are under the responsibility of the Minister under section 79 (1) (b).

If a request is made for a child in care to travel overseas, the child's birth parents must be advised as soon as practicable, whether their consent and approval is required or not.

Passports

A passport in the child's legal name is to be obtained for them when travelling overseas. Documentation establishing Australian citizenship must be submitted with the passport application. If the child was abandoned at birth, Section 5 of the Australian Citizenship Act provides that the child has Australian citizenship unless proved otherwise.

If the child or young person is in the care of the Minister or Director-General, a letter of consent to issue the passport must accompany the passport application.

In certain circumstances the name the child has been using may be entered, but only if action for change of name or future adoption is considered appropriate. The use of that name for passport purposes will need to be supported by appropriate documentation. The final determination for the use of the name will be with the Department of Foreign Affairs. A child or young person who has been in Australia as a permanent resident for 2 years can apply for citizenship

Paying Bail or Fines for Young People Who Are In Care

Young people who are under the guardianship of the Minister and who have committed an offence, or for whom bail is sought by the court, are the responsibility of the Department. For this reason, every effort must be made to prevent young people being detained.

If lodgement of a cash surety is required by the court or there is a condition calling for an Acceptable Person (Bail Act 1978) to make an acknowledgment or enter an agreement, the matter must be referred to the Area Director. He or she must make the decision to:

- approve of and lodge the bail money imposed by the court
- approve of an individual officer acting on behalf of DoCS as an Acceptable Person under the provisions of the Bail Act 1978





See.

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Business Rule

Consent is required for a child or young person to enter the armed forces or an apprenticeship if parental responsibility for them has been allocated



 approve any payment of surety if the child or young person defaults bail conditions.

The Attorney General has indicated that the lodgement of a departmental cheque will suffice for cash.

Wherever possible, the payment of fines should remain with the child or young person. If the child or young person is unable to meet the fine, the Caseworker should try to negotiate to have the child or young person pay off the fine in instalments. If the child or young person is at risk of a custodial sentence if the fine is not paid, DoCS should assess whether it should assist by paying the fine. Fines under \$250 may be paid in accordance with existing delegations ie by the Manager Casework or Client Services Manager. Fines over \$250 must be referred to the Area Director for consideration and approval.

Entering An Apprenticeship or Enlisting In The Armed Services

Young people in care may choose to enter an apprenticeship or trade or enlist in the Australian Armed Forces.

Caseworkers must do all they can to encourage and support the young person and help them complete the apprenticeship or enlistment application.

During the transition period before full proclamation, a child or young person who is under the parental responsibility of 'another suitable person' under section 79 (1) (a) (iii) will need the consent of the Minister to enter an apprenticeship or enlist in the Armed Services.

After the proclamation of Chapter 10 of the Act, the Children's Guardian will hold this function. The consent of the Minister will also be required for a child or young person if they are under the responsibility of the Minister under section 79 (1) (b) to enter an apprenticeship or enlist in the Armed Services. The Manager Casework can give consent as the Minister's delegate by signing the application.



The Caseworker must prepare a report and recommendation on the young person's application for consideration by the Manager Casework. If consent is given, the child or young person should be informed in writing and their file noted.

The Manager Casework may approve expenses for the purchase of tools, safety clothing and other materials considered essential for the particular trade.

Financial & Legal Arrangements

Making of Wills

The making of a will by a child or young person under the guardianship of the Minister or the Director-General can occur in certain prescribed circumstances. In normal circumstances when a child or young person dies before attaining the age of 18 years, their estate is divided equally amongst their next of kin.

However in certain circumstances, a child may be permitted to make a will in accordance with Section 6A(1) of the Wills, Probate and Administration Act. This is of particular importance to those children who have received compensation as victims of abuse where the perpetrator is also the next of kin. Under the provisions of this Act, the child may obtain leave of the Supreme Court to make a will. The court needs to be convinced that special circumstances exist, which warrant the child making a will. The fact that a perpetrator could benefit from compensation awarded to the child would appear to constitute an appropriate special circumstance.

If a child indicates they want to make a will, a 'tutor' has to be appointed to institute proceedings on their behalf. This tutor may be the relevant Area Director. The tutor is formally appointed by the Supreme Court after the filing of a consent to act as tutor, together with a certificate from Legal Services declaring that the tutor has no interest in the proceedings adverse to that of the child. The application should also include the terms of the will, setting



Business Rule A child or young person may be able to make a will in certain circumstances.



out the proposed alternative arrangements for the distribution of the estate.

In cases where compensation as a victim of abuse has been received, and the child is very young or because of their intellectual capacity is not capable of expressing their own wishes, application may still be made to the Supreme Court to exclude the perpetrator as an eligible beneficiary.

The matters that need to be considered before making an application to the Supreme

Court for a valid will are:

- Has the child been abused by a close relative (parent or sibling)?
- Has the child received compensation as a victim of crime?
- Would the perpetrator be likely to benefit under the intestacy rules if the child dies?
- Who should benefit in place of the perpetrator under the child's proposed will?

Arranging Trust Accounts

Property held by DoCS on behalf of a ward or protected person must be invested in accordance with the Trustee Act 1925. For this reason the department may enter into an arrangement with the Public Trustee to manage any property held.

DoCS has to seek the advice of financial institutions so that a reasonable return on any investments is made. Investments for children in care should only be made with authorised organisations. There is a list of approved organisations on the Intranet.

Obtaining Consent for Marriage

Young people in care who wish to marry but are under the age of 18 years have to obtain consent to marry.

A young person between the ages of 16 and 18 years can marry but only



Business Rule

Property of a ward, protected person or person for whom the Minister has parental responsibility is held in trust



with the consent of a court with jurisdiction under the Marriage Act, 1961 (s.12(1) and s.23(1)(c)). The court can only give consent if 'the circumstances of the case are so exceptional and unusual as to justify the making of the Order' (s.12(c))

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If the court can be convinced of this, the court then has a discretion whether or not to give its permission for the marriage to take place. If the court does give permission, the marriage needs to take place within 3 months of the Order or the Order ceases to have effect.

If a young person in care and under I8 years of age wishes to marry, they must be told that they need to apply to the court for permission and the restrictions placed on the court explained. The parents, foster carers and significant others of the young person should also be consulted if appropriate.

Legal Services will advise which court can deal with the application ie the Local Court, the Supreme Court or the Family Court.

If the young person and their partner decide to apply to the court, then DoCS will make the application on their behalf. A court report should be prepared by Child Protection Caseworkers in consultation with Legal Services outlining the circumstances of the young person. If the court grants consent to marry, the Manager Client Services of the coordinating CSC must congratulate the young person and their partner both personally and in writing.

The parents, carers and significant others are also to be informed of the court's decision.

During this process a Leaving Care Plan must be developed and implemented after the marriage has occurred.

Children Claiming Against Foster Carers' Estates

A child or young person who has been in the care of a foster carer for some time and accepted as part of the family may be entitled to apply for a share of the estate.



Business Rule The Manager Client Services personally congratulates a young person in care who marries

Business Rule

A leaving care plan is developed and implemented when a young person is seeking permission to marry The Family Provisions Act was drafted to protect people from being unfairly disinherited by family members in their wills. Any person who was at any particular time wholly or partly dependent upon the deceased person and who was considered part of the deceased person's household could be eligible to make a claim.

All carers should be given this information during the assessment and approval process. Young people should be advised of this during planning for leaving care or during after care.

Procedures for Children and Young Persons Leaving Care

Reunification with Family

Reunification when there is a Restoration Plan

Restoration Plans are compulsory if restoration is a realistic possibility before a Final Order is made. A Restoration Plan must be developed for the Children's Court and should include strategies to facilitate restoration such as increasing contact with family and trial periods at home. Please see the Children's Court section for more information on restoration plans.

Restoration when there is No Restoration Plan

If a child or young person is in Out-of-Home Care under an order of the Children's Court which re-allocated parental responsibility, you need to seek an order from the Children's Court to allow the parent to resume parental responsibility. This applies unless the order was made for a set period allowing for restoration to occur at a specific time.

What Needs to be Considered when Family Restoration is Planned?

Plans for restoration must be made with the involvement of the child or young person, their birth family, their carers, other people significant to the child and relevant professionals and agency staff. Wider kinship and community involvement may be needed for Aboriginal and Torres Strait Islander children and young persons.

To achieve successful family reunification, you need to identify and pursue the most appropriate or optimal level of reconnection with the birth family. You also need a



commitment from all agencies involved to help the parents and maximise the success of restoration.

Leaving care to live independently

A Leaving Care Plan must be prepared for each young person before they leave and then implemented.

The Plan must be prepared in consultation with the young person and specify the steps to be taken to prepare the young person, their parents, carers and others involved.

These steps include:

- identifying self-care or financial management skills that the young person will need and developing strategies to ensure that these are acquired
- discussing the implications of leaving care with the young person and their carers
- helping the young person to ask the carers how they see their future relationship
- identifying the supports which will continue to be available
- telling the child or young person about the procedures for leaving care and how to access future financial and counselling supports if needed.

When they leave care, the young person is entitled to access all personal information held by DoCS. DoCS must provide an appropriate person to support the young person through this process.

What should you do to prepare a young person for leaving care?

You should start making leaving Care Plans at least 12 months before the young person is scheduled to leave care. They are complex and often require many actions. The young person may not necessarily be leaving their current accommodation, but this is a common option.

Business Rule The child or young person and all others with an interest are involved in development of restoration plans

Business Rule

Leaving care plans are developed and implemented when a young person wants to live independently



Business Rule

Start making leaving care plans at least 12 months before a child or young person is scheduled to leave care (ie at 17 years if leaving care earlier is not proposed

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Leaving care is a major transition time and young persons are not always ready for it. They often need sensitive support as they access documents held by the carer or agency.

Young persons need to be given information in a way that is appropriate to their age and developmental stage and in language that they understand. Make sure they are aware of their rights and what they need to do to sustain an income and access education or training. Verbal information should be followed up with a clear written summary of decisions made and actions to be followed up.

Plans for leaving care will and do change and this should be expected. Planning should remain open and flexible to support these changes. Leaving care planning is not a one-off event but an ongoing developmental process.

You will need to work with the young person to address issues such as accommodation, income support, knowledge and understanding of personal history, contact with family members, access to education and training, strategies for independent living, health issues and living skills needed to survive in the wider world.

The leaving care worker should be someone who will remain available to the young person in after care and provide stability in this transition time.

AFTER CARE

Young persons leaving care may be entitled to assistance until they are 25 years old.

The Minister has the discretion to continue to provide or arrange appropriate assistance to a person after they reach the age of 25. This assistance can include providing:

- information about available resources and services
- financial assistance and help to obtain accommodation, set up house, find employment and access education and training, legal advice, counselling and health services.

The function of the after care work is to respectfully support the plans the young person has for their life. It is particularly important that young persons do not feel lonely, isolated or unsupported and that accommodation is located where there are established 'links' for them. If this is not possible, the after care worker needs to support new links and provide information and local resource packs to orient the young person.

ASSESSMENT & SUPPORT OF AUTHORISED CARERS

People providing Out-of-Home Care must be approved and registered by an authorised agency or approved or authorised by DoCS unless care responsibility has been allocated by Order of the court.

Assessment of Carers

Assessing a carer is a process of gathering and analysing information about them and members of their household so you can decide if they are suitable to provide Out-of-Home Care.

Before the assessment, potential carers must be told what to expect during the assessment. It may also be appropriate to invite them to attend an information session for people who want to be carers.

Potential carers must complete a formal application for authorisation to provide Out-of-Home Care. Full details of the potential carers and household members must be obtained, including names, dates and place of birth. Adult household members must be informed that they will be subject Business Rule Potential carers must complete an application, checks must be conducted and an assessment of suitability is completed to a full criminal record check, a Working with Children Check and a Client System Check. If all adult household members do not consent to these checks, the assessment must not proceed.

A DoCS assessment of carers includes information about the following issues:

Perceptions of Out-of-Home Care

- What is their motivation to provide care? Are all household members motivated or are some opposed? Why did they decide to do this now? What discussions about providing care have taken place in the household?
- What do members of the household expect providing Out-of-Home Care will be like? What do they think the children or young persons will be like? Are these expectations realistic? Do any of the household members expect that the children or young persons in care will meet any of their own needs?
- Do the carers know that children and young persons in Out-of-Home Care will have had experiences that impact on their behaviour and emotional stability? How do they think that this will affect the household and their own children?

Background of carers

- What were the experiences of the potential carers in their own families? If there were any difficulties in their family lives, how have these been resolved? How has the parenting style of their own families influenced the way they interact with their own children, or the way they plan to interact with the children and young persons in care?
- What crises have the potential carers had to face? How have they responded to these? How are they likely to respond to crises that may arise when providing care?
- If infertility has been an issue in the household, how have the potential carers responded? Have these issues been resolved? Are the potential carers still grieving about this? How will this affect their ability to provide care? How will they respond to separations from children and young persons who return home or move on to other care arrangements?
- What is the cultural heritage of the carers? How will this affect their ability to relate to children or young persons of varying culture backgrounds and help them maintain



their own cultural heritage? Are the backgrounds of the carers different? How have they resolved these differences?

 What is the educational background and employment history of the potential carers? What are their aspirations for their own children? Are the potential carers likely to be able to help children and young persons pursue realistic goals in their own lives? Are they likely to place unrealistic expectations on children and young persons in care?

Household relationships

- If the potential carers are a couple, how long have they been together? What is their relationship like? Have they had to face crises together? Does the way that they did this indicate that they will be able to manage future crises together?
- What are the other relationships in the family like?
- Who makes decisions in the household? How will this be affected by the addition of new household members?
- Will the way that the household is organised, the division of roles and responsibilities be flexible enough to adapt to the additional demands of providing Out-of-Home Care?
- What are the relationships with children or young persons in the household like? Are they accepting and positive? Do the adults in the household appreciate that children and young persons in care will not necessarily want the same type of relationship with them?
- How about the children and young persons in the household? Will they find it difficult to share their parents interest and affection? How will they be helped to understand that relationships in the family will be different?
- Do household members have supportive networks outside the home that they will be able to access? Do the main support people for household members agree with the decision to provide care? Are they likely to be helpful?

Parenting skills

- Do the potential carers understand the needs of children or young persons in care? Are they likely to be able to appreciate that these needs are likely to be different from those of their own children and the children of their friends?
- . How do the potential carers manage the behavioural development of their own

children? Has this been successful? What strategies will they use for managing the behaviour of children in care? Are they aware of the issues that they will probably need to manage when providing care?

 Does the family have recreational interests that could be shared by children and young persons in care? Do any household members have interests that are demanding of household resources and will affect the provision of care?

Ability to provide Out-of-Home Care

Specific issues about Out-of-Home Care need to be discussed with carers and their likely responses to situations assessed. The participation of the child or young person, carer and family in decision making must be discussed and the difficulties in balancing potentially differing needs. The likely involvement of family and significant others in maintaining contact with the child and issues around family reunification should be broached. The discussion should be broad enough to allow you to assess the ability of the potential carers to make a commitment to these principles and work as part of a team.

The physical and mental health of the potential carers should be considered as this may impact on their ability to provide an appropriate standard of care. Authorised carers have to submit any information relevant to their suitability to care, so asking applicants for a medical certificate is appropriate if concerns arise.

Accommodation

The carer's accommodation must be inspected and its suitability assessed. The home must be safe and any pool must be fenced. The accommodation available must be considered when deciding on the conditions of authorisation - how many children or young persons it is suitable for and what age ranges would be appropriate in the home. The premises should be described in the assessment report, including details of how the children or young persons will be accommodated.

Record Checks

Record checks must be done for each member of the household over the age of 15 years. Any negative findings must be discussed with the person and a decision made about the effect that these would have on the application.



The checks are:

- Working With Children Check which includes a full criminal record check for authorised carers.
- Check of the Client System.
- Check of the HR System to find out if the person has been employed by DoCS and if there is any record of illtreatment or neglect of children in the workplace.

If an adult household member has been charged with a child abuse offence, a serious sexual offence against either an adult or a child, or a child pornography offence this will be shown by the Working With Children Check. A risk assessment will then be done by the Professional Conduct Unit.

From late 2000 or early 2001, the risk assessment will also consider disciplinary action taken against the person by previous employers in relation to allegations of the same type of behaviour. Information about AVOs taken out against the person to protect children will be assessed from 2001.

As being in Out-of-Home Care makes children and young persons very vulnerable, any recommendation for approval where there are any risks associated with an adult household member must be given by the Director Child and Family Services.

Approval and Authorisation of Carers

An assessment report is prepared which documents the outcome of the assessment and makes recommendations about approval or non-approval of carers. It also includes the type of care they may provide and the age and number of children or young persons they can care for. The Manager Casework must approve this assessment report.

Written authorisation must be given to the carer if they are approved. The authorisation must state the conditions approved, such as the number and



Business Rule Carer assessment report is approved by Manager Casework and written authorisation provided to the carer ages of children for whom care may be provided. The authorisation issued following an initial assessment should be for one year. Further authorisations for periods of up to 5 years can be made after a period of successful provision of care and a process of review.

The carer must also be given a copy of the Code of Conduct. This must be fully explained to the carer and they must agree to abide by it.

Training of Authorised Carers

Authorised carers should be appropriately trained (in accordance with the A.C.W.A. training package). Initial training will usually occur before authorisation. Ongoing training is also important to allow carers to develop superior skills and gain specialist knowledge to improve their ability to provide care.

Topics that must be included in the initial training include:

- overview of the child and family service system and DoCS roles and responsibilities
- overview of Out-of-Home Care Who is it for? Who provides it? Why is it necessary?
- responsibilities of those involved in providing Out-of-Home Care
- explanation of the provisions of the Code of Conduct for authorised carers
- working together as a team to provide optimum care involving appropriate people in making and implementing decisions about children in care
- how to ensure participation by the child, the family and significant others and issues about planning for family reunification
- information about the effects of illtreatment and neglect on children and young persons and disruptions to bonding and attachment
- health and behavioural issues and adjustment problems of children and young persons in care.

Carers should be consulted on a regular basis about their ongoing training

Business Rule Carers receive appropriate training prior to approval needs. For example, most carers indicate that they need help with understanding and managing challenging behaviour. Skills-based training which provides this is appropriate for most experienced carers. However, local needs must be considered when planning ongoing training.

Support of Authorised Carers

Providing Out-of-Home Care can be difficult and demanding and authorised carers are entitled to support. Carers must know to whom in DoCS they can turn for assistance when this is needed. They should have a regular contact person with whom they can discuss general issues and problems about caring as well as administrative matters such as payments.

When a placement is made, the person arranging the care must make sure that carers know who to talk to about specific issues relating to the child or young person in care. If this is different from their usual contacts in DoCS, they need to know how to get hold of the person when needed.

If issues raised by carers about specific problems of children or young persons in care are complex and require specialist assistance, it is important that carers are assisted to access this. This may mean providing information about community resources or making a referral to an appropriate service. This must be done with the agreement of the carer and the child or young person.

Appropriate services may include DoCS psychologists or speech therapists and services provided by community partners or non-government providers.

All Authorised Carers should be given information about the Foster Care Association, the Foster Care Network and details of any local carer support groups.

Issues about Providing Care

Right to Information

The agency placing a child or young person must give carers the information they need to make an informed decision about taking the child into their Business Rule Carers are provided with appropriate support



Business Rule Carers must be provided with information about children or young people entering their care



care. Authorised Carers have the right to all relevant information that affects the medical care of the child and the safety of everyone in the household.

What do you need to tell the carers before a child is placed?

The following information should be shared with the carer or agency before the child or young person is taken to meet them.

- The child or young person's full name and age, religious and cultural background, current school or preschool, and the activities they have been involved in such as the church or mosque they attend.
- The reason for entry into care and any known behavioural concerns associated with this reason. For example, a child or young person who has been sexually assaulted may masturbate in public and have night terrors. A child or young person who has witnessed extreme violence may have anxiety attacks when voices are raised and soil themselves. A child who has experienced chronic neglect may hide food.
- Information on any safety issues regarding the parents. For example, is there a risk of violence? Is there a risk of the parent attempting to abduct the child or young person? What information will be given to the parents about the placement?
- The child or young person's medical history and any current treatments, particularly ongoing medical or dental issues which will require follow-up eg. asthma, bed wetting, or a dental plate to be worn at night.
- Other relevant information eg. whether parents are likely to be violent, withdrawn or rejecting of the child or young person when contact occurs and what level of contact is expected.
- If an Order has been made under S47 of the Children and Young Persons (Care & Protection) Act 1998 prohibiting a parent from carrying out a particular parental responsibility.

It is also important to remember that the child or young person also has the right to information about the potential carers. Their wishes must be taken into account when arranging the placement.

Involvement in decision-making

Carers can make most decisions about the day-to-day care of a child or young person. The extent to which this is appropriate should be discussed with the carer, the child or young person and the parents. The outcome of this discussion should be included in the case plan for the child or young person.

Unless a child is placed under a temporary care arrangement; carers can consent to medical treatment for children, which does not require surgery. If surgery is required, the Client Services Manager must consent. For children placed under temporary care arrangements, parental consent must be obtained unless the treatment is urgent, life threatening or likely to cause serious damage to health. In these situations, the doctor or dentist can proceed without consent under section 174 of the Children and Young Persons (Care & Protection) Act 1998.

Carers may provide appropriate religious instruction and allow the child or young person to participate in religious activities, which are consistent with the Case Plan.

Disclosure of Carer's Identity

Parents are entitled to know who is caring for their child unless there are safety reasons for not doing so. Decisions to withhold this information must be made by the Client Services Manager. The Children's Court can make a decision to inform the parents of the child's whereabouts under section 51 of the Children and Young Persons (Care and Protection) Act 1998. Please see the section in this handbook on the Children's Court. Carer's are entitled to know whether the parents will or will not be given information about them.

Business Rule

Carers can make most day to day decisions about the care of a child or young person



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Business Rule Generally, parents of children and young people in care are entitled to know who is caring for them. Carers must be informed of this.

PAYMENTS FOR AUTHORISED CARERS

Carers approved or authorised by DoCS or an agency are entitled to an allowance to care for a child or young person. They may also be entitled to be compensated for damage caused by a child or young person while in their care. For example, if a child or young person in care destroys property, the carer may be eligible for an ex gratia payment. However this does not apply to damage resulting from the usual activities of children and young persons, such as minor accidental breakages or wear and tear. For further information please refer to this section on the Intranet.

Carers need to have household insurance with public liability cover and comprehensive motor vehicle insurance.

The Care Allowance

- The care allowance is paid at a flat rate of \$350.00 per fortnight based on a median of the latest 'costs of children' research from the University of New South Wales Social Policy Research Centre. Contingencies for recipients of allowances are included in the allowance rate This means carers do not have to save receipts for special expenses and claim them back from DoCS.
- The care allowance has two rates for children and young persons with special needs. These are Care +1 and Care +2, providing a 50% and 100% loading respectively on the standard rate.
- The care allowance is intended to meet costs associated with housing, food, clothing, footwear, energy, household goods and services, pocket money, health, transport, leisure, holidays and personal care.
- Additional money is available for extra costs for children and young persons that are approved in their Case Plans. These may include additional childcare, specialist medical and dental treatment, respite care and support workers, and costs related to contact with the child or young person's birth family.
- Children and young persons living independently do not receive a care allowance but continue to have access to a broad range of contingencies.

Further information about the payments system is available on the Intranet.







Task	Delegation
Consent for a child or young person in Out-of-Home Care to get a passport	Before 1 July 2001 – Director-General After 1 July 2001 – Children's Guardian
Consent for a child or young person in Out-of-Home Care to get married	Before 1 July 2001 – Director-General After 1 July 2001 – Children's Guardian
Consent for a child or young person in Out-of-Home Care to leave the state	Before 1 July 2001 – Director-General After 1 July 2001 – Children's Guardian
Consent for some types of medical and dental examinations and treatments	Before 1 July 2001 – Director-General After 1 July 2001 – Children's Guardian
Approval of the placement of a child or young person in temporary care in the following circumstances:	Manager Casework
 the placement is part of an approved Case Plan to support the family the child or young person is the subject of care proceedings during an adjustment 	
 adjournment the child or young person has been removed from their parents or guardian under 	
Section 43 or their care has been assumed under section 44 of the	
Children and Young Persons (Care and Protection) Act 1998	
 a parent is considering adoption of their child but is unable or unwilling to provide for the child's care 	
• an adoption consent has been signed.	

Task	Delegation
Approval of an emergency placement made before court action or when the Director-General has care responsibility under an Emergency Care Order	Manager Casework
Approval of the discharge of a child or young person from Emergency Care before the Emergency Care Order has expired	Manager Casework
Approval of the decision not to tell the parents of a child or young person in Out-of-Home Care of the child or young person's whereabouts	Manager Client Services
Approval of the placement of a child or young person under an Interim or Final Care Order	Manager Casework
Approval of the placement of a child or young person when DoCS has parental responsibility	Manager Casework
Requesting a certified birth certificate for a child or young person in Out-of- Home Care	Manager Casework
Approval of costs associated with obtaining a certified birth certificate for a child or young person in Out-of- Home Care	Manager Casework

OUT-OF-HOME CARE DELEGATIONS		
Task	Delegation	
Seeking advice from a Consulate or Embassy regarding obtaining a birth certificate for a child or young person in Out-of-Home Care who was born outside of Australia	Manager Casework	
Approval of payments to foreign authorities incurred when seeking to obtain a birth certificate for a child or young person in Out-of-Home Care	Manager Casework	
Approval of sum of money for Christmas and birthday presents for children and young persons in Out-of- Home Care	Manager Casework	
Decision to withhold gifts or correspondence from a child or young person in Out-of-Home Care	Manager Client Services	
Approval to arrange specialist grief counselling for a child or young person in Out-of-Home Care after the death of a significant person	Manager Casework	
Decision regarding the parental responsibility and future care of a child or young person in temporary care if their parent dies	Manager Casework	
Decision as to whether a child or young person in Out-of-Home Care will attend the funeral of a significant person	Manager Casework	

OUT-OF-HOME CARE DE	LEGATIONS
Task	Delegation
Writing to the Registrar of Births, Deaths and Marriages to obtain the death certificate of the parent of a child or young person in Out-of-Home Care	Manager Casework
Approval for enrolment in private school of a child or young person in Out-of-Home Care	Manager Client Services
Approval for enrolment in boarding school of a child or young person in Out-of-Home Care	Area Director
Approval of fees and costs integral to the schooling of a child or young person in Out-of-Home Care	Area Director
Consent to change the adoption placement of child or young person	Manager Adoption Services
Review case to consider appropriate services to prevent placement breakdown	Manager Casework Manager Adoption Services
Approval of the removal of children or young persons under the parental responsibility of the Minister from a placement	Manager Casework Manager Adoption Services
Chair the review of a placement disruption	Manager Client Services Manager Adoption Services

Task	Delegation
Approval for holidays, school camps or other extended absences for children and young persons under the parental responsibility of the Minister	Manager Casework
Approval of interstate and overseas trips for children and young persons in Dut-of-Home Care	Manager Client Services
legotiations concerning supervision of hildren and young person in Out-of- lome Care who live for an extended period outside their normal placement	Manager Casework
Approval of expenses incurred for ravel and accommodation which enables a child or young person in Out- of-Home Care to have contact with significant others	Manager Casework
Approval of travel which benefits a child or young person in Out-of-Home Care	Manager Casework
Approval for a child or young person in Dut-of-Home Care to travel interstate or more than three months	Area Director
Approval for a child or young berson placed in care for the purpose of adoption to travel interstate and overseas	Manager Adoption Services

OUT-OF-HOME CARE DELEGATIONS		
Task	Delegation	
Approval for a child in out of home care to travel overseas with their carer or a young person in Out-of-Home Care to travel overseas without their carer	Manager Casework	
Approval for a child or young person in Out-of-Home Care to travel overseas for a period of 3-12 months	Manager Client Services	
Approval for a child or young person in Out-of-Home Care to travel overseas for a period of more than 12 months	Area Director	
Consent for a child or young person under the parental responsibility of "another suitable person" under section 79(1)(a)(iii) to travel overseas	Before 1 July 2001 – Minister After 1 July 2001 – Children's Guardian	
Consent for a child or young person under the parental responsibility of the Minister under section 79(1)(b) to travel overseas	Before 1 July 2001 – Minister After 1 July 2001 – Children's Guardian	
 Decision to: approve of and lodge the bail money imposed by the court approve of an individual officer acting on behalf of DoCS as an Acceptable Person under the provisions of the Bail Act 1978 	Area Director	



Task	Delegation	
 approve any payment of surety if the child or young person defaults bail conditions when a child or young person in Out-of- Home Care requires the payment of bail 	Area Director	
Consent for children or young persons under the responsibility of "another suitable person" under section 79(1)(a)(iii) to enlist in the Armed Forces or enter an apprenticeship	Before 1 July 2001 – Minister After 1 July 2001 – Children's Guardian	
Consent for children or young persons under the responsibility of the Minister under section 79(1)(b) to enlist in the Armed Forces or enter an apprenticeship	Manager Casework	
Approval for the purchase of tools, safety clothing and other materials necessary for a trade undertaken by a child or young person in Out-of- Home Care	Manager Casework	
Congratulating a young person in Out- of-Home Care and their partner upon their marriage personally and in writing	Manager Client Services	
Approval of assessment report recommending the approval or non- approval of a potential foster carer	Manager Casework	

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GLOSSARY

SECTION SIX

SECTION

Glossary of Terms

Aboriginality

We use the same meaning for Aboriginal as in the Aboriginal Land Rights Act, 1983.

It means a person who is a member of the Aboriginal race of Australia, identifies as an Aboriginal and is accepted by the Aboriginal community as an Aboriginal.

Abuse

The abuse of a child or young person can refer to different types of maltreatment. It includes assault (including sexual assault), ill treatment and exposing a child or young person to behaviour that may cause psychological harm.

Adoption

This is the legal process by which a person becomes legally a child of the social parents and legally ceases to be a child of the birth parents.

Alternative Dispute Resolution (ADR)

This is a non-threatening, non-legalistic, flexible process that focuses on helping the participants to resolve conflict. It looks at results rather than the causes of the conflict and encourages independence from professionals.

Advocate

A person who speaks on behalf of a client and tries to make sure that their views are fairly represented during all intervention. An advocate may include a supportive friend, a practitioner from an agency not involved in the intervention, or another independent adult.

Agency

A government or community social welfare body.

Apprehended Violence Order (AVO)

This is an order made by the court which may impose prohibitions or restrictions on the behaviour of the defendant (the person whom the order is made against) that appear necessary or desirable to the court.



Assessment

This is the process of organising and analysing information to determine the impact of a situation or the cumulative impact of behaviours that affect a child or young person. It also shapes judgements on the risk of future harm to the child and the needs of the child, young person and family to secure their safety, welfare and well-being.

Assessment of Information

This is an assessment by DoCS Child and Family staff of information contained in a report or request for service, or gathered after receiving a report, which determines whether or not further child protection intervention or support services are required.

Assessment Plan

A plan developed by a number of agencies which documents what assessments will be done in relation to a child protection report or other request for service.

Authorised Carer

A person who is authorised as a carer by a designated agency, the principal officer of a designated agency, or any person authorised according to the regulations.

Best Endeavours

This means using a genuine and considered effort to respond to a request from DoCS to provide services to promote and safeguard the safety, welfare and well being of a child or young person. The service does not have to be provided if it is out of the range of the service provider's expertise or responsibility. DoCS will not make a 'request for service' unless the child or young person is in need of assistance and it is best provided by the agency receiving the request, and it is likely to be effective.

Birth Family

Following a child's placement in an adoptive family, his or her biological family is referred to as the birth family.

Blue Book

A personal health record booklet for children available from NSW Health.

Care

To make provision for.

Care Application

An application to the Children's Court for a Care Order. Grounds for Care Orders are described in section 71 of the Children and Young Persons (Care and Protection) Act 1998.

Care Order

An Order of the Children's Court for the care and protection of a child or young person.

Care Plan

A plan to meet the needs of a child or young person.

Care Proceedings

Proceedings before a Children's Court when a Care Application has been lodged for a child in need of care.

Carer

A person who may or may not have parental responsibility but has day-to-day care of a child. A carer may provide the care with or without fee or reward. Carers may be relatives, friends or acquaintances of a parent, residential care workers, childcare workers, youth workers, nursing staff or foster carers.

Casework

Casework is the practical implementation of the planned intervention or care and support for a child, young person, family or vulnerable adult. The casework process ensures that the work of the Department is planned with consideration to resources, carried out in the best possible and professional manner, and client's needs for safety and well-being are kept as the paramount objective.

Case Conference

A formal meeting of all concerned, involved or relevant parties at which decisions about the future directions of a case are ratified.

Case Plan

The case plan provides the framework for making decisions about a child or young person in order to achieve identified outcomes. It includes detailed strategies





formulated as part of the ongoing service provision to ensure the safety, welfare and well-being of the child or young person. The Case Plan is the overall framework for the Care Plan.

Case Planning

Case planning is based on an assessment of a child's safety and risk for future harm and the strength and needs of the child or young person and their family.

Case Planning Meetings

These are held to facilitate information sharing, case planning, case review, decision making and interagency coordination. The specific purpose of a meeting will depend on the particular type of plan or action required.

Case Review

Case Reviews are a major component of case coordination. They enable Child and Family staff to incorporate changes to the assessment of the child and family, to validate plans, and to review ongoing support needs.

Child

The term child refers to any person under the age of 16 years, except when it is used in the context of children's employment.

Child Protection Caseworker

This is the DoCS officer with day-to-day case coordination responsibilities. Caseworkers work directly with children, young persons and their families.

Child Sexual Abuse

This is any sexual act or sexual threat imposed on a child. Adults or young persons who perpetrate child sexual abuse exploit the dependency and immaturity of children. Coercion, which may be physical or psychological, is intrinsic to child sexual abuse and differentiates such abuse from consensual peer sexual activity.

Child or Young Person

Any person under 18 years of age, except where otherwise stated.

Child and Family Staff

Caseworkers, Managers Casework, Child Protection Casework Specialists and all DoCS staff who work with children and families within the Child and Family Program Area.

Client

A person who is eligible for a service from DoCS or from another agency contracted by DoCS to provide direct services.

Closure

Case closure occurs following a decision, based on appropriate assessment, that further intervention, support or coordination by DoCS is no longer warranted.

Community Social Welfare Organisation

Refers to all non-government health and welfare organisations.

Consent Order

An Order made by the Children's Court which is agreed to by everyone who is involved in the application

Contact

A means by which a child or young person and their parents and extended family come together for a visit. Contact should be planned to take into account the needs of the child and family, including supervision, duration, location and outcomes. It is important to consider siblings in contact arrangements.

Criminal Proceedings

The processes and procedures of Local, District or Supreme Courts or the Court of Criminal Appeal concerning criminal charges in relation to offences, including offences against children and young persons.

Delegation

This is the means by which powers, authorities, duties or functions held by a position, usually the Minister or Director-General, are conferred on another DoCS officer position. The delegated officer is authorised under delegation to act on behalf of the Minister or Director-General.



Designated Agency

This means a government department or organisation that arranges the provision of Out-of-Home Care services. The department or organisation must be accredited in accordance with the regulations.

DoCS Helpline

DoCS Helpline is a state-wide intake initial assessment and referral call service.

Domestic Violence

This is violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other and causes fear, physical and psychological harm. Domestic violence can have a profound effect on children and young persons.

This definition is used by DoCS on the understanding that it implies partnership violence involving two adults and includes violence perpetrated when couples are separated or divorced. Acts of domestic violence are mainly perpetrated by men against women within heterosexual relationships but can also occur within same sex relationships.

Essential Information

This is the five categories of information that are used to complete the risk assessment guides. The categories are the child or young person, the parents, the source of harm, the opportunity for harm, and the formal and informal supports and services.

Family

The family may include the parents, current carers of a child, foster parents, adoptive parents or relatives including siblings. The term 'family members' varies across cultures and may include a wide range of familial relationships, such as grandparents, aunts, uncles and cousins. In Aboriginal communities 'family members' includes tribal elders.

Family Initiative Fund (FIF)

This is a form of financial assistance that can be used to promote the protection, safety, welfare and well-being of children and young persons.

Future Risk Level

The level of future risk is assigned by the worker and relates to the child or young person's ongoing need for protection. This judgement underpins the decision to continue protective involvement.

Harm

We use the definition of harm specified in S 23 of the Children and Young Persons (Care and Protection) Act 1998.

Harm Consequence

The impact or effect of actual or believed harm on a child or young person.

Harm Probability

Factors which increase or decrease the possibility that harm has been or is likely to be suffered. Combines risk analysis, dimensions of vulnerability, likelihood and safety.

Homelessness

This is where a child or young person is living without any family support and has no accommodation at all or only temporary or transient accommodation, emergency, refuge or crisis accommodation or other supported accommodation for homeless people.

Immediate Assessment Period

This is usually the period between the start of the current report and assessment and the next planned contact or review. It can vary depending on the degree of contact and monitoring required of DoCS.

Initial Assessment Report (IAR)

This is a report generated at the DoCS Helpline containing the details of the contact, a summary Risk Assessment Guide One and a Required Action Plan.

In Need of Care and Protection

This refers to a child or young person who is assessed as being at a level of risk that is of sufficient concern to warrant the coordination and provision of support services, protective intervention or court action to reduce the level of harm.

Intervention

Actions taken by Child and Family staff to protect a child or young person or help a child, young person and their family achieve identified goals to enhance a child's safety and well-being. It may include the direct provision of supportive services or referral to identified services.

Investigation

A process for gathering information in response to a report concerning abuse or neglect where a criminal offence is suspected. DoCS officers and Police conduct the investigation. It may include interviews and other inquiries into the child's circumstances and a risk assessment of the future safety of the child or young person.

Key Worker

A worker who is identified as responsible for coordinating interagency intervention and support services throughout assessment and investigation to closure. The key worker must ensure that practitioners from all the agencies involved are informed of the plans, progress and outcomes of intervention in the case and are advised of protection planning meetings, case planning meetings and case reviews. They also have a monitoring role in ensuring that clients receive services in accordance with agreed plans.

Likelihood

The factors that increase the probability of harm which are the pattern and history of harm, beliefs and relationships, and any complicating factors that impact on the capacity to protect and care for a child or young person.



Manager Casework

This is the DoCS officer who has decision-making responsibilities for case coordination. Managers Casework provide direct supervision and support to DoCS Caseworkers.

Monitoring

The act of observing or assessing outcomes to evaluate a service or case plan or to maintain support to the child, young person and their family.

Non-Identifying Information

Information that is specific to an individual but does not identify them.

Organised Abuse

Systematic activity by adults to identify, attract, procure, entrap, expose or engage children in sexual activity to which they are not able to consent or which is contrary to accepted community standards. Often, but not always, the activity is organised for profit.

Out-of-Home Care

The residential care and control arrangements for a child or young person who is not living with their parent or relative or at their usual home. Arrangements may be made voluntarily by parents or as a result of a Children's Court Order.



Permanency Planning

Permanency planning is a formal commitment to ensuring that continuity of significant relationships, stability of placement and planned outcomes for clients are maximised.

Planning Meeting

A Planning meeting involves Child and Family staff, agencies, workers and families in a formal meeting to share information, state concerns and plan for positive outcomes for the safety and care of the child or young person. Planning meetings include case planning meetings, protection planning meetings, case conferences, workers meetings and joint planning meetings for developing an Investigation or Assessment Plan.

Practice

The act of implementing policies and procedures.

Prescribed Body

This means the Police Service, a government department or public authority, a government school or a registered non government school, a TAFE establishment, a public health organisation, a private hospital and any other body or class of bodies prescribed by the regulations under section 248 of the Act.

Professional Judgement

The judgements that Child and Family staff make based on objective assessment, technical expertise, analytical skills, theoretical and research knowledge and concentrated attention to the solution of a problem.

Protection

Demonstrated actions that keep a child or young person from harm.

Protective Analysis and Judgement

The assimilation of the information recorded in the five essential information categories in risk assessment guides two and three. Here workers must analyse this information within the context of safety, vulnerability, strengths and protective factors.

Protective Intervention

The action taken by agencies to protect a child from abuse and neglect by providing care, service and support or apprehending and prosecuting those responsible for the abuse.

Protocol

This is a written agreement between two or more agencies that defines the relationship between those agencies in relation to a specific subject or issue and specifies their roles and responsibilities.

Psychological Assessment

An assessment by a psychologist, of a child's neurological, intellectual, social, emotional, developmental or scholastic functioning.

Referral

This is the sharing of information between professionals with a view to agreement on a service being provided.

Report

A report is made to convey to DoCS a concern about a child or young person who may be at risk of harm due to the circumstances outlined in sections 23,24,25 and 27 of the Act.

Requests for Service

- A child or young person may request assistance from the Director General for any reason.
- A parent may request assistance to maintain a child or young person within their



family or help the child or young person to return to the care of their family.

- Any person may request the assistance of the Director General if there is serious and persistent conflict between a parent and a child or young person which jeopardises the safety, welfare or well being of the child or young person.
- The Director General may request assistance from another government department or a community partner that receives government funding to provide services that promote the safety, welfare and well being of a child or young person.

Required Action Plan (RAP)

A plan developed by the DoCS Helpline detailing the response required to a contact received.

Review

This is the evaluation and subsequent modification of a case plan for a child or young person.

Risk

The relationship between the degree of harm that is believed to have occurred, or may occur, and the probability of future harm occurring if protective services are not provided.

Risk Assessment

An assessment of the likelihood of further abuse or neglect of a child based on knowledge of the extent and circumstances of past abuse and neglect, the capacity of adults to protect the child, and any current safety issues.

Risk Analysis

The process of synthesising or sorting information gathered to assess risk. Four factors underpin the risk analysis process. They are the severity of harm, the child or young person's vulnerability to harm, the likelihood of harm, and safety from harm.

Risk of Harm

This refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done or not done by another person, usually an adult responsible for their care. It may also refer to harm due to self harming behaviours and environmental factors such as homelessness.



Safety

Safety is the absence of danger of harm or injury.

High Risk

High risk for a child involves the significant likelihood of potential injury or harm. This injury or harm may be due to an act or an omission to act by others or self or may be due to the environment. High risk is related to abuse and neglect.

Safety Statement

A narrative statement about the risk of harm or whether there is sufficient safety for the child or young person over the immediate assessment period. It provides the rationale for action in daily practice pending a decision of the need or ongoing need for protection.

Severity

This is the type and degree of harm which has, is or is likely to be suffered. Severity also takes into account factors relating to the child or young person's vulnerability to harm, pattern of past harm and an estimation of any believed future harm.

Standards

Standards describe good practice that reflects current knowledge, principles and values and sets goals for the continual improvement of services for children, young persons, their families, carers and vulnerable adults.

Strengths

Positive attributes in relationships that act to support, enhance or develop competence to protect and care for children and young persons.

Sufficient Safety

This is what ensures the safety of the child or young person over the immediate assessment period. In the longer term, it is the degree of safety judged as adequate enough in the foreseeable future to enable DoCS to close the case.

Systems Abuse

This is harm done to children in the context of policies or programs that are designed to provide care or protection. It includes harm to children's welfare, development or



security as the result of actions of individuals or as a result of the lack of suitable policies, practices or procedures within systems or institutions.

Transfer

This refers to the movement of case management responsibilities from one delegated authority to another. Inter-state transfer occurs when a client moves residence and therefore comes under the jurisdiction of another State. It involves the transfer of the case from one State jurisdiction to another.

Vulnerability

Factors relating to the age of the child or young person and aspects of their development or functioning, as well as the opportunity for harm or for protection.

Well-being

Well-being is the satisfactory state of developing physically, mentally, morally, spiritually and socially in a healthy normal environment. Assessment of well-being includes identification of permanency needs, continuity of significant relationships and stability of placement.

Young Person

Any person aged between 16-18 years.





SECTION SEVEN

SECTION

1

Care Plan	2-12
Restoration Plan	13-19
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Transfer / Handover Summary Report	30-32

CARE PLAN - Part One (For all Care Plans*)

Children and Young Persons (Care and Protection) Act 1998

Sections 34, 38, 66, 78 and 80 of the Children and Young Persons (Care & Protection) Act 1998, and requirements as specified in the Children and Young Persons (Care & Protection) Regulations 2000.

Includes:

- · How the Care Plan was developed
- · Family details
- Background
- Care Plan Details
- Summary of Care Plan Strategies

* Where the child or young person is removed from his or her home, or parental responsibility is affected, -Part 2- must also be completed.

Name of child or young person:

Date of Birth

Children's Court Information

Date of Care Plan	
Care Plan to be registered with Children's Court	yes/no
If yes, date of registration to be recorded here	
Care Order by consent s required from Children's Court	yes/no
Allocation of Parental responsibility	yes/no
Care Application before the Children's Court	yes/no
If yes, date of Care Application hearing	
Is Care Application being withdrawn	yes/no
Other current orders by the Children's Court	yes/no
If yes, give details	
Current Family Court Orders	yes/no
If yes, give details	
Current Family court Proceedings	yes/no
If yes, date of Court hearing	
Other Court Proceedings eg. AVO, Criminal proceedings, etc	yes/no
If yes, give details	



case meeting of ADK convenee	d to develop the Care Plan	
Date of Meeting / /	Time	2:
Place of Meeting		
Participants: (list)		
Those who	participated in developin	g Care plan
Parties to Care Plan agreement	s (Repeat for each participant)	
Name (child/young person first)	Relationship/Agency	Address if not confidentia
		phone
		email
attended meeting yes/no	personal interview yes/no	telephone discussion yes/no
Date	Date	Date
Signature		Date
Give details of attempts to contact	any party who could not be lo	
Give details of any party who d Give details of attempts to contact Details of Dissenting views (Repe	any party who could not be lo	cated.
Give details of attempts to contact	any party who could not be lo	cated. Address if not confidentia
Give details of attempts to contact Details of Dissenting views (Repe	any party who could not be lo	cated. Address if not confidential phone
Give details of attempts to contact Details of Dissenting views (Repe Name	any party who could not be lo eat for each person dissenting) Relationship/Agency	cated. Address if not confidential phone email
Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no	cated. Address <i>if not confidential</i> phone email telephone discussion yes/no
Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no Date	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no Date	cated. Address if not confidential phone email telephone discussion yes/no Date
Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no Date Signature	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no Date	cated. Address <i>if not confidential</i> phone email telephone discussion yes/no
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Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no Date Signature CASEWORKER Qualifications	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no Date Length of Child Protection exp	cated. Address if not confidential phone email telephone discussion yes/no Date Date Date
Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no Date Signature CASEWORKER	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no Date _ Length of Child Protection exp	cated. Address if not confidential phone email telephone discussion yes/no Date Date Date Date erience
Give details of attempts to contact Details of Dissenting views (Repe Name attended meeting yes/no Date Signature Qualifications Signature	any party who could not be lo eat for each person dissenting) Relationship/Agency personal interview yes/no Date Length of Child Protection exp	Address if not confidential phone email telephone discussion yes/no Date Date Date Date Date Date

FAMILY DETAILS

Family Structure

	Mother	Father
Subject child		
Sibling 1:		
2:		
3:		
4 etc:		

Genogram:

4

Name of subject child/young person:	
Mother	
Father	
Other parent relationship	
eg step, defacto, other primary carer	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual address)	
	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander	yes/no
Name of mother:	
Date of birth / /	
Address if not confidential	
Current whereabouts (if different to usual address)	

Disability	yes/no			
f yes, give details				
Language spoken				
Aboriginality/Torres Strait Islander:	yes/no			
Name of father:				
Date of birth / /				
Address if not confidential				
Contact details				
Current whereabouts (if different to usual add	ress)			
Disability	yes/no			
If yes, give details				
Language spoken				
Aboriginality/Torres Strait Islander:	yes/no			
Name of sibling/s:				
Mother				
Father				
Other parent relationship				
eg step, defacto, other primary carer				
Date of birth / /				
Address if not confidential				
Contact details				
Current whereabouts (if different to usual add	ress)			
Disability	yes/no			
If yes, give details				
Language spoken				
Aboriginality/Torres Strait Islander	yes/no			
Other significant family members :				
Date of birth / /				
Address if not confidential				
Contact details				

5

Current whereabouts (if different to usual address)	
Relationship to child/young person	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of temporary carer:	
(if applicable/appropriate)	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual address)	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Significant others/advocates :	
Name:	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual address)	
Relationship to child/young person	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no

BACKGROUND

Child or young person's name _

Date of birth _

History of DoCS involvement:

Reason child or young person is considered in need of care and protection:

(include risk assessments)

Family history:

Include details of family and social history and significant events, marriages, separations, moves, significant household members, family health, deaths etc

History of relevant experiences:

From the child young person's perspective, include relevant history of the child or young person's experiences which are significant, changes of school, important associations and activities outside family, positive achievements, areas of difficulty, etc

Issues of significance

Detail relevant issues of significance to the child or young person and their family ie cultural, economic, social, AVOs or other court matters, Family Court orders for contact etc:

Medical history:

Include relevant details of child or young person's medical/health issues, birth, illness, operations, allergies, etc. Include relevant family medical history.

Educational and developmental history:

Include details of individual development, milestones such as speech development (younger children), communication skills, social skills, educational etc

Accommodation and economic situation

Child or young person's living arrangements or family's material circumstances.

Relationship with parents, siblings or carers and family interactions: Details of relationship issues, strengths, weaknesses, separations, etc

Family capacity to deal with issues and/or adapt to circumstances and change: Include details such as strengths, weaknesses, supports, family, friends, willingness to use services etc

Details of any physical, psychological, psychiatric or medical examination/assessment reports which may be relevant: Provide details of who completed the report, any relevant diagnosis, attach reports as appropriate.

Other Relevant Issues Include as appropriate

Summary of Issues for Care Plan Briefly outline issues to be addressed in the Care Plan



CARE PLAN DETAILS

Issues to be addressed: Note, issues of placement or parental responsibility are to be addressed in Part two of Care Plan

Compile a list of issues relevant to the child or young person's situation, or issues relevant to the parents – the following is made up of examples only and is not exhaustive:

- 1. Counselling/therapeutic programs
- 2. Family Support Services
- 3. Family agreements
- 4. Medical
- 5. Temporary care/respite
- 6. Recreational activities
- 7. Living skills
- 8. Education

(add or delete as appropriate)

ANALYSIS OF CARE PLAN DETAILS

For each of the issues identified above, complete details below. For example

1. Counselling / Therapeutic Programs

Child or /young person's perspective of needs and services required (if practicable include child's expressed views and how views obtained)

Parents perspective of needs and services required (if practicable include parent's expressed views, and how views obtained)

Views of or impact on other family members or advocates (include or delete if necessary)

DoCS perspective of needs and services required:

include: assessed needs services required availability of service

2. Repeat for each issue identified for the child or young person and their family

Example Only

SUMMARY OF CARE PLAN STRATEGIES

· For each of the issues outlined in previous section, summarise strategy. For example:

1. Counselling / therapeutic Program

Strategy:

- Detail specific actions/tasks/service/agreement etc. plans and identify who is responsible ie worker name/title/agency/dient/family.
- Must include related timeframes and any special provisions/conditions.

For example:

Who to attend or accept service/ party to agreement:

Service to be provided:

Name of Service:

Frequency of service:

Special provisions or conditions:

Goals:

Worker responsible - name/title/agency

Responsibility for Assessment of progress:

Timeframe:

Review date:

2. Family Support Services

etc.....

Agency with coordinating responsibility:



REVIEW DETAILS:

Initial review date:

Review schedule:

Review process:

Factors by which to assess the success of the care plan:

Agreed course of action if the care plan is not successful:

Note: For children/young persons where it is proposed that aspects of parental responsibility will be affected, Part Two of the care plan must be completed and attached.



CARE PLAN - Part Two

For Care Plans where it is recommended that Parental Responsibility, or aspects of parental responsibility are to be allocated, or when child or young person has been removed from the home

Name of child or young person

Date of Birth

Summary of reasons child or young person cannot reside at home:

Options considered as alternatives to the child or young person living away from home: Complete or outline why other options are not considered appropriate.

ALLOCATION OF PARENTAL RESPONSIBILITY OR ASPECTS OF PARENTAL RESPONSIBILITY

A party may have sole parental responsibility, joint parental responsibility or certain aspects of parental responsibility. Aspects of parental responsibility may include, but are not limited to:

- 1. Residential arrangements
- 2. Day-to-day care and control
- 3. Consent to medical and dental treatment
- 4. Authorise documents such as passports etc
- 5. Make decision regarding education and training
- 6. Provide or allow religious instruction
- 7. supervision
- 8. Contact arrangements
- 9. Recreational activities
- 10. Provision of services
- 11. Financial support

(add or delete as required)

Mother's parental responsibilities:

Include specific details and timeframes

Father's responsibilities:

Include specific details and timeframes

Other suitable person's responsibilities: • include specific details and timeframes

Minister/Delegates responsibilities

Include specific details and timeframes



Designated Agency responsibility:

Include specific details and timeframes

Details of the child or young person's participation in the allocation of parental responsibilities

Complete as appropriate

CHILDREN AND YOUNG PERSONS LIVING OUT OF THE HOME

Proposed period child or young person will be living out of home

Include proposed dates

Interim period of care

- Include type of placement and details as appropriate
- Include details of length of time it is proposed that the child/young person will remain in care
 and the summary of the reason why this has been determined.
- Include projected permanency planning for child/young person.
- . Indicate if there has been any previous contact between the child or young person and the carer
- Is the placement with an agency carer?

Long-term period of care:

- Type of placement and details as appropriate
- Include details of length of time it is proposed that the child or young person will remain in care
 and the summary of the reason why this has been determined.
- Indicate if there has been any previous contact between the child or young person and the carer
- · Is the placement with an agency carer?

Attach Placement Assessment Reports as appropriate

Agency responsible for providing and monitoring the placement

Services required to support the child/young person's placement:

- details of services to child or young person
- · details of carer support
- · details of services to parents that may be required or desirable

Resources required to provide for services:

Availability of required resources:

GOALS FOR PARENTS

Goals to be achieved by parents to facilitate restoration:

Timeframes for goals to be attained:

CONTACT ARRANGEMENTS

With mother:

 Include details of proposed arrangements ie frequency, length of time, location, whether supervised or unsupervised, etc



With father:

Include details as above, also indicate where separate contact will occur

With siblings:

 Include details of proposed arrangements ie frequency, length of time, supervision, whether this contact would occur separately to contact with parent/s

With other family:

 Include details of proposed arrangements ie identify who the family member is, frequency, length of time, location, who would supervise, whether this contact would occur separately to contact with parent/s

With friends and significant others:

 Include details of proposed arrangements ie frequency, length of time, location, who would supervise, whether this contact would occur separately to contact with parent/s

Identified Issues that would prevent or affect contact

Child or young person's participation in the formulation of contact plans:

Has an application been made to the Children's Court for Contact Orders? yes/no Details:

RESTORATION PLAN

Where there is a realistic possibility of the child or young person being restored to parents

Children and Young Persons (Care and Protection) Act 1998

Section 84 of the Children and Young Persons (Care & Protection) Act 1998

Name of child or young person:

Date of Birth:

Children's Court Information

Date of Restoration Plan	
Care Application before the Children's Court	yes/no
If yes, date of Care Application hearing	
Current orders by the Children's Court	yes/no
If yes, give details	
Current Family Court Orders	yes/no
If yes, give details	
Current Family court Proceedings	yes/no
If yes, date of Court hearing	
Other Court Proceedings eg. AVO, Criminal proceedings, etc	yes/no
If yes, give details	



Signature

Caseworker:		
Qualifications	Length of Child Protection experience	
Signature	Date	
Supervisor		
Qualifications	Length of child protection experience	

Date

FAMILY DETAILS

To be completed only if a Care Plan has not been completed

Family Structure

	Moth	her	Father	
Subject of	child			
Sibling	1:			
	2:			
	3:			
	4 etc:			

Genogram:

14

Name of subject child/young person:	
Mother	
Father	
Other parent relationship	
eg step, defacto, other primary carer	
Date of birth	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual addr	ess)
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander	yes/no
Name of mother:	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual addr	ess)

Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of father:	
Date of birth / /	_
Address if not confidential	
Contact details	
Current whereabouts (if different to usual add	dress)
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of sibling/s:	
Mother	
Father	
Other parent relationship	
eg step, defacto, other primary carer	
Date of birth ///	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual add	dress)
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander	yes/no
Other significant family members :	
Date of birth / /	
Address if not confidential	
Contact details	

1

Current whereabouts (if different to usual address)		
Relationship to child/young person		
Disability	yes/no	
If yes, give details		
Language spoken		
Aboriginality/Torres Strait Islander:	yes/no	
Name of temporary carer:		
(if applicable/appropriate)		
Date of birth / /		
Address if not confidential		
Contact details		
Current whereabouts (if different to usual address)		
Disability	yes/no	
If yes, give details		
Language spoken		
Aboriginality/Torres Strait Islander:	yes/no	
Significant others/advocates :		
Name:		
Date of birth / /		
Address if not confidential		
Contact details		
Current whereabouts (if different to usual address)		
Relationship to child/young person		
Disability	yes/no	
If yes, give details		
Language spoken		
Aboriginality/Torres Strait Islander:	yes/no	



BACKGROUND

To be completed only if a Care Plan has not been completed

Child or young person's name _

Date of birth

History of DoCS involvement:

Reason child or young person is considered in need of care and protection: (include risk assessments)

Family history:

Include details of family and social history and significant events, marriages, separations, moves, significant household members, family health, deaths etc.

History of relevant experiences:

From the child young person's perspective, include relevant history of the child or young person's experiences which are significant, changes of school, important associations and activities outside family, positive achievements, areas of difficulty, etc

Issues of significance

Detail relevant issues of significance to the child or young person and their family ie cultural, economic, social, AVOs or other court matters, Family Court orders for contact etc:

Medical history:

Include relevant details of child or young person's medical/health issues, birth, illness, operations, allergies, etc. Include relevant family medical history.

Educational and developmental history:

Include details of individual development, milestones such as speech development (younger children), communication skills, social skills, educational etc

Accommodation and economic situation

Child or young person's living arrangements or family's material circumstances.

Relationship with parents, siblings or carers and family interactions: Details of relationship issues, strengths, weaknesses, separations, etc

Family capacity to deal with issues and/or adapt to circumstances and change: Include details such as strengths, weaknesses, supports, family, friends, willingness to use services etc

Details of any physical, psychological, psychiatric or medical examination/assessment reports which may be relevant: Provide details of who completed the report, any relevant diagnosis, attach reports as appropriate.

Other Relevant Issues

Include as appropriate

Summary of Issues for Care Plan

Outline brief outline of issues to be addressed in the Care Plan





RESTORATION PLAN DETAILS

Issues to be addressed:

Include:

- Minimum Outcomes that must be achieved before it would be safe for the child or young person to return to his or her parents
- Services the Department is able to provide, or arrange the provision of to facilitate restoration
- Details of other services the Court could request of other government departments or funded non-government agencies to provide to the child or young person or his or her family to facilitate restoration
- A statement of the length of time during which restoration should be actively pursued.

OUTCOMES TO BE ACHIEVED

1. Outcomes to be achieved by child or young person (Include if applicable) (List desired outcome of each issue identified in previous section. If practicable include child's expressed views and how views obtained)

Services required: List for each outcome identified above

Services the Department is able to provide or arrange: List for each outcome identified above as required

Services the Children's Court could request of other Government or funded nongovernment agencies: List for each outcome identified above as required

Timeframe: Detail timeframes for each desired outcome

2. Outcomes to be achieved by parents

(List desired outcome of each issue identified in previous section. If practicable include parents' expressed views and how views obtained)

Services required: List for each outcome identified above

Services the Department is able to provide or arrange: List for each outcome identified above as required

Services the Children's Court could request of other Government or funded nongovernment agencies: List for each outcome identified above as required

Timeframe: Detail timeframes for each desired outcome



IMPLEMENTING THE RESTORATION PLAN

Outline the strategies to implement the Restoration Plan

For example:

Counselling

Details of graduated increase of contact with parents and family

Details of contact with carers.

etc

REVIEW DETAILS

Length of Time that restoration is to be actively pursued:

NOTE: A REVIEW IS TO BE CONDUCTED AT COMPLETION OF THIS TIMEFRAME

Final Review Date:

Agency with coordinating responsibility:

Initial review date:

Review schedule: (Develop a regular review schedule. A review must be conducted within 18 months after the last occasion it was considered by the Children's Court)

Review process:

- Consider factors by which to assess the success of the Restoration Plan
- · Safety levels as assessed through Risk Assessment Guides
- If there should be changes to the restoration plan, particularly in respect to the length of time restoration should be actively pursued.
- If further Court action is required.

Agreed course of action if the Restoration plan is not successful:

A review must be conducted:

- At the completion of the length of time identified as the period that restoration is to be actively pursued
- . If a review is directed by the Children's Guardian
- If it has not been reviewed within 18 months of the last time it was considered by the Children's Court



ALTERNATIVE PARENTING PLAN

Where the Department is a party to an Alternative Parenting Plan

Children and Young Persons (Care and Protection) Act 1998

Section 115 of the Children and Young Persons (Care & Protection) Act 1998, and requirements as specified in the Children and Young Persons (Care & Protection) Regulations 2000.

Includes:

- · How the Alternative Parenting Plan was developed
- Family details
- Background
- Alternative Parenting Plan Issues
- Details of Alternative Parenting Plan

Name of child or young person:

Date of Birth:

Children's Court Information

Date of Alternative Parenting Plan

Alternative Parenting Plan to be registered with Children's Court	yes/no
If yes, date of registration to be recorded here	
Orders required from Children's Court	yes/no
Other current orders by the Children's Court	yes/no
If yes, give details	
Current Family Court Orders	yes/no
If yes, give details	
Current Family court Proceedings	yes/no
If yes, date of Court hearing	
Other Court Proceedings eg. AVO, Criminal proceedings, etc	yes/no
If yes, give details	a star



HOW THE ALTERNATIVE PARENTING PLAN WAS DEVELOPED

Case Conference or ADR convened to develop the Alternative Parenting Plan (included if meeting held, delete if not held)

Date of Meeting / /

Time:

Place of Meeting

Participants: (list)

Those who participated in developing Care plan

Parties to Care Plan agreements (Repeat for each participant)

Name (child/young person first)	Relationship/Agency	Address if not confidential phone
attended meeting yes/no	personal interview yes/no	telephone discussion yes/no
Date	Date	Date
Signature		Date

Give details of any party who did not participate in formulating the Care Plan, and why Give details of attempts to contact any party who could not be located.

Details of views persons declining to participate due to disagreement with Plan (Repeat for each person dissenting)

Name	Relationship/Agency	Address if not confidential phone
attended meeting yes/no Date	personal interview yes/no Date	email telephone discussion yes/no Date
Signature		Date
		Date
Qualifications	Length of Child Protection exp	perience
Signature		Date
SUPERVISOR		Date
Qualifications	Length of Child Protection exp	erience
Signature		Date



FAMILY DETAILS

Family Structure

		Mother	Father
Subject of	child		
Sibling	1:		
	2:		
	3:		
	4 etc:		

Genogram:



Name of subject child/young person:		
Mother	Second States	
Father		
Other parent relationship		
eg step, defacto, other primary carer		
Date of birth / /		
Address if not confidential		
Contact details		
Current whereabouts (if different to usual ad	dress)	249
Disability	yes/no	
If yes, give details		
Language spoken		
Aboriginality/Torres Strait Islander	yes/no	
Name of mother:		
Date of birth / /		
Address if not confidential	and the second second	
Contact details		
Current whereabouts (if different to usual ad	dress)	

23

Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of father:	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual ad	dress)
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of sibling/s:	
Mother	
Father	
Other parent relationship	
eg step, defacto, other primary carer	
Date of birth /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual ad	dress)
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander	yes/no
Other significant family members :	
Date of birth / /	
Address if not confidential	
Contact details	

•

Current whereabouts (if different to usual address)	
Relationship to child/young person	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Name of temporary carer:	
(if applicable/appropriate)	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual address)	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no
Significant others/advocates :	
Name:	
Date of birth / /	
Address if not confidential	
Contact details	
Current whereabouts (if different to usual address)	
Relationship to child/young person	
Disability	yes/no
If yes, give details	
Language spoken	
Aboriginality/Torres Strait Islander:	yes/no



BACKGROUND

Child or young person's name _

Date of birth

History of DoCS involvement:

Reason for Alternative Parenting Plan:

(include outline of the serious or persistent conflict between the child or young person and the persons with parental responsibility)

Family history:

Include details of family and social history and significant events, marriages, separations, moves, significant household members, family health, deaths etc

History of relevant experiences:

From the child young person's perspective, include relevant history of the child or young person's experiences which are significant, changes of school, important associations and activities outside family, positive achievements, areas of difficulty, etc

Relationship with parents or carers and Family interactions:

Details of relationship issues, strengths, weaknesses, separations, etc

Issues of significance

Detail relevant issues of significance to the child or young person and their family ie cultural, economic, social, AVOs or other court matters, Family Court orders for contact etc:

Medical history:

Include relevant details of child or young person's medical/health issues, birth, illness, operations, allergies, etc. Include relevant family medical history.

Educational and developmental history:

Include details of individual development, milestones such as speech development (younger children), communication skills, social skills, educational etc

Family capacity to deal with issues and/or adapt to circumstances and change: Include details such as strengths, weaknesses, supports, family, friends, willingness to use services etc

Accommodation and economic situation Child or young person's living arrangements or family's material circumstances.

Details of any physical, psychological, psychiatric or medical examination/assessment reports which may be relevant: Provide details of who completed the report, any relevant diagnosis, attach reports as appropriate.

Other Relevant Issues Include as appropriate

Summary of Issues for Alternative Parenting Plan Briefly outline issues to be addressed in the Alternative Parenting Plan





ALTERNATIVE PARENTING PLAN ISSUES

Issues to be addressed:

Compile a list of issues relevant to the child or young person's situation, as summarised in previous section – the following should be included, but may be added to:

- 1. Allocation of Parental Responsibility or specific aspects of parental responsibility
- 2. Residential arrangements
- 3. supervision
- 4. Education and training
- 5. Recreational activities
- 6. Medical care
- 7. Provision of services
- 8. Financial support
- (add or delete as appropriate)

For each of the issues identified above, complete details below. For example

1. Allocation of Parental Responsibility, or specific aspects of parental responsibility

Child or /young person's perspective of issue

(if practicable include child's expressed views and how views obtained)

Parents perspective of issue

(if practicable include parent's expressed views, and how views obtained)

Views of or impact on other family members or advocates (include or delete if necessary)

Designated Agency perspective of issues:

(include as appropriate - assessed needs, services required, availability of service)

DoCS perspective of issues:

(include as appropriate: assessed needs, services required, availability of service)

2. Repeat for each issue identified for the child or young person and their family



DETAILS OF ALTERNATIVE PARENTING PLAN

1. Allocation of Parental Responsibility

A party may have sole parental responsibility, joint parental responsibility or certain aspects of parental responsibility. Aspects of parental responsibility may include, but are not limited to:

- Consent to medical and dental treatment
- Authorise documents such as passports etc
- Make decision regarding education and training
- · Provide or allow religious instruction

(add or delete as appropriate)

Mother's parental responsibilities:

· Include specific details and timeframes

Father's responsibilities:

Include specific details and timeframes

Other suitable person's responsibilities:

include specific details and timeframes

Minister/Delegates responsibilities:

Include specific details and timeframes

Designated Agency responsibility:

Include specific details and timeframes

Details of the child or young person's participation in the allocation of parental responsibilities

Complete as appropriate

For each of the issues outlined in previous section, summarise proposal to meet identified needs. For example:

2. Residential arrangements

- Detail specific actions/tasks/service/agreement/ plans etc and identify who is responsible ie family member, worker name/title/agency/.
- Must include goals and related timeframes and any special provisions/conditions.

Mother's parental responsibilities:

Include specific details and timeframes

Father's responsibilities:

Include specific details and timeframes

Other suitable person's responsibilities:

include specific details and timeframes

Minister/Delegates responsibilities:

Include specific details and timeframes



Designated Agency responsibility:

Include specific details and timeframes

Details of the child or young person's participation in the allocation of roles and responsibilities Complete as appropriate

CHILDREN AND YOUNG PERSONS LIVING OUT OF THE HOME

Proposed period child or young person will be living out of home:

- Include type of placement
- Include details of length of time it is proposed that the child/young person will remain in care and the summary of the reason why this has been determined.
- Include projected permanency planning for child/young person.
- Details of the child or young person's familiarity and relationship with the proposed carer.
- Is the placement with an agency carer?

Responsibility for providing and monitoring the placement:

Services required to support the child/young person's placement:

- · Include details of services to child or young person
- include carer support
- · Include details of services to parents that may be required or desirable

GOALS FOR PARENTS IF RESTORATION IS A POSSIBILITY

Goals to be achieved by parents to facilitate restoration:

Services required to achieve goals

Resources required for Alternative Parenting Plan:

Availability of resources:

Agency with coordinating responsibility: If appropriate

Agreed course of action if the Alternative Parenting Plan is not successful:



CONTACT ARRANGEMENTS

With mother:

 Include details of proposed arrangements ie frequency, length of time, location, whether supervised or unsupervised, etc

With father:

• Include details as above, also indicate where separate contact will occur

With siblings:

 Include details of proposed arrangements ie frequency, length of time, supervision, whether this contact would occur separately to contact with parent/s

With other family:

 Include details of proposed arrangements ie identify who the family member is, frequency, length of time, location, who would supervise, whether this contact would occur separately to contact with parent/s

With friends and significant others:

 Include details of proposed arrangements ie frequency, length of time, location, who would supervise, whether this contact would occur separately to contact with parent/s

Child or young person's participation in the formulation of contact plans:

Issues that may impact on contact occurring:





TRANSFER / HANDOVER SUMMARY REPORT

(delete either Transfer or Handover as appropriate)

Transferring unit:	0	Receiving	unit:	
Current caseworker:	Or	Receiving	caseworker:	
Name of child or	Birth date Gender	Person No.	Lega	Status
young person				
names of all clients				
within a family wh	0			
will be transferred				
to the receiving u	nit			
	//	M / F		
	//	M/F		
	//	M/F		
		and / or		
Name of secondary	client	Birth date	Gender	Person No
names of parents v	who are to be			
transferred to the	receiving unit			
		//	M/F	
		//	M/F	
Client's address:				
		Postcode:		
This will include: - current address if - new address if t	the client is not m the client is moving			
	and (if a	ppropriate)		
Client's proposed ad				
		Postcode:		
This will include the	e proposed address			ved
These sections on clien moving to different ad	t address may need to dresses	be completed for i	ndividual client	s, if they are

Type of case:

30

Reasons for transfer:

- 1. Information on family and significant others
- 2. Contacts ie family members / service providers / family support people
- 3. Personal information relating to (client name)
 - Ethnicity
 - Religion
 - Health issues (if applicable)
 - Disability (if applicable)
 - Challenging behaviours (if applicable)
 - · Educational details of child or young person
 - Court orders / AVOs that are current (if applicable)
- 4. Summary of departmental history for (client name):
- 5. Risk assessment for (client name)
 - Date for completion of Guide 3: / / / - this information can be gained from a previously completed Guide 2 or Guide 3
- JIT / JIR summary for (client name)

 this section will only be available to JIT / JIR staff

Current status of Children's Court action

Current status of criminal action

- 7. Minutes of case meeting for transfer
- 8. Case plan for (client name)

Date of next case plan review: / / / - this information can be gained from the current case plan

9. Comments



Statement by Child Protection Caseworker

I have checked the Client System to ensure that all work has been completed before the transfer / handover of this case.

I have checked that all work on the paper file has been completed before the

transfer / handover of this case.

Signature: _

Date: / /

Statement by Casework Manager

I have indicated on the Client System that all work has been completed before the transfer / handover of this case.

I have checked that all work on the paper file has been completed before the

transfer / handover of this case.

Signature: _

Date: _ / _ /

Report Distribution:

1.

2.

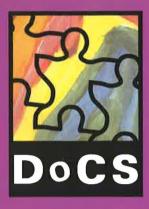
3.







NSW Department of Community Services



CHILD PROTECTION & CHILDREN'S SERVICES WHAT'S EVERYONE'S ROLE?



Under the Children and Young Persons (Care and Protection) Act 1998 there are new provisions where there are child protection concerns about a child/ren. Children's services play an important role in recognising and reporting child abuse and neglect and in promoting the safety, welfare and well-being of children. This legislation states that all people who hold a management position, or who are paid workers delivering children's services, are legally obliged to report on any reasonable grounds to suspect that a child is at risk of harm.

For this obligation a child is a person under 16 years of age. Where you have a statutory obligation to report then you are a mandatory reporter.

This means that if you work in children's services you are a mandatory reporter. It also includes those involved in the management of a service eg. a community based licensee including management committee.

There are penalties for failing to make a report.

Failure to report a child at risk carries with it a Penalty of up to \$22,000

Note: It is important to remember that an obligation to report children at risk is not confined to those working in a children's service.

If anyone suspects that a child (under 16 years) or a young person (16 to 18 years) is at risk of harm, then they can voluntarily report concerns to DoCS.

Suspecting a child is at Risk of Harm is the new grounds for making a report.

Risk of Harm means that you have current concerns about the safety, welfare and well-being of a child or a group of children for any of the following reasons:

- The child's basic physical or psychological needs are not being met or are at risk of not being met (neglect);
- The parents/caregivers have not arranged necessary medical care;
- The child is at risk of being physically or sexually abused or ill-treated;
- The child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm;
- The child has suffered or is at risk of suffering serious psychological harm.

A new section in the Act allows for pre natal reports to be made to DoCS so that support and assistance can be provided to the parent prior to the birth of a child as well as after the child is born.

Records & record keeping: It is essential that your service maintain well kept records to prepare and support your ability to make a report to DoCS. Ensure that you have policies that outline the purpose and format of record keeping, the retention of records for appropriate periods and the procedure for making a report.



To make a report you need to call the DoCS Helpline 13 3627 (or 13 DOCS for easy memory recall) for Mandatory Reporters to talk to a DoCS Helpline Child Protection Caseworker. Do not give this number to the general public, they can make a report by calling 132 111.

You must report your reasonable grounds to suspect that a child is at risk of harm as soon as practicable after forming your suspicions.

If the allegation concerns an employee, member of staff or carer who may have abused or neglected a child then the Head of Agency of the Children's Service also has an obligation to report the allegation to the Ombudsman.

It is important to distinguish between the reporting criteria of DoCS ie reasonable grounds to suspect risk of harm to a child/ren and the criteria for notifying the Ombudsman ie any allegation made against an employee, member of staff or carer, which does not require an assessment of a child or young person at risk of harm based on reasonable grounds - only that an allegation has been made.

The information required when making a report will include:

- Full name, age and contact details of the child/ren you are concerned about;
- A description of the child and their current whereabouts;
- Why you suspect the child is at risk of harm; and
- Your name and contact details (if you are a mandatory reporter) including the children's service where you are a staff member or licensee.

Your report to DoCS will remain confidential – this means that your name and contact details will not be disclosed to anyone without your consent unless under lawful compulsion. No agency, should disclose to a parent, alleged perpetrator, employer or other person the identity of a person who makes a report to the agency or to DoCS.

Non-mandatory reporters can make an anonymous report, but by doing this the reporter must understand that DoCS is then unable to seek clarification or provide feedback.

The following lists the key relevant responsibilities of the major stakeholders involved in child protection in children's services:

Children's Services Employer

- Ensure that all employees, members of staff or carers are - clear about their roles and responsibilities under the current Acts
 and regulations
 - aware of their obligations to immediately report to DoCS a child that they suspect is at risk of harm, and the procedures for reporting, and
 - aware of indicators when a child may be at risk of harm.
- Provide training and development for all employees, members of staff or carers in the recognition and reporting of suspected risk of harm.
- Provide reporting procedures and professional standards for care and protection work generally.
- Conduct the Working with Children Check.
- Report to the NSW Ombudsman any child abuse or neglect allegations and convictions made against an employee, member of staff or carer and ensure that they are investigated by the Head of Agency with the appropriate action to be taken in relation to the finding.
- Notify the Commission for Children and Young People details of employees, members of staff or carers against whom relevant disciplinary proceedings have been completed, or of persons whose employment has been rejected primarily because of a risk assessment in employment screening processes.
- Enable employees, members of staff or carers access to Acts, regulations and procedures where this is necessary for them to fulfil their obligations. For example ensure that the *NSW Interagency Guidelines for Child Protection Intervention* 2000 edition is available and that your service has a current child protection policy with all the current and relevant Acts and regulations within it.

Good Practice Note: Provide staff and carers sign off on the services policy to show that they have read and understood it.



Children's Services Staff

- Inform children and young people of their rights to be protected from risk of harm and of the avenues of support available to them.
- Report any case where a child is suspected to be at risk of harm to the DoCS Helpline.
- Promote the safety, welfare and well-being of children and young people at your service.
- Discuss concerns you have with the caseworker at the DoCS Helpline and obtain his or her name.
- Assist in supporting children and families in partnership with DoCS and other government agencies.

Note: It is important to remember that all employees, members of staff and carers (and licensee) are mandatory reporters for DoCS. For example, the policy may state that reports regarding a child at risk are to be made by the Authorised Supervisor (or Licensee). However, if the Authorised Supervisor (or Licensee) has not made a report to DoCS, you continue to be legally responsible to do so.

It is the responsibility of the Children's Service to ensure that a report is made.

Note: The *Ombudsman Act 1974* has a broader definition of Employee: paid employees, volunteers, foster carers and sub contractors.

Department of Community Services (DoCS)

Children and Young Persons (Care and Protection) Act 1998

- Respond to requests for assistance by children, young people and families.
- Receive and assess reports of children and young people who are at risk of harm.
- Investigates and assesses reports where DoCS believes there is a likelihood of risk of harm to the child or young person or a class of children / young persons.
- In cases involving child sexual abuse or serious physical abuse, plan, conduct and manage, with Police (and with NSW Health where medical examinations and/or counselling or support are required), joint investigations, through Joint Investigation Response Teams.
- Provide, arrange and request care and/or support services for children, young people and families.
- Informs reporting agencies of the progress and outcomes of assessments and investigations as permitted by law, and as appropriate.
- Conducts employment screening for children's services employees, members of staff or carers and licensees.
- Liaises with and provides information to police in relation to applications for Apprehended Violence Orders on behalf of children and young people.





NSW Ombudsman's Office

The Ombudsman's Act 1974 (with the relevant child protection amendment in the reprinted version)

- Monitors the investigation of, and in some cases investigates, allegations of child abuse and neglect made against employees in government and nongovernment agencies, such as children's services.
- It is important to note that different matters are required to be told to the Ombudsman and to DoCS. The Ombudsman requires you to advise of **all** allegations of abuse or neglect of a child by one of your employees. This is different to what DoCS requires. DoCS requires advice of your reasonable suspicions where a child is at risk of harm irrespective of who may have caused that harm.
- For the purposes of the Ombudsman's legislation an employee can include someone who is helping out as a volunteer.
- The Ombudsman assesses the child protection procedures in relation to their Act and the investigative practices of agencies in relation to their employees. Feedback can be provided to agencies in an effort to improve child protection practices in the agency (see page 153 of the NSW Interagency Guidelines for Child Protection Intervention 2000 edition for further explanation).
- Refer to NSW Ombudsman's Guidelines: Child Protection responding to allegations of child abuse against employees. Phone (02) 9286 1000 or 1800 451 524 for further information.

The Commission for Children and Young People

The Commission for Children and Young People Act 1998 - Child Protection (Prohibited Employment) Act 1998

- Promotes the participation of children and young people in the making of decisions that affect their lives.
- Monitors trends and makes recommendations to government and non government agencies on legislation, policies, practices and services affecting children and young people.
- Provides guidelines relating to employment screening for child related employment and maintains data base of relevant disciplinary proceedings.
- See page 147 of the *NSW Interagency Guidelines for Child Protection Intervention* 2000 edition for further explanation.

To contact the Commission for Children and Young Persons phone (02) 9286 7276.

The information in this brochure has been sourced from:

- Commission for Children and Young People and Bruce Callaghan & Associates (2000) New South Wales Interagency Guidelines for Child Protection Intervention. Sydney: NSW Government. Phone (02) 9743 7200 to order or download from <u>www.kids.nsw.gov.au</u>
- Do You Work With Children or Young People? Are You a Mandatory Reporter? Booklet. For copies phone (02) 9716 2174 or go to <u>www.community.nsw.gov.au/enact</u>
- The relevant legislation can be obtained through the Government Information Service (02) 9743 7200 or the internet on <u>www.austlii.edu.au</u>
- *NSW Ombudsman's Guidelines: Child Protection responding to allegations of child abuse against employees.*

Children & Young Persons (Care & Protection) Act 1

A mandatory report under

There are two ways of accessing DoCS:

> If you suspect that a child or young person is at risk of harm see Section 23 for grounds to making a report

Request for assistance Section 113(b)

OR

Referral to Community Service Centre for further assistance

Referral to other agency or information provided to caller

Report concern to DoCS Helpline

13 3627 (mandatory reporters line only)

(general number 132 111)

HELPLINE

Assessment of information received – threshold is child at risk of harm

OR

Assessed child not to be at risk of harm report is referred to other agency for assistance/support or information is provided to the caller.

If allegation concerns staff member/carer of children's service then children's services' responsibility to report to Ombudsman re: employee, member of staff or carer under the Ombudsman's Act which requires reporting of any "child abuse allegation"

NSW Ombudsman notified

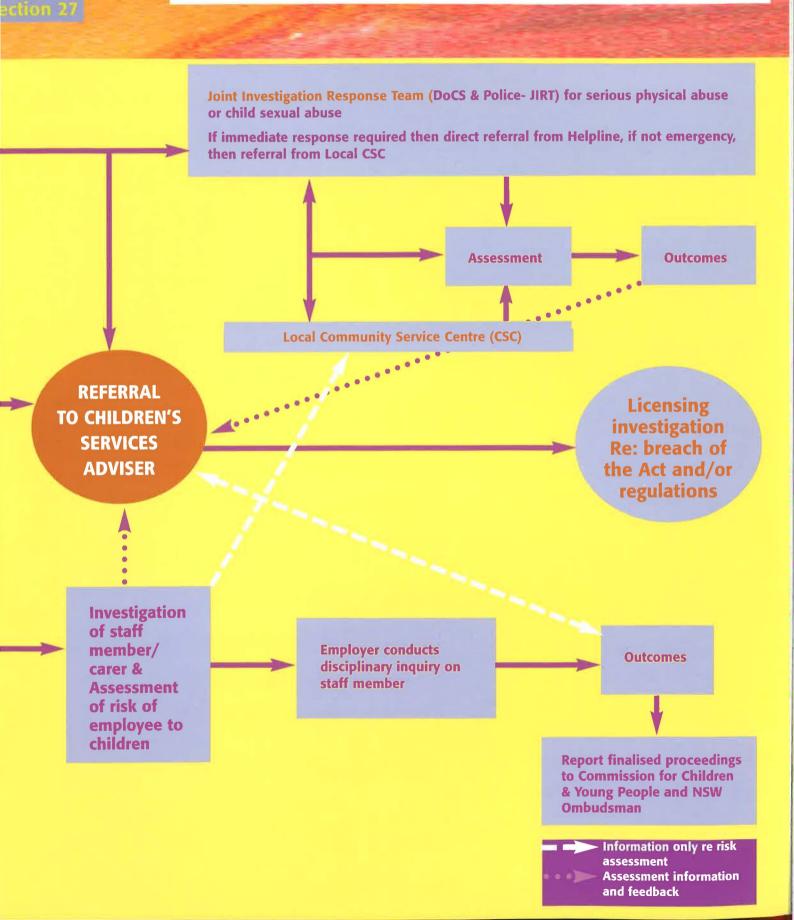
NB: Even if DoCS threshold not met if Ombudsman criteria met then Head of Agency must notify Ombudsman Office

Note

Processes which occur when an allegation is received about a child in a service:

- 1. A child protection response (if threshold is met) from DoCS, plus
- 2. A licensing response

Additionally if the matter concerns an employee, member of staff or carer of a children's service then there is a response in relation to that person (from the Employer; from DoCS, in advising the employer regarding the safety of child/ren; and from the Ombudsman) as well as the need to assess the safety of all other children in the service.



Assessment

Assessment is a process of organising and analysing information in order to determine the impact of an incident or cumulative impact of a series of incidents upon the child and family. It also shapes judgements on the risk of future harm to the child and the needs of the child, young person and family in terms of securing their safety, welfare and wellbeing.

Child

Guidelines for Child Protection Intervention and the relevant

government websites and information available

the NSW Interagency

government policies including t

Further information and

definitions can be found in the various Acts, regulations,

Note: this list is not exhaustive.

Under the *Children and Young Persons* (*Care and Protection*) *Act* 1998: Any person under the age of 16 years, except where otherwise stated. Under the *Ombudsman Act 1974*: Child refers to a person under 18 years of age.

Young Person

Under the *Children and Young Persons* (*Care and Protection*) *Act 1998*: Any person who is aged 16 years or above but who is under 18 years.

Child abuse

Term commonly used to describe different types of maltreatment inflicted on a child or young person. It includes assault (including sexual assault), ill treatment, neglect and exposing the child or young person to behaviour that might cause psychological harm, Child abuse can be a criminal offence under the *Crimes Act* 1900. (Note: Child abuse under *Ombudsman Act 1974* is much broader.)

Behaviours causing psychological harm (emotional abuse)

Behaviours that cause psychological harm include acts by a parent, caregiver, or other person that damage cognitive and emotional development of a child or young person. The harm resulting from these abusive behaviours can include: emotional deprivation and trauma; serious social impairment of a child or young person's social, emotional, cognitive or intellectual development; disturbance of a child's or young person's behaviour.

Neglect

Failure to provide the basic physical and emotional necessities of life. Neglect may be an ongoing situation and can be caused by repeated failure to meet the child or young person's basic physical and psychological needs.

Physical abuse (ill-treatment) Assault, non-accidental injury and/or

Current as January 2002.

Acknowledgements

physical harm to a child or young person by a parent, caregiver, another person responsible for the child or young person, or older child. It includes harm or injuries which are caused by excessive discipline, beating or shaking, bruising, lacerations or welts, burns, fractures or dislocation, female genital mutilation and attempted suffocation or strangulation.

Serious psychological harm

The result of the abusive or neglectful behaviours of a parent, caregiver or other person. A child or young person can suffer serious psychological harm from act of psychological abuse or the accumulation of psychologically abusive behaviours, chronic neglect, or exposure to situations such as ongoing or sever physical abuse, domestic violence or sexual abuse.

Sexual abuse

Child sexual abuse is any sexual act or sexual threat imposed on a child or young person. Adults or adolescents or older children who sexually abuse children or young people, exploit their dependency and immaturity. Coercion that may be physical or psychological is intrinsic to child sexual abuse and differentiates child sexual abuse from consensual peer activity.

Risk of harm

Agencies, employees, members of staff or carers are required to make judgements about risk of harm to a child or young person from child abuse or neglect . The assessment requires an evaluation of both the degree of harm and its probability and must take into account the age and vulnerability of the child or young person. Risk of harm does not have to be about an actual incident. Risk of harm and abuse are not necessarily the same thing. Allegations and reasonable grounds to suspect are also not the same thing.

Class of children or young persons

More than one child or young person who may be at risk because of association with a person or a situation causing risk of harm from abuse and neglect.

Domestic violence

Violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. It is partnership violence that includes violence perpetrated when couples are separated or divorced. Acts of domestic violence are mainly, but not only, perpetrated by men against women within heterosexual relationships but can also occur within same sex relationships. Domestic violence occurs between two people where one has the power over the other causing fear, physical and/or psychological harm. Child and young people may experience harm, by being in the presence of or by being exposed to violence in the parental relationship by becoming victims of violence or a combination of the two.

Investigation

It has different meanings depending upon the context. In matters where there is risk of harm and/or a criminal offence it is a process for gathering information in response to a report about risk of harm, conducted by officers of the Department of Community Services or by Police Officers in response to an allegation of risk of harm or a suspected criminal offence against a child. An investigation may include interviews and other enquires into all the child's circumstances and any risk to the future safety and welfare of the child. In matters involving allegation of child abuse against an employee the term "agency investigation" is used and refers to a broad fact finding process whereby a designated agency carries out some form of inquiry and assessment and possible adjudication of the allegation.

Mandatory reporting

Act of a person mandated under section 27 of the *Children and Young Person's (Care and Protection) Act* 1998 reporting that they suspect a child is at risk of harm.

Parent

Any person having parental responsibility for a child or young person.

Reasonable grounds

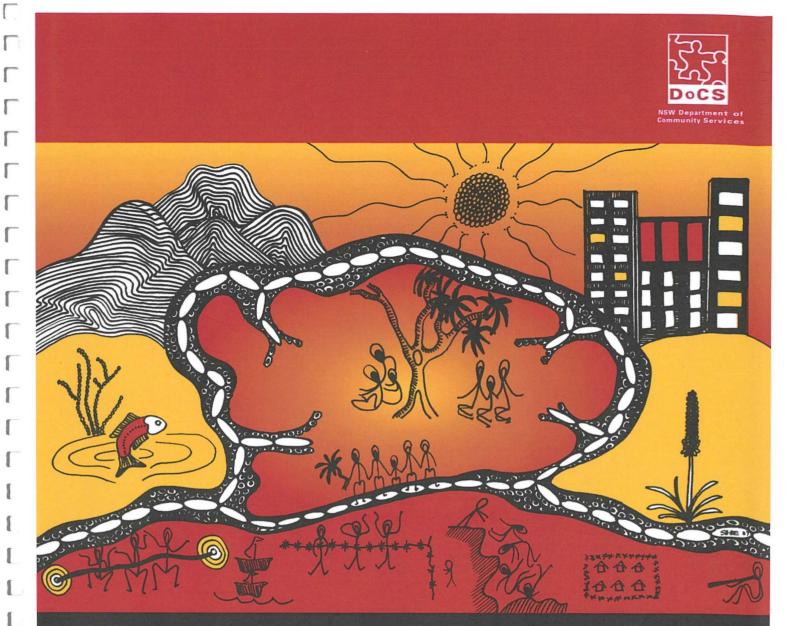
Grounds which would cause a reasonable person to form a judgement of harm, having regard to the circumstances of the individual case including the nature and seriousness of the allegations made, the age and physical condition of the child, and any corroborative evidence which exists, and other relevant information.

Report

Information provided in accordance with section 23, 25, 27, 120, 122 of the *Children and Young Persons (Care and Protection) Act* 1998, by a person who forms the belief on reasonable grounds that there are current concerns for a child, young person or a class of children due to risk of harm from abuse or neglect.

Kathy Gray, Office of Childcare, DoCS. Community Childcare Co-operative (NSW) Ltd. The Commission for Children and Young Persons: *NSW Interagency Guidelines for Child Protection Intervention* 2000 Edition.

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Our Carers for Our Kids

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A guide for training Aboriginal people applying to become foster carers in NSW

Trainer's Guide

The NSW Department Community Services (DoCS) thanks all those who contributed to the development of the *Our Carers for Our Kids* training guide.

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May 2007

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Trainer's Guide

Our Carers for Our Kids

A guide for training Aboriginal people applying to become foster carers in NSW

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foreword

Good quality training at entry level and beyond is essential to equip foster carers to deal with the demands of caring. Information provided in the training of prospective foster carers is critical to help participants make informed choices about fostering. For Aboriginal people who choose to foster, this training provides a foundation from which to build and extend their knowledge of foster care.

This training course *Our Carers for Our Kids* was developed after extensive consultation with NSW Department of Community Services (DoCS) Aboriginal staff working with Aboriginal children and families, and was guided by a reference group with representatives from both government and nongovernment sector, including; DoCS Aboriginal Services Branch and Aboriginal Reference Group (ARG), the Out of Home Care Directorate, Operations Directorate and Learning and Development in DoCS, the Association of Child Welfare Agencies (ACWA) and the Aboriginal State Aboriginal Child, Family and Community Care Secretariat (AbSec).

The package was piloted in 3 separate courses in DoCS' Western and Hunter Regions, and with non-government agencies in the Southern Region with over forty prospective foster carers. The feedback, knowledge and expertise of these stakeholders is reflected in the final package.

Our Carers for Our Kids provides Aboriginal foster care applicants with knowledge, skills and opportunities to explore the challenges and rewards of fostering. A selection of Aboriginal family stories are used to highlight how foster carers can provide safe stable placements that meet the needs of Aboriginal children and young people.

The package also considers the range of different ways that Aboriginal people may assist a child to express their Aboriginal identity. It also considers how it is important to take a broad view of the needs and issues for Aboriginal children and young people in foster care.

1 The term 'Aboriginal' is used throughout this package refers to both Aboriginal and Torres Strait Islander people.

Acknewledgments

The *Our Carers for Our Kids* training package is based on the original NSW Department of Community Services (DoCS') *Koori Carers for Koori Kids* training manual for foster carers and the *Shared Stories, Shared Lives* training package for prospective foster carers that are widely used across NSW.

In producing this package the contribution of Aboriginal workers has been critical. Reference group members from the government and non-government sector have guided the development of this package. The working group spent many hours reviewing the material to ensure that it reflected good practice.

Special thanks is given to those who contributed to the original *Shared Stories Shared Lives* and *Koori Carers for Koori Kids* training packages who gave this project such a valuable starting point.

Reference Group:

Mhairi Barnes	NSW Association of Child Welfare Agencies
Kerry Crawford	Aboriginal Services Branch, NSW Department of Community Services
Kate Lindsay	Aboriginal Child, Family and Community Care Secretariat
Louise Mulroney	NSW Association of Child Welfare Agencies
Wendy Nicholson	Operations Directorate, NSW Department of Community Services
Susie Ramadan	Out of Home Care Directorate, NSW Department of Community Services
Rowena Spink	Learning and Development Branch, NSW Department of Community Services
Sharon Storey	Out of Home Care Directorate, NSW Department of Community Services

Working Group:

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Robyn Bird-Hedges	Senior Aboriginal Caseworker, NSW Department of Community Services and member of the Aboriginal Reference Group
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Larry Towney	Aboriginal Child, Family and Community Care Secretariat
Marie Wighton	Out of Home Care Directorate, NSW Department of Community Services



Front cover image

Artist: Sigrid Herring

The illustration depicts the different landscapes that Aboriginal families come from and live in. It shows that families everywhere can experience hardship and loss of hope, and that other families are around to help.

One of the messages in the illustration is that by working together and respecting each other, we can all take care of children and replenish ourselves.

The didgeridoo player represents that Aboriginal families need to tell their stories, understand their history and be aware of how their history impacts on them today. The didgeridoo player also represents how Aboriginal people should have every opportunity to reclaim their culture and spirit.

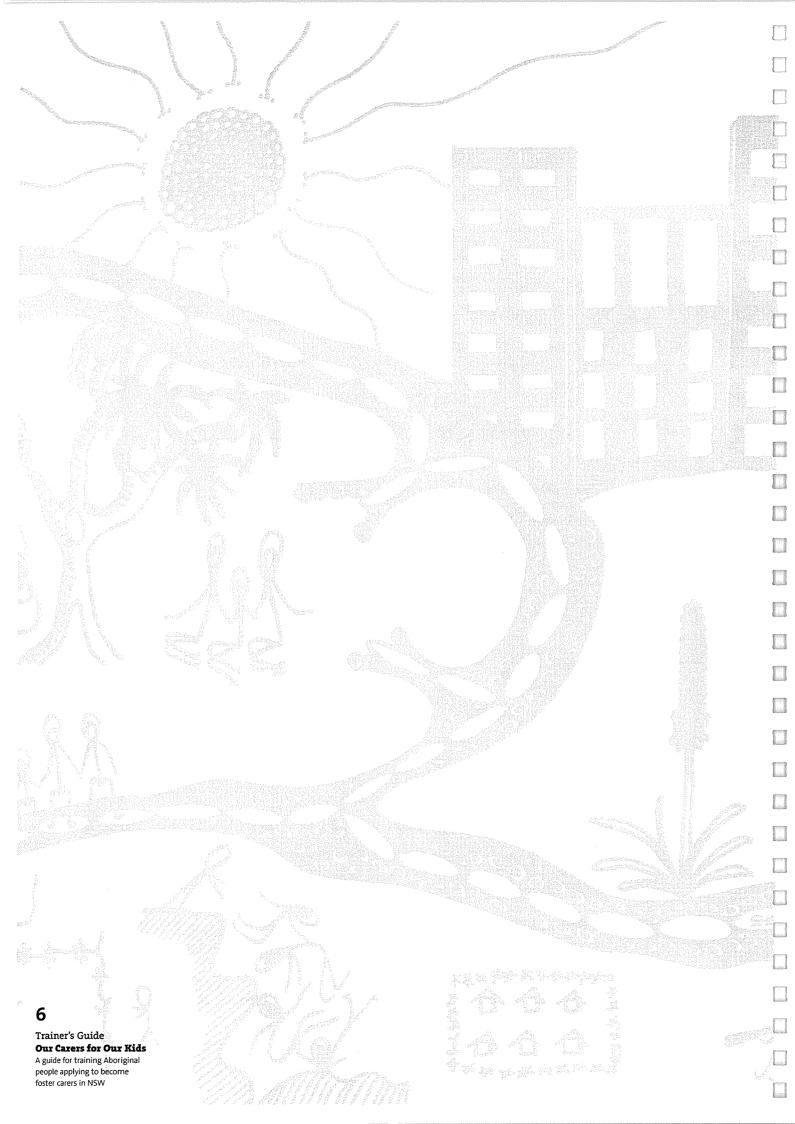
The drawing of Allira is by John Parsons. Drawings of Robbie and Kai are by Sigrid Herring.

Design and Production: Pro Bono Publico Pty Ltd Print: PLT Print Solutions



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overview of course



Target group

The training package provides Aboriginal foster carers with an introduction to the core foster care competencies. The package can also be used to train Aboriginal and non-Aboriginal foster care applicants who provide foster care to Aboriginal children and young people. Combining both Aboriginal and non-Aboriginal foster care applicants contributed significantly to the package when it was piloted. As training progresses, people will invariably become aware of other important issues that they want to explore. These issues should be recorded and become the focus for ongoing education to be organised by the foster carers' support group with the assistance of the department or agency.

Our Carers for Our Kids also provides appropriate training material for:

- existing Aboriginal foster carers who have not previously had entry level training or who are seeking a "refresher" course
- department or agency staff members wanting to develop their knowledge and skills in relation to Aboriginal out of home care.

The course can be run very effectively with a mixture of foster carers and department or agency staff.

Course outcomes

At the completion of the course, participants should be able to:

- Identify the context in which Aboriginal foster care operates and the reasons why children come into care.
- Discuss the issues in relation to children in out of home care and in particular
 - bonding and attachment
 - the impact of grief and loss
 - importance of maintaining connections with families.
- Discuss the dynamics and effects of children's previous experience, including its impact on behaviour.
- Identify the roles and responsibilities of those in the foster care system, (including carers, agency workers and families) and the importance of working as part of a team.

The course consists of the following 8 modules:

- Aboriginal foster care in context
- Bonding and attachment
- Aboriginal children who have experienced abuse
- Grief and loss
- Coping with challenging behaviours
- Maintaining connections
- Team work
- The next step

7 Trainer's Guide Our Carers for Our Kids A guide for training Aboriginal people applying to become foster carers in NSW Within these modules a broad range of issues are addressed including those set out in the NSW Standards for Out of Home Care Services:

- the legal and policy context of out of home care
- carer's specific legal responsibilities
- working with children and their parents
- child development, including attachment, identity, culture, separation and loss
- behaviour management policies and strategies including management of critical incidents
- health and behavioural issues
- how to balance the needs of foster carers' own children with the needs of the child or young person in care
- maintaining children's and young people's relationships and cultural identity including religious identity
- conflict resolution and carer support networks
- supervision and complaints mechanisms
- key organisational policies, including confidentiality requirements
- role of the agency in relation to the carer
- record keeping, financial entitlements and procedures.

Not all these topics are covered in depth in *Our Carers for Our Kids*. Foster carers should revisit many of these topics as part of ongoing training programs. There is also a need for additional specialised training to be provided to foster carers to assist them in their role as foster carers in the areas of

- child developmental and attachment issues
- child sexual assault
- HIV/AIDS and infection control

These areas may raise strong emotional issues for many carers and involve the implementation of detailed policy and procedure to ensure high quality care for children and young people.

Training Team

This course is designed to be presented collaboratively by a team which consists of:

- An experienced trainer familiar with foster care who has undertaken a familiarisation program of this package.
- An experienced Aboriginal foster carer to assist in facilitating all of the modules.
- Guest speakers including parents, young people who have been in care, psychologists and representatives from participating out of home care agencies.

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The trainer has a specific role to co-ordinate the modules and deal with issues of the group. The trainer must:

- have proven experience in working in a culturally sensitive way with Aboriginal people
- be familiar with the issues relating to Aboriginal foster care
- have knowledge, skills and experience with the dynamics of effective adult learning
- be able to use the training process to observe and assess the suitability of prospective carers in being able to provide quality foster care
- undertake adequate consultation with local Aboriginal communities to promote the quality of foster care
- have undertaken a familiarisation program of the Our Carers for Our Kids training package or Shared Stories, Shared Lives.

Ideally, the training package should be presented by Aboriginal staff. However the reality is that there are situations where it is not possible for Aboriginal staff with experience in foster care to present the package. In such situations training should be undertaken by an experienced non-Aboriginal trainer together with an Aboriginal staff member to ensure that culturally specific issues are addressed.

The role of the foster carer is to present specific input and comment on content from the perspective of an experienced carer. This role is essential to ensure the material is presented with credibility and realism.

At different points in the course there is additional input from other people in the foster care "team" such as psychologists, specialist child protection workers, parents, and representatives from the Aboriginal community including Aboriginal Elders and service providers. This input from other people allows participants to receive information in an effective way and is essential to the successful structure of the training.

Delivery

The 8 modules may be delivered in blocks, for example:

- 1 full weekend and 2 mid week nights
- 3 Saturdays or Sundays
- one full day, followed by 5 evening sessions
- one night for 8 weeks.

The time allowances contained in each module is a guide only. The actual time can vary depending on the group size and the amount of discussion generated. Trainers need to manage training time carefully as there is a lot of information to cover in this package.

Using Our Carers for Our Kids Training Package with the Aboriginal Step by Step Assessment tool

The Our Carers for Our Kids training package has been designed to complement the Aboriginal Step by Step assessment tool.

One suggested way of integrating the training and assessment process is to hold assessment interviews after the relevant training session in the following sequence:

- Information Exchange Session held with the applicant/s and other household members.
- Interview A held with applicant/s
 - Applicant/s completes the following modules of *Our Carers for Our Kids,* covering:
 - Aboriginal foster care in context
 - Bonding and attachment
 - Aboriginal children who have experienced abuse
 - Grief and loss.
- Interview B held with applicant/s and children and young people of the household
 - Applicant/s completes the following modules of *Our Carers for Our Kids*, covering:
 - Coping with challenging behaviours
 - Maintaining connections.
- Interview C held with applicant/s
 - Applicant/s completes the following modules of *Our Carers for Our Kids,* covering:
 - Team work
 - When a placement continues or ends.
- Interview D held with applicant/s.

Observations from training

An "observation from training" sheet is included at the end of each module. This sheet may be used by trainers to note any issues or observations (about participants) that become evident during the training session. These observations should be incorporated and recorded in evidence as part of the *Aboriginal Step by Step* assessment tool.¹

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Resources

The material provided in the Our Carers for Our Kids training package consists of:

- **Trainer's Guide** which includes detailed information on how to conduct the training and key information required for delivering the modules, for example: Aboriginal History timeline and relevant sections of the *Children and Young Persons (Care and Protection) Act 1998.*
- Participant's Workbook that enables participants to record information and have access to the training material after the course. Supplied is a compiled *Participant's Workbook* and a loose leaf *Participant Workbook* to photocopy for each participant.
- **DVDs** of *Life Story Work, Fostering Relations* and *Bringing Them Home.* If you require the *Life Story Work* and *Fostering Relations* in video form, these can be ordered from NSW Department of Community Services (02) 9209 6222. The *Bringing Them Home* video can be ordered from The Human Rights and Equal Opportunity Commission (02) 9284 9600.
- Overheads one set of originals to be photocopied onto transparencies.
- **CD** with set of Overheads on Microsoft PowerPoint if using a Power Point presentation.

Using resources including videos, DVDs and manuals which may include Aboriginal people who are now deceased

When presenting videos, DVDs and other material which includes Aboriginal persons who are deceased it is recommended that the following statement is made:

"In some Aboriginal and Torres Strait Islander communities, seeing images of deceased persons in photographs, film and books or hearing them in recordings may cause sadness or distress and in some cases, offend against strongly held cultural prohibitions. The NSW Department of Community Services wishes to apologise for any resources that may contain images of persons now deceased".

Costs

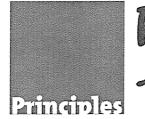
The following costs will need to be considered:

- Room hire
- Catering (eg lunches for all day modules, morning and afternoon tea)
- Training team
- Foster carer payment for the time and any other expenses incurred in preparing for and participating in the leadership of the course
- Guest speakers payment for their contribution to particular modules and associated costs, eg travel and child care

Evaluation

Course evaluation forms have been included in the *Participant's Workbook*. The purpose of the mid course evaluation is to get feedback to assist in presenting the remainder of the course. The final evaluation form provides information about participant values regarding Aboriginal foster care. This will help trainers to assess the impact of the course.

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Principles of the training package

There are 4 core principles that underpin *Our Carers for Our Kids* package.

These principles are reflected in the *Children and Young Persons (Care and Protection) Act 1998* and guide the operations of foster care in NSW.

The 4 principles are:

1. The needs of children and young people are paramount.

The *Our Carers for Our Kids* package enables carers to develop an understanding of the developmental needs of children and young people. To meet the needs of Aboriginal children or young people in out of home care, foster carers need to understand the complexity of issues affecting children's development, health, education, culture, identity, safety and self esteem.

Section 11 of the *Children and Young Persons (Care and Protection) Act 1998* identifies the principle of Aboriginal and Torres Strait Islander self-determination and the need for Aboriginal and Torres Strait Islander people to participate in the care and protection of their children and young persons with as much self-determination as is possible.

2. Participation and partnerships of Aboriginal children and young people in decision making.

The training promotes a model where children and young person's privacy and dignity are to be respected, and their wishes and views are actively sought and given due significance in decision-making.

Section 12 of the *Children and Young Persons (Care and Protection) Act 1998* states that Aboriginal and Torres Strait Islander families, kinship groups, representative organisations and communities are to be given the opportunity to participate in decisions made concerning the placement of their children and young persons and in other significant decisions that concern their children and young persons.

3. Aboriginal and Torres Strait Islander Placement Principles.

The training package promotes the ongoing need for Aboriginal carers to care for Aboriginal children and young people.

Section 13 of the *Children and Young Persons (Care and Protection) Act 1998* identifies the Aboriginal Placement Principle which states that where a child from an Aboriginal background needs to be placed in out of home care, the preferred placement option is with a member of their extended family, or kinship group that the community recognise the child or young person as belonging to.

If this is not possible or appropriate, placement will be sought with;

- a member of the Aboriginal community to which the child or young person belongs, or
- a member of another Aboriginal family residing in the vicinity of the child's or young person's usual place of residence.

If none of these options are available, a placement may be made with a suitable person following consultation with members of the child or young person's extended family or kinship group.

Where an Aboriginal carer is not available, the child or young person may be placed with non-Aboriginal carers. In these instances it is important to ensure that the child or young person does not lose connection with their family, community and culture.

4. Partnerships between families, foster carers and professionals.

The training package promotes the partnership and commitment between all those involved in providing foster care. This partnership is strengthened when all those involved in foster care share the responsibility for meeting the needs of children and young people.

Preparing for the training

Warning: To run this course successfully, preparation must start 4-6 weeks before the first session is conducted, to ensure that there is effective input into the training from a range of different people.

4 - 6 weeks prior to course

1. Plan the course dates

Rural agencies often find that running this course over 2 weekends is more convenient for those participants who need to travel long distances. Other agencies find it works well to have the first 3 modules covered on a full day session on Saturday, with evening modules once a week for the following 5 weeks.

It is often easier to establish good group relationships if there is a full day spent together at the beginning of the course.

2. Venue

Where possible utilise Aboriginal venues, both government and non government services, such as the Aboriginal Medical Service. This will provide applicants with an opportunity to visit local Aboriginal agencies that may provide services to children and young people in out of home care.

Trainers should display a map of Aboriginal Australia to help participants in group discussions / activities to describe their region/country, (eg. in Module 1 when the Aboriginal elder presents to the group).

Ensure that the venue:

- is accessible by public transport for participants without transport
- has adequate and safe parking
- is accessible to people with disabilities
- can comfortably seat the anticipated number of participants (recommended 12-20), with plenty of space for breaking into small group discussions
- has access to a smokers' area at breaks
- has a comfortable temperature (adequate heating/cooling)
- is equipped with an overhead projector and screen, or a lap top and data projector if using Power point, a VCR/DVD, a monitor and a large whiteboard
- has tea/coffee making facilities
- has room to set up lunch (if an all day session is planned).

3. Background reading

Read through the entire Trainer's Guide to become familiar with the course content and view the resource DVDs/videos. Note any areas that need additional preparation to be confident in covering the material.

4. Preparation

Send out invitations to prospective course participants.

Page 92 of the *Participant's Workbook* must be adapted to the needs of the particular agency running the course. Take those pages from the set of originals from the *Participant's Workbook*, and replace with sheets that reflect your agency structure.

5. Recruit experienced foster carer to participate in the planning and presentation of the course

Issues to be clarified at this stage include:

- the requirement to assist in preparation for the course and be in attendance at all modules
- payment arrangements.

6. Invite guest speaker/s for Module 1

Invite an Aboriginal Elder or a key respected Aboriginal person from the local community who is able to provide a personal exchange about the impact of the Stolen Generation on Aboriginal children, their extended family and the Aboriginal community.

7. Organise a date for a briefing meeting prior to the first module

During this meeting:

- explain the purpose of the module to the elder and how you will be guiding the discussion so that it stays focused
- provide the elder with the questions on page 28 to help them draw on their experience in preparing their responses.

8. Invite guest speaker for Module 6

Invite a parent with a child who is (or was) in care and with whom you have a confident, trusting relationship.

9. Organise a date for a briefing meeting in the week prior to Module 6

During this meeting carefully brief the parent on the module to:

- explain the purpose of the session and how you will be guiding the discussion
- run through the questions you will ask and how you will help them draw on their experience in preparing their answers
- prepare the parent for challenging questions and plan appropriate responses.

10. Invite panel members for Module 7

Panel members for this module include:

- a parent with a child is (or was) in care (may be the same as the guest speaker from Module 6)
- a person who is/was in care as a child or young person
- an agency worker to support foster carers.

11. Organise a date for a briefing meeting in the week prior to Module 7.

During this meeting:

- provide panel members with the material on pages 86 95 of the Participant's Workbook to prepare their responses
- brief panel members about their role in providing input into the training. However, they should not dominate discussion, as the training must be focussed on the participants and their need to process the information.

2 weeks prior to course

1. Plan course content

Go through the course material with the experienced foster carer. Highlight the sections where they will be providing input. Assist them to draw on their personal experience as they prepare to address the issues covered in the course.

If necessary, work through any differences of opinion.

2. Plan catering

Plan for special dietary requirements and consider light meals.

- 3. Print Material and organise equipment
- If using overhead transparencies, make one set of overheads and book the overhead projector.
- If using a PowerPoint presentation, book laptop and data projector.
- Print one Participant's Workbook (with page 92 adapted for your agency) for each participant.
- Book video, DVD player, television CD player or tape recorder as required for the modules.

To make the *Participant's Workbook* an attractive and durable record for each participant, it is recommended that you print the cover page onto colour paper and bind the workbook with plastic covers.

Training approach

Foster carer training should be a quality educational experience which includes opportunities for participants to:

- reflect on their personal experience in a positive, safe environment
- encounter diverse views and perspectives
- experience differing learning styles
- practice skills and have learning reinforced over time
- be genuinely affirmed
- evaluate whether fostering is right for them.

The training package uses stories to follow the lives of three children and young people who are experiencing foster care. Participants are encouraged to listen and respond to the stories, and reflect on the connections with their own lives. The capacity of foster carers to understand their own story helps them listen to the stories of children in their care in a respectful and sensitive way, providing good life enhancing outcomes for children.

Tips for frainers

Promoting participation

Welcome and thank participants for coming as they arrive. Remember that this first contact with a participant is often the most important one. Also remember to:

- call people by their name and encourage them to contribute
- maintain eye contact with the group but break eye contact with participants who talk too much
- stick to group rules, which should include:
 - a clear start and finish time
 - agreement that the sessions will be conducted with dignity and respect
 - confidentiality and agreement that any personal issues or shared comments should stay in the training room
 - focus discussion on what a person says rather than the person.
- if group dynamics are not constructive (eg if small cliques form, discussion dominated by only a few people) change the physical layout by rearranging seats, changing where you sit or stand and how you move around the room
- ask for clarification if a participant's contribution is unclear
- summarise and reflect back what you have heard a participant say to assist clarification
- use humour as a positive way of coping with stress, bonding the group (not divide it)
- use silence, and give people time to reflect. Allow them the opportunity to do the work of processing information.

Use of language

It is important that trainers use language which is not intimidating and easy to understand. This can be particularly important when training applicants who have had limited opportunities for formal education. However the issues involved in fostering can be complex and it is important not to reduce or minimise such discussions to a format where important issues are not fully explored.

There will be a wide range of language styles among Aboriginal foster care applicants, guest speakers and trainers. It is not possible to find one standard way of exploring issues that suits every applicant. This package has tried to use uncomplicated straightforward language and Aboriginal trainers should not hesitate to put questions into their own words or to adapt questions so they are clearer for applicants.

Use of children's stories

The package uses stories of 3 Aboriginal children, (Allira, Kai and Robbie) to help participants explore the challenges and rewards of a foster care placement. Each module introduces issues which are presented as part of the development of the placement and the relationship between the child and his and her carers.

Depending on the number of participants and the type of foster care provided, (eg. adolescent foster care), trainers may choose to present 2 rather than 3 of the children's stories.

Use of music

Music can be used to:

- engage and gather participants and stimulate learning
- create an appropriate mood, (eg: in the Grief and Loss section use quiet, instrumental music to stimulate emotions and help participants focus on the task)
- bring the group together and as background when filling in evaluations particularly instrumental music. Faster, more popular music can be used to orientate the group to work, particularly at the beginning of a particular module
- introduce a new topic and be used at the conclusion of a Module for example Whitney Houston Greatest Love Of All and Burraay - Dreaming Them Home. Stevie Wonders Isn't She Lovely provides a great introduction to Module 2: Bonding and attachment issues. The words to Isn't She Lovely are provided in the Participant's Workbook.

Select music carefully so it fits with your style of facilitation, but give it careful thought.

Use of games and activities

'What's in a name' has been provided in the first module outline. This is a great icebreaker which allows people to introduce themselves to the group in a nonthreatening way. Depending on the structure of the course, you may need to prepare some additional material to change the mood or revitalise the group. This is particularly important if you are running the material in all-day blocks.

Some ideas to help:

"Pairs" game

Count how many people you have in the group. If there are 7 pairs of people think of 7 sets of pairs eg Fish and Chips, Moon and Stars, B1 and B2, Black and White, Gin and Tonic, Bread and Butter, Knife and Fork. Distribute a card to each member of the group and ask them to find their pair. This is a fun way of splitting the group into pairs. You can also use this as triplets to get the group into threes eg Red, White and Blue; Lemon, Lime and Bitters; Hop, Skip and Jump; Knife, Fork and Spoon; Tom, Dick and Harry.

"Fruit and Veg" game

Write a label for each person which is the name of a fruit or vegetable (a different fruit or vegetable for each person). One label is pinned on each person's back. The participants have to guess what fruit or vegetable they are by asking other participants questions, that can be answered yes or no eg "am I round?", "am I green?" Participants move freely around the room as they ask questions of each other. The first person to guess their name gets a small prize.

Photo language set

A photo language set is a collection of pictures that evoke a wide range of moods and responses. It is a useful tool to help people express their reactions to course material. Generic photo language sets can be purchased from Catholic Education Office, Sydney (02) 9569 6111.

If you don't have a ready-made set available, you can create one by collecting interesting photos from the local area which contain significant places and sites, NAIDOC celebrations and other activities, Aboriginal art and cultural centres, wildlife and fauna, etc. You will need at least 40 pictures so there is a wide range for participants to choose.

Energisers

Energisers change the mood, refresh participants and help engage people.

Some energisers include:

- Posing and scratching as a kangaroo or an emu yawning and stretching loudly.
- Writing a message stick using a toilet roll/grad wrap roll. Ask participants to draw with a symbol to express their reactions to course material.
- Talking to someone about what you've learnt.
- Popping out of the room for a breath of fresh air.
- Having a drink

Ask the group to think of their own favourite energisers.

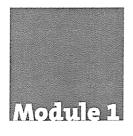
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Module 1

Aberiginal Fester Care in Context





Outline of Module 1 (2 hours 40 minutes)

1.1	Welcome and introductions	10 minutes
1.2	Course overview	15 minutes
1.3	Historical, socio-cultural and political context	50 minutes
1.4	Lessons from the past	20 minutes
1.5	Why be a foster carer	10 minutes
1.6	Why do Aboriginal children and young people need	
	out of home care	30 minutes
1.7	What do children in foster care need	10 minutes
1.8	Closure	. 5 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

- Explain how and why Aboriginal children come into foster care
- Discuss realistic expectations about the foster carer's role
- Describe the cycle of disadvantage
- Explain the significance of the historical, socio-cultural and political context of Aboriginal fostering

Equipment needed

Trainer's Guide

Name tag for each participant and trainer Map of Aboriginal Australia *Participant's Workbook* – one copy for each participant Butchers paper and bluetak for group agreement Overhead Projector and Overheads 1-4 Pens for each participant Video – *Bringing them Home, Stolen Generations* or *Whitewashed* Video Recorder/DVD CD player

Special arrangements

In this module there will be input from an Elder or a key respected Aboriginal person from the local community. This will need to be organised in advance. The input is often best organised in an interview format, so that the focus stays on the module. A list of questions is provided in the module outline. It is essential that the Elder or key person is well briefed – see Option A: Presentation by Aboriginal Elder on page 29 of this Trainer's Guide.

It is good if there is an opportunity for questions from the group, however it is important for the trainer to monitor the questions carefully to protect the Aboriginal Elder or respected person from intrusive or insensitive discussion. One strategy to monitor the group discussion is to ask that questions from the group be directed to the trainer in the first instance. The trainer can re-direct these questions to the Aboriginal Elder or respected person.

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1.1 Welcome and introductions

(10 minutes)

As people arrive direct them to the registration desk and ask them to collect a *Participant's Workbook* and Name tag.

Welcome participants.

Acknowledge traditional owners of the area in which you are holding the foster care training. For example:

"Firstly, I would like to pay respect to and acknowledge the (egDarug or Tharawel people) who are the traditional owners of this land we stand and meet on today. I would also like to recognise Aboriginal Elders, traditional and current custodians, past and present".

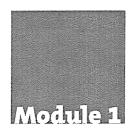
Thank the Aboriginal community for allowing the training to occur on their Land/Country".

Introduce the trainers and the Aboriginal foster carer and briefly tell participants something about your own backgrounds.

Provide "housekeeping" details, such as the location of toilets, length of tea/coffee breaks, and arrangements for smokers.

Ask each participant to introduce themselves and say their full name, the significance of how they got their name and how they feel about it. For example, "My name is Larry Brown and I was named after my great uncle. I am proud to be named after him because he was one of the founding members of the La Perouse Aboriginal Land Council. I would have liked to have met him."





1.2 Course overview (15 minutes)

Outline the major reasons why the course was developed:

- to improve outcomes for Aboriginal children and young people who are over-represented in child protection matters, re-reporting, in foster care and the out of home care system
- to develop foster carer's skills in identifying and building strengths in Aboriginal families and communities
- to assist DoCS and other agencies in fulfiling their responsibilities under the *Children and Young Persons (Care and Protection) Act, 1998.*

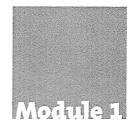
The aims of the course are to:

- provide information about what fostering involves
- help participants to explore the challenges and rewards of fostering
- help participants to explore the impact that fostering could have on them personally and their family
- help participants to explore their role and assist them to provide, safe, stable culturally appropriate placements that meet the needs of Aboriginal children and young people
- enable participants to reach an informed decision about whether or not to pursue their application to be foster carers.

Participant's workbook

Explain that the *Participant's Workbook* will be used at each module of the training. It is usually not a good idea for participants to take it home between modules as it can be hard to remember to bring it each time.

The *Participant's Workbook* contains copies of overheads that are presented throughout the course, additional information and resources and blank pages at the end of the *Participant's Workbook* for participants to take notes if they wish.



Course outline

Look together at the Course Outline using **Overhead 1: Course Outline** – page 3 of *Participant's Workbook*.

Explain that the course will follow the stories of 3 Aboriginal children. The course will:

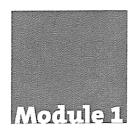
- Identify the context in which Aboriginal foster care operates and the reasons why children come into care.
- Discuss the issues in relation to Aboriginal children in care and in particular:
 - bonding and attachment
 - the impact of grief and loss
 - importance of maintaining connections with families
 - cultural attachment and identity.
- Discuss the dynamics and effects of children's previous abuse experience, including its impact on their behaviour.
- Identify the roles and responsibilities of those in the foster care system, (including carers, agency workers and families) and the importance of working as part of a team.

Many of the issues that are raised in this course will be very sensitive, we ask you at all times, to look after yourself.

Explain to the participants that attendance at the training course is part of the process of applying to become a foster carer. Draw attention to the fact that Module 7 includes an overview of practical details of legal and financial issues. However if there are practical questions for which participants want an immediate answer, there will be the opportunity to speak to a presenter at the breaks or at the end of the modules.

Inform participants that this is not the only opportunity to receive training from their agency. Many agencies provide ongoing training sessions for their carers.





Group rules

Advise participants that groups work best when there are some ground rules established.



Activity – Brainstorm

Ask participants to list suggestions for group rules and write responses on butcher's paper.

To start this discussion it may be helpful to make some initial suggestions, For example:

- one person only talking at a time
- jargon please ask to clarify if you're not familiar with some words used
- respect one another
- be aware of highly sensitive information
- be sensitive to grief and loss issues that will be raised
- maintain confidentiality at all times
- agree to disagree
- not putting anyone down
- punctuality starting on time
- mobiles off or on silent.

And emphasise the following:

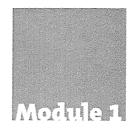
- The course respects any issues that directly relates to the impact of the Stolen Generations.
- The course will allow time for debriefing and break times.
- The course is not a forum to deal with Aboriginal political issues.
- It's not an opportunity to criticise agency practices and decision making. Individual cases or concerns cannot be addressed in this forum, if participants have specific issues, they should take them up with the agency.
- This is a forum to support and motivate people to make a decision to become foster carers.

Ensure that input is generated from as many participants as possible.

Check that people are happy to be part of the group that follows these rules.

Stick the rules on the wall and remember to have them available for every session.

Also have a large piece of butcher's paper available on the wall for participants and yourself to make comments about the course content or any follow-up issues raised by group.



1.3 Historical/socio-cultural and political context (50 minutes)

Activity – Brainstorm

Ask: "What comes to mind when you hear the words 'foster child' or 'Welfare' or 'Stolen Generations' "

Write the above question on the white board.

Put responses on white board.

Acknowledge personal responses.

Encourage participants to recognise and accept their personal responses that the training course may trigger.

In many ways, awareness of feelings is one of many tools of the trade.

Foster carers need to be sensitive to how a situation may affect:

- the child or young person in their care
- the child or young person's family
- them personally and their family.

Check to see how the group is feeling.

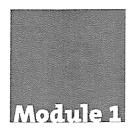
Ask participants if they are ready to move on.

The history of European white settlement and subsequent government policies and practices in relation to the Aboriginal community have directly contributed towards many of the present issues experienced by Aboriginal people and communities.

Briefly describe the history of policies regarding State intervention in the lives of Aboriginal families.

Refer the participants to page 5 of *Participant's Workbook* - Aboriginal History Time Line for more information relating to Aboriginal History. (The time line is on page 28 of this Trainer's Guide).



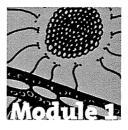


Aboriginal History Time Line

1788 – 1883 Invasion and beginning of destruction of Aboriginal families. Aboriginal people used as guides by explorers and early settlers.

1878	Creation of first reserves and mission in NSW.
1883	Aboriginal Protection Board established. Most Aboriginal people in NSW herded onto missions and reserves.
1909	Passing of the Aborigines Protection Act giving the board legal sanction to remove Aboriginal children from their families.
1915	Amendment to the Act giving the Board the power to remove any child without parental consent and without a court order.
1918	Amendment to the Act extending the powers of the Board from full bloods to half castes.
1937	Federal and State policy of Assimilation introduced. Part Aborigines are to be assimilated into white society whether they want to or not, Aborigines not living in a tribe are to be educated and all others are to stay on reserves.
1939	NSW Child Welfare Act passed, introducing a new category of 'neglect' which referred to 'uncontrollable' children and to 'improper' or 'incompetent' parenting.
1967	Referendum declaring citizenship for Aboriginal and Torres Strait Islanders.
1969	Abolition of the Welfare Board.
1987	Children (Care and Protection) Act passed, introducing the hierarchy of placement options with the first three preferences to keep Aboriginal children within the Aboriginal community.
1997	Bringing them Home – Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. http://www.hreoc.gov.au/social%5Fjustice/stolen%5Fchildren/
1998	Children and Young Persons (Care and Protection) Act passed, introducing principles of self determination and participation in decision making for Aboriginal and Torres Strait Islander children. The Act also promotes the Aboriginal Placement Principles.

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In order to look at the historical/socio-cultural and political context and the effect of these policies and practices for Aboriginal people trainers may choose Option A or Option B below.

Option A: Presentation by the Aboriginal Elder

An Elder or a key respected person in the local Aboriginal community is invited as a guest speaker for this module. Advise participants that all questions from the group will be directed to the trainer and the trainer will re-direct these questions to the Elder.

Welcome and introduce the Aboriginal Elder to the group. Explain that you have invited an Aboriginal Elder because participants will benefit from learning about the impact of the Stolen Generation on a child who was removed from their parents, their extended family and Aboriginal community.

Allow the Aboriginal Elder to explain his or her story in their own way. If they seem hesitant, prompt with questions such as:

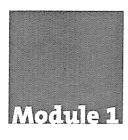
Ask the Elder

- Do you remember who raised you?
- What was your experience as a child?
- What was it like for you during that time?
- What does family mean to you?
- When you hear terms like "stolen generation or welfare", what does this mean to you?
- What do you think Aboriginal children in foster care need?
- Is there any advice you would like to give these potential foster carers now?
- What do you do now? Are you working?
- What do you do to relax? What's your favourite hobby?

Invite questions and discussion.

Once the module is over, thank the Aboriginal Elder and make sure that he or she feels appreciated and safe.





Option B: Present DVD/ video "Bringing them Home"

Explain that you want participants to understand the great importance of their role as foster carers by placing their current situation into its historical, social, cultural and political context.

Let participants know that most people find the video very emotionally draining, and that anyone who is very distressed by the material can feel free to leave the room if they need to. Encourage them to return to the group afterwards for the discussion. Indicate when you will be available to listen and provide support if that is necessary.

Ask the participants who have already seen the video to watch it again and to think about the significance that these issues have for them now.

Present the DVD/video.

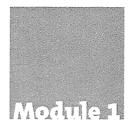
Ask the following questions:

- How do people feel about this video?
- Why do you suppose we showed you this video?
- What significance do you feel these issues have for us now?



Activity – Debrief the group

Encourage participants to look for the lessons that can be learned from the tragic heartfelt stories presented in the DVD/video.



1.4 Lessons from the past (20 minutes)

Activity - Brainstorm

On butcher's paper, draw a table with 2 columns with headings. In the first column, write: "What lessons have we all learned from the past?" Invite participants to suggest one item for a list of "lessons that we learned".

Answers may include:

- Legacy of Stolen Generations.
- Understanding that Indigenous people are faced with black and white laws.
- Past policy practices impacting on family relationships.
- Poor health and housing conditions.
- Legislation in the "best interest" of the child.
- Some children need protection.
- Support is needed in early intervention to improve parenting skills.

In the second column, write: "What do we want to change for the future?"

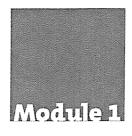
Invite participants to suggest one item for a list of "what we want to change".

Answers may include:

- Recognition of Indigenous history and culture.
- Promote acceptance and belonging.
- Caste ideology dealing with issues of identity.
- Less Aboriginal children being abused.
- Less Aboriginal children in out of home care.
- More Aboriginal foster carers and self-determination.
- Paternalistic ideologies. A government or style of management, in which the desire to help, advise, and protect may neglect Aboriginal empowerment, choice and personal responsibility

Record all the items on butcher's paper that can be kept on a wall for future reference. Emphasise how the lessons apply to current day foster care.





Breaking the cycle of disadvantage and supporting cycles of empowerment

So far we have been able to share what we have learned from the past and what we want to change for the future. Another way of looking at these issues is to look at the **Overhead 2(A) & 2(B) - Cycle of Disadvantage and Cycle of Empowerment**.

Refer to pages 6 - 7 of the Participant's Workbook.

Describe the cycle of disadvantage and how the effects of colonisation, dispossession, injustice and discrimination have led to significant levels of disadvantage in the Aboriginal community.

Emphasise the great value of Aboriginal carers and their personal contributions and efforts for Aboriginal fostering which have a vital role in breaking the cycle of disadvantage, hopelessness and powerlessness. These efforts contribute to the cycle of empowerment.

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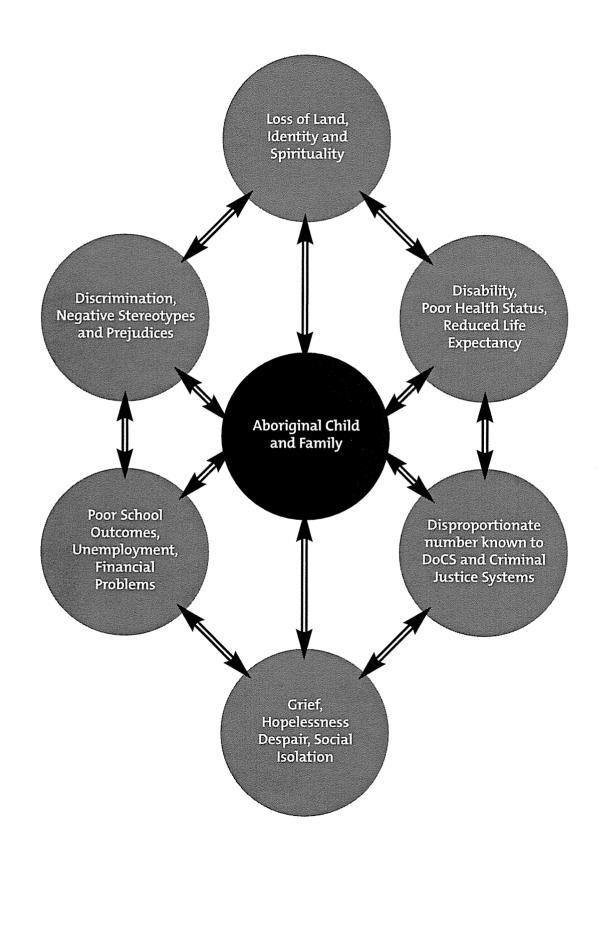
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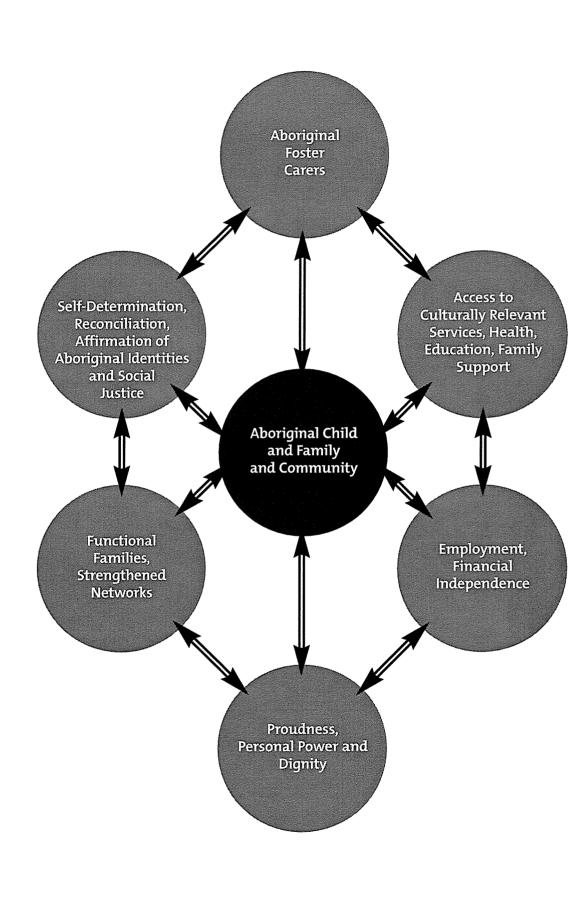
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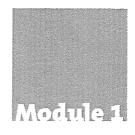


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1.5 Why be a foster carer? (10 minutes)

Ask the foster carer why they became a carer.

This is a good question to direct to the Aboriginal foster carer co-presenting the package and will kick off the following brainstorm activity.



Activity – Brainstorm

Write on the whiteboard: "Why are you interested in being a foster carer?"

Ask participants to express their reasons and record responses on the white board.

Answers may include

- Personal experience in foster care and want to give back to their community and children
- Love kids
- Positive role model
- Formalising what Aboriginal families have done for years, caring for children and families
- Teacher/mentor in terms of promoting Aboriginal culture and families practices of caring for children
- Money
- Have time to spare

Indicate that this course will help participants understand the realities of foster care, and check out realistic expectations for the role.

Inform participants that there is no one "preferred" type of foster carer. They can be from any mob, single, married, in a de facto and/or same sex relationships. Aboriginal children coming into care have their own particular needs and there needs to be a diverse range of people available to provide care.

Emphasise that all people have different expectations and can offer a broad range of views during this course which can help people explore for themselves what being a foster carer is all about.





1.6 Why do Aboriginal children and young people need out of home care? (30 minutes)

Introduce the stories of the 3 children that run through the course.

Turn to page 8 of the *Participant's Workbook* that shows sketches of three children.

Advise participants that we will be following the stories of Allira, Kai and Robbie throughout the course, but the children's stories will not cover all possible events in foster care.

Emphasise that this course is not about telling participants what to do in any particular situation, but to help people develop some understanding of themselves and the issues they are likely to face when they are fostering.

Overhead 3 – Issues in the child's story material also on page 9 of the *Participant's Workbook.*

Highlight how the stories of the children will bring out important issues in fostering.



Activity – Brainstorm

Go through pages 10, 11 and 12 of the *Participant's Workbook* which give brief introductory material to each child's background, history and current situation.

Ask participants:

What are your initial responses to Allira, Kai and Robbie's story?

What feelings did the stories evoke in you?

Record responses on the whiteboard.

Acknowledge the range and depth of feelings that may be felt, for example; anger, sadness and disbelief.

Activity – Small group work

Divide participants into groups 3.

Ask the groups to list some of the reasons why children come into care (Looking at the children's stories may help participants to come up with reasons).

Record responses on the whiteboard.

Ask the foster carer if the responses are similar with the experience of the child/children in their care.

Highlight that each child in out of home care is different and unique and that there are many different reasons children come into care.

Explain that the 3 stories are used to illustrate different "paths" to foster care.

The stories of **Allira** and **Robbie** are stories about short term/temporary care and medium care arrangement.

These are forms of care are arranged by DoCS when the child or young person is in need of care and protection. These care arrangements are made with the consent of the parents or carers who also have the right to terminate the care arrangement at any time.

Generally, it is part of a case plan to support the family and help them resolve the problems that made out of home care necessary. The arrangement must also include a plan to restore the child or young person to their parents.

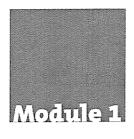
The story of Kai is about a long term/ permanent care arrangement.

In cases where serious abuse or neglect has occurred, or there is a significant family breakdown, it may not be possible for children to return to their own parents or carers. Long term care may be needed until the young person reaches 18.

When a long term foster carer has established close bonds after caring for a particular child or young person for 2 or more years, they are eligible to apply to the Children's Court for an order to give them Sole Parental Responsibility.

This requires the written consent of the birth parents or person who had parental responsibility for the child before they came into care. If the young person is aged 12 years or over, they must give their consent to the application.²

Put up **Overhead 4 - Pathways and Players in the Foster Care System** and direct people to pages 13 -16 of the *Participant's Workbook* which sets out a simple overview of the statutory process.



Report of child or young person at risk of harm

The NSW Department of Community Services (DoCS) is responsible for assessment and investigation of the report of a child or young person at risk of harm. If it is decided that a child / young person needs care and protection, and a removal from their usual caregiver is necessary to protect them from the risk of serious harm, then the matter is presented to the Children's Court to determine if the child or young person is in need of care.

Every child or young person who is subject to an order of the Children's Court will have a case plan.

The Case Plan covers such issues as:

- The residence of the child and young person
- If there is a realistic possibility of the child or young person being restored to his or her parents
- How the child will maintain identity and connections with extended family, community and culture
- The education and health needs of the child or young person
- The religious upbringing of the child or young person.

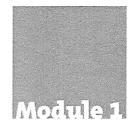
Case plans must be reviewed regularly.

Foster carers are guided in their work with a child or young person by the case plan.

Caseworkers assist and support the foster carer. Caseworkers usually have direct contact with the child or young person, as well as contact with the foster carer. Caseworkers can be contacted when a foster carer wants information, advice or support concerning a child in their care.

When a decision is made to remove an Aboriginal child or young person from their family, an alternative placement is sought. Caseworkers need to refer to the Aboriginal Placement Principles in the *Children's and Young Persons (Care and Protection) Act 1998* Sections (11, 12, 13, 14).

Participants to refer to pages 17 - 20 of the *Participant's Workbook* to view the Sections (11,12,13 and 14).



1.7 What do children in foster care need? (10 minutes)



Activity – Brainstorm

Divide white board into 2.

Write "needs of children" on one side of the white board and on the other side of whiteboard write "What qualities do carers need to meet these needs"?

Refer participants to the children's stories on pages 10 – 12 of the *Participant's Workbook*.

Ask: "What might be the particular needs of each child?"

Write answers on the whiteboard.

Answers may include – Health, Education, Housing, Respect, Trust, Safety, Love, Time, Understanding, Stability, Food, Clothing, The bush or sea, Connections to Aboriginal community, Attend significant places of importance, Identity including Aboriginal cultural identity, Praise, To be heard, To be a child, Guidance, Boundaries.

It is crucial to remain aware at all times of a child's Aboriginality and the need to preserve their identity through maintaining connections with their extended family, community and culture.

Ask: "What qualities do carers need to meet these needs?"

Write answers onto other the whiteboard.

Refer participants to page 21 of the *Participant's Workbook* - What do children in foster care need and What makes a good carer?

Invite participants to add ideas from the white board on to page 21 of *Participant Workbook*.

Summary – Overview of needs of children in care

A good deal of work has been done into the needs of children in care. Research by the UK Department of Health's Looking after Children project identified 7 areas which must be addressed by carers and caseworkers to meet the needs of children in care.

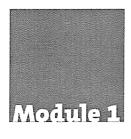
Direct participants to page 22 of the *Participant Workbook* that lists the 7 dimensions of care:

- health
- education
- identity
- family and social relationships
- social presentation
- emotional and behavioural development

self-care skills

Highlight that these 7 areas are the central tasks of foster caring.





1.8 Closure (5 minutes)

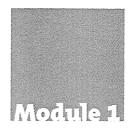
Invite comments and feedback about the course so far.

Ask participants to read quotes on page 23 of *Participant's Workbook* – Thoughts on fostering.

Explain that the next module covers Bonding and Attachment.

Thank everyone for their participation.

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Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

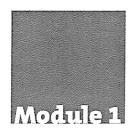
Make sure you photocopy this page for each participant as required.

Participant Name:
Date:
Trainers:
Training Venue:

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.



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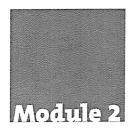
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Module 2 Bonding and Attachment

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Outline of Module 2 (2 hours)

2.1 Welcome	5 minutes
2.2 Introduction to bonding and attachment issues	20 minutes
2.3 A child's poor attachment	15 minutes
2.4 Refer to children's stories	20 minutes
2.5 Helping children with poor attachment	15 minutes
2.6 Listening to the child	25 minutes
2.7 Confidentiality vs. Aboriginal Grapevine	15 minutes
2.8 Closure	5 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

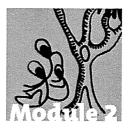
- Discuss the process of bonding and attachment
- Identify ways to encourage children's sense of security and trust in their carer
- Discuss the importance of confidentiality.

Equipment needed

Trainer's Guide Participant's Workbook – you may need spares for people who took them home and didn't bring them back. Pens for participants TV and DVD/VCR CD Player or Tape Recorder Copies of CD's- 'Burraay - Dreaming Them Home' or Isn't she Lovely Overhead Projector and Overheads 5 - 9

Special arrangements

This module may be presented by DoCS Psychologist or Child Psychologist in your local area.



2.1 Welcome (5 minutes)

Recap on Module 1.

Ask participants:

- What is one thing that stood out to you from the last module?
- How are you feeling about the course so far?

2.2 Introduction to bonding and attachment issues (20 minutes)

Advise participants that this module will focus on the key issues of bonding and attachment.

Show **Overhead 3 - Issues in the Child's Story** Refer participants to page 9 of the *Participant's Workbook* to remind them how this module fits into whole course.

Emphasise the importance of learning about bonding and attachment, as it helps explain the:

behaviour and responses of children in foster care

importance of ongoing contact with parents.

Carers need to know who the child in their care feels connected to, how the connection has developed and the quality of that connection.

For Aboriginal children this sense of connectedness takes many forms. The process by which this sense of connectedness develops is called "bonding and attachment".

Write on the whiteboard:

"Bonding refers to the adult's emotional connection to a child" for example, rocking, cuddling and smiling.

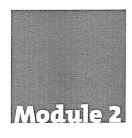
Play an Aboriginal specific song relating to Stolen Generations such as *Burraay* - *Dreaming Them Home*. This CD features some of the best-known songs about the Stolen Generations, *Sorry Day* and the *Journey of Healing*.

Or

Play *Isn't She Lovely* by Stevie Wonder. This song provides some insight into what we mean by the term "Bonding". Explain that it was written soon after his daughter's birth.

Put up **Overhead 5 – Isn't She Lovely** words to song on display while song is played and a copy on page 25 of the *Participant's Workbook*.





Activity – Work in pairs

Think of a time when you felt strongly connected to a child. It could have been an experience of your own child, or a grand child, niece, nephew, cousin or friend's child.

List some words or phrases which describe how you felt.



Activity – Feedback to large group

Share words in large group and list them on whiteboard (for example love, closeness, deadly and warmth)

It's these powerful emotions which make the sleepless nights, and all the other stresses of parenting bearable.

Remind participants that bonding does not always happen automatically at birth, for some parents it can take some time to build up this bond.



Activity – Brainstorm

Write on the whiteboard:

"What are some of the things parents do with their children in the early years to make them feel safe and secure?"

Answers may include – holding, rocking, singing, praise, feeding, cuddling, bathing, talking, and spending time with the child, love, affection, and cultural connection.

The more time a mother, father or caregiver spends with the baby meeting the baby's needs, the deeper the bond grows and babies begin to show signs of "attachment."

Write on the whiteboard, (under the definition of bonding):

"Attachment is a something that children and caregivers create together after the child learns that the caregiver will meet his or her needs in a caring way and the caregiver can be trusted. This process develops between caregiver and child over time, especially in the child's early years."

Children who have their needs met:

- develop a trust and confidence in their parents, or caregivers
- learn to participate in the relationship.

Bonding and attachment develops into a two-way process in which children receive and trust the love given to them and are then able to give love in return.



Activity – Brainstorm

Write on the whiteboard: "What do children learn when they have their needs met?"

Answers may include - The world is a good place; adults care and can be trusted; the world is predictable and safe; my needs will always be met.

Children who come from a stable environment with a loving carer feel secure. They stand the winds of time just like a tree with strong roots and are not blown away.

When children have a level of confidence in their parents or caregivers, they have a secure base from which they can explore and learn about the world. They will learn about their cultural background and how to become socially competent.

Securely attached children:

- have learnt to trust
- they can show empathy
- have a positive self image and feel good about themselves rather than shame
- are able to form positive relationships throughout their lives
- know their family and culture and where they belong.

For Aboriginal children – they need to know their culture, otherwise their identity, spirituality and self-esteem may be threatened.

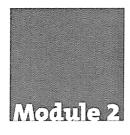
Write on the whiteboard:

"Children who have enjoyed consistent, responsive and supportive relationships with their parents or caregivers even in times of stress are securely attached."

It's important that children develop positive attachments during their early years. However we need to remember that the attachment process can be weakened or strengthened throughout a child's life.

Tell participants that an outline of bonding and attachment, including the definitions on the board are on page 26 of the *Participant's Workbook*.





2.3 A child's poor attachment (15 minutes)

Healthy and positive attachments develop when the caregiver is in tune with the child's needs and meets those needs. Not every child is fortunate enough to have parents or caregivers who are in tune and responsive to their needs (by needs we mean having their physical, social and emotional needs met).

Some children are raised in chaotic, unpredictable families in which their needs are frequently overlooked. Children, who do not have their needs met, are at risk of developing attachment problems.

Put up **Overhead 6 - Factors which may prevent the development of positive attachment**, and expand on each point. Information is also on page 27 of the *Participant's Workbook*.

Parents who are not emotionally available for the child

A child's infancy and early years are a crucial time for the development of a sense of trust and safety. When a parent's own needs are overwhelming they are not always able to identify and respond to the child's need for love and attention. An example of a parent who is not emotionally available for the child is a parent who is a chronic drug user or who has a chronic mental health problem. Children in this situation learn that adults are unpredictable; believing that adults can meet their needs sometimes but they cannot be relied upon.

Children who have experienced repeated rejections by parents or caregivers.

Children in these situations may have had a number of foster care placements and attempts to restore to families have failed. Repeated rejections teach children that adults are inconsistent and cannot be trusted. As the number of rejections increase the child's confidence in adults to meet their needs decreases. Children in this situation can give up hope of ever having their needs met by adults. Children who have experienced repeated rejections may also have serious behavioural problems.

Children who have experienced extreme inconsistencies in the level of care that has been provided

An example of this is when a child has been left with different people and has experienced inconsistent levels of care from multiple placements. The children are found to be less confident, have speech and learning problems, are more reliant on others to have their needs met, and are more at risk for psychosocial issues, such as social withdrawal (Lewis et al., 1984), anxiety disorders and depression (Warren et al., 1997). These children have little in the way of emotional resources to form positive attachments in the future.

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Activity – Brainstorm

Write on the whiteboard: "How do children view the world when they don't have their needs met?"

Answers may include:

- The world is a scary place and adults cannot be relied upon.
- Adults are inconsistent, and not to be trusted.
- Children have to fend for themselves. They may see this as being their own fault.

Children who experience unresponsive and inconsistent care or are punished, put down, yelled at, or get no attention from their carers:

- feel threatened during times of stress
- are described as being insecurely attached
- find it hard to attach to other caregivers.

Put on **Overhead 7 - Common behaviours of children with poor attachment**, and expand on each point. Information is also on page 31 of the *Participant's Workbook*.

Ask the foster carer to provide input. They can use examples from their experience to illustrate issues of attachment and bonding and how this has affected the children in their care.

Comforting behaviours

Children with poor attachment issues may use immature and bizarre soothing and comforting behaviours. For example; they may bite themselves, head bang, rock, chant, masturbate excessively, scratch or cut themselves. This behaviour may increase during times of stress.

Inappropriate Emotional Functioning

These children may be quite withdrawn or anxious. They may respond quickly and aggressively when they are stressed. Children with attachment problems may be over affectionate, hug complete strangers, and risk further abuse.

Odd Eating Patterns

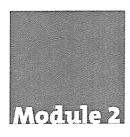
Odd eating patterns are common. Children may hoard food or eat every meal like it's their last.

Aggression

Children with poor attachment issues have learnt that aggressive behaviour protects them in situations where they feel vulnerable. Children with attachment problems are often aggressive and can be disruptive in the home and can act cruelly, including cruelty to animals. This is linked to their lack of empathy and poor impulse control.

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2.4 Refer to children's stories (20 minutes)



Activity – Small group work

Allocate people into groups of 3-4, and then ask everyone to look at the children's stories on pages 10 - 12 of the *Participant's Workbook*. Quickly recap the stories.

Then turn together to the children's stories on pages 28 - 30 of the *Participant's Workbook*. Tell participants that we will now hear a little more about these children's backgrounds. Read the stories out loud.

Questions to be covered by group:

What aspects of the behaviour of Allira, Kai and Robbie may alert you to attachment problems?

What factors in these children's lives may have led to attachment issues? Note that these questions are on page 30 of the *Participant's Workbook*. Material on pages 31 of the *Participant's Workbook* may be useful resource in answering these questions.



Activity – Feedback to large group

Ensure that the following points are covered:

Allira is withdrawn, unresponsive and rarely smiles, holds her body tensely.

She:

- had inconsistent caring from mother with drug addiction
- spent first month in hospital
- had a first placement away from her mother at 10 weeks
- is going to second placement with different carer.

Kai is over affectionate with strangers, inappropriately touching other children, masturbates excessively.

He:

- had physical but not emotional needs met by mother
- had a number of placements
- had a history of broken foster care placements
- attempts at returning him home have failed.

Robbie responds quickly and aggressively.

He:

- experienced inconsistent care with mother with mental health issues
- lost his grandmother (died), dog and his father has left the family home
- has moved with his family a lot, which may have affected his connections to his family and community.

For these 3 stories and for all Aboriginal children and young people in out of home care (OOHC), there is an additional significant issue of cultural attachment that needs to be considered at all times. The issues of cultural identity and attachment will be covered later in the program.

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2.5 Helping children with poor attachment (15 minutes)

Put up **Overhead 8 – Helping children with poor attachment** on pages 32 – 33 of the *Participant's Workbook*.

Nurture these children

Some children may have never experienced affection before and in many ways, foster carers are providing replacement experiences that should have taken place during their infancy. For infants and very young children that may mean they need to be held, cuddled and rocked. For young children this can be achieved in simple ways such as sitting together and reading a story.

Be aware that for some children touch is associated with pain, torture or sexual abuse. Foster carers should always monitor the child's reactions to touch and take cues from the child and adjust their actions accordingly.

Try to understand the behaviours before reacting

Information about attachment can prevent you from misunderstanding the child's behaviour, even though it may be very disturbing. For example, when a child takes and hoards food, it should not be viewed as "stealing" or still being hungry, but as a response to deprivation in the past.

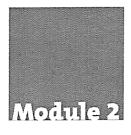
Care for these children based on emotional age

These children will often be socially and emotionally delayed. When frustrated or fearful, they may also regress to patterns found in a much younger child. At these times we must interact with them at their emotional level. If they are tearful, frustrated, overwhelmed (emotionally aged two), respond with their emotional needs in mind. Using interventions like staying calm, eye to eye contact, don't raise voice, ask the child if they need a cuddle. This is not the time to use complex verbal arguments about the consequences of inappropriate behaviour.

Be consistent, predictable and repetitive

These children are very sensitive to changes in routine and may not have experienced consistent routine, including surprises and chaotic social situations even if they are pleasant situations such as attending a birthday party. Any efforts that can be made to be consistent, predictable and repetitive will be very important in making these children feel safe and secure.

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Model and teach appropriate social behaviours

Many children with poor attachment do not know how to interact with other people. A good way to do this is to model it in your behaviour and then tell the child what you are doing and why eg "I'm giving the ball to Kathy, because it is more fun playing this game if everyone gets a turn".

One particular area is learning appropriate physical contact. Unfortunately, children with poor attachment will often initiate physical contact with strangers. It is often seen as "affectionate", but in reality is more an attempt to avoid being hurt. Gently guide the child with simple instruction. Do not lecture the child on appropriate behaviour or make him or her feel bad or guilty.

Listen to and talk with these children

When you are quiet and interactive with these children, they will begin to show you and tell you their feelings. Take time to stop and be there just for them.

Have realistic expectations of these children

Abused and neglected children have so much to overcome. Their potential may have been diminished by their early experiences and their progress may be slow.

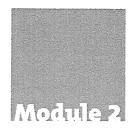
Be patient with the child's progress and yourself

Sometimes it seems that the love, time and effort spent on the child is having no effect. This is not true, but the impact may be hard to see, particularly in the short term. Hang in there if you can.

Take care of yourself

To supply a child with consistent, predictable, nurturing and enriching care, you will need adequate rest, support and respite.

Ask the foster carer to expand on each point as below by using examples from their own experience. Information is also included on pages 32 - 33 in the *Participant's Workbook*.⁴



2.6 Listening to the child (25 minutes)

It is vital to listen to the child or young person throughout placement. In the early days of placement and at the first meeting it is essential to establish concern for the child or young person's feelings and let them express their preferences.

Remind people of Robbie's story on page 34 of the Participant's Workbook.

Add in extra information:

Robbie is being driven by his caseworker, Libby, to the home of his new foster family. He has refused to go home after his mother physically abused him in front of the neighbours.

His caseworker has told him some details about the foster family and Robbie has agreed to this foster placement. The parent's names are Carol and Chris Grant. There are two children in the family: a girl aged 17 and a boy aged 15.



Activity – Brainstorm

Ask: "What are some of the feelings that Robbie may have as he is being driven to meet his new foster family?"

Answers may include – scared, reservations, nervous, alone, angry, upset, sad, worried about his family, ashamed.

Get group to relax by sitting comfortably and read aloud Robbie's Story continued on pages 34 - 35 of the *Participant's Workbook*.

As they drive Robbie is thinking:

I wonder what this family is like? The caseworker says I'll have a bedroom to myself — must be a big house, I guess that means they'll be rich. Wonder why they want a foster kid? Better not be because they want someone to do all the work around the house. I'll be out of there as soon as they start giving me orders.

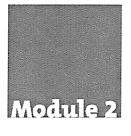
It'll be great not to have little kids always hanging around. I'll be able to go out every night.

I wonder how the kids are? I hope mum has remembered to get a cake for Kylie's birthday. I hope they're remembering to feed Leroy. Wonder if he's still pissing all over the place?

This new lot better not make a fuss about a bit of piss in the bed. Maybe in a new place I'll wake up more and get to the toilet at night. Or if it does happen I can always say it wasn't me – I can say it's their kid getting back at me. I'll bet he's feeling mad at someone else coming into his family.

Wonder what I'll be doing tomorrow. I guess they'll tell me I have to go to school. Hope the uniform is blue. I've got my shorts from the old place so I mightn't stand out too much. With my luck they all are wearing grey shorts. At least it's almost the holidays, it should be easy enough to skip off pretty quickly.

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The caseworker pulls up at the Grant's home. Carol has obviously been watching for them coming. She comes down the front path and greets them at the car. She opens the door for Robbie and says "It's great to see you. We've all been looking forward to meeting you. Come inside and I'll show you around."

The caseworker and Carol help Robbie with his luggage. Once inside, Carol takes Robbie to his bedroom and tells him he can leave his things there. She says that she knows it looks very bare at the moment, but he will be able to decorate it the way he wants to with posters. She also shows him the bathroom he will use and says that if the door is shut to knock before going in.

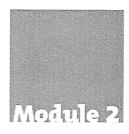
Carol checks what Robbie would like to drink and gets out some morning tea. She sees Robbie looking at a soccer ball in the corner of the room, and says that she has heard that he is good at ball games. She says that her son will be home this afternoon and will probably be interested in kicking the ball around the backyard with him.

The caseworker and Carol then talk about what Carol's kids are doing. Carol gets a photo of the family from the dresser and points out who is who. She asks Robbie who is in his family. The caseworker reminds Robbie he has a photo of them in his bag and he brings it out for them to look at. Carol asks whether he wants to keep the photo in his room, or put it on the dresser. Robbie says he'll keep it himself, and Carol says she'll get him some blutak so he can put it up if he wants to.

The caseworker asks Carol what she had planned to do the rest of the day. Carol says that she has a few ideas, but it depends what Robbie feels like. "You might want to veg around the house at first, or go for a drive and see the neighbourhood, or go shopping to get things you may need for your new school. I'll give you a bit of time to get settled, before you choose what to do."

The caseworker leaves and Robbie and Carol walk her to the car. As they walk back to the house together, Carol says "We're very pleased that you will be living with us. We've been really looking forward to you being here, but I guess it can be very confusing for you to come to a new house. Later on tonight we can have some time to talk about different things, like meal times and what to do when there are accidents like breaking things or wetting the bed.

But feel free to ask me any questions, and if there are any problems we'll try to sort them out with you."



Activity – Brainstorm

- Ask: How did the foster carer assist Robbie in the experience of coming into a new placement?
 - What do children /young people need to know when they come to live in your home?

Answers may include – Welcome – no pressure, smile, let child know you are happy to see him, house and discipline rules, recognise sadness and confusion. Give child permission to tell you things.

Draw participant's attention to the ideas found on page 36 of the *Participant's Workbook*.

Helping a child feel less of a stranger

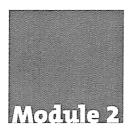
Create a scrapbook which will help a child settle into your family. You can use drawings, words or pictures cut out of magazines. Your own children can help put it together. It needs to be appropriate to the age of the child.

Be sure to also do guided tours of your home, and be prepared to repeat information many times.

Some ideas:

- A map of the house showing
 - Where the child sleeps
 - The toilet
 - Way out of the house
- A picture of the people (and animals) who live in your house and their names
- Who a child asks for things
- Use of the family facilities pool, phone, TV, computer etc
- Tea time, bedtime, bath time, playtimes etc
- Jobs
- Who you tell if you feel sick
- What you do when you feel hungry
- Who you tell if you wet the bed what happens
- Toys what you can and can't play with
- School
- Routines for contact with child's family
- Safeguarding the child's story confidentiality





2.7 Confidentiality vs. Aboriginal grapevine (15minutes)

Trust is a major issue for all children, particularly those who enter out of home care.

Caseworkers and foster carers are custodians of the stories and background histories of children and young people in their care. We need to be aware of the importance of confidentiality.

Aboriginal children and their families have the right to privacy. Whenever we talk about children in out of home care or receive questions from friends, neighbours, or extended family, we must always respect their confidentiality. At all times be mindful of the impact of the "Aboriginal or Koori Grapevine" and please remember that confidentiality keeps a foster child safe.

Show Overhead 9 - Confidentiality vs. Aboriginal grapevine

Expand each point using material from page 37 of the *Participant's Workbook*.

Information about children in care should be treated in a way that shows respect for the child. Some basic principles of confidentiality are:

Provide information on a "need to know" basis

- Why does this person need to know this information?
- In what way will it help the child if this person knows the information?
- Would it make things worse for the child if this person didn't know?

Ensure you have a child's permission before sharing information, for example:

- Work out in advance, what information a child wants to share with others
- Don't speak on behalf of a child if they can communicate themselves unless the child wants you to
- Remember that confidentiality cannot be guaranteed with information shared on the Internet. Information about children and their families should not be shared on the internet
- If in doubt about who you can share information with, talk to your caseworker.



Respect a child's right to privacy

- Don't pressure or force a child to provide information
- Don't go through a child's personal belongings.

Some secrets cannot be kept

- If a child says that they want to tell you something but only if you promise never to tell anyone else, let him or her know that you wouldn't keep a secret if it means they would not get help to deal with a problem
- Always let a child know who you plan to tell and why.

Activity - Work in pairs

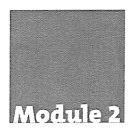
Refer participants back to pages34-35 of the *Participant's Workbook*. Divide participants into pairs and ask each pair to work out what information Chris and Carol might share with the following persons in their network. Information on page 37 of the *Participant's Workbook* will be useful in doing this exercise.

What information might they share and why?

- Neighbour
- The family doctor
- The primary school principal
- Their extended family
- Worker from Aboriginal services

Ask the foster carer how they have dealt with the issue of confidentiality.





2.8 Closure (5 minutes)

Acknowledge that this has been a very difficult session. In summary, we have covered bonding and attachment issues and we have started to look at the definition of cultural attachment.

Refer participants to page 37 of the Participant's Workbook.

Tell participants they will need to think about these two questions throughout the training:

- What would it mean to have a child in your care who may not attach to you easily?
- Can you and your family cope with giving a lot and receiving little in return?



Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Participant Name:
Date:
Trainers:
Training Venue:

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

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Module 3 Aberiginal Children whe have Experienced Abuse

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Outline of Module 3 (2 hours)

3.1 Welcome	5 minutes
3.2 What is abuse?	10 minutes
3.3 Why does abuse happen?	10 minutes
3.4 Effects of abuse	25 minutes
3.5 Sexual abuse	
3.6 Behavioural indicators of sexual abuse	
3.7 Responding to disclosures	
3.8 Preparing your child for disclosures	5 minutes
3.9 From victims to survivors	
3.10 Closure	5 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

- Identify different forms of child abuse: physical, psychological, sexual abuse, systems abuse and neglect
- Understand the impact of abuse on children
- Respond appropriately to a child's disclosure of abuse.

Equipment needed

Trainer's Guide *Participant's Workbook* Overheads 10 - 13

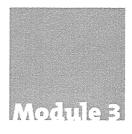
Special arrangements

This module provides a brief overview of abuse, including sexual abuse. It is only a brief overview. We strongly recommend that this information be covered in more detail as ongoing training for all new foster carers.

Discussion about abuse can be quite confronting and it can stir strong feelings or remind people of past traumas. Trainers need to plan in advance arrangements for participants who are affected in this way. Arrangements may include:

- Ensuring at least one presenter has time after the module to talk one-to-one to participants if required
- Organising a quiet, private place that is available during the session if a participant needs time out
- Compiling a list of names and contact details of people who can provide personal follow up and support for participants if required.

Parts of this module may be presented by a Child Protection Specialist in your local area.



3.1 Welcome (5 minutes)

Acknowledge that the last module contained thought provoking material about bonding and attachment and cultural identity. Ask participants if there are any thoughts or queries left over from last module.

Explain to the group that this module will focus on the experience of abuse and how that affects behaviours.

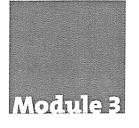
Inform participants that discussion about abuse can be quite confronting and could stir strong feelings or remind people of past traumas. If this happens for any participant tell them appropriate ways of dealing with it, such as:

- talking to the presenter after the module
- talking to someone else they trust
- choosing not to participate in the discussion, leaving the room if necessary.

Highlight that participants' experience of abuse is significant as it can affect how they deal with the children in their care that have experienced abuse. For this reason it is important not to try to ignore strong feelings or past memories, but to acknowledge them in relation to the process of applying to be a foster carer.

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3.2 What is abuse? (10minutes)

Use **Overhead 10 – What is child abuse?** – provide a definition of abuse and brief overview of types of abuse on page 39 of the *Participant's Workbook*. Material to speak to each point is also found on pages 40 of the *Participant's Workbook*.

Child abuse is the term commonly used to describe different types of maltreatment inflicted on a child under the age of 18.

It includes:

- assault (including sexual assault)
- ill treatment
- exposing the child to behaviour that might cause psychological harm
- neglect.

Child abuse therefore covers a wide range of harms and behaviours. Children may be harmed by a parent, other relative, caregiver (including foster carers), a sibling, another child, an acquaintance or a stranger, trusted adult, teacher. Perpetrators of abuse can be both male and female.

Types of child abuse

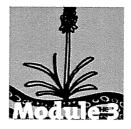
Neglect occurs when there is a risk of harm, or actual harm, to a child caused by the continued failure to provide the basic physical and emotional necessities of life. Neglect may be a pattern of behaviour or an ongoing situation and can be caused by failure to meet the child or young person's basic physical or psychological needs such as food, clothing, shelter, medical and dental care and adequate supervision.

Neglect has been identified in some research as being the most damaging form of abuse as children who are neglected find it difficult to accept loving care as they have no sense of entitlement.

Domestic Violence is violence, abuse and intimidating behaviour perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. The child or young person is at risk of serious physical or psychological harm.

Exposure to domestic violence in the parental relationship can have a profound psychological effect on children and can constitute a form of child abuse. A child can also become a victim of physical violence in this situation.

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Physical Abuse refers to non-accidental injury and/or harm to a child or young person by a parent, caregiver or another person responsible for the child. Child abuse may also be a criminal assault.

It includes injuries or harm caused by excessive discipline, severe beatings or shakings, bruising, lacerations or welts, burns, fractures or dislocations, female genital mutilation and attempted suffocation or strangulation and death.

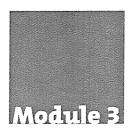
It includes the abusive administration of drugs or alcohol to a child or a child who was born drug dependent or with fetal alcohol syndrome.

Sexual Abuse is any sexual act or sexual threat imposed on a child or young person. It involves physical or psychological coercion and exploits the dependency and immaturity of a child. It is different to consensual peer sexual activity.

Emotional Abuse includes a range of behaviour that may psychologically harm a child. It is behaviour that can destroy the confidence of a child resulting in emotional deprivation or trauma.

Systems Abuse is action that damages a child related to the structure or system in which care is provided. Examples include a child "drifting in care" without a long-term case plan or situations in which a child is interviewed several times in an investigation process and is obliged to relate details of the abuse time and time again. It can also involve unnecessary disconnection of the child and their family.





3.3 Why does abuse happen? (10 minutes)



Activity – Brainstorm

Write on the whiteboard: "Why does abuse happen?"

Use **Overhead 11 - Why does child abuse happen?** This will show connections of major abuse factors. Page 41 of the *Participant's Workbook* provides examples of each factor. (The information is on page 68 of this Trainer's Guide)

Highlight any issues not raised in brainstorm.

Factors in the parent

- The parent is abused and/or deprived, as in domestic violence
- Parents are unsupported, post natal depression
- Psychiatric disability or emotional problems dominate the parent
- Alcohol or other drug problems
- Limited parenting skills, poor parenting models
- Unrealistic expectations of their child/children
- Lack of empathy for the child/children
- Isolation.

The family's context

- Poverty, particularly for single female headed families
- Large number of children
- Disadvantage as a result of being a member of minority group
- Trans-generational trauma (passing trauma from one generation to another)
- Family conflict and violence
- Family crisis
- Frequent changes in family relationships
- Isolation from the support of family, friends and neighbours
- Social Isolation.

Factors in the child

- Early separation from parents
- Premature babies
- The child does not meet parents' needs or expectations
- The child is difficult to care for due to illness or disability. Abused children may become difficult to care for due to the emotional and psychological effects of living in an unpredictable and often hostile environment.



Social factors

- Social changes such as breakdown in communities, or extended families
- Social inequalities cause poor and minority group disadvantage
- Inadequate community support for families such as affordable child care, housing, transport, health/welfare services
- Community ideas that condone the use of violence
- Parental perceptions of children as property
- Undervaluing "family", its complexity and importance.

Aboriginal Cultural Factors

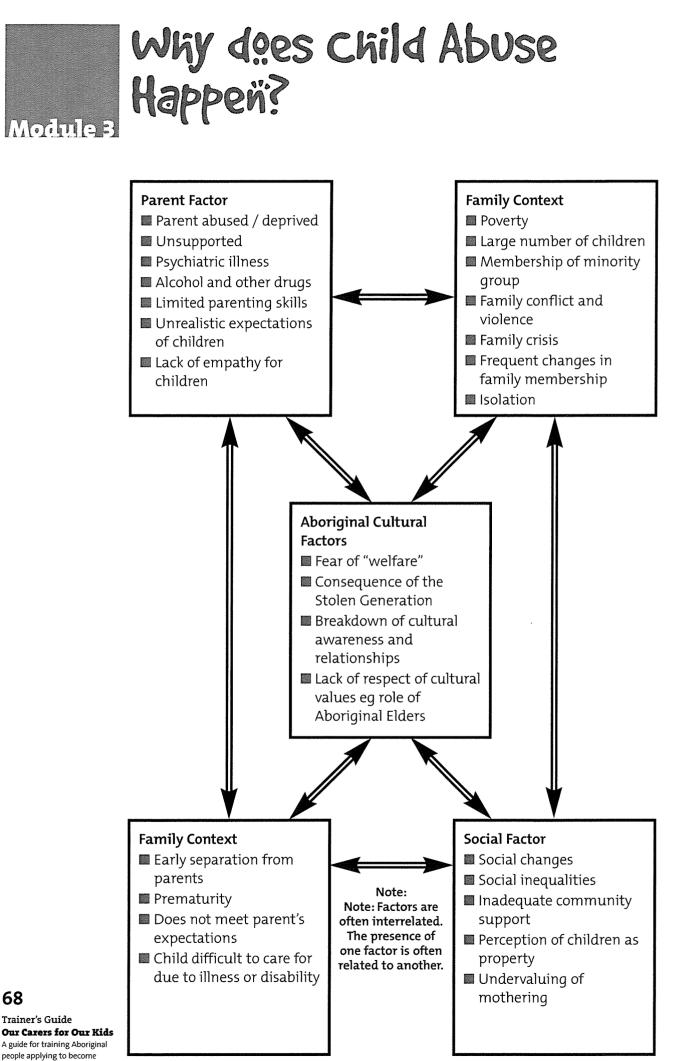
- Fear of the "Welfare"
- Consequence of the Stolen Generation
- Grief and loss issues
- Breakdown of cultural awareness and relationships
- Lack of respect of cultural values, for example, role of Aboriginal Elders
- Lack of boundaries and limitations
- Punishment and/or discipline is different to mainstream
- Social isolation

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- Belonging to two different cultures and value systems
- Spiritual issues torn between cultural beliefs and mainstream beliefs

The presence of one factor is often related to another one.

The effects of abuse will depend on the level of risks, the strengths and resources that are there for the child/young person.



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3.4 Effects of abuse (25 minutes)

Read through stories on pages 42 – 44 of the Participant's Workbook.

Allira's story

In the first 4 weeks of Allira's life she was in the intensive care unit because she was premature. A number of different staff looked after her. When Allira's mother Crystal took her home, she felt very unsure of how to care for Allira. Feeding was difficult, and sometimes when Allira screamed, Crystal found it easier to leave the flat for Allira to cry herself to sleep. When Crystal made contact with an old boyfriend, she started taking drugs again. At times she forgot to feed Allira and change her nappy for long periods.

Kai's story

Kai did not receive a great deal of attention from his mother, Rebecca. If he did something that annoyed her, she would tell him to get out of her sight. Sometimes she locked him in cupboards for long periods, and she would put a gag on him so she wouldn't have to hear his voice. It was hard for Kai to work out exactly what it was at times that he did that was so upsetting.

Rebecca had quite a few different boyfriends. Rebecca's dad, Harold, often visited and would mind Kai at nights when Rebecca was at work. Harold moved to live near Rebecca when Kai was around 2. He sexually abused Kai for a number of years. Harold told Kai bad things would happen if he told anyone about their 'special games'.

Rebecca was not aware of her father's activities. Rebecca had been sexually abused by Harold when she was growing up. She had never told anyone about it. She was sure that Kai was safe with Harold, because he was a boy. She thought only homosexuals would mistreat boys.

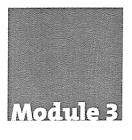
Robbie's story

Robbie was 7 when his mother, Ann, started to hurt him. Robbie's grandmother who lived with them had died and his father had left, leaving Ann with the children. Often she didn't feel very well and her emotions got out of control. She would push and hit Robbie when she was angry. At other times she praised him as a great helper and often said she didn't know what she'd do without him. Her moods were unpredictable, and Robbie spent a lot of time keeping the younger children out of Ann's way so they couldn't annoy her.









One time Ann pushed Robbie down the back steps and his arm really hurt. Ann was often sorry after she had hurt Robbie. She'd cry and tell him that she didn't mean it. She would tell Robbie that she really loved him and she didn't want to lose him. Once the woman who lived next door saw Robbie and the children huddled near the back fence. She gave them some biscuits and drinks and said that Robbie's mum needed help. Ann saw them talking and the next day she put all their gear into a taxi and they moved to another house.

As Robbie got older, Ann assumed he would do more and more of the household tasks. He often had to feed the other children because Ann would not seem to care that they were hungry. Usually Ann let him come and go as he pleased, but would blame him if anything went wrong with the children. She whipped him with an electric cord until he bled because he wanted to be with his friends rather then do a chore for her.



Activity – Small group work

In groups of 2 or 3, refer participants to a sketch of each of the children on page 45 of the *Participant's Workbook*. Get the participants to put words around each child which shows:

- how the child may **feel** as a result of their experience.
- How the child may **act** as a result of their experience.

Ask participants to keep the picture to use in the next module that deals with challenging behaviours and the feelings that relate to it.



Activity – Feedback to large group

Share answers in the large group.

Ask the foster carer to provide input from their own experience.

Feelings and actions of the children in the stories are typical of abused children and the feelings and behaviours that you have identified are common to many vulnerable children.

Put up **Overhead 12 – How a child who has been abused may feel** on page 46 of the *Participant's Workbook*.

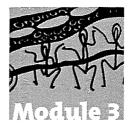
Helpless or depressed

Nothing I can do will make any difference I have to put up with this

Afraid

I may never be able to go back home What might happen next? Can I trust anyone at all? Are these people going to hurt me too?

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Ashamed or "Shame job"

This happened because I am no good I should never have told anyone I really caused or deserved it

Sad and Hurt

My heart is broken Angry and frustrated I hate everyone

Confused

What's going on? The effects of abuse can be both short term and long term.

Longterm effects of abuse

While children living in poverty are more likely to be reported as abused or neglected, most children in poverty are not abused or neglected. Similarly, people with alcohol and other drug problems (AOD) are more likely to abuse or neglect their children; however, not all people with AOD problems will abuse their children.

In some circumstances the effects of abuse may be misunderstood or overlooked and for some people the effects are long term, eg:

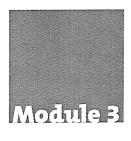
- most of the women in prison have been victims of sexual abuse
- many men in prison have been abused as children
- men who abuse their wives are more likely to have grown up in violent households
- many of the people who abuse their children were abused themselves
- many of the parents of children who come into care have grown up in the care system themselves
- many people with alcohol and other drug problems have been abused as children.

The long term effects will depend on many things, including the strengths and resources that are available to the child.

Our long term goal in foster care is to help create survivors, by:

- believing the child
- developing strong supportive relationships
- providing safe, nurturing care
- promoting a child's well being and self esteem.





3.5 Sexual abuse (20 minutes)

Refer back to the definition of sexual abuse on page 41 of Participant's Workbook.

Explain that we are going to look in a little more detail at this type of abuse because it is often misunderstood and the impact on children's behaviour can raise serious challenges for carers. Highlight to participants that a significant number of children in foster care have experienced sexual abuse.

Indicate that this module will not deal with sexual abuse in depth and that it is important for carers to receive further training in this area. Again warn participants of the possibility of this material raising strong feelings and how they may deal with these.

Background to child sexual abuse

Use **Overhead 13 – Background to child sexual abuse**, provides information for each point as covered on page 47 of the *Participant's Workbook*.

Child sexual abuse often follows a pattern, with four different phases – grooming, secrecy, disclosure and suppression.

Grooming

Child sexual abuse usually involves a planned process where a child is identified and targeted. The child is gradually desensitised so that abuse can continue.

Before sexual abuse occurs, especially when committed by someone known to the victim, the offenders "groom" victims and families to gain their trust and confidence.

This grooming process is a critical time for parents and caregivers to identify the potential risks to children.

Grooming process used by offenders can involve;

- gaining the trust and confidence of future victims and their families
- isolating the child from significant supportive adults, including their family members
- introducing the child to sexual types of invasive touching and sexual language, with escalating inappropriate behaviour
- manipulating children with trickery or threats to keep the assault secret.

A potential offender may be someone who:

- is exceptionally charming and/or helpful
- attempts to obtain immediate "insider" status
- consistently prefers the company of children to adults, rather than looking for age-appropriate companionship
- attempts to establish peer relationships with people much younger than themselves
- fails to honour clear boundaries set by parents
- wrestles or tickles children after being asked to stop.

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Reinforcement of secrecy

Generally, there is a high level of secrecy around the sexual assault and abuse of children. Children who are sexually abused often keep the secret for decades which may lead to high levels of guilt, shame and blame. Secrecy is a part of the whole process, it can be reinforced by threats against the child and his/her family, threats of suicide, or the family breaking up. The perpetrator may reward the child with attention and gifts for keeping the secret. There often appears to be bonds of affection between the perpetrator and the child. The child may have very confusing feelings because they respond to the attention.

One significant thing that we can do to educate and prevent the sexual assault of children is to directly tackle this secrecy with children and young people and expose the tactics that enable offenders to offend.

If we break down the secrecy of child sexual assault in Aboriginal communities, then we provide children with knowledge and the most powerful weapon of all – the permission and ability to **TELL**.

Disclosure

Disclosure can be accidental (for example, discovery by a third person) or purposeful. Children tell for lots of reasons:

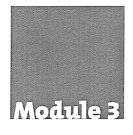
- fear of pregnancy
- to protect a younger sibling or family member
- advancing maturity
- having more information about the inappropriateness of the situation
- having more access to support.

Suppression

During this phase a child can change their story, because of pressures by the perpetrator or other family members. The child may be fearful, guilty or still under the influence of the perpetrator.

Take questions of clarification – not open discussion.





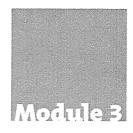
3.6 Behavioural indicators of sexual abuse (10 minutes)

Go through Behavioural Signs of Sexual Assault also on page 48 of the *Participant's Workbook*.⁵

Emphasise that no one sign unless it is overwhelmingly obvious (eg disclosure) is likely to make you absolutely sure a child has experienced sexual abuse.

Behavioural signs of child sexual abuse include:

- the child tells about the assault
- persistent and inappropriate sexual activity
- sexual themes and fears in artwork, stories and play
- children having a detailed understanding of adult sexual behaviour that they could only know by experience
- hurting self or others
- excessive fear
- child hesitant about spending time with family members
- unexplained gifts, eg: mobile phone, scooter, popular brand name shoes
- inappropriate behaviour at school and recreational activities
- regressive behaviour
- withdrawal and fantasy
- sleep disturbances and nightmares
- changes in appetite
- compliant behaviour
- pseudo mature behaviour
- runaway behaviour
- excessively seductive behaviour and/or sexual activity
- drug abuse
- very low self esteem, loss in personal hygiene.



3.7 Responding to disclosures (20 minutes)

Read Kai's story on page 49 of the Participant's Workbook.

After Kai had been living with Sue for some time, they were talking together in the kitchen while Sue prepared the evening meal. They were chatting about Kai's seventh birthday which was coming up soon. Kai was very excited about planning the food for a family party. He said that he had never got to choose what he wanted to eat for his birthday party before. Suddenly he said, "Will I always live here, or will I go back to mum for my next birthday?"

Sue said, "The plan is that you will keep living with us".

Kai then said, as if he had just remembered, "O yeah, I got taken away from my mum because of what I did with my Grandpa."

Sue said gently, "What do you mean?"

"Well", said Kai' "Grandpa said if my mum found out about our secret dickie game, I'd be taken away." Then he said, looking frightened, " I shouldn't have told you. I shouldn't tell anyone. Now I'll get locked away"

Sue said reassuringly. "It's OK, I'm glad you told me. You won't get locked away. It was wrong of your grandfather to say that and play those games with you. It's not your fault that it happened. Games like that can hurt kids and make them feel confused and mixed up."

"We need to tell Libby, your caseworker, about the games Grandpa played with you. She knows it's not your fault you are not with your mum. I know this sort of thing has happened to other children she works with, she'll know what we should do next."



Activity – Brainstorm

Write on the whiteboard: "What messages does Sue give to Kai when he discloses that he has been abused?"

Go through material on page 50 of the *Participant's Workbook* – Responding to disclosures.

As a child or young person gains trust in the foster carer and they develop a relationship:

- the child may hint or directly state that they have been abused in the past, or
- in some circumstances, the foster carer suspects and is concerned that the child has been abused.



Explain that it is not necessary to have **proof** that a child is being abused before you do something. Carers must inform the child's caseworker as soon as possible.

Carers should never question a child at this point, or make subjective comments. This is the role of legal personnel, not the carer whose role is to care. A disclosure such as this will involve a range of people. It must be reported, and the carer needs to keep their role clear to the child.

What you should do:

- believe the child
- listen to the child, do not ask probing questions
- use a calm reassuring tone and talk at the child's level
- do not make promises you cannot keep
- comfort the child
- avoid expressing doubt, judgment or shock
- report to the caseworker as soon as possible, if they are not available speak to another worker at the agency for whom you work. If disclosure occurs after hours contact the DoCS Helpline 132111
- take care of yourself, talk to your caseworker and tell them how you feel
- write down exactly what the child said
- maintain the child's confidentiality.

Convey the following messages:

- it was right to tell
- the child is not in trouble
- other children have been in these situations they are not alone
- it is not okay for adults to hurt children under any circumstances
- tell the child that you need to talk to other people whose job it is to keep him or her safe
- ensure that Aboriginal children know abuse is not an Aboriginal way of life or part of Aboriginal culture.



3.8 Preparing your child for disclosure (5 minutes)

The following material is also found on page 51 of the *Participant's Workbook* Preparing your own child for a disclosure.

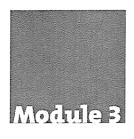
Often a child in care will tell another child in the foster family about their experiences. Sometimes a child may disclose an assault to another child before they tell any adults. Your child needs to know what to do if a foster child tells them something disturbing. It is important to prepare your own children for this by:

- Sharing information about why children come into foster care. This has to be communicated at a level appropriate to your child/children's age and development.
- Telling your child before a placement begins that sometimes foster children have had difficult experiences that they don't often talk about, but can show up in their behaviour.
- Telling your child that it is important to let you know if they are confused or upset about something a foster child does or says.

Take questions or comments from the group. Remember not all participants will have their own children.

Ask the foster carer to provide comments from his/her experience.





3.9 From victims to survivors (10 minutes)

The impact of abuse lasts forever, however children can move from being a victim of abuse to a survivor of abuse provided they are given an opportunity to express their feelings and work through those feelings with carers who are respectful, emotionally available and sensitive to the child's needs. Carers who can provide this sort of reparative environment for children, can greatly assist the healing process for children, and help contain the impact of abuse for children.

Remind participants that children or young people can survive dreadful experiences.

To help the child become a 'survivor' rather than a victim, foster carers need to stay in tune with the child and build on the child or young person's strengths and reduce the risk of harm by:

- encouraging children to tell you where they are going and who they will be with when they go out with friends
- when going out, arranging for them to be supervised and transported by adults that you and the child know
- getting agreement from the child to contact you if they experience any difficulties, particularly around getting to and from venues
- refusing to leave children in the care of someone you do not trust, even if that person is a family member
- teaching children to develop personal skills to stay safe at all times.⁶
- having daily conversations with children about things that interest them
- nurturing their strengths
- increasing children's decision-making skills
- teaching children about privacy yours, theirs and others
- listening to children respectfully so they feel safe talking about their feelings and problems
- supporting children's efforts to voice their concerns, objections and feelings
- communicating openly with children to nurture their sense of self-worth
- reminding children that their bodies belong to them
- giving children accurate information about appropriate and inappropriate touching and behaviour
- helping the child recognise and talk about times when they do not feel safe.

More information about Protective Behaviours is available from www.protective behaviours.org.au



3.10 Closure (5 minutes)

Acknowledge again the disturbing nature of the material in this module.

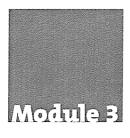
Ask people to choose 1 or 2 words that describe how they are feeling as a result of this module.

Point out that strong reactions are common. This is a good sign, it shows that they care. However, very strong reactions (overwhelming emotions, rekindled memories), indicates a need to talk things through with an experienced person such as a counsellor.

Advise participants to do something to meet their own needs in the week. For example, by doing something they enjoy. It is important not to overlook our own needs. Tell them, you look forward to the feedback on what they did next week.

Congratulate everyone and thank them for their participation.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The obsservations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Participant Name: ______ Date: _____ Trainers: _____ Training Venue: _____

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

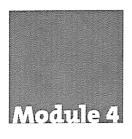
- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

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Module 4 Grief and Less

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Outline of Module 4 (2 hours)

4.1 Welcome	5 minutes
4.2 Introduction to grief and loss	
4.3 Understanding begins with you	
4.4 Grief process	15 minutes
4.5 Children and grief	
4.6 Life Story	
4.7 Closure	10 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

- identify experiences of loss and grief in their own lives
- discuss the variety of losses which may be experienced by children who come into care and by family members
- begin to identify a number of strategies which promote a child's right to:
 - information about themselves
 - connections with the families
 - opportunities to come to terms with loss and grief

Equipment needed

Trainer's Guide Participant's Workbook Butchers Paper and Overheads TV and DVD/VCR CD Player/Tape Recorder Machine. CD - '*Burraay - Dreaming Them Home'* and other pleasant music Overhead Projector and Overheads 14 – 18 Video Life Story Work

Note on recorded music:

It is important to have a pleasant environment in training particularly when you are dealing with sensitive and emotional material.

People need to feel safe and supported in order to explore what may feel scary or painful. Music can help. It can be played softly while people are working in small groups. It is important that it is not intrusive or distracting. Use of popular or "sing along" type of music is inappropriate.

Special arrangements

In this module there will be input from an Aboriginal parent. This will need to be arranged in advance. The input is often best organised in an interview format so that the focus stays on the module. A list of questions is provided in the module outline. It is essential that the parent is well briefed. See material on page 13 of this Trainers' Guide.

It is good if there is an opportunity for questions from the group, but it is important to monitor them carefully to protect the parent from intrusive or insensitive discussion.

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4.1 Welcome (5 minutes)

Ask participants if they have any thoughts or queries left over from last module.

Ask participants what they did during the week that they enjoyed (see closing activity of previous module). The ability on the part of carers to treat and look after themselves is vital and is linked with their ability to manage challenging behaviours.

4.2 Introduction to grief and loss

(10 minutes)

Put up Overhead 14 - Children need relationships

Explain that this module will build on the previous module on bonding and attachment which focused on the importance for children of having relationships with care givers which are:

- predictable
- trustworthy
- reliable.

Remind participants that children grow and develop according to the quality of nurture they have experienced. Through this process of 'bonding and attachment' children come to understand who they are and where they belong.

In this module we will look at what happens when children do not experience healthy attachments and they suffer abuse and then experience separation from caregivers upon whom they have come to rely.

It is essential that trainers are familiar with the historical realities for Aboriginal people over the last 200 years of Australian history.

The realities of a history of cultural dispossession, loss of land and unwarranted removal of Aboriginal children by a range of 'authorities' have subsequently resulted in the breakdown of family relationships, cultural ties and identity.

For many Aboriginal people who find themselves caught in the 'welfare system', there is also a deep suspicion of the benefits of welfare involvement, particularly in respect to Aboriginal children.

For all participants, loss and grief may be more than just an individual emotional experience. It is always a part of a bigger story. For Aboriginal carers, parents and children in particular, loss and grief are historical, cultural, family and intergenerational experiences which influence everyday life.

This requires sensitive acknowledgement as participants come to understand the needs of Aboriginal children, as they experience abuse and as they come into care.

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4.3 Understanding begins with you (20 minutes)

Discuss the sensitivity of this module on loss and grief and the need for participants to take care of themselves emotionally. If participants need to leave the room, a trainer will attend to them and debrief individually and also as a group.

We come to the task of fostering with experiences of loss of one kind or another. Losses can include:

- the loss of a hope that you have for your own child
- loss of culture and identity
- moving house
- losing a job
- loss of a relationship
- loss of a family pet
- death of a loved one. Note that in some communities/tribes/nations it is offensive to name Aboriginal people who have passed away.

How we cope with our own grief and loss, impacts on how well we are able to manage with the grief and loss experiences of foster children and support them.

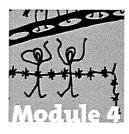
Loss involves a change in our life where someone or something which was important is no longer there in the same way as before.

We can no longer take for granted that life is the same.

The situation feels chaotic and we are aware of strong feelings.

The way we feel and behave in response to loss is our way of grieving.

Grieving is not an illness. It is the way human beings deal with loss and try to find a new way to go on living.





Activity – Brainstorm

Ask: "What are some of the feelings and behaviours which occur in response to loss?"

Write answers on the white board. Ensure that these responses are general and are not too personal.



Activity - Work in pairs

Ask participants to do the next activity in pairs. Trainers may play some soft background music during this exercise.

Select one experience of loss in your life and share with your partner what it felt like. Advise participants that they don't need to share what the loss was, unless they feel okay about it.

Activity – Feedback to large group

Ask participants: "What helped you during your experiences of loss?"

Answers may include: Family/friends, talking about loss, counselling, having feelings validated, time, accurate information, permission to grieve, and opportunity to participate in activities.

What made the situation more difficult?

Answers may include: Not talking about it, minimising loss, not getting help, patronising views from others, "move on" statement.

A range of different things can help the grieving process, for example:

- accurate information
- emotional support from friends and family
- time to grieve and heal
- permission to grieve in your own way
- opportunity to attend gatherings
- support to remember the loss.

These apply to all sorts of losses.





4.4 Grief process (15 minutes)

Put up Overhead 15 - Grief Process.

The grief process used to be described as a series of stages which people move through in a more or less linear fashion. It looked like this:

Shock > Denial/ Survival > Anger/Protest > Bargaining > Despair > Acceptance/Adjustment

Recent work in the area of grief has focussed on the actual experience described by people. The process of grieving looks more like this:

Put up **Overhead 16 – The process of grieving**. This information is on page 53 of the *Participant's Workbook*.

People who are grieving, including children and parents, do not experience grief as a linear progression but rather as an experience:

- of chaos
- in which intense and painful feelings are felt at certain times, with some relief occurring at other times
- where trigger events cause feelings of loss to resurface at any time even years later. eg anniversaries, contact visits, birthdays, T.V ads, familiar sounds or smells.

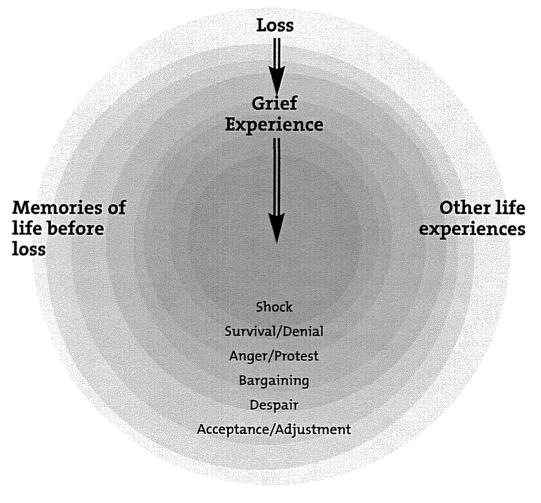
Grieving helps us to express painful feelings, enables us to acknowledge the importance of the loss and to work out ways to move on in life without the pressure to deny or 'forget'.

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The process of grieving

- Shock /denial stage: Initial paralysis at hearing the bad news and trying to avoid the inevitable.
- Anger/protest stage: Frustrated outpouring of bottled-up emotion.
- Bargaining stage: Seeking in vain for a way out.
- Despair/depression stage: Final realisation of the inevitable.
- Testing stage: Seeking realistic solutions.
- Acceptance stage: Finally finding the way forward.

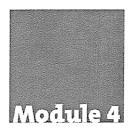


Memories of life before the event can bring relief, but also trigger the grief.

As people go on with life, grief is not always present. With time people have longer periods between experiences of their grief. They are also able to incorporate rather than "forget" their loss.

Adjustment/acceptance of the loss happens over time as people become familiar with their grief, lose their fear of their emotions, and feel the freedom to both remember and move on.⁷





Activity – Brainstorm

Ask participants:

- How does this model of grieving fit with your experience?
- What might it tell us about the grief of parents whose children are in foster care?
- Are there other Aboriginal cultural practices that family and/or communities or nations practice in regards to the grief process?

Healing through grief is not about 'forgetting', 'moving on' or 'letting go'.

It is about recognising and appreciating what has been lost and the need to maintain your own well being by having:

- positive memories
- more realistic expectations of oneself
- permission to remember
- permission to maintain the connection if you wish.



4.5 Children and grief (20 minutes)

Children, like adults, will grieve the loss of significant people, things and places in their lives. Depending on their developmental age they will be better or less able to understand or make sense of their loss.

For some children the 'making sense' comes years later when they are old enough to understand. It is important then that they have as much information available to them about their history as possible.

Put up **Overhead 17 – The needs of grieving children**, and speak to each point. Material is on page 54 of the *Participant's Workbook*.

The needs of grieving children

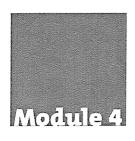
1. Reality

- access to truthChildren need to be told the truth in words that they understand.
- 2. Empathy
- being heard with acceptance, affection and patience Children need to be heard and feel accepted. They also need appropriate affection.
- 3. Permission
- to express grief in their own way Carers need to be in tune with a child's feelings of grief.
- 4. Individuality
- recognition as an important person
 Children need to be recognised and feel that someone cares for them.
- 5. Time
- to be alone, have fun, to be cared for, to accommodate grief for as long as it takes

Children may need carers to be patient.

- 6. Children need you, a caring adult, who is able to:
- name and express their emotions
- provide structure, routine and boundaries
- provide child appropriate affection
- respect the child's boundaries
- help the child retain a feeling of connection
- help retain memory
- give them things to do when they are feeling sad overwhelmed or helpless





Activity – Small work group

Refer to pages 42 – 44 of the *Participant's Workbook* and read the 3 stories of the children. Divide participants into groups of 3. Assign a child to each group.

The group is to discuss the following questions on page 55 of the *Participant's's Workbook*:

- what possible losses the child may have or be experiencing?
- how those losses might make the child feel?
- what behaviours indicate their responses to loss?
- what might some of the losses be for the child's family when the child goes into care?



Activity – Debrief in large group

Show **Overhead 16 – The process of grieving** on page 53 of the *Participant's Workbook* again. Use this to highlight the potential role of the foster carer in helping the child express their grief and move through the different phases of loss.

Carers also need to remember that each time members of the family have contact with the child it can reactivate feelings of loss and grief. Aboriginal family members need the same things that were identified earlier in the module to assist in dealing with loss and grief eg support, patience, permission to grieve in their own way and in their own time.

This importance of contact will be dealt with in more detail in Module 6.



4.6 Life story (40 minutes)

Life Story Work is essential to maintaining identity and connection for an Aboriginal child in care and the role of a foster carer is crucial to the development of a child's life story through a Life Story Book.

When children have experienced many disruptions they experience their lives in an interrupted manner. This means that each situation bears little connection to what has gone before. Often they do not understand why they are no longer with mummy or nanna or why daddy is in jail or what happened to their clothes and toys in the last move.

For very young children and babies their ability to understand will come later and by that time information and memories may be held by people who are no longer connected to the child. The risk is that the child's story becomes lost. Without a story, children have no connection with their roots and are unable to predict their future. The present moment is all that is real.

It is important that all adults involved in caring for children in foster care take responsibility to gather, share, and keep safe information and memorabilia which belongs to the child so they can have information as they grow and develop. This information may be factual such as birth certificates, medical books, family trees, or may be recorded experiences such as keeping a journal of a child in care or taking photos.

Activity – Brainstorm

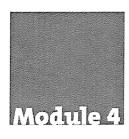
Ask participants to think about their own life story.

- How do you know your life story?
- How do you share your life story?

Answers may include: oral history of your cultural practices, photo albums, school reports, sports awards and photos, cards, stories handed down from extended family.

Video Show the DVD/Video Life Story.





Activity – Brainstorm

Ask: "What were some of the different ways shown in the video that carers helped children put together their life stories?"

Ask the foster carer to give examples of life story work they have done with children in their care.

Life story should involve children and their parents wherever possible. It is therefore more than gathering and recording information.

Show **Overhead 18 – Life Story** and talk to the points as follows. This information can also found on page 56 of the *Participant's Workbook*.

Life Story work includes:

- Building connections: Life story is a way of being with children as they learn to build connections with their culture and with their life in the past and the present.
- Opportunities to comfort and nurture: It involves taking opportunities to comfort children when they re-experience separation, eg. after a contact visit.
- Opportunities to understand: It involves being in tune and supportive of a child's sensitivity around 'anniversary times'. Carers should not jump to conclusions that a child is being naughty when a child may be reacting to distress.
- Working with the child's family: It means being proactive in building a positive relationship with a child's family so that the child's family can contribute to the love and care of the child as well. Foster carers should not criticise the child's family.
- Cultural identity: The child who is able to see themselves as part of a unique Aboriginal culture will have greater capacity to deal with life's difficulties. It should also give the child an opportunity to see themselves as an:
 - Aboriginal person,
 - belonging to their Aboriginal culture, and
 - being accepted by the Aboriginal community.



4.7 Closure (10 minutes)

This module began with the acknowledgment that we all have experienced loss of one kind or another.

Remind participants that loss and grief impacts on everyone in foster care:

- children
- family members
- carers.

Carers who can acknowledge the impact of loss in their own lives are able to have a positive impact on a child and family who is dealing with loss.

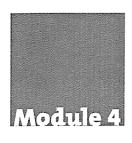
Caring for children in foster care is a challenging task and foster carers need to provide care that is:

- predictable
- reliable
- trustworthy.

If you are able to provide this then you have the opportunity to make a difference and be part of a positive change in a child's life.

Ask participants to complete and hand in the mid-way Evaluation form on pages 101-102 of the *Participant's Workbook* before leaving the session.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Participant Name:
Date:
Trainers:
Training Venue:

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

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Module 5 Coping wifh Challenging Behaviours





Outline of Module 5 (2 hours)

5.1 Welcome	5 minutes
5.2 Coping with challenging behaviours	5 minutes
5.3 Were we just the same?	25 minutes
5.4 Understanding challenging behaviours	10 minutes
5.5 Managing challenging behaviours	25 minutes
5.6 When a carer is pushed too far	25 minutes
5.7 Allegations against carers	20 minutes
5.8 Closure	5 minutes

Learning outcomes

At the conclusion of this module, participants should be able to

- understand the impact of abuse, neglect and loss on children and young people and how this impacts on their behaviour
- develop strategies for managing challenging behaviour
- understand the importance of carers managing their responses when dealing with challenging behaviours
- understand that carers need to take care of themselves.

Equipment needed

Trainer's Guide *Participant's Workbook* Overheads 3 and 19 - 21

Trainers' notes

- Parents' needs of separation will be addressed in module 6.
- The trainer needs to be familiar with their agency's policies and procedures on responding to allegations against foster carers.
- Parts of this module may be presented by a local DoCS Psychologist or Child Psychologist.



5.1 Welcome (5 minutes)

Welcome participants and ask if there are any left over matters from the previous module that they would like to discuss.

5.2 Coping with challenging behaviours (5 minutes)

Go back to course overview show **Overhead 3 – Issues in the Child's Story** page 9 of the *Participant's Workbook* and highlight where this module fits in. Advise participants that the issue of dealing with challenging behaviours is very much linked to the previous modules about abuse, loss and grief and the impact on children.

5.3 Were we just the same? (25 minutes)



Activity - Brainstorm

On the white board, draw up 2 columns – give 1 column the title "Us" and the other column the title "Kids today"

Ask each participant to list 2-3 behaviours they were involved in when they were a child. Encourage participants to have fun.

Give a few examples to start the exercise, such as stealing, lying, staying out late, and disobedience. Record the responses in the first column.

Ask participants to list behaviours of their children or other Aboriginal children they know. Ask what inappropriate behaviours do those children get involved in. Record the responses in the second column.

Compare the answers in both columns.

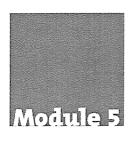
Ask participants: "Have the list of behaviours changed over time?"

Behaviours can change because:

- greater usage of alcohol and other drugs
- more family violence and family breakdown
- young people are more sexually active
- greater influence of media, television, computer games, DVD's
- young people are not always able or willing to help provide for other family members.
- more positive, successful Aboriginal role models
- less contact with mature Aboriginal adults, less respect for Aboriginal Elders

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Ask participants:

- Do children in foster care experience similar things as children who are not in foster care?
- What behaviours do they have in common?

Emphasise common behaviours that may include:

- search for personal identity, sexuality, belonging and being accepted by a group
- breaking the rules set by those in authority
- racism and other problems with school, police and the welfare system
- boredom and unemployment
- experimenting with alcohol and other drugs
- family pressures and worries.

Ask participants: "What behaviours might be different?"

Answers may include:

- behaviours may be more intense and more difficult to manage
- behaviours may not be age appropriate
- bed wetting
- soiling
- banging head on wall or floor
- self harming.

Reasons for the differences

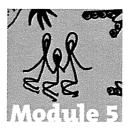


Activity – Brainstorm

Ask: "Why would children in care show more difficult and entrenched patterns of inappropriate behaviours?"

Explain that reasons for the behaviours may include abuse, loss and grief, attachment issues and insecurity.

Ask the foster carer to give examples of the types of behaviours they have had to deal with.



Briefly go though the types of behaviours that children in foster care may have. Material covered on page 58 of the *Participant's Workbook*.

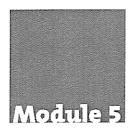
A child or young person who has experienced abuse and separation and grief and loss may be difficult to care for. They may:

- withdraw or cry easily
- feel shame/embarrassed
- be easily exhausted or very excitable
- try to control people
- cling to everyone and anyone
- be destructive or aggressive
- be self destructive
- lack empathy for others
- be a loner
- feel powerless or worthless
- resent and defy all rules
- generally be argumentative
- be scared of authority
- disrespect authority
- be unwilling to share
- insist that everything is perfect
- be very afraid of failure
- distort reality
- take or hoard food even when there's plenty available
- find it difficult to admit a wrong-doing
- find it difficult to get close to anyone
- have problems relating with children their own age.

Explain that many of these challenging behaviours relate to issues of bonding and attachment, the experience of abuse and the negative messages children have learnt about the world.

Ask the foster carer to provide input on the way in which the challenging behaviour of children in their care was related to bonding and attachment issues or abuse.



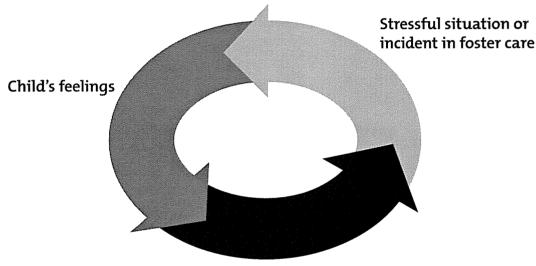


5.4 Understanding challenging behaviour (10 minutes)

Challenging behaviour can be difficult to manage if carers react immediately to the behaviour without understanding what is happening for the child.

Behaviour management is not about imposing an appropriate set of behaviours. It is about providing opportunities for children and young people to grow, learn and change.

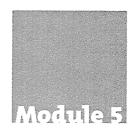
Show **Overhead 19 – Understanding Challenging Behaviour** and explain the diagram below. Material is also found on page 59 of the *Participant's Workbook*.



Child's behaviour

This diagram shows that a stressful situation or incident results in a child or young person feeling strong emotions. These emotions are then expressed in actions that may include some challenging behaviours.

To deal with challenging behaviour effectively, we must be able to see and help the child deal with the emotions that lie beneath the behaviour.



5.5 Managing challenging behaviour (25 minutes)

Read the following stories also found on pages 60 – 61 of the *Participant's Workbook*.

Robbie's story

Robbie, aged 11 has been with his foster carers, Carol and Chris, for several months. Initially he seemed to enjoy being with their family, but he has become less cooperative and now regularly says that he wants to go home to his real family. Unfortunately, his mother has been assessed as needing some intensive psychiatric care and her baby is just about to be born. Robbie's father, Phil, has indicated to Departmental staff that he thinks it would be better for Robbie to stay where he is for now. Phil is taking care of his other 3 children but is finding that quite challenging.

Robbie is now very irregular in his school attendance. When Carol and Chris were first informed by the school that Robbie was truanting, they arranged for Robbie to be driven to school each day. They have just found out that he takes the first opportunity he can to jump the school fence. He comes home most afternoons about 5 pm, but refuses to tell them where he has been. He often goes out after dinner and doesn't come home till late. When Carol and Chris try to talk to him, Robbie screams at them to go away. "Ever since I came here everyone bosses me around," he yells. "I can take care of myself. I don't need you to tell me what to do."

Kai's story

Kai, aged 6, has been with his foster family consisting of Sue and her 10year-old son Kurt for some months. Recently Kai has disclosed to Sue that he has experienced sexual abuse and that his grandfather was the perpetrator.

Kai had seemed more settled and his behaviour in public is more appropriate, though Sue is careful to monitor him closely when he is outside their family home. The teachers at Kai's school are also aware of the issue and supervise his play carefully.

Kai has started going to a Saturday morning swimming class. One morning there was a mix up when Sue went to the toilet, and Kai was taken home by a family from their neighbourhood. Kai had thought that Sue had gone home and had asked the neighbour to take him home.

Sue thought Kai had run off or gone off with a stranger. She was frantic and headed home. She found Kai there and told him, "Never do that again. It's wrong to ask people to take you home. I need to know where you are".

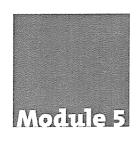
Kai didn't respond and went to his bedroom. Sue enters Kai's room and sees one wall is covered with texta scribble and Kai is sitting in the bottom of his cupboard.

Kai doesn't look up, but says quietly, as if to himself, "I want the spy to go away, she's not my mother."









Activity – Small group work

Divide participants into small groups. Ask each group to take Robbie and Kai's story in turn and fill out the table on page 62 of the *Participant's Workbook*. The headings in the first column relate to:

- behaviour of the child
- feelings of the child
- needs of the child
- strategies the carers may use to deal with the behaviour

Explain that Robbie may have similar needs to Kai and that both children will need support and strategies to deal with any racism they may encounter in their daily lives.

Bring ideas back to the large group.

Explain that all children at some time need assistance to help change their behaviours.



Activity – Small group work

Ask each small group to look on page 63 of the *Participant's Workbook* – "Ways to help children and young people to change their behaviour". Add some extra ideas to the list.



Activity – Feedback to large group

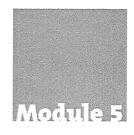
Share answers in the large group with participants adding extra ideas to the *Participant's Workbook* list.

The experience of managing challenging behaviours can be challenging. Sometimes it seems that for each step forward, there are 2 steps back. At times of regression it is important to identify the progress that was made and always express confidence to the child or young person that change that has happened in the past can happen again.

Strategies may include:

- spend more time with the child
- set some time to relieve the boredom
- show them by example
- be consistent
- give child realistic goals that they can achieve
- reward the child when they do behave well (remember rewards need to be realistic and affordable, for example stay up a little later on weekends, don't have to do extra chores)
- acknowledge the child is angry
- you can be angry without using violence and put downs
- set clear limits and guidance, what he or she is meant to do
- child to know consequences of their actions.

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5.6 When a carer feels pushed too far (25 minutes)

Given what we know about children in care, it is essential that before reacting to a child's inappropriate behaviour, the carer needs to recognise that the behaviour may have come from the child's past abuse experience. Carers need to be mindful of the child's feelings and lack of control over the situation. At this time, a carers response can be critical in determining if the behaviour escalates or not.

Children who have had damaging experiences can behave in ways that provoke very strong reactions in their carers. This is especially true for those children and young people who have suffered a range of abuse and experienced rejection after rejection.

These are the children who:

- are least able and struggle to receive acceptance and loving care
- test the carers to determine the strength of the placement and the carers commitment to them.



Activity – Brainstorm

Ask: "What sort of behaviour from children really "makes you wild"? That is, what's likely to make you upset or annoyed?"

Ask the foster carer to give an example of their own.

Ask: "Why does that behaviour annoy or upset you?"

Participants may look back at page 58 of the *Participant's Workbook* – A child who has experienced abuse may be difficult to care for, to see the sorts of behaviour that children may show.

Discussion should focus on why particular behaviours particularly annoy or provoke strong feelings.

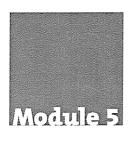
Acknowledge the anxiety participants may have for caring for Aboriginal children. Highlight that behaviours we react to may also reflect:

- our own experience of being parented
- our role as parents in the community
- the wider community expectations, and
- cultural values and beliefs.

Given what we know about children in care it is highly likely that they will 'push your buttons' to get a response.

Ask the foster carer to provide comment on the reality of how foster children may behave to get a response.







Activity – Brainstorm

Ask:

- How will you respond to behaviour that really challenges you?
- What can assist you in making an appropriate response?

Emphasise to participants that our first reaction is not always our best reaction.

Take some time out Stop and Think before you Respond positively.

Look at the 'The Big No's of Managing Behaviour' also found on page 64 of the *Participant's Workbook*.

Don't;

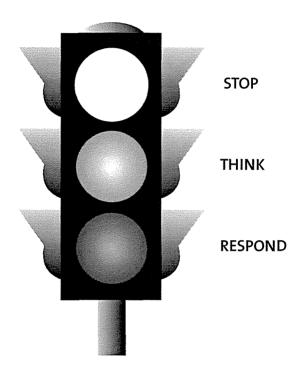
- use physical punishment. It teaches the child to control through force and deal with her/his anger by resorting to hitting others
- use derogatory remarks about the child's parents and relatives
- use derogatory remarks about the child's cultural heritage, skin colour or religion
- use threats regarding the security or length of placement. For example, if you continue to misbehave you will have to leave
- withhold food or meals
- deny contact visits to parents, siblings and relatives
- use verbal abuse
- swear at child
- use public humiliation
- threaten the child that DoCS or "the welfare" will take them away
- participate in activities designed to humiliate the child
- place the child in an unsafe environment or to produce terror or fear
- lock the child in their room
- use force or threats to elicit "good" behaviour

Note that the behaviours covered above can threaten a placement.

Ask the foster carer to comment on the importance of avoiding such behaviours in forming a good relationship with the child.

Show Overhead 20 – Managing Challenging Behaviours also on page 65 of *Participant Workbook*.

Remember, before responding to challenging behaviour:



Becoming a foster carer is a challenging role.

In order to help a child or young person and make a difference in a child's life, carers need to identify their own needs and have their needs met.



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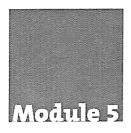
Activity – Brainstorm

Emphasise that if carers do not get their needs met, this can lead to burnout. Refer to page 66 of *Participant's Workbook* and write on the whiteboard:

Ask: "How can carers get their own needs met and prevent burnout?"

Emphasise symptoms of burnout may include:

- feelings of hopelessness and helplessness
- physical and emotional problems
- negative attitudes
- Ioneliness
- unwillingness to seek assistance and support, such as counselling
- personal negative consequences on family life and relationships.



Practical strategies that assist carers to get their needs met and prevent burnout may include:

- discussing problems and debriefing with caseworkers
- accepting support from caseworkers
- using relaxation or meditation
- talking to someone about your feelings
- using positive self talk
- attending ongoing training
- meeting other carers
- knowing their own limits
- beware of expectations that you have of yourself and "our" community
- manage what you can and tell caseworkers when you are feeling stressed
- ask for time out/respite
- maintain a hobby, recharge your batteries, allow yourself to enjoy life
- accepting support from families and friends, however always be mindful of confidentiality and the privacy of the child or young person in your care
- utilise community and professional services to get you through the difficult times
- care for yourself
- have a sense of humour.⁹

Children do not need super heroes to care for them. They need real people who recognise their own needs and who can get those needs met. Children and young people need carers who can reflect, change and grow. This includes the ability to acknowledge and learn from the difficult times and build on their skills to respond to the child's behaviour.

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⁹ Adapted from Gelbard G. Basic Personal Counselling, 5th edition, Australia 2001.



5.7 Allegations against carers (20 minutes)

Show **Overhead 21 – Allegations against carers**, and go through points below. Material also on page 67 of the *Participant's Workbook*.¹⁰

It is a fact that some children are abused in care. Careful and swift action needs to be taken to ensure the abuse doesn't happen again.¹¹ This can be very devastating for the foster child. Children and young people must have avenues to report abuse and to get action to stop the abuse.

The close personal nature of foster care, and the fact that it is provided in the privacy of the carer's own home makes children vulnerable to abuse.

Why a carer may abuse a child or young person in their care?

- carers lose sight of way children behave in challenging ways and respond inappropriately
- carers become tired, frustrated and are overloaded
- some adults become carers to access vulnerable children

In some circumstances foster carers can have a complaint or false allegation made against them during their fostering career. This can be very devastating to foster families and raise ongoing concern. There are several reasons why a child or young person may make an allegation of abuse:

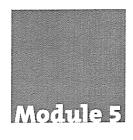
- The child or young person may misinterpret an innocent action. For example, a child who was regularly abused in bed following a goodnight kiss may believe that a goodnight kiss is the start of the abuse happening again.
- As a way of drawing attention to previous abuse for the first time. This may be a sign that the child and young person trusts the carer to deal appropriately with such information.
- As a way the young person can exercise some sort of control over their life or other people.
- To try and end a foster placement without losing face.

When allegations are made, foster carers can expect the allegations to be taken seriously and investigated and to be treated fairly in accordance with the agency's policies and guidelines for responding to allegations of abuse in care.

- ¹⁰ Adapted from *Caring for Children and Young People*, Workbook 8, produced by the National Extension College Trust Association, Cambridge UK.
- ¹¹ Trainers need to be familiar with their agency's policies and procedures on responding to allegation against foster carers.

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Activity - Brainstorm

Write on the whiteboard: "What can carers do to prevent allegations being made against them?"

If not covered in previous brainstorm, go through the following points -Preventing Allegations, found on page 68 of *Participant's Workbook*.

Foster carers need to be realistic and know that allegations of abuse could happen. This means thinking about practical ways of keeping fostering safe for everyone. One way is to have a clear set of house rules which identify behaviour that is risky, so you can avoid situations that increase risk to children and young people, and to your own family.

Remember carers need to help children say no if they don't want to be touched.

Some safe house rules may include the following strategies:

- Ensure that when you are saying goodnight to a child the bedroom door remains open
- Do not get in bed with a child or young person and avoid drawn out bedtime rituals
- Children who are old enough should bath and wash themselves
- Adults should not walk around without clothes
- Avoid wrestling or tickling games with a foster child. Find other ways of working off energy – dancing, push-ups, exercise that can be done together but does not involve touching
- Do not encourage playing in bedrooms with the door shut

Ask the foster carer to comment on the use of safe rules in their home.



5.8 Closure (5 minutes)

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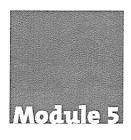
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Remember that this module has been about awareness of the child's needs even when they are being difficult to handle. Remind participants that foster carers are part of a team, and should enlist the help of caseworker to get ideas and a different perspective when a child or young person's behaviour is challenging.

Congratulate everyone and thank them for their participation. Remind participants that module 7 will be covering Teamwork.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Participant Name: Date: Trainers:

Training Venue:

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.

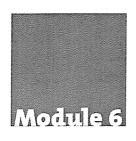
D. Provide a safe environment that is free of abuse.

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Module 6 Mainfaining Connections

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Outline of Module 6 (2 hours 40 minutes)

6.1	Welcome	5 minutes
6.2	Aboriginal identity	20 minutes
6.3	Attitudes towards parents	20 minutes
6.4	Responses of parent	60 minutes
6.5	Importance of contact	10 minutes
6.6	Dealing with mixed feelings about contact	25 minutes
6.7	Ongoing task of foster care	15 minutes
6.8	Closure	5 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

- Identify the issues related to a foster child's Aboriginal identity
- Recognise the rights and needs of the child's/young person's family
- Explain the importance of contact between families and children in care
- Identify appropriate ways in which foster families can promote contact between children/young people and their parent, siblings and significant others
- Discuss the range of feelings around contact from a child's family and carer's perspective
- Identify tasks carried out by foster carers that relate to the health, education, self-care skills and social presentation of the child or young person in their care.

Equipment needed

Trainer's Guide Participant's Workbook TV and DVD/VCR Video- Fostering Relations Overhead Projector and Overhead 3 and 22 - 23

Special arrangements

In this module there will be input from a parent. This will need to be organised in advance. The input is often best organised in an interview format, so that the focus stays on the module. A list of questions is provided in the module outline. It is essential that the parent is well briefed. See material on page 13 of this Trainers Guide.

It is good if there is an opportunity for questions from the group, but it is important to monitor them carefully to protect the parent from intrusive or insensitive discussion. It is important to brief the parent well so they understand their task. They should watch the video Fostering Relations beforehand so they know its content.

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6.1 Welcome (5 minutes)

Acknowledge that the last module contained sensitive and challenging material.

Ask participants if there are any thoughts or queries left over from last module?

Explain to the group that this module will focus on:

- Aboriginal identity
- the importance for children of maintaining connections with their families

family contact and the role of foster carers in promoting that contact Show **Overhead 3 – Issues in the Child's story** and look together at page 9 of the *Participant's Workbook* to see where this material fits. Inform group that a parent will be coming in later to share their story (if arranged).

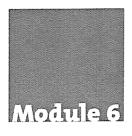
Aboriginal Foster Care is about:

- promoting "Belonging" rather than the ownership of children
- providing a safe nurturing environment for a child
- maintaining the child's Aboriginal identity and connections to those people who have been significant to them
- recognising and maintaining the child's Aboriginal identity and their place in the Aboriginal community.

When children can continue to connect and enjoy relationships they have already made, they can make and sustain new relationships.

Advise potential carers that the issues of **Aboriginal identity** and **family contact** can be contentious throughout our Aboriginal communities. They can generate a range of powerful emotions and attitudes for everyone and in particular, towards parents who have had children removed.

It is essential that we look at how all these issues can impact on the child in care.



6.2 Aboriginal identity (20 minutes)

Aboriginal people, culture and communities are a unique, diverse and a continually evolving culture. Aboriginal or Torres Strait Islander heritage is something that is personal and should be embraced and respected.

- There is no single Aboriginal culture Aboriginal society is very diverse.
- Aboriginal culture is dynamic it is not the same as it was in 1788 and is continually developing.
- Torres Strait Islanders are a separate group with their own distinct identity and cultural traditions.
- Language, music and dance, kinship systems, art forms and ceremonies differ dramatically between regions.

"Being Aboriginal is not the colour of your skin or how broad your nose is. It is a spiritual feeling, an identity you know in your heart. It is a unique feeling that may be difficult for a non-Aboriginal person to fully understand or appreciate." ¹²



Activity - Work in pairs

Participants to discuss in pairs: "What are the main 'Aboriginal values and traditions' that are most important in your family?"

Answers may include: honesty, respect, support, belonging, communication, kinship, genealogy, birthday celebrations, and responsibility.

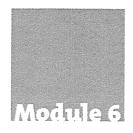
After participants have talked privately, lead a general discussion and point out that there may be differences and the similarities in participant's ideas. Emphasise that other groups would have slightly different answers to this question.



Activity - Brainstorm

Ask: "What Aboriginal ways or customs would you want emphasised if another Aboriginal family was caring for your child?"

Answers may include: story-telling, attend community events NAIDOC, Sorry Day, history of area, maintain Aboriginal identity, gain knowledge and understanding of bush/land/sea, fishing, funerals, belonging, promote positive image, avoid stereotypes, sports, footy, kinship, communal living, sharing and caring.



Significant issues in cultural identity of Aboriginal people include:

- kinship
- recognition and respect as a distinctive people
- relationship to country, land and sea
- preservation of cultural customs, laws and language.

Discuss how foster carers need to:

- find out what Aboriginal identity means for that particular child/young person or family (it is not appropriate to impose a new set of values including religious beliefs on the child/young person)
- help the child/young person to maintain their connections with their extended families, community and culture
- advocate for the child's identity to be accepted and belong to the Aboriginal community.

Some children or young people have both Aboriginal and non-Aboriginal origins so they may be placed with non-Aboriginal family members, but still have a right to build and nurture their Aboriginal identity as well. The child's view regarding their identity must always be taken into consideration. For example, one strategy to do this is to provide Aboriginal respite carers.



Activity - Brainstorm

Ask: "How can you help a child in your care **and** promote their unique Aboriginal identity?"

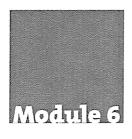
See pages 70 - 71 of the Participant's Workbook.

There are many ways of promoting Aboriginal culture.

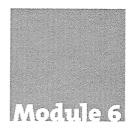
The child and their family can be good sources of information. **Other ways of promoting cultural identity include:**

- Life Story
- Attend local Aboriginal community services
- Participation in annual NAIDOC and any other Aboriginal events
- Gather information about their "mob", including significant family members
- Allow child to be proud of their Aboriginality
- Cultural Camps
- Visit areas of significance to the Aboriginal child in your care
- Interacting and participating with the Aboriginal community attending community events, shows, art exhibitions, the museum, concerts and performing arts events





- Promoting Aboriginal role models such as sports people, artists, actors and community leaders by finding out who they are and taking a keen interest in them
- Getting Aboriginal pictures and articles out of newspapers and magazines and discussing them
- Putting up posters or works of Aboriginal art around the house
- Accessing Aboriginal learning materials, such as story books, puzzles and games
- Listening to Aboriginal music
- Watching documentaries or movies about Aboriginal culture
- Encouraging the child's school to celebrate NAIDOC Week
- Visiting the child's land or country to meet local Aboriginal community members
- Inviting family/elders home to tell stories about what they did when they were children, or to tell traditional stories
- Going on an excursion to a significant site, or going out with a couple of elders
- Build Aboriginal relationships and networks in local area for both carer and child in care
- Encouraging children to use traditional Aboriginal designs in their work
- Encouraging the children to undertake Aboriginal projects as part of their school work
- Understanding the importance of funerals as significant events in the life of Aboriginal communities. There is an expectation that a funeral will involve the whole community, not just immediate family and friends
- Doing Aboriginal focused art or craft projects at home an Aboriginal flag, bookmarks, badges and so on.



Websites and email information that have Aboriginal resources for Aboriginal children and young people in foster care

Educational support -

http://www.centrelink.gov.au/internet/internet.nsf/payments/abstudy.htm

http://www.aboriginaleducation.nsw.edu.au/terms/index.html

http://www.nswaecg.com.au/webpages/aboutus.html

Child Care support -

http://www.facsia.gov.au/internet/facsinternet.nsf/indigenous/programs-child_care.htm

Health support -

http://www.health.nsw.gov.au/living/atsi.html

http://www.healthinfonet.ecu.edu.au/

Other resources

Aboriginal Studies Press – http://www.aiatsis.gov.au/aboriginal_studies_press

Link-Up – http://www.nsw.link-up.org.au/

AbSec - http://www.absec.org.au/about/index.html

Department of Aboriginal Affairs - http://www.daa.nsw.gov.au/

http://www.snaicc.asn.au/

Marungbai Aboriginal Leaving Care and After Care Service – http://www.acwa.asn.au/LCWP/marungbai.html

http://www.hreoc.gov.au/

Magabala Books – http://www.magabala.com/

Encyclopedia of Aboriginal Australia –

http://www.aboriginaltouroperators.com.au/homenav_r1_c1.htm

Koori Mail – http://www.koorimail.com.au/index.php

National Indigenous Times – http://www.nit.com.au/

Indij Readers – http://www.indijreaders.com.au/

Dawn Magazines – http://www1.aiatsis.gov.au/dawn/index.htm

Australian Film Commission – http://www.afc.gov.au/profile/pubs/indig.aspx

Film Australia – email sales@filmaust.com.au

Ronin Films – http://www.roninfilms.com.au/contacts.html

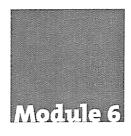
Heathcliff Distribution – http://www.heathcliff.com.au

http://www.artgallery.nsw.gov.au/

- http://www.amonline.net.au/
- http://www.dreamtime.net.au/

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6.3 Attitudes towards parents (20 minutes)



Activity - Brainstorm

Ask: "What are some common stereotypes about parents who have had their children placed in to foster care?"

Answers may include: lazy, dirty, uneducated, anti-social, neglectful, abusive, failures, selfish, violent, unmotivated, mental health issues, unable to develop and sustain relationships, lack of values, uncaring, alcohol/drug users, lack of aspirations for children, inadequate, low socio-economic income, deserve what they get, intellectually delayed.

People very often have mixed feelings about parents.

Often the stereotypes of parents can get in the way of seeing each parent as an individual with their own story.

One way of dealing with these feelings and enabling you to understand families and why they behave in the way they do is to look more closely at the common circumstances of parents and families whose children are removed.



Activity - Brainstorm

Write on the on whiteboard:

What may be some common circumstances of families whose children are removed and placed in care?

Show **Overhead 22 - "Common circumstances of parents whose children are in care."** Also found on page 72 of the *Participant's Workbook*. ¹³

Social or external conditions

- Stolen Generation
- Loss of kinship, land, culture and language
- Impact of welfare policies in the lives of Aboriginal people
- Poverty
- Unemployment
- Health issues
- Deaths in Custody Inquiry
- Large families
- Social isolation
- Long term social problems racism, education, housing, environment, incarceration.



Psychological or Internal conditions

- Individual lack of skills, resources and knowledge of how to parent and how to cope with problems
- Low self esteem, low confidence
- Loss and grief
- Dependent on other people, drugs, alcohol and gambling
- Mental illness
- May have a history of abuse
- Intellectual disability

Often a number of these factors are present and when combined make it difficult for parents to adequately care for their children.

Ask the foster carer to comment from their experience how most families face, not just one, but a range of conditions that challenge their ability to parent.

However, it does not mean that parents are uncaring or unfeeling.

Having a child go into care can be devastating for parents.



Activity - Small group work

Divide participants into small groups and assign each group a child. Ask the groups to look again at the child's story on pages 28 - 30 of the *Participant's Workbook*.

Ask participants: "What factors in the children's families contributed to Allira, Kai or Robbie coming into care? "

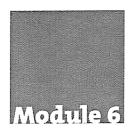
The question is on page 72 of the *Participant's Workbook*.



Activity – Feedback to large group

Share responses in large group.





6.4 Responses of parents (60 minutes)



Activity - Brainstorm

Write on the whiteboard:

"What words and phrases that may express how a parent may feel when a child is removed and placed with carers".

Ensure there is a good mix of responses, including: empty, shame, shock, relief, sadness, anger, devastated, confused, afraid, depressed, extremely anxious about child.

Ask participants to add to the list on page 73 of the *Participant's Workbook* – How a parent may feel when a child is removed.

How might parents feel towards foster carers?

How may a parent react and express these feelings?

Acknowledge that some parents may feel jealousy, shame and sense of personal failure, relief that their child is safe and in good hands, fear that they may lose their child, profound grief and regret.

Link these reactions back to the material from the module on grief and loss, which indicated that many of these are grief reactions. One of the ways to assist parents is to provide them with information about where their children will be placed and assure them that their children will be safe. Section 149 (B-K) of the *Children and Young Persons (Care and Protection) Act 1998* requires parents and significant people in the child's life to be provided with information about the child's health and wellbeing. DoCS/the agency may also provide identifying information about the actual placement with the written consent of the carers. More information about the exchange of information is available on the Children's Guardian website, www.kidsguardian.nsw.gov.au.

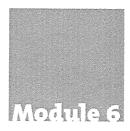
This segment of the module may be presented in one of two ways:

Option A: Introduce guest speaker – Aboriginal parent

Use an interview format:

- What was happening for you at the time that your child/children went into care?
- What are the names and ages of your child/children?
- What was the reaction of your family and community when your child/children went in to foster care?
- When did your child/children go into foster care?
- What was helpful for your child in terms of maintaining connections to their Aboriginal family and identity?
 - What sorts of feelings did you experience when your child/children went into care?

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- What was helpful to you as a parent whilst your children are / were in care?
- In what way can carers make the experience of fostering more positive for families?
- What message do you have for people who are considering being foster carers?

Thank and farewell the guest speaker

Or, Option B: Show DVD/ video "Fostering Relations"

Ask each person to say one thing that stood out from video about contact with parents



Activity - Brainstorm

Write on the whiteboard:

Why is contact between child and family important, even though at times it can seem distressing or disappointing?

Ask the foster carer to comment on the importance of contact from their own experience.

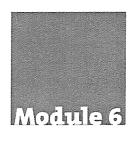
Highlight that parents and foster carers often bring similar feelings to contact:

- 🔳 fear
- anxiety
- sense of being judged
- uncertainty of how to behave and react.

Agency support is vital to ensure that the child or young person's wishes and reactions to contact are being taken into account and that arrangements are made that are feasible safe and supported by all parties.

Agency support is also vital in assisting both carers and parents to establish a positive relationship that will support the child's placement.





6.5 Importance of contact (10 minutes)

Show **Overhead 23 – Importance of contact between child and family**. Material on page 74 of the *Participant's Workbook*.

For Child

- Identity: provides child with a history knowing who they are, where they belong and that they are a part of a large Aboriginal community
- Support: provides child with a network that will provide support for individual and cultural needs
- Reality: helps calm their fears, for example, of parents abandoning them because the child was bad, or developing unrealistic fantasies
- Understanding: assists a child over time to understand more fully why they came into care
- Acknowledgment: provides children with the opportunity to express their feelings about separation, loss and grief.

For parents

- Reassurance: families can see for themselves that their children are safe and well cared for
- Preserves connections and reassures parents that they will see their children again and allows the healing process to begin and progress
- Enables learning and continued contribution. Family can "parent" in a supervised situation and develop appropriate parenting skills
- Assists restoration: makes returning to family easier if this is in the best interest of the child.

For foster carers

- Children are more realistic: less likely for child to have fantasy of family and have issues of "torn loyalties" between parents and foster carers
- Helps child express their thoughts and feelings: child more likely to adjust to their situation, less likely to show challenging behaviour
- Better understanding of child: contact can help carers fill in the gaps in their knowledge about a child which makes their task of caring easier
- Better understanding for carers: about the child's feelings of divided loyalties between family and carers.

Direct participants to pages 75 - 77 of the *Participant's Workbook* "How foster carers can help parents" and "do's and don'ts of contact with parents" and quickly go through material.



Do's and don'ts of contact with parents

Do's

- support contact
- prepare child in advance
- ensure you know the contact details in advance
 - Location
 - Who will be there?
 - Who will supervise?
 - How long
- be aware of transport arrangements there and back
- reassure and support the child
- provide the child with things to take to talk about during visits eg drawings, school work
- allow the child to express his or her feelings before and after contact
- understand and accept child's feelings
- be honest (but not destructive) with the child about any contact difficulties
- listen to the child, maintain and respect the child and family's confidentiality
- express opinions and any concerns to the caseworker
- seek support from the agency or department.

Don'ts

- ever have unsupervised meetings unless approved by caseworkers or is part of approved case plan
- ventilate your anger, anxiety or bitterness on the child
- put down, blame or criticise a child's family
- expect a child to be perfectly behaved before, during or after a visit
- place yourself in a position you are concerned about or are not happy with
- prompt or pressure a child for information
- come with expectations on what a family is like keep an open mind
- make promises you can't keep
- take on the role of counsellor for the child or the child's family or their community
- discuss the child's situation with people who are not directly involved in the case for example, gossip, and Aboriginal grapevine.

Highlight the importance of foster carers "investing" in relationship with families as it benefits everyone – the child, the family and the foster carers themselves. Remember that you need to check with your caseworker before you have any unsupervised contact with the child's family.





6.6 Dealing with mixed feelings about contact (25 minutes)

Acknowledge that it is easy to fall into patterns of blame or anger about the child's parents. This is not helpful to the child.

Emphasise:

- the place of the parents as part of the child's emerging identity
- the love many children have for their parents
- the possibility that the relationship between the parent and the child can heal over time.

Children may see criticism of his or her parents as criticism of him/her. Criticism can also get in the way of a child's attachment and trust with a new carer by placing the child in an impossible situation of "torn" loyalties.

Read aloud the children's' stories. See pages 78 - 80 of the Participant's Workbook.



Activity - Small group work

Each group receives one child's story. Explain that each group needs to work through the questions on the bottom of pages 78 – 80 of the *Participant's Workbook*.

What might the carer(s) be feeling in this situation?

Answers may include: resentment, worry, hurt, conflicting views, angry.

How could the carer(s) respond in a way that expresses understanding of the relationship between the family and the child, and not anger or blame?
 Answers may include: open communication, situation is promising, acknowledge, take a balanced view, ask for agency support, stop, think and responds be mindful of your own responses, take time out, and don't personalise issues.

Activity – Feedback to the large group

Share responses in large group.

Supporting the child's family

In many cases, children can return home. In preparing for restoration, the child's family may need support as they gradually take over responsibility for caring for their children.

This may include;

- help with contact visits to grandparents and other extended family members
- help to and from health services and other specialist appointments
- being a role model for the parents age appropriate play, handling difficult behaviour, cooking cheap nutritious meals, budgeting etc.

taking children to Aboriginal cultural activities.

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The exact details will be explained in each child's or young person's case plan that will have been developed with the Caseworker.



6.7 Ongoing tasks of foster care (15 minutes)

Remind participants of the different dimensions of care, including:

- 🔳 Health
- Education
- Identity cultural maintenance
- Family and social relationships
- Social presentation
- Emotional and behavioural development

Direct participants to pages 81 - 83 of the *Participant's Workbook* containing the children's stories and details of their immediate situation.

Activity - Small group work

Divide participants into small groups and ask each group to list the different tasks that foster carers need to undertake as per the table Practical tasks of caring on page 84 of the *Participant's Workbook*.

Inform participants that tasks should be undertaken in consultation with the caseworker. Part of the carer's role is to advocate on behalf of the child and negotiate for the provision of services for children in care.

Check at the end of the exercise if there were any issues on which group members couldn't agree.

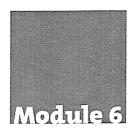
6.8 Closure (5 minutes)

Ask participants what has been most valuable for them in this module and how would this impact on their potential role as foster carers.

Use the photo language set (see page 19 of this *Trainer's Guide*) and ask participants to pick one picture that describes what they have learnt now that they have completed the majority of the course.

Congratulate them and thank them for their participation.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

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Module 7 Teamw?rk

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Outline of Module 7 (2 hours)

7.1	Welcome
7.2	Teamwork15 minutes
7.3	Working as a team 40 minutes
7.4	Impact of fostering on family and friends
7.5	Relationships and support between carers and agency15 minutes
7.6	Personal and community supports15 minutes
7.7	Closure

Learning outcomes

At the conclusion of this module, participants should be able to:

- describe the way in which partnerships between the foster carer, the family, the agency and other key services can work together
- explain the organisational arrangements relating to fostering
- discuss the impact of foster care on the foster family.

Equipment needed:

Trainer's Guide *Participant's Workbook* Overhead 3 and 24

Special arrangements

1. Guest panel

In advance, a panel should be organised for a segment that takes participants through the roles and responsibilities of different people involved in foster care. Ideally the panel would consist of:

- A current foster carer
- An agency staff member familiar with all procedures relating to foster care support. If there are a number of different agencies involved in this training, representatives of them all should be present. When agency details are provided, participants can be broken into small groups according to the agency through which they have come to the training.
- A parent
- A young person who is currently in care or has experience of foster care. Panel members should be given a photocopy on pages 86 - 96 of the *Participant's Workbook* in advance, to assist them with their presentation. It includes the situations and trigger questions for the panel discussion. Panel guests can be invited to stay for the first half of the module and participate in each of the activities. It would be appropriate to get comments from their experience, but it is important that they do not dominate the discussion. They would need to be briefed on this before hand.
- 2. Part of this module deals with organisational arrangements between carers and the agency. As this will vary, depending on the agency or department, you will need to prepare a diagram of the structure of your agency to add to the *Participant's Workbook*.

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This preparation must be completed before the training so that it can be incorporated in the *Participant's Workbook*.

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7.1 Welcome (5 minutes)

Welcome participants and ask if there are any matters from the previous topic that they would like to discuss.

Note that it would not be surprising if the material from the last couple of modules provided some challenges for participants. Allow time for feedback.

7.2 Teamwork (15 minutes)

Welcome the guest panel.

Look again at **Overhead 3 - Issues in a Child's story** on page 5 of the *Participant's Workbook*. Identify where this module fits into the course.

Give definition of teamwork:

"A group of people who share a common goal and who work together to achieve that goal."



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Activity - Brainstorm

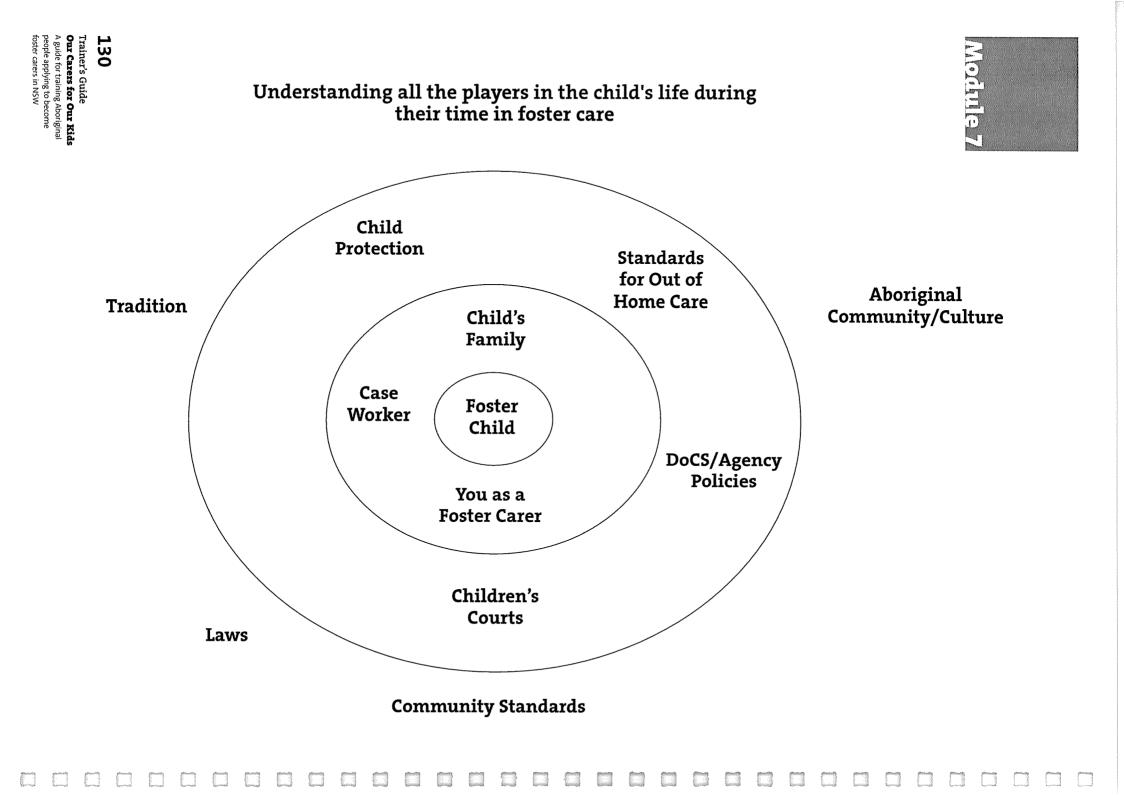
Ask: "What makes a good team happen?"

Answers may include:

- Good communication
- Clear direction
- Shared common goal
- Good understanding of each others role
- Listen actively
- Respect different views
- Confidentiality
- Leadership
- Work as a team
- Balanced skills experience
- Presentation

Understanding all the players in the child's life during their time in foster care

Put up **Overhead 24 - Players in the child's life** and explain the different players that influence the child's life referring to page 86 of the *Participant's Workbook*. Explain the different players that influence the child or young person's experience of being in out of home care. All these players are important in a child's life. (The players in the child's life is on page 130 of this Trainer's Guide)



7.3 Working as a team (40 minutes)

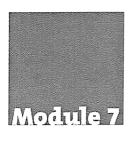
Look at the roles of foster carers, the agency/department and the parents. Also found on page 87 of the *Participant's Workbook*.



Roles in the Foster Care Team

FOSTER CARERS ROLE	AGENCY/DEPARTMENT ROLE	PARENTS ROLE		
Provide for the child's physical, emotional, social and educational needs while they are away from their family	Make sure there is a clear, workable case plan for the child and their family	Make some decisions about the child's well being		
Encourage the child's positive Aboriginal identity	Identify and ensure Aboriginal cultural identity is maintained and promoted	Provide information about the child's Aboriginality to their child, the child's case- worker and the child's carers		
Help the child with contact visits with his/her family and other significant people in the child's life	Co-ordinate the case plan, assisting the family and the foster family to be involved as much as possible	Work on their part of the case plan so that the child can be restored		
Maintain the child's records through Life Story	Establish and maintain the child's Life Story	Participate and provide information to their child's Life Story		
Maintain confidentiality about the child and their family	Listen and respond to the family and carers views about the exchange of information	Respect the foster family's privacy		
Help the child to return to his/her family, or provide a permanent placement	Select suitable foster families and match children to available families	Assist in preparing child for restoration or adjustment to permanent care		
Discuss the child's progress with the agency/department and ask for help when it is needed	Provide the foster family with resources, information and support so that they can provide quality care for the child	Discuss the child's needs and progress with agency/department after visits		
Listen and respond to a child's fears, needs and concerns and respect the place of the family in the child's life	Act as an advocate for the child	Respect the place of the foster family in the child's life		
Act as an advocate for the child with health, education, leisure, welfare etc	Make sure the foster family receives key information about the child, blue book, immun- isation records, on-going support, training and financial support	Provide information about the child's previous health status, education, family and social relationships, self care skills		





Read the case studies below. Also found on pages 88 - 90 of *Participant's Workbook*.

Trainer to start by reading Allira's story and then stop and ask panel members for comments.

Panel members should have been given situations in advance, so they have a chance to prepare.

Allira's story



Allira has been with Norma and Jack since she was 5 months old. Initially the placement was a 2 week temporary placement at the request of Crystal, Allira's mother. However, a court order was put into place to extend the arrangement for three months as it was assessed that Crystal was not able to adequately care for Allira at that time. Crystal started a drug rehabilitation program. The care arrangement was extended while Crystal completed the program.

Allira is now 10 months old. The current care arrangement is due to end next month. Allira is doing well and interacts happily with her foster family and also with her mother Crystal. For the last month Crystal has been very regular in her visits to Allira and appears more confident and consistent in caring for her, though the longest she has been with Allira on her own is a couple of hours. She has done a course about babies and toddlers at a family support service.

From next month Crystal wants to have Allira live with her permanently.

Ask the panel members:

What is your role in this situation?

Answers may include: Agency should be involved, help develop a solution, discuss with all involved, advise of consequences of the behaviour, compromise, acknowledge your sense of loss, and provide information about child to parents - daily routines, health record checks, life story.

How can the players work together as a team?

Answers may include: attend case conferences, support case plan for child, and avoid derogatory remarks regarding family members.

Read Kai and Robbie's story

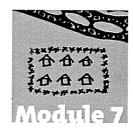
Kai's story



Kai has been with Sue for 18 months. He is now 7. He is in permanent care because his mother is unable to meet Kai's psychological needs or to protect him from sexual abuse. From the ages of 2 to 5 he was sexually abused by his grandfather. He only disclosed last year who his abuser was.

Kai had settled well into Sue's family. He enjoys playing with his "big brother" Kurt, Sue's 13 year old son. He is doing very well in swimming. He tries hard at school and relates well with his remedial teacher who helps him in the classroom.

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Kai has now suddenly started regressing in his behaviour. He is bed wetting frequently, and his teachers have reported concerns in some of his playground activities. He wants to play with the kindergarten children and is "excessively affectionate", though no inappropriate touching has been observed.

Legal proceedings have been commenced against Kai's grandfather because of his sexual assault of Kai. Rebecca. Kai's mother, still sees Kai each month. She finds it hard to accept that her father abused Kai and argues that Kai is over his "strange phase" so he should come back to live with her. Maire has made an appeal against the court order to have Kai in permanent care.

Sue has a new boyfriend, who occasionally stays overnight. Sue has not mentioned this to Kai's caseworker because she is getting a bit tired of always having to tell her business to agency staff. She has been very careful, however, to ensure that Kai is safe from any further abuse and her boyfriend is an understanding person who behaves very appropriately with both her children.

Robbie's story

Robbie has been with Carol and Chris for 6 months. He will be 12 years old next month. He originally came into foster care because his mother physically abused him. The care arrangement was renewed because neither Ann nor Phil, Robbie's parents, are currently able to care for him. Robbie's mother has just had her fifth child. She is receiving psychiatric care for an on-going illness. Robbie, however, now wants to go back to his own family and resents the limitations put on his activities by Carol and Chris.

Carol and Chris's two children are finding the constant arguments with Robbie wearying. Their 17 year old daughter is doing the HSC and complains that her concentration is being affected.

Robbie has started to take items from the children's rooms. He makes no effort to hide this. Several times money has been taken from wallets, including from the purses of family guests.

Last night while Carol and Chris had friends over, Robbie flew into a temper. He kicked the dresser in the family room which overbalanced, smashing several decorative items.

Ask the panel again:

What is your role in this situation?

Answers may include: Agency should be involved, help develop a solution, discuss with all involved, advise of consequences of the behaviour, compromise, acknowledge your sense of loss, and provide information about child to parents - daily routines, health record checks, life story.

How can the players work together as a team?

Answers may include: attend case conferences, support case plan for child, and avoid derogatory remarks regarding family members.

What can carers, caseworkers and parents do to encourage Kai and Robbie's participation in decision making?



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Explain that the foster carer's role and responsibilities will vary, according to the type of care that the child/young person requires:

- short term care/medium term care
- respite placement
- long term/ permanent care
- intensive foster care.

It is important to encourage the child's participation in decision making and it is equally important to encourage carer participation. One way of doing this is through case planning and case conference.

Participation of the foster carers - case planning and case conferences

Case Plan

Case planning begins long before a child comes into care, usually from the beginning of DoCS involvement with the child and family. By the time the child is placed in care, there should be a case plan that outlines what's to be achieved by placing the child in care.

A case plan is an accurate and up-to-date record of the decisions and actions that need to occur to meet the needs of the child. Case planning ensures that everyone is clear about their roles and responsibilities.

The foster carer needs access to this case plan in order to appreciate how their role fits into the overall goal of the placement.

Case Conferences

Carers can participate in the decision making process by attending case conferences. Case conferences can occur for many reasons during the child's placement in out of home care.

The case conference is usually attended by the:

- child or young person
- key workers involved with the child
- Aboriginal caseworker
- parents and extended family
- carers and those who may have a continuing role with the child
- other professionals involved with the child

Although it may not achieve consensus, a case conference provides a good opportunity to:

- share information and concerns
- develop a realistic case plan for the child
- work out each person's role and responsibilities in meeting the needs of the child

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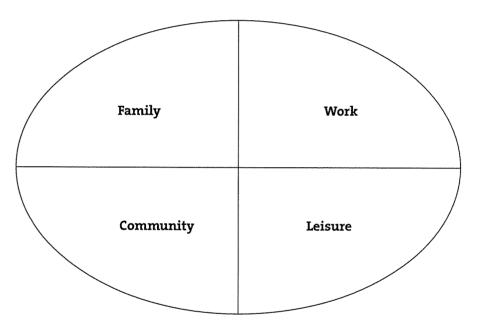


7.4 Impact of fostering on family and friends (25 minutes)

Activity - Work individually

Participant to look at **How I spend my time** on page 91 of the *Participant's Workbook*.

Ask participants to use the circle that represents how they spend their time. Ask the group to divide the circle into segments that represent particular activities they are involved in. For example, family, friends, work, leisure and hobbies. The activities that are more time consuming should get a large part of the circle.



After allowing time to complete first part of task, ask participants to find a space for a child on the paper. They will need to take time from the activities identified in the segments of the circle and give that time to the child.

Ask participants:

- What is likely to change in your life when a child is placed in your care?
- What is the possible impact on your own family if you have a child placed in your care?

Explain that the way the family adjusts to the child or young person is perhaps the most critical factor in the success of the placement. One of the most frequent reasons given for placement breakdowns is unresolved issues with the carers' own family.

When a child or young person enters or leaves the house, the lives of the carer's own children will change. Carers need to be mindful of the impact of fostering on their own children.





Ask participants:

What can you do to minimise the disruption and change to your children's life when you start to foster?

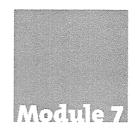
Make sure the following issues are covered:

- Prepare your children for the changes before they occur
- Discuss where the child/young person will sleep and how life may change
- Do not give them unrealistic expectations, for example, that they will have an instant playmate
- Be patient and make sure that your children still get their own private time with you each day. This will give them an opportunity to let you know how they are feeling about your fostering role
- Consider involving the children or young person in foster care training events.

How would you know if the foster care arrangement was not working out well for your own children?

What would you do if this happened?

Ask the foster carer to comment on the impact of a child in care with their family.



7.5 Relationship and support between carers and agency/ department (15 minutes)

Note: This section should be presented as brief overview with comprehensive handouts provided, and opportunity for participants to ask factual questions.

More complicated questions should be taken away and followed with a response from the agency/department.

If a number of agencies and departments are involved in the training, participants should be divided into small groups according to the agency through which they have come to the training. A representative of that agency or Department should present the organisational details to the group.

Direct participants to the department/agency organisational chart on page 92 of the *Participant's Workbook*.

Illustrate what happens in the following situation by referring to the organisational chart:

- A foster carer wants additional support and/or training and feels isolated and challenged in their role as a foster carer
- A foster carer is concerned about the behaviour of a child in their care who do they go to and how?
- A foster carer's payment is late who do they go to and how?
- A foster carer is concerned about contact arrangements between child and their parents and extended family members.

Draw participant's attention to pages 93 - 95 of the *Participant's Workbook* -Commonly asked questions. There will not be enough time to go into all questions and answers in detail. Draw participants' attention to the types of questions that are answered on these pages. Encourage them to read through this material at home.





7.6 Personal and community supports (15 minutes)

Aboriginal Foster Carers need a personal support network and the support of the local Aboriginal community to assist them in their role as carers.



Activity - Work in pairs

Ask participants to suggest the names of all the supportive people, agencies and networks that can assist them in their role as a foster carer.

Ask participants to take time to consider who they would nominate under personal and community support.

Answers may include:

- Personal support network
- AbSec
- Aboriginal agencies
- Aboriginal Medical Service
- Family Support
- Education
- DoCS/Agency Caseworker.

Describe the help available when the child/young person enters and leaves care, particularly from:

- The Aboriginal caseworker responsible for managing the child's case plan
- Aboriginal Leaving Care Services
- AbSec Support groups for carers
- Aboriginal Foster Care Support Caseworker.

In addition to the above workers, Aboriginal carers need the support of their local community, for example, Aboriginal Medical Service, Link Up, NSW Aboriginal Education Consultative Group, Aboriginal Teachers Aides and other Aboriginal service providers.

Provide list of local Aboriginal agencies that can assist participants in their future role as Aboriginal carers.



7.7 Closure (5 minutes)

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Explain that the next module is the last. Provide any details for anything that is planned to mark the end of the training eg: a special meal / supper.

Congratulate everyone and thank them for their participation.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Participant Name: Date:

Trainers:

Training Venue:

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

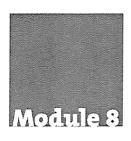
- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

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Module 8 The Next Step

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Outline of Module 8 (1 hour 20 minutes)

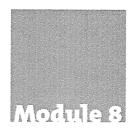
8.1	Welcome5 minutes
8.2	When a placement ends
8.3	Rewards of being a foster carer
8.4	Closure15 minutes

Learning outcomes

At the conclusion of this module, participants should be able to:

- Identify the importance of having realistic expectations when a placement is ending
- Identify ways of minimising any upset to their own children

Equipment needed

Trainers' Notes Participant's Workbook Course Evaluation 

8.1 Welcome (5 minutes)

Welcome everyone to the last module. Highlight that this module is about what happens at the end of a foster care placement or if the placement continues. It will also be dealing with the end of the group. This module will help participants decide about applying to become foster carers and provide information about the next step in the process.

8.2 When a placement ends (40 minutes)

When a placement ends, there can be many responses and ways of saying "goodbye". There can be good "goodbyes" and difficult ones.



Activity - Work in pairs

In pairs, get participants to remember a time of saying goodbye or leaving that they found difficult. What was helpful about the process of farewells, what was not?



Activity – Feedback to large group.

It's important that children and young people receive appropriate messages when placements end. Goodbyes provide an opportunity to:

- show grief openly
- say that you care
- provide opportunities for further contact depending on the current circumstances and if supported by the child's case plan.

Children and young people in care may see the end of the placement as another loss and frequently have very negative experiences of moving eg. little notice of the move, belongings packed up in garbage bags and not having the opportunity to say goodbye to all foster care family members.

Read Allira's story on page 97 of the Participant's Workbook

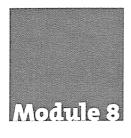
Allira, aged 11 months, is returning to live with her mother Crystal.

Norma and Bill have been encouraged by the progress Allira has made in their care, and the changes they have seen in Crystal. Crystal has ceased using drugs and has benefited enormously from a parenting group that has given her more insights into Allira's needs. Of course Norma and Bill are very sad to see Allira move. They are conscious that their other foster daughter, Samia, who is now 5, will also miss Allira.

Crystal is due to pick Allira up on Tuesday morning. On Sunday, Norma and Bill organise a gathering of friends and family for a farewell party for Allira. They take lots of photos. On Monday night they spend the evening together as a family. They get Samia to draw pictures about things she remembers about Allira and their family. Bill writes a description on the drawings and staples them together to make two books - one for Samia and one for Allira - and puts in some of the photos that were taken the previous day. Norma updates Allira's life storybook using some of the photos that were taken the previous day.



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Norma also writes down Allira's daily routine chart - including her likes and dislikes to give to Crystal so that Allira's routine is not disrupted and on her return home. This will assist Crystal in managing Allira's emotional, physical and developmental needs.

When Crystal comes to collect Allira, they give her Allira's life story book, her blue medical records book, her clothing and other belongings, and a thank you card for letting them have Allira as part of their lives. They encourage Crystal to let them know how things are going. They take a photo of Crystal and Allira which they plan to send as an enlargement to Crystal on Allira's birthday in a few weeks time.

The week after Allira leaves they feel very flat. They are approached almost immediately to take another foster child, but they ask for a break for a couple of weeks before they can consider the possibilities. They plan a weekend away.

Activity - Small group work

Divide participants into small groups and ask:

- What did Norma and Bill do to make the experience of moving on more positive for the child?
- How did they take care of themselves as a family at this time?

Read the end of **Robbie's story** on page 99 of the *Participant's Workbook*.



After 12 months with Carol and Chris, Robbie is returning to the care of his father and his new girlfriend, Wendy Robbie's mother, Ann, is caring for her 6-month-old baby and her daughter Kylie who is now aged 10. Robbie's other sister and brother are with Phil and Wendy and they are happy to take Robbie also.

Robbie's father feels he has enough stability to support Robbie again. Robbie is due to be picked up on Monday morning. On Sunday, Carol and Chris organise a gathering of friends and family for a farewell party for Robbie. They take lots of photos. Robbie's relieved to be going home to his family, but knows that he can visit Carol and Chris whenever he wants. He doesn't say much as he leaves, but he tells his caseworker that he felt he got more "laid back" while living with Carol and Chris's family.

Over the next few years, Carol and Chris very occasionally heard from Robbie. Once he turned up on their doorstep after he got into trouble with the police. Carol and Chris helped him contact Aboriginal Legal Aid.

Carol and Chris were thrilled when Robbie, aged 22, recently visited with his girlfriend and new baby. The baby was called Phillip Christopher.

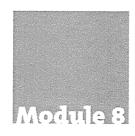


Activity - Brainstorm

Ask participants:

- What were the gains made by Robbie during his placement?
- What were the positive outcomes for the family and carers because of this placement?

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The story of Robbie shows how Carol and Chris were able to establish a trusting relationship with Robbie and support him to return to his family.

Read the end of Kai's story on page 98 of the Participant's Workbook

It took Kai some time to adjust after Sue's boyfriend, Dave, moved in with them. However he continues to make progress. Sue has learnt to adjust her expectations and resists the temptation to compare Kai with other children of his age. Sue reminds herself continually about what happened to Kai in those early years, and has come to realise the impact of the abuse and neglect will last a lifetime.

those early years, and has come to realise the impact of the abuse and neglect will last a lifetime. Sue, Dave and Kurt discussed Kai's future and have made a commitment to continue to care for him. They know that the future will not be easy especially as Kai reaches adolescence. However they believe that, with the right help and support from their caseworker and the friends they have met through fostering.

they can continue to make a difference for Kai. Kai continues to have contact with his mother and Sue recognises the importance of this in helping Kai put the pieces of his life together.

Everyone has learnt a lot in the last 12 months, they have changed and so has Kai. Sue says fostering is hard, but it's rewarding. Kai has started to express anger and is less inclined to withdraw when things are difficult, but Sue says it is better now that he is able to acknowledge his feelings. When she was discussing Kai with her caseworker, Sue said, "We're doing our best for Kai and although he doesn't often say it, I know he likes it here. You've only got to look at him to see how well he's going. He's a different kid and we're different too. It makes you feel life is really worthwhile when you can make a difference for a child like Kai".



Activity - Brainstorm

Ask participants:

- What were the gains made by Kai during his placement?
- What were the positive outcomes for Kai's mother and the carers because of this placement?

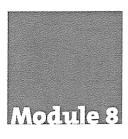
The story of Kai shows how Sue was able to make a longterm commitment to Kai and provide him with a permanent placement as well as maintain his connection to his family.

Ask the foster carer to share some of the positive outcomes for children they have cared for.

Robbie and Kai's stories show how they have travelled along a road, dealing with issues of Aboriginal identity, bonding and attachment, grief and loss and abuse. These things influenced their behaviour. We looked at the team which provided them with care, and started them on the process of developing trust.







The next step

The next step for participants is the assessment - looking at your own stories and the road you will travel. It will involve looking at your own experiences of bonding and attachment, grief and loss and abuse. It will also involve exploring how you work as part of a team and how you can help children heal and grow.

It is an exciting and challenging journey.

Explain to participants what happens next in their application to be a foster carer, should they decide to proceed.

8.3 Rewards of being a foster

Carer (20 minutes)

Emphasise that foster caring is not for everyone, but it is for some people.

List reasons why foster carers keep on with the job. Also found on page 100 of the *Participant's Workbook*.

What foster carers say:

- "I want to make a difference in a child's life".
- "We're helping kids keep their Aboriginal connections and identity".
- "Don't want another Stolen Generation".
- "It was good when he drew a picture of me, I knew he was beginning to feel safe with us."
- "It's given me a whole new perspective on how to be a parent."
- "I now know what's important in life".
- "I'm a different person now and I'm doing something for our children and our community".
- "Every child has a right to be safe and have a secure home."

Ask the foster carer to comment why they keep on with the job.

In order to assist carers to keep on with the job, remind participants that Aboriginal carers need a personal support network and the support of the Aboriginal community as discussed in Module 7.

Never think that you are alone!!!

Evaluation (10 minutes)

Get each person to complete an evaluation form from page 103 of the *Participant's Workbook*. Some people may take longer than others, so when the majority seem to be finished, invite further comments and discussion, however ask people to make sure it's completed and handed in before they leave.

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8.4 Closure (15 minutes)

Activity - Work in pairs

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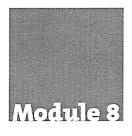
Ask participants to discuss in pairs:

- One discovery they have made in this training
- One thing they will do differently as a result of this course.

Share thoughts in big group.

Congratulate participants on completing the course and thank participants for their contribution to the group.





Observations from Training

Trainers to note any issues or observations about participants that may have become evident during the training session. The observations relate to the *Step by Step* competencies. A copy of this sheet should be incorporated in the evidence detailed in the *Step by Step* Assessment Record.

Make sure you photocopy this page for each participant as required.

Observation	Relevant competency

Note the following competencies for the *Step by Step* assessment of foster carers:

- A. Demonstrate personal readiness to become a foster carer.
- B. Work effectively as part of a team.
- C. Promote the positive development of children and young people in foster care.
- D. Provide a safe environment that is free of abuse.

Trainer's Guide Our Carers for Our Kids A guide for training Aboriginal people applying to become foster carers in NSW



Overhead masters

Overhead 1:	Course outline
Overhead 2 (A)&(B):	Cycles of disadvantage and empowerment
Overhead 3:	Issues in the child's story
Overhead 4:	Pathways and players in the foster care system.
Overhead 5	Isn't she lovely
Overhead 6:	Factors which may prevent the development of positive attachments
Overhead 7:	Common behaviours of children with poor attachment
Overhead 8:	Helping children with poor attachment
Overhead 9:	Confidentiality vs. Aboriginal grapevine
Overhead 10:	What is child abuse - types of child abuse
Overhead 11:	Why does child abuse happen?
Overhead 12:	How a child who has been abused may feel
Overhead 13:	Background to child sexual abuse
Overhead 14:	Children need relationships - predictable, trustworthy, and reliable
Overhead 15:	Grief process
Overhead 16:	The process of grieving
Overhead 17:	The needs of grieving children
Overhead 18:	Life Story
Overhead 19:	Understanding challenging behaviours
Overhead 20:	Managing challenging behaviour - Stop, Think, Respond.
Overhead 21:	Allegations against carers
Overhead 22:	Common circumstances of parents whose children are in care
Overhead 23:	Importance of contact between child and family
Overhead 24:	Players in a child's life

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OUT-OF-HOME CARE SERVICE MODEL

INTENSIVE FOSTER CARE

This service model has been developed by the NSW Department of Community Services in consultation with the non government sector. The paper describes the key elements of an intensive foster care service which are considered to reflect best practice. As such, the service model is not designed to be prescriptive but should be used as a guide to current service development priorities.

For Inquiries, please contact

Out of Home Care Policy Directorate NSW Department of Community Services (02) 9716 2222

INTENSIVE FOSTER CARE SERVICE

Summary

There are a number of children and young people in the out of home care system with complex and high support needs who require Intensive Foster Care services. These are services which offer a greater intensity of support than general foster care services.

This paper sets out the elements of quality intensive foster care services which include:

- High level assessment and ongoing mandatory training of foster carers;
- Targeted strategic recruitment campaigns;
- Access to intensive wraparound supports including specialist behaviour management services, counselling, health, education, mentoring and 24 hours crisis on-call support;
- Enhanced carer payments;
- Respite care options for carers; and
- Intensive case management.

1. Introduction

This paper describes the key components of an intensive foster care service for high needs children and young people. A range of intensive foster care programs in both Australian and overseas contexts were reviewed in developing the elements of the model for intensive foster care. Evidence suggests that intensive foster care is an option that should be considered for a sizeable number of children and young people with complex and high support needs.

2. Current situation

The growth of quality intensive foster care is a key priority for the NSW out of home care system, to ensure that DoCS can provide effective placements and supports to children and young people with high and complex needs. It is estimated that a significant proportion of these children and young people would be most suitably placed in intensive foster care.

3. Research

The main research resources relied on to develop this model are listed in the research bibliography at the end of this paper.

4. Definition of intensive foster care

Intensive foster care is a form of foster care specifically designed to meet the needs of children and young people assessed as having complex and high support needs, or for particular groups of children (like siblings) that together present a more complex caring role, or for children and young people at critical phases in their development. Caring for such children and young people within a foster home environment can be extremely challenging, and the level of support and training, and remuneration that needs to be offered to carers to assist them and provide them with recognition for their role is higher than in the more standard forms of foster care. Children and young people in intensive foster care are provided with intensive case management, by caseworkers who have a capped caseload, which will usually involve the coordination of a range of services and interventions that have been identified through a comprehensive process of assessment and review.

5. Aims of intensive foster care

Intensive foster care aims to:

- provide home-based placements for children and young people with complex and high support needs;
- specifically recruit, assess, train and intensively support carers to become integral members of the casework team involved in implementing strategies set out in the case plan for the child or young person; and
- provide an intensive case management service that delivers a coordinated, individualised plan of intervention based on the assessed needs of the child or young person in placement.

6. Outcomes of intensive foster care

The expected outcomes of intensive foster care include:

- recruitment of an adequately trained and supported pool of specialist carers able to competently provide care for children and young people with high support needs;
- retention of carers to minimise placement disruption and provide a range of placement options;
- matching children and young people with carers who are competent to meet their needs and are culturally and linguistically appropriate;
- recruitment of an adequately trained and supported pool of authorised carers able to competently meet the cultural and linguistic needs of children and young people in care
- a case planning process in which social, emotional, educational and health domains of children and young people are addressed;
- provision of care and support that meets the high and complex needs of children and young people;
- achievement of case plan goals through a coordinated, multi-disciplinary case planning and case management process;
- improvement in placement stability through provision of effective and timely, intensive, support to placements and the additional services that may be required by children, young people and foster carers.
- participation of the child, young person, their family and carers in decision-making is facilitated; and
- efficient management and delivery of services.

7. Key components of an intensive foster care service

Intensive foster care aims to deliver a coordinated plan of casework and therapeutic intervention within a community based environment for children and young people with high support needs. These placements will be characterised by:

- Carers who are specifically recruited and provided with comprehensive training to equip them to effectively respond to the needs and manage the behaviour of children and young people placed with them;
- Carers either retaining the status of volunteers or engaged as self employed contractors (both options are current practice);
- Agreement by carers that they will have only one child placed with them at any one time¹;
- Agreement by carers that they will be available to provide direct support and supervision to the child or young person in their care on a daily basis, and to attend case planning and other meetings/appointments related to the child/young person;
- The active involvement of carers in the development and implementation of the case plan for the child/young person, so that they will become, in effect, key members of the casework team for the child/young person;
- Intensive caseworker support to carers by way of frequent and regular home visits and telephone contact;
- Availability of after hours on call and call out support in the event of crises;
- Regular, planned respite care for carers and children/young people; and
- Intensive case management of the child or young person in placement.

A range of placements are required to meet the individual needs of children and young people. The type of placement that best matches needs will be determined through comprehensive assessment.

Intensive foster carers should be recruited to provide the following placements:

Bridging (medium-term) placements: These focus on stabilising and preparing the child/young person for permanent placement, either within or outside their family network. For example, these placements may be used when the case plan goal indicates a move towards independent living, or restoration to the family network, or when the child/young person is subject to a time-limited Court order. The placement is designed to assist the child or young person through a package of individualised supports and services to meet assessed needs and stabilise the range of supports and interventions offered, such as behaviour management programs, access to mental health services, etc. It is envisaged that these placements will be time limited, ranging from 6 months to 24 months or longer, depending on the specific needs and case plan goals of the child/young person.

¹ There may be occasions when siblings may be placed together in an intensive foster care placement, but there would need to be a careful assessment of the capacity of the carer to adequately meet the needs of **all** the children in the sibling group, not just the child or young person identified as having the most significant problems. There may also need to be flexibility around this requirement for Aboriginal intensive foster carers due to the fluid and sometimes informal living and support arrangements in many Aboriginal families and communities.

- **Respite care placements:** Regular, planned respite care needs to be provided by a pool of specifically recruited carers. Occasions may arise when these placements could be used as short term crisis placements for children and young people in intensive foster care and for children in general foster care and relative and kinship care placements.
- Assessment (short term) placements: Placements, generally up to 3 months duration, in which a comprehensive needs assessment and child/carer matching process can occur.

8. Management and staffing

Services are responsible for recruiting appropriate skilled and experienced staff and for providing effective staff management and supervision that facilitate stable placements to ensure the safety and well being of children and young people in their care.

9. Recruitment, assessment, training, retention and support of carers

9.1 Recruitment of carers

The Intensive Foster Care service will develop strategies to recruit carers, specifically undertaking community placements to meet the needs of the target group, considering the need to:

- target couples or individuals with the competencies to effectively care for and support children and young people with complex and/or high support needs, such as challenging behaviour, disability, mental health or drug and alcohol issues, or serious risk or self-harm or harm to others, or who are part of a sibling group in care.
- recruit carers whose own children are either no longer living at home or are considerably older than the target group of children and young people;
- recruit carers who undertake not to accept placement of other children and young people for the duration of the placement made by the intensive foster care service;
- recruit carers who understand that one adult needs to be readily available at all times to supervise the child or young person, attend meetings and appointments in relation to the child or young person in their care, and may need to ensure that their hours of employment allow them to fulfil this obligation;
- target carers from relevant backgrounds and with the competencies to meet the diverse needs of children and young people requiring placement. Diversity of backgrounds and competencies should include those relevant to children and young people of Aboriginal and diverse cultural, linguistic and religious backgrounds. Specific strategies may need to be developed to recruit these carers; and

• meet the identified number of placements within the geographical areas.

9.2 Assessment and authorisation of carers

The Intensive Foster Care service will:

- undertake thorough assessments of prospective intensive foster carers, utilising, but not limited by, an assessment format such as the *Step by Step* assessment package that focuses on carers' competencies.² More detailed attention should be given to assessing particular competencies. These include: managing challenging behaviour; communicating with troubled children and adolescents; the capacity to work as part of a team alongside other professionals; and managing crisis and stress;
- ensure that prospective intensive foster carers undergo full employment screening under Part 7 of the *Commission or Children and Young People Act* 1998 prior to authorisation; and
- authorise foster carers in accordance with the *Children and Young Persons (Care and Protection) Act 1998* and the *Children and Young Persons (Care and Protection) Regulation 2000.*

9.3 Training of carers

The Intensive Foster Care service will:

- conduct entry level training in accordance with, but not limited to, the Shared Stories, Shared Lives Training Package for Prospective Foster Carers³, or the Step by Step Aboriginal Assessment tool supplemented by more detailed information and training in areas such as managing challenging behaviour, nonviolent crisis intervention, stress management;
- provide carers with information and training about the guidelines relating to abuse in care allegations;
- provide mandatory ongoing training for intensive foster carers to consolidate and extend carer knowledge and skills and promote carer well-being; and
- provide training on culturally appropriate care and cross cultural communication for children from Culturally and Linguistically Diverse backgrounds and Indigenous children and young people.

9.4 Establish placements

The Intensive Foster Care service will:

 develop and implement intake and assessment processes that facilitate the matching of children and young people with suitable carers, and promote the successful establishment of the placement;

² Hayden, P. & Mulroney, L. (2003) *Step by Step – A competency based resource for assessing potential foster carers*. Produced by the Centre for Community Welfare Training as a project of the Association of Childrens Welfare Agencies

³ Hayden, P., Mulroney, L. & Barnes, M. (2000) Shared Stories, Shared Lives

9.5 Support and supervision of carers

The Intensive Foster Care service will:

- provide regular support for carers by way of home visits as required, and frequent telephone contact. The level of caseworker contact should be responsive to issues and concerns that arise throughout the duration of the placement;
- provide additional support and services to carers during critical phases which may arise from issues relating to the child/young person in their care or from issues within their own family;
- provide support to carers through the process that occurs following abuse in care allegations, at the same time ensuring the well-being of the child or young person;
- provide, or make arrangements for the provision of specialist support and advice to carers to assist them in their role (e.g. support from a psychologist, speech pathologist, medical specialist). This may reduce over the course of the placement;
- provide a 24 hour on-call and call-out crisis advisory service for carers;
- assist carers to develop peer support/network groups;
- ensure that carers receive regular planned respite care;
- conduct reviews of intensive foster carers' strengths and needs at least every 3 months, and at other times when circumstances within the carers' household change; and
- monitor intensive foster carers' compliance with the Code of Conduct for Authorised Carers, Children and Young Persons (Care and Protection) Regulation 2000.

10. Provision of intensive case management to high needs children and young people

Key elements of intensive case management include:

- working in collaboration with other government agencies, relevant professionals, carers, children, young people, families and appropriate cultural and community representatives to ensure a thorough needs assessment is undertaken and all relevant parties are involved in case planning;
- participating in the case planning process and implementing the case plan;
- coordinating services to best meet the developmental, health, educational, social and behavioural needs of children and young people in foster care and assisting them in developing their full potential to lead fulfilled, responsible and independent lives;

NSW.0057.001.0122

- regularly monitoring placements and reviewing case plans to ensure that plans remain relevant to the child or young person's best interests (in accordance with the *Children and Young Persons (Care and Protection) Act 1998*⁴);
- undertaking casework and supervision practices with children, young people, families and carers that aim to reduce the number of unplanned placement changes;
- ensuring all placement related processes are planned and structured to facilitate a smooth transition from one placement to another and to support children, young people, families and carers;
- planning for and providing additional supports and services during critical transition stages. Such stages include the period immediately before or following a placement change, placement disruption, contact with birth families, return home, or move to independence, children entering adolescence and major life events in foster carer's family;
- working collaboratively with other agencies to ensure children and young people receive the services and supports required to meet their needs while in care;
 - facilitating access to primary and preventative health care services for each child and young person;
 - ensuring a child or young person's educational needs are met, either through mainstream schooling or alternative educational programs as appropriate and necessary to meet the needs and circumstances of the child or young person;
 - encouraging children and young people to be actively involved in community activities. This may include school, recreational, sporting, religious and cultural activities as well as any special interests;
- implementing the cultural placement principles of the *Children and Young Persons (Care and Protection) Act 1998.* This includes the principles relating to culture, language, religion and other components of diversity, and the Aboriginal and Torres Strait Islander principles of self-determination, participation and placement⁵;
- actively promoting and supporting children and young people in maintaining and developing important and significant relationships, including sibling relationships and friendships, while they are in foster care⁶;
- facilitating contact arrangements with family members, siblings and other significant people as outlined in the case plan in order to promote the maintenance of identity, culture and religion and to meet the identified needs of children and young people;
- undertaking activities that support the child or young person in maintaining their identity through, for example, regular life story work;
- maintaining comprehensive care records and ensure the content accurately reflects the reasons why the child or young person entered into care and their life history and achievements during their period in care ;

⁴ Chapter 8, Part 2, s.150 (1) – (4) of the *Children and Young Persons (Care and Protection) Act* 1998 requires that placements be reviewed by the designated agency supervising the placement of the child or young person in out-of-home care. The review is to be undertaken for children and young persons in out-of-home care effected by a Children's Court order within timeframes specified by s150(2) (a) and (b) of the Act and/or when there are changes to the circumstances of the placement (s.150 (2) (c) and (d) of the Act).

⁵ Sections 9 (c), 9 (e) 11,12, and 13 of the *Children and Young Person's (Care and Protection) Act* 1998 ⁶ Where consistent with the case plan, and safe to do so, siblings should be placed together.

NSW.0057.001.0123

- providing timely and relevant services and support to care leavers moving back home to prevent re-entry into care; and
- arranging or providing timely and appropriate aftercare services for young people living independently

11. Participation of children, young people, families and carers

Intensive foster care services will:

- conduct genuine, ongoing consultation and facilitate participation of children, young people, and their families in the making of decisions that affect them;
- provide children, young people and their families with information (in a manner and language that they can understand) which facilitates their participation; and
- conduct genuine, ongoing consultation and facilitate participation of carers in decision-making processes.

12. Promoting the rights of children, young people and families

Intensive foster care services will:

- inform children, young people, their families and foster carers of their rights (in a manner which is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the *Children and Young Persons (Care and Protection) Act 1998* and information about complaint and appeals processes;
- provide all children and young people with the *Charter of Rights* and ensure the agency advances and complies with the Charter;
- ensure that the privacy of children, young people and their families is respected, confidentiality is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*; and
- have policies and procedures in place to appropriately process complaints and appeals by children, young people and their families within clearly stated timeframes.

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A guide for foster, relative and kinship carers If you don't read English, ask your caseworker for help to understand this document.

Arabic

إذا كنت لا تقرأ اللغة الإنكليزية، اطلب المساعدة من الموظف المسؤول عن قضيتك لفهم هذه المطبوعة.

Bengali

আপনি যদি ইংরেজী পড়তে না পারেন, তাহলে আপনার কেসওয়ার্কারকে এই প্রকাশনাটি বুঝতে সাহায্য করার জন্য অনুরোধ করুন।

Chinese

如果您不懂英語,請要求您的個 案工作者協助您瞭解本文件。

Croatian

Ako ne čitate engleski, obratite se menadžeru za svoj slučaj da Vam pomogne razumjeti ovaj tekst.

Dari

اگر انگلیسی خوانده نمیتوانید از کارمند مسئول کار خود برای فهمیدن این نوشته کمک بخواهید.

Dinka

Të cin thon linlith ye lëu në kuɛn, ke yï thiec kuɔny tenë ran dun eyin kony ku ba yen ewaraŋ cï gɔɔrë dëëtic.

Farsi

اگر نمی توانید این مطالب را به انگلیسی بخوانید، از مددکار امورتان برای درک آن کمک بگیرید.

Greek

Αν δεν διαβάζετε Αγγλικά, ζητήστε από τον συντονιστή φροντίδας σας να σας βοηθήσει να καταλάβετε αυτό το έγγραφο.

Korean 본 문서를 영어로 읽기 어려우시 면 담당 복지사에게 도움을 요청 하십시오.

Macedonian

Ако не можете да читате на англиски јазик, замолете го службеникот што работи на вашиот случај да ви помогне да го разберете овој документ.

Samoan

Afai e le mafai ona e faitau i le Igilisi, fesili i le tagata o loo vaaia sau galuega mo se fesoasoani ia e malamalama ai i lenei tusitusiga.

Spanish

Si usted no sabe leer inglés, pídale ayuda al encargado de su caso para comprender esta publicación.

Swahili

Ikiwa huwezi kusoma Kiingereza, afadhali uombe msaada kwa mtumishi anayekuhudumia ili uelewe chapisho hili.

Tamil

உங்களால் ஆங்கிலம் வாசிக்க முடியாவிட்டால், இப்பிரசுரத்தை விளங்க உங்கள் விவகாரப் பணியாளரின் (caseworker) உதவியை நாடுங்கள்.

Tongan

Kapau 'oku 'ikai te ke lava 'o lau faka-Pilitania, pea ke kole ki he 'ofisa 'oku ne tokanga'i koe' ha tokoni ke ke mahino'i 'a e tohi ni.

Turkish

Eğer İngilizce okuyamıyorsanız, bu belgeyi anlamak için işinizi yürüten görevliden yardım isteyiniz.

Vietnamese

Nếu quý vị không đọc được tiếng Anh, hãy nhờ nhân viên xã hội giúp quý vị hiểu tài liệu này nói gì.

Caring for kids

A guide for foster, relative and kinship carers







ISBN: 978-1-74190-126-9 June 2011

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www.community.nsw.gov.au

About this guide

Carers are the backbone of the out-of-home care system in NSW. Community Services acknowledges the invaluable role you play in providing love and stability to vulnerable children and young people.

Children tend to reach their fullest potential when they grow up in a loving, nurturing environment. When parents are unable to provide this care, it is other family members and foster carers who meet this need.

As an authorised carer, you provide vulnerable children and young people with the help and support they need for their healthy development. This guide aims to support you in this role. It has been developed for Community Services foster, relative and kinship carers of children who are in out-of-home care as a result of an order of the Children's Court. However, non-government agency carers and those caring for children with no court order may also find it useful.

In this guide, you'll find important legal, policy and practical information, including:

- goals of out-of-home care
- support and assistance available to you, including financial help and Australian Government payments
- information to help you with day-to-day care, including health, education, legal issues and behaviour management
- everyone's rights, roles and responsibilities
- how we can work together to provide the best care
- specific information about caring for children and young people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds.

We hope you find this guide a useful resource and encourage you to contact your agency if you need further support or assistance.



While this guide tries to cover as many areas as possible, it doesn't have answers to every question. If you still have questions after consulting it, please contact your caseworker for advice. This guide has been developed in consultation with the Association of Children's Welfare Agencies (ACWA), the Foster Parents Support Network (FPSN), the Aboriginal Child, Family and Community Care State Secretariat (AbSec), Connecting Carers NSW and the Council on the Ageing NSW (COTA NSW).

Please note that the information in this guide is current at time of printing.

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Section 1. Out-of-home care in NSW

Children and young people are sometimes not able to live safely at home. This may be because they've experienced significant harm, are at risk of abuse, or their families can't care for them because of disability, drug and alcohol abuse, domestic violence or mental illness.

This section sets out how out-of-home care operates in NSW and explains processes in the Children's Court and the rights of everyone directly involved in the care of a child.

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Out-of-home care in NSW

Philosophy of care

Out-of-home care aims to provide care in a family-like or personalised setting for children and young people who can't live at home, while keeping the ties they already have with their family and community.

Key goals for out-of-home care in NSW are that children and young people are:

- safe and developing optimally in a stable environment
- successfully returned to their parents where possible
- in a safe and stable placement well matched to their needs.

Key principles of out-of-home care are:

- · permanency for children as early as possible
- maintaining cultural identity and connections with family and community
- participation of children and young people in decision-making about their lives
- supporting carers to care for children and young people.

Under the *Children and Young Persons (Care and Protection) Act 1998* there are three types of out-of-home care arrangements.

Types of care arrangements

Statutory care – when the Children's Court has made an order requiring a child or young person to live with a person who is not their parent in a place which is not their parental home, for a period in excess of 14 days or if the child is a protected person. It does not include care provided by a relative unless the Minister has parental responsibility. A protected person for the purposes of the Act includes a child who is a ward of the Supreme Court, a child who is under the parental responsibility of the Director-General while awaiting adoption or a child for whom the Minister has parental responsibility under the *Family Law Act 1975*.



Definitions

Supported care – when the Director-General forms the opinion that a child or young person is in need of care and protection and that care is arranged and supported by the Director-General. It includes temporary care and other supported out-of-home care. Temporary care is where the family is supported to resolve issues concerning the child or young person's safety, welfare and wellbeing. Other supported out-of-home care is where an assessment by the Director-General determines that the child is in need of care and protection.

Voluntary care – when arrangements are made by parents with an agency that generally does not involve Community Services.



Placement types

Relative and kinship care

Children are placed in the home of relatives or kin who are their authorised carers. Most children and young people in out-of-home care are placed in this type of care.

Foster care

Children are placed in a family setting with non-related authorised carers. The carer's own children may be living there too.

Residential care

Supported family group homes or short-term therapeutic residential settings.

When Aboriginal and Torres Strait Islander children and young people come into out-of-home care they must be placed according to the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles.

2. Court processes

The NSW Children and Young Persons (Care and Protection) Act 1998 gives the Children's Court the authority to make a variety of orders about the care and protection of a child or young person.

Community Services is responsible for presenting matters to the Children's Court whether you're with Community Services or a non-government agency. Community Services caseworkers prepare documents for the hearing. This may include the development of a care plan, which outlines background information about the child or young person and a plan for placement while in care. You're generally not given copies of these reports unless you're a party to court proceedings. However, your caseworker will provide you with information and updates.

You may ask to be party to the court proceedings or may be requested by the court to be involved. This usually happens when you have had care of the child or young person for some time, or if you ask to be heard by the court about a matter that significantly affects you or your family.

The court process can be complex, time-consuming, unsettling and stressful for all involved. Children and young people may be included in hearings and meet or speak with their legal representative, who is appointed to seek their views and represent their interests.

Generally, children over 12 years of age are presumed capable of giving proper legal instructions to their legal representative. Children under 12 years of age are presumed incapable of giving proper instructions. A legal representative for a child may apply to the Children's Court to rebut the assumptions about the child's capacity to give proper legal instructions.

The caseworker will spend time preparing the child or young person for their court attendance. They'll also explain the outcome of the proceedings to you and the child. Sometimes the child or young person may not fully understand the outcome or decisions and may have more questions. Please raise any such concerns with your caseworker so they can thoroughly explain the decisions made by the court.

The child or young person may need a lot of support from their carers. You may be asked to attend court as a support person. Carers are generally not required to give evidence at court. If you need to do so, your caseworker can support you during the process.

Types of orders include:

assessment orders, interim care orders, supervision orders, orders allocating parental responsibility, orders prohibiting an act by a person with parental responsibility, contact orders, orders for provision of support services, orders to attend therapeutic or treatment programs, and variation and rescission of orders.

As a carer, you can expect:

- any information you provide to be considered where relevant to the court process
- to be informed of how and when the child or young person will be involved in the court process, the dates the matter is being heard at court and any outcomes in the court matter
- to be provided with a copy of the final court order concerning the child

 this information must be treated as confidential.

. Rights

Children, young people, their parents and carers have certain basic rights and things that they can reasonably expect under the law. Each person's rights are important. However, it's occasionally necessary to balance one person's rights and expectations with another's, which can be challenging for all involved.

Children and young people's rights

You play a vital role in promoting and protecting the rights of the child or young person in your care. With your help, they can learn what their rights are and how to stand up for them.

Children and young people in care have the right to:

- their own beliefs and way of life
- be treated fairly and with respect
- have contact with their family and community
- do things they enjoy
- take part in making important decisions affecting their life.

Caseworkers and carers must support these rights.

There is a *Charter of Rights* that outlines the general rights of every child or young person in care in NSW. Your child should have a copy of the charter. If they don't, contact your foster care agency to request a copy.

Copies of the charter are also available on the Community Services website www.community.nsw.gov.au/charter.

Parents' rights

While parents may not be responsible for the day-to-day care of their child, they're still the child's parent and retain certain legal rights. This includes the right to:

- be kept informed of the whereabouts of their child, unless Community Services believes this information will endanger the safety and wellbeing of the child, their carer or their carer's family
- be informed of their child's progress and development during the placement and be given information about the placement, including information about the carers
- seek assistance from Community Services to access services that will enable their child to return to the care of their family, if this is appropriate.



Your rights

As an authorised carer, you are one of the most important people in the child's life. You have rights too, including to:

- be treated fairly and with respect
- be given information about the child or young person in order for you to decide whether you can accept the placement
- say 'no' to a proposed placement
- participate in the decision-making process
- make certain decisions regarding the day-to-day care and control of the child or young person
- be informed about the process for having agency decisions reviewed and making a complaint
- be paid an allowance to address the needs of the child
- have an annual review to identify your strengths and areas where skill development may be necessary, and be given training opportunities
- have regular contact with your caseworker to support you and your family during a placement
- receive information about services that can support you in your role as a carer and help with accessing these services
- access any records relating to your role as a carer, such as your assessment report and approval as an authorised carer
- be compensated, in some circumstances, if the child or young person causes deliberate or accidental loss or damage to property or personal injury
- apply for sole parental responsibility after two years of continuous care with the consent of the parents/person who had responsibility for the child prior to them coming into care.



As an authorised carer, you have the right to receive information about services that can support you in your role as a carer and help with accessing these services.

Section 2. Support for carers

Caring for vulnerable children and young people in out-of-home care is both challenging and rewarding. The NSW Government and non-government foster care agencies recognise the enormous value of the work carers do, and we're committed to supporting you in your role.

There are a number of ways government and non-government agencies support carers, including financial assistance (NSW and Australian governments) and non-financial supports.

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Financial assistance

This section covers financial assistance provided by Community Services for children in statutory care and supported care. It includes:

- statutory care allowance
- supported care allowance
- additional financial help
- establishment payments
- children and young people who move interstate
- back payments
- overpayments
- compensation for loss or damage
- post-adoption allowance.

For information about other family assistance payments, concessions and rebates that may be available through the Australian Government to carers and grandparents who have parenting responsibilities, see Australian Government assistance in this guide.

Statutory care allowance

A fortnightly payment is provided for each child under 18 years of age in statutory care who lives with you. The amount may vary depending on the child's age and any special care needs.

Supported care allowance

A fortnightly payment paid to eligible relative and kinship carers for children in their care. The supported care allowance may only be paid if an assessment by Community Services determines a child or young person to be 'in need of care and protection'. These children or young people are unable to safely remain with their parents. The carer must be authorised.

The statutory care allowance or supported care allowance should cover the child or young person's day-to-day expenses, such as:

food

- clothing & footwear
- daily travel

holidays

suitable car restraints

gifts

- household provisions & costs general educational expenses
- hobbies & activities

pocket money

- general medical expenses
- general pharmaceutical costs.



Foster, relative and kinship carers are volunteers, so they're not paid a wage. The care allowance is provided by the NSW Government to help address the costs of caring for a child. Centrelink, the Australian Taxation Office (ATO) and financial institutions don't count this allowance as income.

Note: While you are expected to use the care allowance to cover dayto-day costs you don't have to keep receipts to show Community Services how you spend the allowance.

In most cases, payment of the care allowance is reviewed annually to make sure the most appropriate allowance is provided. It's also reviewed whenever there's a change in the child's circumstances or placement.

If the child or young person is in temporary care, the allowance is reviewed at least every three months. If they're in an intensive foster care placement, it's reviewed monthly.

Extra financial help

Sometimes the child in your care may need services or items that cost more than the care allowance covers. You may be able to get help with these expenses through 'contingency payments'.

Examples of what contingency payments may cover include:

- family contact
- child care
- tutoring
- ongoing dental services
- optical services
- professional therapy
- respite
- additional travel
- establishment costs
- maintaining culture and identity.

Please keep all the receipts for an approved expense so you can be properly reimbursed.

Before spending any money you want to be reimbursed for, you must talk to your caseworker about why the expense is necessary, get their approval and make sure the expense is included in the child's approved case plan.

Establishment payments

If you need help with the cost of buying essential items for a child when they first come to live with you, ask your caseworker about placement establishment payments. Items that may be covered include: clothing and footwear, nappies and formula, personal items, school uniforms, bedroom furniture, bed linen, baby capsules and car booster seats.

There are three types of establishment payments:

 establishment crisis payment – \$75 may be provided when a child or young person is placed in an emergency placement (this does not include respite arrangements).

Any item bought with any type of establishment payment belongs to the child or young person and should go with the child, where practical, if they leave your care.

- establishment short-term payment up to \$350 may be provided to help pay for initial items the child needs that are identified within the first two weeks of a short-term placement of up to six months.
- establishment long-term payment up to \$1,400 may be provided to assist with the cost of items needed by a child or young person in a long-term placement of more than six months.

Note: None of these payments is automatic. Your caseworker's approval is needed before spending on establishment items. If approved, you'll need to get an invoice from the service provider, and your caseworker can arrange for direct payment to them. Your caseworker can only reimburse you based on a receipt in **exceptional circumstances** where it's not possible to pay the service provider directly.

Payments for children and young people who move interstate

You need to get Community Services approval if you decide to move to another state or territory and wish to take the child or young person with you. If Community Services approves the move, you may continue to get the care allowance for up to three months after moving. Any payment after this time is at the discretion of Community Services.

Back payments

From time to time, a carer may not receive an allowance or get the correct amount. If your care allowance stops unexpectedly or you believe you're not getting the right amount, speak to your caseworker. They'll organise a back payment for any amount owing.

Overpayments

Occasionally an overpayment of an allowance is made. This can happen when a child's placement ends. Overpayments have to be paid back to Community Services, so please let your caseworker know as soon as possible if you think you've been overpaid.

Repayment options include:

- sending Community Services a cheque for the amount
- having an agreed amount deducted from future payments if you're still getting an allowance for a child in your care
- repaying the amount over an agreed period of time.





Compensation for loss or damage

If you don't have insurance, you can claim from Community Services for any loss, property damage or injury caused by the child or young person in your care. Contact your caseworker as soon as possible after the incident so appropriate action can be taken.

Your caseworker will explain the information and documents needed to support your claim. They'll discuss any insurance matters that relate to the claim and explain what happens after you have lodged it.

> If you don't have insurance, you can claim from Community Services for any loss, property damage or injury caused by the child or young person in your care.

5. Australian Government assistance

Depending on your circumstances, you may be eligible for support from Centrelink and the Family Assistance Office which deliver a range of Australian Government benefits and concessions to the general community. The main ones that may be available to you as a carer of a child in out-of-home care are summarised in this section.

For information about the full range of Australian Government help available, including payment rates and eligibility criteria, check the:

- Centrelink website www.centrelink.gov.au, call Centrelink on 13 6150, or visit a Centrelink Customer Service Centre
- Family Assistance Office website www.familyassist.gov.au or call 13 6150.

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ABSTUDY

Assistance for isolated children

Baby bonus

Items that are purchased for the child with the baby bonus, such as a cot, pram, clothes and toys, stay with the child if the placement ends.

Carer allowance

Child Care Benefit



- ABSTUDY At 1 January of the year of study, you may be able to claim ABSTUDY assistance if you are caring for an Aboriginal student aged between 14 and 16 years. It includes either:
 - school fees and term allowances if you get a pension or allowance from Centrelink or Veterans' Affairs, a Community Development Employment Project wage, or have a Health Care Card
 - boarding, school fees (tuition), fares allowance and rent assistance, if the student has to live away from home to attend secondary school. The boarding and part of the school fees allowance are means tested.

Assistance for isolated children Assistance for a child or young person who can't go to a state school because they live too far away. You can still claim the Family Tax Benefit. It includes:

- basic boarding allowance if the student has to board away from home to study
- second home allowance if your family has to have a second home so the student can go to school
- distance education allowance and supplement if the student is studying full-time through distance education.

Baby bonus Paid through the Family Assistance Office to help with the costs of a newborn baby or adopted child. Carers have 52 weeks from the birth of the child to lodge a claim. Paid in 13 fortnightly instalments over a six-month period. Note that:

- your family must have a combined adjusted taxable income of \$75,000 or less in the six months following the placement
- you must have taken care of the child within 26 weeks from their date of birth and be likely to continue caring for them for no less than 26 weeks.

Carer allowance (caring for a child under 16 years) Additional financial support may be provided to carers caring for a child with a disability. Contact Centrelink for further information.

Child Care Benefit Assists with the cost of approved child care including long day care, family day care, occasional care, outside school hours care, vacation care, in-home and registered care.

You may be eligible for up to 50 hours of Child Care Benefit for approved child care per week if you and your partner must undertake work or work-related activities, such as training or studying for at least 15 hours per week. You may be exempt from the work/training/study test.

As long as child care is part of the child's approved case plan,

you can claim the Child Care Benefit. You must complete and lodge a claim form at any Family Assistance Office, located at Centrelink customer service centres and Medicare offices, or by using their online services. If you receive the Family Tax Benefit as a fortnightly payment, you can lodge a claim for Child Care Benefit by calling 13 6150. If you are eligible for the Child Care Benefit, it's paid directly to the child care service and this in turn reduces the child care fees.

Grandparent carers may be entitled to extra assistance with the costs of approved child care. The work/training/study test is waived for eligible grandparents. You may also be eligible for the Grandparent Child Care Benefit if you receive an income support payment such as a pension from Centrelink. This covers the full cost of approved child care for up to 50 hours for each child each week. In certain circumstances, you may be eligible for more than 50 hours of care. Contact Centrelink for further information.

Also see Support for carers – child care in this guide.

Child Care Rebate (CCR) Assists parents and carers who are working, studying or training with out-of-pocket child care costs. This is paid in addition to the Child Care Benefit and is not income tested.

To get the Child Care Rebate, you have to lodge a claim for the Child Care Benefit. Even if your income is too high to qualify for the benefit, you may be eligible for the Child Care Rebate. Any rebate you receive should go towards the cost of approved child care.

Carers receiving CCR for a child in their care should choose for it to be paid directly to the approved child care service on a fortnightly basis, as reduced fees.

Education tax refund You may be able to claim up to 50 per cent of certain education expenses for a child or young person in school when completing your tax return if you received Family Tax Benefit Part A for the child in your care. Types of expenses that can be claimed include:

- laptops, home computers, computer equipment aids for students with special needs, repair and running costs, printers and paper
- home internet connection
- education software
- school textbooks and stationary
- prescribed trade tools.

For more information, visit the Australian Taxation Office (ATO) website www.ato.gov.au.



Child Care Rebate

Education tax refund

Family Tax Benefit

Grandparent Child Care Benefit

Health Care Card



Family Tax Benefit An income-tested payment to help with the cost of raising children. It is made up of: Family Tax Benefit Part A and Family Tax Benefit Part B.

These payments are based on your family's income over a full financial year. The amount you can get depends on your actual annual income. If you choose to receive these payments fortnightly, rather than annually, the amount paid will be based on an estimate of annual family income.

- **Grandparent Child Care Benefit (GCCB)** Is available to eligible grandparents caring for their grandchild and who receive an income support payment, such as a pension from Centrelink. GCCB covers the full cost of child care for up to 50 hours for each child in approved care each week. In certain circumstances you may be able to get GCCB for more than 50 hours per week.
- **Health Care Card** A Health Care Card entitles you to cheaper medicines under the Pharmaceutical Benefits Scheme (PBS) and various concessions from the Australian Government. Children and young people in out-of-home care, whether they are living with a foster, relative or kinship carer may be eligible for a foster child Health Care Card. You don't need to be receiving a Family Tax Benefit for the child and it's not means tested. Concessions the child can get are:
 - cheaper prescription medicines
 - bulk-billed GP appointments (at the doctor's discretion)
 - reduced out-of-hospital medical expenses through the Medicare Safety Net
 - reduced TAFE fees.

If you're not claiming the Family Tax Benefit, you can apply for the card at Centrelink or online at www.centrelink.gov.au.

If you are eligible for the Family Tax Benefit, you can claim the card with the benefit or put in a separate claim form. If you wish to claim the Family Tax Benefit, as well as a Health Care Card for the child in your care, you need to call the Family Assistance Office on 13 6150 or go to their website at www.familyassist.gov.au.

When applying for the card you'll need to provide:

- the'Confirmation of Placement'letter from Community Services or relevant court order
- your birth certificate, passport or other proof of Australian residency
- proof of birth for the child or young person if not previously given to Centrelink OR documents proving their identity, such as a letter of introduction or identity verification from a relevant state agency.

Large family supplement An extra payment to help those with three or more children. If you get the Family Tax Benefit Part A for three or more children, this supplement will automatically be added to your payment.

Maternity immunisation allowance A non-income-tested payment to encourage parents and carers to immunise children. The Family Assistance Office automatically assesses your eligibility if you get the baby bonus. If you didn't get the baby bonus, you'll need to lodge a claim.

The allowance is paid in two separate amounts. The first is paid if the child is immunised between 18–24 months of age. You need to lodge your claim before the child's second birthday to get this amount. The second amount is paid if the child is fully immunised between four and five years of age. In this case, you need to lodge your claim before the child's fifth birthday.

Parenting payment Paid to the main carer of a child to help with the cost of caring for them. You may qualify for the parenting payment if:

- you are single and care for at least one child aged under eight years
- you have a partner and care for at least one child aged under six years
- you and your partner's (if you have one) income and assets are below a certain amount
- you meet residence requirements.

Large family supplement

Maternity immunisation allowance

Parenting payment

Work participation requirements exemption Work participation requirements exemption Authorised and active carers who get the parenting payment or Newstart allowance can apply for an exemption from Centrelink's part-time work participation requirements. This includes foster, or relative/ kinship and respite and emergency carers who care for children on an irregular basis.

Each June, Community Services mails a letter and 12-month Certificate of Eligibility for Exemption from Commonwealth Welfare to Work Reforms to all Community Services carers who have received either a statutory or supported care allowance within the past six months. If you are a non-government agency carer you need to request the certificate from your agency.

Let your local community services centre (CSC) know if you change your name or address so you receive your certificate.

You can use the certificate to apply for an exemption, however, Centrelink determines whether you're eligible based on your individual circumstances.

It's important to notify Centrelink if you were entitled to an exemption and your approval to be a carer is terminated or withdrawn. Failure to do so may result in penalties.



6. Carer supports

There are a range of non-financial supports we can provide to help you in your role as a carer. These include:

- Community Services carer support teams
- Community Services regional foster carer advisory groups
- carer support organisations
- carer support groups
- after-hours and crisis support
- interpreters
- respite care
- child care
- Community Services psychologist services
- training.

Community Services carer support teams

Community Services carer support caseworkers are specially trained to improve support to Community Services carers. Their key responsibilities are to:

- recruit, assess and train new carers
- support new long-term carers for the first 12 months
- provide ongoing training and support for existing carers
- support crisis, respite and short-term carers and manage their carer development plans
- provide information to carers before a placement begins.

Aboriginal foster care teams recruit, assess, train and support Aboriginal foster carers and match the needs of children with carers. Intensive support services (ISS) provide specialist casework services to children and young people in out-of-home care who have high needs.

Community Services regional foster carer advisory groups

Every Community Services region has a regional foster carer advisory group (RFCAG) made up of Community Services foster carer representatives and staff. These groups meet at least four times a year.



WWW

Community Services' website has a range of resources to support carers, including downloadable fact sheets, Fostering our Future magazine, information and advice, and publications you can order.

www.community.nsw.gov. au/fostercarer_resources Community Services carers can contact representatives of their local RFCAG to propose new ideas or raise issues. Contact your community services centre (CSC) or visit www. community.nsw.gov. au/advisory_groups for details about your local representatives and meeting dates. RFCAGs aim to improve local Community Services foster care services by:

- increasing carer participation in service delivery issues, including regional and local planning
- improving communication and cooperation between Community Services and carers
- enabling carers to have a say in how the regional or local Community Services foster care program runs
- providing an opportunity for carers and Community Services to work together to identify solutions to problems.

Information from the meetings is distributed to Community Services foster carers through RFCAG carer representatives, local support groups, training, forums and newsletters.

Carer support organisations

Community Services funds Connecting Carers NSW and the Aboriginal Statewide Foster Carer Support Service to provide free information and support to foster, relative and kinship carers across NSW.

Connecting Carers NSW

supports foster, relative and kinship carers by providing:

- a 24-hour support helpline
- advice, information, referral to other services and networks
- peer support activities and training.

P: 1300 794 653

www.connectingcarersnsw.com.au

Aboriginal Statewide Foster Carer Support Service

is a program of the Aboriginal Child, Family and Community Care State Secretariat (AbSec). It supports Aboriginal kinship carers, Aboriginal foster carers and non-Aboriginal carers caring for Aboriginal children, by providing:

- foster care advice line, carer support groups, network opportunities, regional and state seminars, training and a quarterly newsletter
- representation at local, regional and state levels
- register of Aboriginal foster and kinship carers
- advice to agencies about recruitment of Aboriginal foster carers
- annual Aboriginal foster care conferences.

P: 1800 888 698

www.absec.org.au

Foster Parents Support Network (FPSN)

supports foster and relative carers by providing:

- information about day-to-day issues relating to children in care
- ongoing training sessions for carers
- phone support
- support at meetings with your foster care agency
- one-day conference during Foster Care Week for carers and workers, forums and workshops
- assistance in the establishment of local carer support groups.

P: 1800 262 445 (24-hour freecall) www.fosterparentsupportnetwork.org.au

Council on the Ageing (COTA) NSW

offers a website that provides information to grandparent carers on a range of topics including legal matters, financial assistance, support groups and services. It also gives grandparents an opportunity to learn from the experiences of others by sharing their stories.

www.raisinggrandchildren.com.au

Carer support groups

Local carer support groups usually meet once a month. Carers can talk to other carers and share experiences, ideas and information. To find out about carer support groups in your area, contact your caseworker or one of the carer support organisations listed above.

Your caseworker can tell you if there is a carer support group in your area. If there isn't one, talk to your caseworker if you're interested in starting one. Alternatively, you can contact your carer support organisation.



Contact the Child Protection Helpline if:

- you're concerned for the child or young person's safety
- you don't know where they are
- the child or young person has run away (even if you know where they are)
- the child or young person has been detained by the police
- the child or young person hasn't returned from a contact visit when expected
- you need approval for medical or dental treatment.

After-hours and crisis support

For life threatening situations, call 000.

If something serious happens to the child or young person, call the Child Protection Helpline on 132 111 (TTY 1800 212 936 for hearing or speech impaired). For urgent matters, select the Helpline's serious and urgent or distressed line option. The Helpline is staffed 24 hours a day, seven days a week.

Connecting Carers NSW operates a 24-hour support helpline for general advice and support, call 1300 794 653.

Interpreters

Ask your caseworker for an interpreter if you're having difficulty understanding documents, speaking with staff and/or taking part in case meetings in English. They can organise a free interpreter who can come to the office, your home or help over the phone.

To contact your caseworker through an interpreter, call the Translating and Interpreting Service (TIS) on 131 450 and provide them with the name and phone number of the caseworker.

Respite care

There may be times when you need to take a short break from being a carer. Respite care provides carers with time-out from the demands of the parenting and caring role. It can be planned and regular or a one-off break that's for a few hours, days or weeks.

Talk to your caseworker about financial and other assistance available if you feel you need a break. Requests for respite services are assessed to determine the level of your and the child's need for it. All approved respite is recorded in the child's case plan.

Who can provide respite?

Respite can be provided by relatives, friends, neighbours, volunteers or authorised respite carers. Having the same person provide regular respite helps the child or young person to form meaningful relationships.

- Any person who looks after a child or young person in statutory care **occasionally**, for example babysitting or an overnight stay, **does not** need to be authorised.
- Any extended family member who looks after a child or young person for **regular**, or **frequent** respite care **does** have to be authorised.

Other respite options

Talk to your caseworker about other services or activities that may interest the child or young person while giving you much needed time out. Options include recreational camps, dance, drama, music, cooking, classes, team sports, child care, vacation care or after school care.

Child care

Child care services include preschool, long day care, vacation care, family day care and after school care. Quality child care can have a positive impact on a child's development, language, social skills and behaviour. It can also make it possible for you to take a needed break, work, study or attend training.

Community Services carers may be able to get help with the cost of child care.

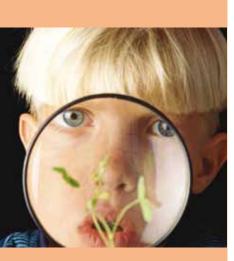
Community Services carers need a caseworker's approval for the child to attend an approved child care centre for a specified number of hours or days. Approval will be included in the child's case plan. You'll need to:

- apply for the Child Care Benefit and Child Care Rebate from Centrelink
- accept liability for the child care centre fees
- arrange to be directly invoiced by the centre
- lodge the completed application form with Centrelink
- provide your caseworker with a copy of the lodgement receipt.

Child care services include preschool, long day care, vacation care, family day care and after school care.



For more information about the Child Care Benefit and Child Care Rebate, see Australian Government assistance in this guide.



Your annual carer review is a good time to discuss training needs. Your caseworker will update your plan with training you've done, new training you may need and how you'll do it. Talk to your caseworker as soon as possible if you need training to deal with a particular situation or issue.

Community Services psychologist services

Community Services psychologists offer a range of services for children or young people in a Community Services placement and their carers. Services include:

- individual and group counselling
- therapeutic life story work
- discussion groups
- behaviour management programs
- parent training
- group programs for children on issues such as grief and loss, anxiety, social skills and being a foster child
- discussion groups for carers on issues such as caring for abused and neglected children, attachment and the role of foster carers.

Referrals to a Community Services psychologist are usually made by a caseworker or as a result of a psychological assessment. To find out more about getting a referral to these services speak to your caseworker.

Training

One of the main ways Community Services or your agency supports you in your role as an authorised carer is by providing access to ongoing training. If you are a Community Services carer, your carer support caseworker is responsible for developing your carer development plan with you when you first become a carer. This is to identify your training needs, interests and access to training opportunities.

Section 3. Roles & responsibilities

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7. Responsibilities

Carers

As a carer, you can expect to:

- receive support and information from your caseworker and other professionals to help you better care for the child placed with you
- be given necessary information (including medical details) about the child to enable you to make an informed decision about whether or not you accept a placement and can effectively care for them
- participate in decision-making processes in such a way that your opinions and your experience with the child are properly considered
- make certain day-to-day decisions about the care and control of the child
- be informed about decisions your agency makes and any other information that may have an impact on the care of the child.

Code of Conduct

You signed the *Code of Conduct for Authorised Carers* as part of the authorisation process. The code sets out the minimum standards for providing care you're required to meet. These standards cover:

- cleanliness, safety and state of repair of your home
- adequate furniture, furnishings and equipment
- swimming pool safety
- general care of children or young people
- sleeping arrangements
- study facilities
- required medical and dental treatment
- unreasonable duties a child or young person is not to perform
- discipline
- keeping animals
- placing the child or young person in another person's care.

Day-to-day responsibilities

Your general day-to-day responsibilities are to provide a caring home and experiences that meet the child's physical and emotional needs. This includes keeping their identity, assisting them to observe their religion (if any) and maintaining links with their cultural identity.





You're also responsible for making day-to-day decisions for the child as they arise and getting advice from your caseworker if you're unsure about what decisions you can make. For more information about the types of decisions you can make, see *Decision-making* in this guide.

Other important responsibilities include:

- attending meetings when required
- contributing to the development of the child's case plan
- assisting in achieving the goals identified and participating in case plan reviews
- maintaining health records and keeping school records, photos, awards and other records on the child's progress during your placement
- gathering material for the child's Life Story Book and helping them to keep it up to date
- keeping records if the child is injured or causes property damage or injury to others while in your home
- ensuring the child is familiar with their rights under the Charter of Rights and supporting them to exercise these rights.

To make sure you get the support you need, talk to your caseworker about any seminars or courses that may assist you and any training sessions offered. Also talk to them if you're having difficulty with the child's behaviour or dealing with other agencies involved with the child, such as their school or health services.

Throughout the placement, you have to keep your caseworker informed about the child's progress, behaviour and any disclosures of abuse made by the child. You also need to tell them or the Child Protection Helpline (132 111, 24 hours/7 days a week) of any critical event, such as the child has a serious injury, illness, or has gone missing, as soon as possible.

Changes in circumstances

If there are any changes in your circumstances that may affect the child, you need to let your caseworker know as soon as possible, such as if:

- you plan to move out of the area, interstate or overseas
- you've changed address
- you've changed your telephone number
- you have a baby
- you plan to go away on holiday
- someone has moved in with you
- a partner is moving out of the home

- someone in your home has a serious illness or you're having personal family problems
- someone in your household has been charged with or convicted of an offence.

Caseworker responsibilities

Community Services caseworkers are responsible for investigating and assessing reports of abuse or neglect. They also help support Community Services foster, relative and kinship carers who are looking after children who can't live safely with their parents.

The role of your caseworker is to:

- ensure placements are culturally appropriate
- provide information and ongoing training to assist you in your role
- lead the development, implementation and review of the child's case plan
- ensure you and other agency workers involved with the child contribute to the development and implementation of the case plan
- work with you and the child to ensure they understand their circumstances and their needs are being met in the placement
- listen to, record and respond to information provided by you and other agencies concerning the child
- provide timely responses to requests for financial and other support
- oversee contact between children, birth families and significant others.

Shared responsibilities

Effective communication and cooperation are key ingredients of successful placements. Community Services staff and carers have an agreed set of principles that guide how they communicate with each other. The agreement is called the *Partnership Agreement between Community Services and Carers*. The principles set out in the agreement are:

- respond promptly and courteously to each other
- contact each other to share information and feedback
- listen to and respect each other's views
- work together to resolve concerns
- work together to protect the confidentiality of sensitive and personal information.

Community Services carers can get an updated contact list of relevant workers or a copy of the communication process and escalation policy for your region. Just contact your local community services centre (CSC) or carer support team and ask for them.

8. Decision-making

Many different decisions need to be made when caring for a child or young person. If the child is in temporary care, their parents remain responsible for making many of these decisions. If parental responsibility has been allocated to the Minister, you as the child's carer are responsible for making most day-to-day decisions.

The table below outlines the types of decisions you may need to make when the court has allocated parental responsibility to either the Director-General or the Minister for Community Services. As you'll notice, some decisions require your caseworker's or agency's approval.

If you're unsure whether you can make a decision for a particular situation, contact your caseworker.

Who can make this decision?		
Decision type	Carer	Agency
After-school activities – give permission to attend after-school activities organised by the school	~	
Apprenticeship – enter an apprenticeship		\checkmark
Armed forces – enlisting in the armed forces		\checkmark
Assistance and support – coordinate the involvement of agencies/ services to meet the needs of the child, e.g. health, education, vocation or disability		~
Bail – paying bail		\checkmark
Before and after school care – unplanned or infrequent arrangement	\checkmark	
Before and after school care – any planned or frequent arrangement		\checkmark
Behaviour – day-to-day behaviour	\checkmark	
Behaviour management plan (agency) – develop plan		\checkmark
Behaviour management plan (agency) – approve behaviour management plan involving the use of psychotropic medications for the purpose of controlling behaviour		~
Camps – less than one week duration	\checkmark	
Camps – one week or longer		\checkmark

Who can make this decision?

Decision type	Carer	Agency
Celebrations (please keep the birth family in mind and arrange celebrations around contact visits)	~	
Change of school – when placement changes		\checkmark
Child minding – unplanned or infrequent arrangements	\checkmark	
Child minding – planned and frequent arrangements including formal child care		~
Contact – with birth family and significant others		\checkmark
Dental check-ups	\checkmark	
Driving lessons	\checkmark	
Enrol – in school	\checkmark	
 Enrolment/transfer to a new school make decisions regarding school enrolment, education and training provide school with information about the child or young person's history (where appropriate) and care arrangements, including current schooling arrangements and supports 		~
Haircut	\checkmark	
Hearing and eye tests – give permission for tests conducted at school	\checkmark	
High-risk activities – organised by school such as rock climbing or surfing		~
Holidays and travel – other than interstate (for more than one day) or overseas, which need agency approval (please inform caseworker of your plans so contact details can be recorded)	~	
Immunisation	\checkmark	
Information – share relevant information with school when appropriate	\checkmark	~
Life story work – prepare and help child with recording information	\checkmark	
Marriage		\checkmark
Media and public appearances where the out-of-home care status (e.g. child not referred to as 'foster child') and identity of a child is not revealed	~	

Decision type	Carer	Agency
Media and public appearances where the out-of-home care status and identity of the child is revealed		~
Medical emergency at school – first point of contact	\checkmark	
Medical/dental – general medical and dental treatment or checkups not requiring surgery or specialist treatment identified in case plan, e.g. treatment for asthma or diabetes	\checkmark	
Medication – administration of medication prescribed by a medical practitioner as well as some over-the-counter medicines	~	
Medication – approval of psychotropic medication (such as anti- depressants) if part of an approved behaviour management plan and prescribed by a doctor		\checkmark
Name change		\checkmark
Overnight stays – one-off social activities, sleepovers	\checkmark	
Overnight stays – frequent/planned overnight stays as social activities		\checkmark
Parent/teacher interviews	\checkmark	
Passport – applying for		\checkmark
Provide information to parents on whereabouts of child or young person		~
Pocket money – amount and frequency	\checkmark	
Recreational, leisure, sporting and community activities – participation as per case plan	~	
Religious instruction – as per case plan	\checkmark	
Report cards and test results – school sends to carer and agency	\checkmark	\checkmark
Moving interstate with child or young person – discuss with caseworker before you move		~
Removing the child or young person from a placement		\checkmark
School attendance – ensure attendance on a day-to-day basis	\checkmark	
School attendance – first point of contact when attendance is a problem	~	

Decision type	Carer	Agency
School attendance – second point of contact if attendance is an ongoing issue		~
School expenses – such as uniforms, books, travel and excursion costs	\checkmark	
School expenses – payment and reimbursement of additional school- related expenses not covered by the care allowance, e.g. tutoring		~
School excursion – day trip or less than one week within NSW	\checkmark	
School excursion – one week or more within NSW, interstate or overseas for any length of time		~
School expulsion – if expulsion is being considered, the school to contact carer and agency (also see school suspension)	\checkmark	~
School expulsion – finding an alternative educational placement following expulsion (also see School suspension)		~
School photos – permission for child to be in school photos	\checkmark	
School suspension (short) – school to inform authorised carer	\checkmark	
School suspension (long) – school to inform authorised carer and agency	\checkmark	~
School suspension (return to school strategy) – agency, school and authorised carers to work together to identify and case manage appropriate return-to-school strategies	\checkmark	~
Surgery (non-emergency)		\checkmark
Surgery – in emergency situations where the medical officer deems it necessary to save the life of the child or young person	\checkmark	
Swimming lessons organised by school – permission to attend	\checkmark	
What the child should call you as a carer – speak with them at an age- appropriate level to identify the difference between their own mum and dad and you as carers	~	

9. Information sharing, confidentiality & privacy

Keeping a child or young person informed

Children and young people in care have a right to be given ageappropriate information about what is happening in their lives, including reasons for decisions and actions that affect them. This should be in a form they can understand. They should also be given opportunities to freely express their views and participate in decision-making.

The caseworker is responsible for giving them information about:

- why they've been placed in care
- the length of time they're expected to be in care
- your family, including names of people living in your home, ages of children, your address and whether you have pets (before the child is placed with you)
- what you'll be told about them and their family
- whether they'll need to change schools
- how contact with their family and significant others will be organised

- recreational activities and venues in the neighbourhood, especially those relevant to their current activities and interests
- how to respond to questions from other children about being in care
- the case-planning process and their case plan goal
- how their views are to be recorded and taken into account
- their rights in care
- organisations that provide support to children or young people in care and how to contact them.

As a carer, you're responsible for asking the child or young person's views and taking them into account before making day-to-day decisions that affect them.

Information sharing and confidentiality

The information you receive about the child or young person in your care and their family is highly confidential. This information should not be shared with friends and neighbours.

Formal information sharing This takes place with your caseworker during case conferences. You can also share information with your caseworker via telephone, emails and home visits.

Keeping them informed

As a carer, you're responsible

for asking the child or

young person's views and

taking them into account

before making day-to-day

decisions that affect them.

Sharing information with people involved with the child or young person (such as doctors or teachers) as a general rule, only give out as much information as is necessary for them to deal with the issues at hand. Speak to your caseworker if you're unsure about what information is appropriate to give out.

Sharing information with carer support groups, etc. While these groups are a great place to share general information, ideas and experiences, you need to be very careful not to breach the child or young person's confidentiality.

Privacy

Your privacy is protected by law – you have the right to expect that agency workers won't share your personal information with people inappropriately. Children or young people in care have the same right to expect details about them and their family won't be discussed with other people.

Release of information about you, your family and the placement: Providing information about a child's placement to their parents and other significant people in their lives (such as grandparents, siblings and previous long-term carers) can help maintain these relationships. It also supports a child or young person's sense of belonging and identity, and assists them in making a smooth transition from care to home.

The law is very specific about what placement information can be given to parents and significant others. There are two different types of placement information that may be released to a child's parents or significant others – general non-identifying information and high-level identifying information.

General non-identifying information This is information about your household that can't be used to identify you or the placement.

Examples of non-identifying information include:

- your first name
- your family's culture, religion and main language spoken at home
- general details about your household, such as number and ages of any children, pets and type of accommodation you're living in
- general occasions, such as whether other children or young people are leaving or joining your household, if you're moving house or if the child or young person is changing school
- births, deaths and life-threatening accidents or illnesses of key people that have an impact on the child or young person's life





- your post office box address, providing this can't be used to identify where you live or work
- your mobile phone number.

High-level identifying information Information that can be used to identify where you live, work or where the child attends school.

High-level identifying information concerning the placement of a child or young person must not be disclosed unless the authorised carer has been contacted and asked to consent to the disclosure. Your agency will only provide this type of information to parents or significant others when satisfied that providing it presents no risk to the safety, welfare or wellbeing of the child or young person, you and members of your household.

Examples of high-level identifying information include:

- your surname
- your address
- your home phone number
- description of what you do for a living or other activities that can be used to identity you or where you work, e.g. 'high school teacher in Bathurst' or 'scouts leader in Windsor'
- name of school the child attends, which can be used to identify the location, e.g. high school in Armidale.

If your agency decides to release high-level identifying information without your consent, you have 28 days from the date of the decision to request an internal review. The information won't be released until after this time has passed. You'll receive the outcome of this review in writing including the reasons for the review decision.

If you don't agree with this decision, you have 21 days from the date of being notified in writing to either:

- appeal to the Administrative Decisions Tribunal (ADT) for the information to be withheld
- ask your agency to appeal to the ADT on your behalf.

Note:

Definition

- You can't appeal to the Administrative Decisions Tribunal without first requesting an internal review.
- 2 Appeals are assessed by an independent panel and no information will be released until the appeal is finalised.

If you need legal representation, ask your caseworker about how to apply for financial help towards the costs of legal assistance. You may choose to ask a support person to attend.

10. Right to information

Right to information (RTI) laws (previously called freedom of information) allow you to access information, including personal records, held by the government.

Right to information and privacy laws allow you to:

- request access to information held by Community Services
- request amendments to personal records that are inaccurate, incomplete, misleading or out of date
- request details about you to be added to your records
- appeal against a decision to not grant access to information or to amend personal records.

There is a range of information Community Services releases that doesn't require a formal application. Documents that may be released informally include carer assessment reports to carers and minutes of meetings to those who attended the meeting. There is no fee for this information, but applicants do not have any rights of review or appeal.

Making a formal application

Formal requests must be in writing. You can write a letter or use the form available on Community Services website. In your application:

- state that it is made under the *Government Information (Public* Access) Act 2009
- give as much information as possible about the information you wish to see
- identify an address in Australia where the information should be sent
- provide proof of your identity (e.g. a photocopy of your driver's licence, birth certificate or Health Care Card) if you're requesting access to documents containing personal information about yourself or the child in your care
- enclose the application fee
- post or deliver your application to any community services centre (CSC) or directly to:

Right to Information Unit Community Services 4–6 Cavill Avenue Locked Bag 4028 Ashfield NSW 2131

WWW

Requests for documents that contain personal information must be made in writing and you'll need to supply proof of identity.

You can use the application form on the Community Services website www.community.nsw.gov. au/right_to_information or call the Right to Information Unit on (02) 9716 2662 for advice.

Note: If you are **not** a Community Services carer you will need to contact your agency to find out what their process is.

Costs of lodging and processing RTI applications		
Type of application	Application fee	Processing charges
Access to personal records	\$30*	\$30 an hour after the first 20 hours*
Access to non-personal records	\$30*	\$30 per hour.* If a 50% reduction in processing charge applies, the application fee covers the first two hours of processing
Amendments of records	NIL	NIL
Review of decision	\$40	NIL

*A 50% reduction will apply if you provide evidence you're a full-time student, holder of Commonwealth pensioner concession cards or non-profit organisation.

Your application can also include a request for a discount on processing charges by providing relevant supporting information, such as evidence of hardship or special public interest.

Community Services has 20 working days to tell you our decision about your application. This period may be extended if we have to consult with other people or if documents have to be retrieved from the NSW Government Records Repository.

Community Services will accept RTI applications written in a language other than English, although we'll provide any information you request 'as is'. It's up to you to get the information translated at your expense. You can also invite a person to act as an interpreter if viewing information at a community services centre (CSC).

If you're not satisfied with our decision on your access application, you can ask for a review. A review form is available on the Community Services website.

There is more information available about the right to information system on the Information Commissioner's website www.oic.nsw. gov.au/oic_home.html.

Care leavers

Care leavers are entitled to access their personal information in agency records about their time in care. This service is provided free of charge.

Care leavers still living in NSW who were in the care of Community Services can organise to access their information through any community services centre (CSC). They'll be asked to fill out an application form and provide proof of identity, such as a driver's licence, birth certificate, or pension or Health Care Card.

The application form asks for details that are used to conduct a search for Community Services records containing the care leaver's personal information. The details include their full name, any other names by which they may have been known, their date of birth, and the names of their mother, father and any siblings.

When records are located, the care leaver is contacted and a time is arranged for them to go through the information with a Community Services officer who can provide information and support. Care leavers are given a copy of their personal information and their original birth certificate, school reports, medical records and personal photos, if these documents are held on a file.

Care leavers who now live in another state can download an application form from www.community.nsw.gov.au/right_to_ information and post it with a copy of their proof of identity to:

Care Leaver Records Access Unit Community Services Locked Bag 4028 Ashfield NSW 2131

Ph: (02) 9716 2222

Care leavers who were in the care of a non-government agency should contact that agency to access records about their time in care.



NGO carers

11.

Community Services and non-government agencies have different processes for making a complaint. If you're not a Community Services carer, please contact your agency to find out what their process is.

Complaints & grievances

If you're unhappy with an agency decision or service, the best person to speak to is your caseworker or their manager, because most issues are resolved faster at this level.

If you've complained to the Ombudsman's Office or the Minister for Community Services, it may be appropriate to await the outcome of those inquiries.

If your complaint relates to material provided in a current court matter, discuss your concerns with your caseworker or legal representative.

Community Services' carer complaints process

Making an official complaint about Community Services

Community Services encourages complaints to be dealt with and resolved locally at the community service centre (CSC) level. Your first step is to raise your concerns with your caseworker or their manager. If the complaint remains unresolved, contact a more senior manager in the CSC (e.g. manager client services).

If you're still dissatisfied, contact the Community Services Complaints Unit:

- phone FREECALL 1800 000 164 (9–4pm Mon–Fri) to talk directly with a complaints officer
- complete the Community Services complaint form and fax it to 9716 2196 or post it to:

Reply Paid 113 Complaints Manager Community Services Locked Bag 4028 Ashfield NSW 2131

The Complaints Unit will assess the best way of dealing with your complaint.

If you remain unhappy with Community Services response after you've made an official complaint, you can complain to the NSW Ombudsman's Office. The Ombudsman is an independent body that reviews or investigates complaints of unreasonable conduct by Community Services. You'll be asked whether you gave Community Services the opportunity to resolve the issue(s).

NSW Ombudsman

Community Services Division Level 24, 580 George St Sydney NSW 2000

Ph: 02 9286 1000

Toll free **1800 451 524** (*outside Sydney metro*) TTY: **9264 8050 nswombo@ombo.**

nsw.gov.au

Caring for kids

Section 4. Planning & case management

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12. Permanency planning

Children and young people in care who experience stability and permanency are more likely to develop healthy and long-lasting emotional attachments, a strong sense of identity and connection, and achieve better life outcomes. This is why NSW child protection laws require children and young people entering care to be placed according to permanency planning principles.

Permanency planning involves making a plan that aims to provide a child or young person with a stable placement that offers long-term security, meets their needs and avoids instability and uncertainty arising from having a lot of different placements.

Parenting order

Parenting orders can be made through the Family Law Court with the agreement of both parents, or the Court can make an order after a trial or hearing. The order sets out where the children will live, how much time they spend with each parent and other people, and how parental responsibility will be shared. It also includes decisions about family contact, child maintenance, the process for sorting out disagreements and any other relevant matter.

Sole parental responsibility order

A sole parental responsibility order is an option for carers wishing to make a long-term commitment to a child or young person.

Sole parental responsibility gives you all the duties, powers, responsibilities and authority that, by law, parents have for their children. You can make long-term decisions for the child or young person and reach your own conclusions regarding their best interests without having to get approval from your agency.

You can apply for sole parental responsibility if:

- the child or young person has been in your care for a continuous period of two years
- the Minister for Community Services currently has full parental responsibility or aspects of parental responsibility
- the parents or person who had responsibility for the child or young person before they came into care consent to you having sole parental responsibility
- the child or young person consents to the application (if aged 12 years or over)
- the order complements the child's identity, cultural and religious background.



Permanent placements can include:

- restoration, which means returning a child safely to the care of their parents or legal guardian when it is safe to do so
- placement with a member of the child's kinship group
- long-term placement with an authorised foster, relative or kinship carer
- placement under a Family Law Court parenting order
- placement under an order for sole parental responsibility
- ▶ adoption.

Applying for sole parental responsibility



If you care for a child or young person in a permanent placement, you, the birth parent(s) or your agency can request an adoption at any time.

For Aboriginal and Torres Strait Islander children, sole parental responsibility for a non-Indigenous carer can only be considered if:

- the child's family and community approve
- both the Minister for Community Services and the Minister for Aboriginal Affairs consent
- there is clear evidence the child's cultural links and heritage won't be compromised.

Talk to your caseworker if you'd like to know more about what's involved in applying to the court for sole parental responsibility.

Adoption

Adoption is a legal process that transfers all parental rights and responsibilities for a child or young person from their birth parents to the adoptive parents. Adoption orders are made by the Supreme Court of NSW. Adoption is a way of providing a permanent family for a child or young person who can't be restored to their parents or live with a relative or kinship carer.

Your agency's decision to support adoption as a case plan goal will be based on an assessment of:

- whether the adoption order is in the best interests of the child or young person
- attachments formed between the child or young person and the proposed adoptive parents
- views of the child or young person's parents about consent to adoption
- ongoing contact with the child or young person's birth family and support for their culture and identity.

If the child is Aboriginal, adoption is generally not an option. This is because of the historical experience of adoption by Aboriginal communities and its absence in Aboriginal culture.

If adoption is being considered for an Aboriginal child, additional procedures must be followed as set out in the *Children and Young Persons (Care and Protection) Act 1998* and the *Adoption Act 2000.*

If you'd like to know more about adopting a child in your care, contact the out-of-home care team at your agency or see the *Adopting a child in out-of-home care – information for carers* fact sheet on Community Services website at www.community.nsw. gov.au.

13. Case planning

Case planning usually begins when your agency first becomes involved with a family. By the time the child or young person is placed in care, they should have a case plan that documents what needs to be done to meet their care and protection needs.

Generally, your caseworker will give you information about the case plan when the child is first placed with you. If you have accepted an emergency placement, the case plan is developed as soon as possible after the placement is made.

Case planning helps to:

- identify strategies to achieve stability for the child or young person and address their physical, emotional, educational, social and cultural needs identified through ongoing assessment
- provide a clear guide for the caseworker, you and the child or young person's family about what conditions are required for the child or young person to return home if restoration is the goal
- provide an opportunity to review the child or young person's progress in care
- assist in casework decision-making.

Case plans

Case planning helps to develop the child or young person's case plan, which is updated with their changing needs. Every case plan has a goal, e.g. for the child to return to their family or remain with a permanent carer.

The case plan is a record of action necessary for meeting identified needs and achieving the case plan goal. It clearly states any important decisions made, each person's role, agreed tasks, time frames for completing some tasks, whose responsibility it is to complete each task and how the plan will be monitored.

Case meetings

Case meetings can be called for different things, such as case conferences, review meetings and protection planning meetings. They are the first step in developing or reviewing a case plan.

There are many different reasons for holding a case meeting, including:

- getting support from your caseworker
- a plan is being developed to return a child or young person to their family

As part of the case planning process, you can expect that:

- your knowledge of the child or young person will inform the process
- you'll be informed well in advance that a case conference is being held
- your views will be presented and recorded if you're unable to attend a case meeting
- reasons for not being invited to a case meeting will be explained to you
- a copy of the approved case plan will be given to you
- you'll be consulted and told about any decision in the case plan that has an impact on you and your care of the child or young person.

Being prepared

To get the most out of a case meeting, it's a good idea to:

- talk to your caseworker before the meeting if you have an issue and ask them to put it on the agenda
- be on time so you don't miss out on raising some of your issues or hearing important information
- have thought about what the involved parties, particularly the child's parents, will be interested to know and bring any relevant information with you such as recent medical information, school letters and awards
- think about any questions or concerns you may have before the meeting and the best way to raise these
- be open to sharing information and answering questions.

What happens at a case meeting



- the child or young person's progress is being reviewed
- there's an unplanned change in placement
- a critical incident has occurred that may impact on the child or young person.

Participation in case meetings

People who are typically invited to a case meeting include the child or young person (if they're old enough and wish to attend), the carer, parents or other significant people in the life of the child, your caseworker and sometimes their supervisor, and relevant agencies and professionals, such as the child's counsellor or health worker, if appropriate.

A case meeting provides an opportunity to talk about the child or young person's progress, achievements, issues and any support needed. The meeting can happen face-to-face or over the phone. Your caseworker organises the meeting and they or their supervisor helps to run it.

Your participation is important because you live with the child and are responsible for making day-to-day decisions for them. Talk to your caseworker if you need an interpreter, child care or other assistance to allow you to participate in case planning meetings.

The child's parents will also be encouraged to participate in case planning, if appropriate. Your caseworker will talk to them about how they can be involved and explain that the interests of the child come first.

Your caseworker introduces everyone and explains the meeting's purpose. The previous case plan is reviewed and comments are made on what has and hasn't been achieved since the plan was drawn up. The meeting then focuses on the agenda and each item is discussed at length. If a child or young person isn't at the meeting, the caseworker is responsible for making sure their views and wishes are expressed.

Notes of the discussion are taken and kept as minutes of the meeting. Following everyone's input, the case plan is updated by the caseworker or a new one is created. All people at the meeting, including the child or young person if they're old enough, get a copy of the case plan when it's finalised.

If you have any issues after the meeting or disagree with anything in the case plan, discuss this with your caseworker. If the issue remains unresolved, you can speak with your caseworker's supervisor or their manager.

Dealing with issues as a carer

At times, you may have concerns about the decisions made or your caseworker may want to discuss with you some concerns about your role as a carer. A separate meeting should be arranged between you and your caseworker in these circumstances. The purpose of this type of meeting is to discuss issues or emerging concerns and find ways of resolving them early. Usually these issues can be resolved by talking directly to one another.



If the issue remains unresolved, you can speak with your caseworker's supervisor or their manager. If you're a Community Services carer and wish to make an official complaint you can talk to a Community Services complaints officer by phoning Freecall 1800 000 164, 9am–4pm Mon–Fri. Or you can contact the Ombudsman at www.ombo.nsw.gov.au.

Areas of the case plan that may be reviewed:

- ► case plan goal
- placement's stability and other permanency planning issues
- child or young person's legal status
- child or young person's needs
- your needs, such as if you're receiving the right type of allowance, or require additional financial assistance, training or other forms of support.



Annual carer review

New Community Services carers are reviewed at the end of their first year of authorisation. Further reviews take place annually unless one is needed sooner because of changed circumstances, e.g. placement breaking down.

The annual carer review involves meeting with your caseworker to:

- provide each other feedback
- discuss difficulties/issues that need resolving
- identify your training and support needs
- review your previous carer development plan
- update your carer development plan and set a date for the next review
- check current circumstances of your household to ensure nothing has changed to affect your authorisation.

Placement and case plan reviews

Reviews

A case plan review is for assessing that the placement promotes the safety, welfare and wellbeing of the child or young person. It looks at if the goals and objectives of a case plan are being achieved and are still relevant. Reviews consider how the case plan will continue to meet the needs of the child or young person, any changes required and what supports are necessary.

Ideally, a review case conference is held with you, the child or young person and all other relevant people involved with the child, or a case meeting is organised with you and the child or young person in your home. However, sometimes this isn't appropriate or possible. If a case conference isn't held or you're not invited to attend a case meeting, you and the child or young person will still be consulted and told the reason for this decision.

Five-year carer authorisation review

Your authorisation as a Community Services carer is reviewed every five years. It is the same process as the annual carer review, except you and any member of your household over 18 years of age must have a NSW criminal record check before renewal of your authorisation can be approved. Additional probity checks that apply only to you are a check of KiDS records and a medical review.

Cancelling a carer's authorisation

If a decision is made to cancel, suspend or impose conditions on your authorisation, you must be given reasons and told how to appeal. You can ask for an internal review. If this doesn't change the decision, you can apply for a further review by the Administrative Decisions Tribunal (ADT).

See Administrative Decisions Tribunal in this guide.

Examples of reasons that may lead to cancelling your authority include:

- you have decided to stop being a carer
- investigation into an allegation of abuse has recommended cancellation
- > you have breached the Code of Conduct for authorised carers
- medical review indicates you don't have the capacity to provide adequate care
- review of your home has found it isn't a safe and healthy environment for the child or young person.

Section 5. Aboriginal & Torres Strait Islander children

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15. Aboriginal & Torres Strait Islander children

A child is Aboriginal or Torres Strait Islander if one or both of their parents identify as Aboriginal or Torres Strait Islander.

The identity, culture and language of an Aboriginal or Torres Strait Islander child come from their relationships with family, community and land. As a carer your role is to:

- support the child's access to family and community
- promote the child's understanding of their culture
- maintain their connection to their community.

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) has produced a number of useful resources that provide practical advice to assist Indigenous and non-Indigenous carers of Aboriginal and Torres Strait Islander children. These include:

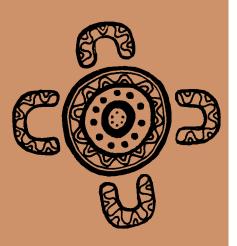
- Foster their Culture: Caring for Aboriginal and Torres Strait Islander Children in Out-of-Home Care, which helps to increase understanding of:
 - diversity of Aboriginal and Torres Strait Islander communities
 - historical factors that have led to Aboriginal and Torres Strait Islander children being over-represented in care
 - different values, beliefs and practices that define Aboriginal and Torres Strait Islander culture
 - factors that need to be considered when caring for an Aboriginal or Torres Strait Islander child.
- Comprehensive support for Indigenous carers and young people booklet, which gives information about successful programs and services in each state.
- Connecting Communities Services Directory contains agency details of over 5,500 Aboriginal and Torres Strait Islander family and children's services throughout Australia. You can read this online or buy a hard copy.
- Through Young Black Eyes: Community Leaders Guide, which is aimed at helping community leaders protect Aboriginal and Torres Strait Islander children from family violence and child abuse.

Definitions

www

SNAICC resources can be downloaded from www.snaicc.asn.au.

You can access the Connecting Communities – Services Directory, containing details about Aboriginal and Torres Strait Islander family and children's services throughout Australia, by visiting www.snaicc.asn.au.



Under the Aboriginal & Torres Strait Islander principles, the preferred option is to place a child or young person with a member of their extended family or the kinship group the community recognises them as belonging to.

If this isn't possible, the child or young person is to be placed with either a:

- member of their Aboriginal or Torres Strait Islander community
- member of another Aboriginal or Torres Strait Islander family living in the same area the child normally lives.

If none of these options is available, members of the child's extended family, kinship group and relevant Aboriginal and Torres Strait Islander organisations are to be consulted to help identify a placement. The child may then be placed with a suitable person approved by the Director-General.

Aboriginal & Torres Strait Islander principles

The law establishes basic principles for involving Aboriginal and Torres Strait Islander people in care and protection decisions that concern their children and young people. These include:

- self-determination
- participation in decision-making
- Aboriginal and Torres Strait Islander placement principles.

Self-determination

Aboriginal and Torres Strait Islander people are to participate in the care and protection of their children and young people with as much self-determination as possible. One of the main ways this happens is through carer agencies negotiating with Aboriginal services and organisations to implement programs and strategies that promote self-determination.

Participation in decision-making

Aboriginal and Torres Strait Islander families, kinship groups, representative organisations and communities are to be given an opportunity to participate in out-of-home care placement and other significant decisions made concerning their children and young people.

Placement

The Aboriginal and Torres Strait Islander Child and Young Person Placement Principle recognises the importance of Aboriginal children placed in out-of-home care remaining connected to their families, communities and culture. These principles set out placement options, in order of preference, for Aboriginal and Torres Strait Islander children and young people in out-of-home care.

If a child or young person has an Aboriginal or Torres Strait Islander parent and a non-Aboriginal or Torres Strait Islander parent, arrangements must be made to ensure they have an opportunity to continue contact with both their Aboriginal and non-Aboriginal family, community and culture.

Sometimes an Aboriginal or Torres Strait Islander carer can't be found for a child and they are placed with a non-Aboriginal carer.

16. Non-Aboriginal carers

Maintaining cultural connections

If you're a non-Aboriginal carer of an Aboriginal or Torres Strait Islander child or young person, you need to help them to maintain connections to their family, community and culture.

Strategies for coping with racism

You may need to help the Aboriginal or Torres Strait Islander child in your care deal with racism at school, among friends, in the community, or even in your own home or neighbourhood.

Developing strategies to deal with racism before it happens allows you to help prevent it getting out of control. Some strategies include:

- make sure you all understand that racism can be against the law, is unacceptable and no one deserves to be treated that way
- lead by example don't make racist slurs or jokes about other people's cultures or backgrounds
- have discussions about racism at home and encourage conversation about its effects and impacts
- encourage and value diversity
- don't make promises you can't keep like, 'I'm going to make sure this never happens to you again'
- be supportive
- don't tolerate racist behaviour this will encourage the child or young person to develop positive attitudes, a strong sense of self and positive self-esteem
- encourage the child or young person to openly express feelings

 let them know that it is possible to be angry and blow off steam without being disrespectful
- encourage friendships and participation in activities within the child's community
- don't ignore racism or bullying challenge it.

Ways you can create connections to culture:

- gathering as much information as possible about the child's community
- promoting interest in their culture by providing books, music, art and opportunities to participate in cultural activities
- assisting them to maintain contact with their family, community and culture by:
 - encouraging and participating in conversations about their family and community and sharing this with the child
 - being involved in community activities and events
 - networking with Aboriginal carers, workers and services in your local area
- identifying significant people in the child's life who can assist in maintaining links with their community.



It's important to help children develop a positive view of themselves. For Aboriginal and Torres Strait Islander children, this includes encouraging and nurturing respect and knowledge about Aboriginal and Torres Strait Islander culture.

A child's cultural identity is an important part of who they are. Talking about positive role models who may have experienced racism and bullying and still achieved great heights, like Cathy Freeman, Michael Long, Ernie Dingo, Aden Ridgeway and Nicky Winmar, may help to develop a positive cultural identity.

Children who are strong in their culture have higher self-esteem, confidence and expectations of what they can achieve.

When children are the butt of jokes, bullied or treated badly because of their cultural background, they start to doubt their own worth.

Some children may struggle to acknowledge their Aboriginality either because of their own cultural confusion or because they may not have been encouraged to do so. While children can't be forced to acknowledge their culture, your attitude and interest in their cultural identity can help reduce confusion and negative stereotyping and encourage a sense of belonging and pride.

17. National & state cultural events

Children and young people's participation in cultural events is one way of gaining an understanding about:

- ▶ the value and sense of belonging to an Aboriginal community
- the practices and ceremonies that maintain Aboriginal and Torres Strait Islander cultures
- how diverse groups of Aboriginal and Torres Strait Islanders see themselves
- how to pay respect to Aboriginal and Torres Strait Islander peoples, cultures and heritage
- how to gain the respect and understanding of others and the broader community through sharing pride for culture.

Event	Date	Description
National Harmony Day	21 March	First held on 21 March 1999 to coincide with the International Day for the Elimination of Racial Discrimination. Harmony Day asks us to recognise the benefits of our diverse society. It promotes tolerance, goodwill and understanding between all groups and encourages a sense of citizenship and pride. The orange ribbon, which is now a symbol of harmony, was originally a symbol of anti-racism.
National Sorry Day	26 May	First held on 26 May 1998, one year after the <i>Bringing them Home</i> report, which resulted from an inquiry into the removal of Aboriginal and Torres Strait Islander children from their families. One of the report's recommendations was that a National Sorry Day be declared to acknowledge the impact of the policies of forcible removal of children on Australia's Indigenous populations.

Major cultural events throughout the year

Event	Date	Description
National Reconciliation Week (NRW)	27 May to 3 June	 First started in 1996. NRW is a time to reflect on nationwide reconciliation achievements and focus on what still needs to be done to achieve reconciliation in Australia. NRW coincides with two significant dates in Australia's history that provide strong symbols of hope for reconciliation: 27 May – the anniversary of the 1967 referendum in which more than 90% of Australians voted to remove clauses from the Constitution discriminating against Indigenous Australians 3 June – the anniversary of the High Court's
		judgement in the 1992 Mabo case.
Mabo Day	3 June	Anniversary of the 1992 High Court decision in the case brought by Eddie Mabo and others that recognised the Native Title rights of Aboriginal and Torres Strait Islander peoples as the original inhabitants of the continent.
Dreaming Festival	June	Annual celebration and showcase of traditional and contemporary arts, practices and culture of national and international Indigenous performers and presenters. Held in Woodford, south-east Queensland. www.thedreamingfestival.com
Laura Aboriginal Dance & Cultural Festival	June	Bi-annual celebration of Indigenous arts, country and people held in Laura on Cape York in Far North Queensland. Fosters a sense of community spirit, wellbeing and pride. www.lauradancefestival.com
Coming of the Light Festival	1 July	Marks the day the London Missionary Society first arrived in Torres Strait introducing Christianity to the region. Significant day for Torres Strait Islander communities. Religious and cultural ceremonies are held throughout Torres Strait and mainland Australia. www.tsra.gov.au

Event	Date	Description
NAIDOC Week	July	Celebration of the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC originally stood for 'National Aborigines and Islanders Day Observance Committee', which was responsible for organising national activities during NAIDOC Week. www.naidoc.org.au
National Aboriginal and Islander Children's Day (NAICD)	4 August	Established by SNAICC in 1988. There's a different theme each year that highlights a significant issue, concern or hope for Aboriginal and Torres Strait Islander children.
International Day of the World's Indigenous People	9 August	Established in 1994 when the United Nations declared 1994–2004 the International Decade of the World's Indigenous People. The Second Decade of the World's Indigenous People commenced on 1 January 2005. The purpose of this decade is to continue activities that identify, raise awareness and find solutions to problems faced by Indigenous people.
Torres Strait Cultural Festival & Music Festival	September	Cultural festival occurs once every two years on Thursday Island; a music festival is held on the alternate year. www.torres.qld.gov.au
Croc Festival	No set date	Held at various venues around Australia. Aims to promote education, careers, healthy lifestyles, sports, visual and performance arts, and reconciliation. www.crocfestival.org.au

Local festivals and celebrations

The table below may be useful for keeping track of festivals or celebrations that happen on a regular basis in your local area.

Event	When	Where

Helping a child with their life story book can be an enjoyable experience. However, collecting information about their lives can sometimes be hard. You may be able to get information from:

- the child
- ▶ their parents, family and extended family
- Aboriginal workers
- ► caseworker
- Aboriginal and Torres Strait Islander leaders
- ► Aboriginal organisations and community groups
- ▶ internet, libraries, books and videos
- cultural events, concerts and cultural camps.

18. Aboriginal & Torres Strait Islander life story work

The Aboriginal and Torres Strait Islander My Life Story book is given to all Aboriginal and Torres Strait Islander children and young people who enter out-of-home care with Community Services. Children and young people can use My Life Story to collect personal and cultural information.

My Life Story is designed for you and the children in your care to work on together. It allows the child or young person to map and record family connections, which helps to promote identity and maintain connections. Life story work helps the child's sense of self and belonging. My Life Story will also be important for the child when they become an adult, as it provides information about their childhood experiences and achievements.

My Life Story belongs to the child and only they can decide who looks at it. Depending on their age and preferences, some may choose to use a different format, e.g. scrapbook, treasure box or video.

The Aboriginal and Torres Strait Islander My Life Story book includes the following sections:

- Who am I? the child's personal details such as age, colour of eyes, where they were born and favourite things
- My family, my mob details about their parents, siblings, clan, extended family, carer's family and where their mob is from
- My culture flags, nation names, totems, words and role models
- Things I might need when I get older information about Aboriginal services, supports and networks.

Examples of things the child or young person in your care may also like to include:

- school photos, family photos, where they were born, where they've lived, pets, holidays and special events
- drawings and artwork
- letters and postcards
- family trees
- sporting and school awards.
- copy of their birth certificate

Copies of the Aboriginal and Torres Strait Islander My Life Story can also be downloaded from Community Services' website www.community.nsw.gov.au/lifestory.

Caring for kids

Section 6. Culturally & linguistically diverse backgrounds

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19. Culturally & linguistically diverse backgrounds

Helping a child or young person from a culturally and linguistically diverse (CALD) background to maintain connections with their family, community, language, religion and culture is vital to their long-term development and wellbeing. Wherever possible, children are placed with carers of the same cultural background.

Caring for children from diverse cultural backgrounds can be challenging. It can also be very rewarding and enriching. It may take time for the child or young person to get used to a new environment, with people eating, speaking and practicing customs differently than what they're used to. It's important to be respectful and sensitive to these differences and encourage the child to continue being involved in cultural or religious practices that are important to them.

Children or young people who have recently arrived in Australia may have difficulty with English. Your caseworker can arrange free access to professional interpreter services to help you communicate.

CALD services

Contact your council or visit their website to see their community services directory. This lists multicultural services in your area. The directory contains information about all types of practical support, education, health, sport, leisure, art, cultural and other services available in your local community.

Also contact the NSW Ethnic Communities Council or check out their ECC NSW Reference Book on their website at www.eccnsw. org.au, to find out about ethnic-specific organisations across NSW that may be able to assist you.

Further reading

Seven Tasks for Parents: Developing Positive Racial Identity by Joseph Crumbley www.nacac.org/postadopt/trans_racialidentity.html





Cultural awareness

If you are caring for a child from a different cultural background, increasing your cultural awareness helps you to better understand the cultural needs of the child or young person in your care.

You can:

- think about how your background may influence your attitudes, beliefs, feelings and behaviours towards people from the child or young person's cultural/religious background
- be aware of stereotypes and preconceptions you may have about people from the child or young person's background and try to challenge these
- show respect for the child or young person's cultural, linguistic and religious heritage
- recognise that changes in the child or young person's environment may cause them to experience cultural confusion and conflict
- understand that the child or young person is more likely to be exposed to discrimination, prejudice and racism because of their different background.

Think about how your background may influence your attitudes, beliefs, feelings and behaviours.



Promoting connection with culture

Practical ways you can help promote the child or young person's connection with their culture and strengthen their sense of identity include:

- recognising and supporting the role of birth parents and families where possible
- celebrating all cultures and respecting diversity
- asking your caseworker for information about special cultural or religious needs the child has for food, clothing and religious worship
- gathering as much information as possible about the community the child comes from and making this information available to them
- > encouraging them to talk about their family and community
- encouraging them to get involved in their community by, for example, taking them to community activities and cultural events
- networking with carers of the same cultural background as the child, Community Services multicultural workers and multicultural services in your local community
- identifying significant people in the child's life who can help them maintain links with their community
- providing opportunities for the child to make friends with children and adults from their cultural background
- maintaining the child's interest in their culture and language by providing them with age-appropriate books, toys, music and videos in their language
- providing opportunities for the child and your family to learn the child's birth language
- planning major cultural celebrations, events and traditions as part of the things your family does with the child
- seeking services and supports that can provide specialised care in migrant and refugee issues if appropriate
- exposing the child to environments where diversity is valued and they don't feel like they're the only one who is different. For example, schools with students and teachers from diverse backgrounds.



20. Racism, discrimination & bullying

Racism can hurt the child or young person. It can make them feel bad and as though they don't belong. It can cause hatred and violence, which is unlawful. Nobody has a right to treat a child or young person this way and it's up to the adults in their life to make sure it's stopped.

Definitions

Racism is any attitude or behaviour that assumes someone is inferior because of their skin colour or race.

Racial discrimination is being treated unfairly because of race, colour, nationality, descent, or ethnic or ethno-religious background.

Racial bullying, or harassment, means subjecting someone to verbal, physical or emotional abuse for the same reasons.

Racism, discrimination and bullying can happen in every aspect of daily life, e.g. walking around the shops or at a family barbecue. For children and young people, it's likely to take place at school in the form of bullying.

Racism can be seen to be taking place when adults or children:

- refuse to play with or sit next to the child or young person in your care
- exclude them from social groups
- make fun of their clothes, food or appearance
- ridicule or mimic their accents or gestures
- write graffiti or use derogatory language directed against their family or cultural group
- make stereotypical statements
- make assumptions about their abilities based on their cultural background
- witness racist behaviour and allow it to go unchallenged
- not respond to complaints of racism
- anglicise their name whether they like it or not
- force them to take part in activities that go against their cultural or religious beliefs
- not allow them to speak their birth language
- hand out more severe forms of discipline, favouring children from the same cultural background as one's own
- use intimidating behaviour, such as stealing, damaging personal property, taunting and stalking, because the child or young person is seen as being different
- pick fights or physically assault the child or young person because of their cultural background.

What you can do

When a child or young person suffers because of racism, discrimination or bullying, they can feel angry, isolated and powerless. As their carer, you have a responsibility to speak out if you see it happening and the right to expect something to be done about it.

When it happens at school

Here are some things you can do if the child or young person in your care experiences bullying at school:

- keep a diary of what happened, when it happened, who was involved and who witnessed it
- talk to the teacher about it and what can be done
- talk to the principal about the school's policy for dealing with racist bullying and what formal steps will be taken to prevent it from happening again
- help the child or young person to work out ways of dealing with the situation that makes them feel more in control and safe. For example, taking a different way home, staying with a group of friends or telling the teacher as soon as something happens
- take a support person with you if you find it difficult talking about this with the school
- keep in contact with the school until the problem is fixed
- if it keeps happening, get your caseworker involved in dealing with the school.

When it happens outside school

If the child or young person in your care experiences bullying outside school, here are some things you can do:

- if you witness it, be assertive and challenge the behaviour by naming what's happening and telling the person their behaviour isn't okay, particularly if it's family/friends who'll have regular contact with the child or young person
- be aware that the child or young person is watching how you respond so they can learn how to deal with it themselves
- don't threaten, intimidate or verbally abuse the bully
- listen to the child or young person and take their feelings and fears seriously
- let them know that it's not their fault







If the child is threatened, stalked or physically assaulted anywhere, including school, immediately report it to the police and inform your caseworker.

- don't tell them to just ignore it, call them names like 'sook' or make excuses for the behaviour; and don't let anyone else do so
- seek out people who have experienced discrimination firsthand, such as a member of the child or young person's community, to advise you about ways of dealing with it
- encourage and help the child or young person to develop pride in their cultural background
- get support from family and friends.

If you don't know what to do, or the child is traumatised or you're getting stressed, contact your caseworker for support.

Encourage and help the child or young person in your care to develop pride in their cultural background.

21. Life story work

Each child or young person is given a copy of the My *Life Story Book* when they enter out-of-home care. Helping them to put together information about their cultural and religious heritage is a key part of life story work. This includes details about their birth parents' culture, ethnicity, religion, language and life in their country of origin. The life story book will also be important for the child or young person when they become an adult, providing information about childhood experiences and achievements.

Cultural information about birth parents

Gathering information about birth parents helps your child or young person to connect to their cultural and religious heritage. This includes information about:

- when their parents were born
- countries, cities or villages their parents, grandparents and extended family came from, and what these places are like
- language their parents and extended family speak
- things their parents and extended family did for a living
- when, why and how their parents came to Australia
- parents' religion, religious beliefs and practices
- holidays, special events, foods and dress associated with their parents' culture or religion.

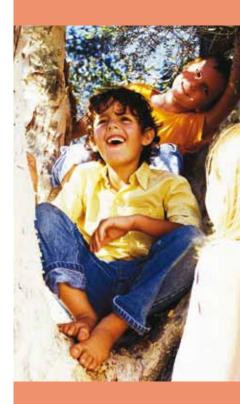
Experiences of culture

You can help the child explore, understand and strengthen their own sense of identity by gathering information about:

- cultural and religious celebrations, events and activities they've participated in with their family
- memories of these events and what they did
- language they spoke at home
- things they enjoyed like certain kinds of food, places, people or special experiences.

For children or young people born overseas, also gather information about:

- the country they were born in
- how old they were when they came to Australia



- things they remember, such as where they lived, friends, games they played, important people in their lives and what they liked and didn't like
- their experiences when they got here.

Where to find this information

You can gather information for life story work from:

- the child or young person
- parents and relatives
- caseworker
- CALD carer support groups
- teachers
- religious leaders and institutions
- ethnic and cultural organisations and services
- Community Services multicultural caseworkers
- libraries and the internet.

For a useful source of geographical, social, migration, religious, linguistic and cultural information visit these websites:

- Department of Immigration and Citizenship www.immi.gov.au
- Diversity Health Institute Clearinghouse
 www.dhi.gov.au

For lists of days of cultural and religious significance across the year, you can visit:

www.immi.gov.au/ Go to Home > A Diverse Australia > Calendar of Cultural and Religious Dates

www.crc.nsw.gov.au/ Go to Home > Days of Religious Significance



Section 7. Day-to-day care

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22. Start of a placement

Caseworkers are responsible for preparing the child or young person for the placement. They do this by:

- discussing with the child what information you'll be given about them and their family
- giving them general information about the placement
- informing them about some of your household routines and rules
- giving them contact numbers.

Caseworkers are also responsible for giving you information you need. This includes information about the child, length of placement and support available to you.

When a child is placed with you, you should be given an *At Placement Checklist* (unless the placement was made by the After Hours Crisis Team). The checklist outlines the documents you'll receive and when you'll get them.

You should be given the following documents early on in the placement:

- confirmation of placement
- placement information sheet
- copy of the child's case plan
- copy of final court orders for the child or information about the status of any court proceedings
- all relevant reports
- the child's Life Story Book
- Medicare card and personal health record (the Blue Book).

If you're a Community Services carer and the placement is for three months or more, your caseworker will give you a signed copy of the *Placement Agreement*. This contains specific information about your roles, responsibilities and what needs to be done to provide the child with a standard of care in line with the *Code of Conduct for Authorised Carers*.

In a crisis, a child may arrive with just the clothes they're wearing. Talk to your caseworker if you need help to buy the child basic items. For information about available financial assistance see the section in this guide on *Establishment payments*.



Being prepared

Usually, a child or young person will bring their personal belongings with them when they come to live with you. However, it's a good idea to have the following items on hand for the first night, in case they're needed:

- disposable nappies and formula if caring for a baby
- toothbrush and hairbrush
- oversized T-shirt in case they didn't bring pyjamas
- night light
- age-appropriate toys and books.





Looking at past behaviour, seeing what the child has lost and allowing them to grieve is one of the main ways you can help them deal with their loss and separation. You can also:

- listen to them when they want to express their thoughts and feelings
- don't feel threatened if they compare what you do with their parents
- make them feel comfortable about sharing memories of their family.

These are the first steps towards bonding with the child in your care.

What to expect

A child may come into your home feeling abandoned, helpless, worthless, depressed, anxious, distrustful and even responsible for their family's break up. They may appear indifferent or be eager to please, withdrawn, angry or upset. These are all reactions to great personal loss, separation and change. Their sense of loss may be for parents, siblings, friendships, their home, pets, familiar places, routines – all the things that have made up their world and have given it meaning.

Helping them settle in

There are a few practical things that you can do to help a child settle in to your home.

When they arrive, reassure them with a warm, gentle welcome. Ask permission before hugging or touching them. If they don't know what to call you, give them permission to call you by your first name. Introduce them to other members of the household, including pets. Give them a tour of the home and yard. Talk a little about their surroundings so they can gain a sense of you and what it's going to be like living there.

Show them their room and where they can put their belongings. Let them know they can personalise their bedroom. Offer to help them unpack or let them unpack in their own time.

Ask them if there are certain foods they really like or dislike before preparing meals. Talk about your household routine, e.g. bath time, dinner time, bed time, what snack they might have after school, what activities take place and when. Remember to give them time to observe, learn and practice the routine.

Let them know what the family rules are. Give them tasks to do within their abilities and let them know how much you appreciate their help. Notice and praise the little things.

If you have children of your own, let them spend time together and plan an activity. Show them around the neighbourhood and take them to places like the park, library, swimming pool and shops so they become familiar with the area.

Be careful not to pry into their past, criticise their parents or make negative comments about them. Don't talk about them when they're there as though they're not present, including in conversations with your caseworker. Respect their right to privacy and their need to have some time alone.

Keeping a diary

Keeping a diary or other written notes from the start of a placement saves having to rely on memory. Examples of events and activities to record include:

- achievements, milestones, happy events, celebrations and friends
- hobbies and interests
- things about the child that make them special such as their smile, sense of humour, talents or general nature
- accidents and injuries, including how they happened and treatment they received
- major and minor illnesses and visits to the doctor
- child's reactions to various situations, such as contact with family, members of your household, daily routines, school and pets
- damage to property or belongings
- incidents, including what happened in the child's own words.

These records need to be as clear, accurate and fair as you can make them because they may be used to:

- provide reliable information to the courts
- help inform case planning, placement meetings and reviews
- help the child with their life story work
- report back to your caseworker for further action or noting on the child's official file
- assist with health assessments
- help a young person who has left care understand their experiences
- neip a young person who has left can be and and recognise their achievements if they choose to access their file in the future.

Looking over a diary can help you remember the highs of caring and how you dealt with the lows. It can also help you identify what worked, what didn't work and any area that you may wish to develop through training.

Missing child

-

-

You should always know where the child or young person in your care is. If you're concerned that the child may be missing, contact the last people who may have seen them. Call your caseworker or the Child Protection Helpline (132 111, 24 hours/7 days a week) if you haven't been able to locate the child within

week) if you haven't been able to locate the child within a short time. You'll get advice about what to do next, which may include calling the police for assistance.



where the child in your care is

Always know

23. Life story work

Children in care may have experienced many changes of home, family and school. They may become confused about who they are and what has happened to them. Making a life story book is a way of gathering and maintaining accurate information about a child. This helps the child to understand who they are and where they have come from. It also assists them to develop socially and emotionally. The life story book will also be important for the child when they become an adult, as it provides information about childhood experiences and achievements.

What should be included

The *Life Story Book* can include:

- photos
- drawings
- report cards, awards and certificates
- letters from parents and carers
- maps, postcards or pictures of significant places where the child has lived or visited
- photos of past and present family, carers, friends, pets, etc
- genogram or family tree
- ▶ religious and cultural information.

Most importantly, the *Life Story Book* needs to include a written history of the child or young person's life from birth to the present time.

Any information included in the *Life Story Book* will depend on the information available and the child's wishes.

Your role

The child is the only person who can decide who looks at their book, so please respect their right to privacy. In some situations, the child may wish to keep their own circumstances and possessions private. Generally, however, you're the person who works with the child to record their life story because you spend the most time with them and have the opportunity to collect dayto-day information, such as photos and other memorabilia.

Community Services carers

Community Services has developed the *Life Story Book* and Aboriginal *My Life Story* for children and young people in Community Services care to record life story work in a way that the child can understand. Both are available free of charge from your local community services centre (CSC).

Carers from other agencies can download a copy from www.community.nsw.gov. au/lifestory. It's important to encourage the child to establish a life story book even if they are placed with you for a short time. This is so they can link their current placement with their future journey.

Ways you can help the child maintain their *Life Story Book* are to:

- take photos to put in the book at special events and occasions, such as birthdays and first day at school
- encourage the child to keep personal mementos, such as letters, cards, drawings and paintings, to put in their book
- record the life story at the child's pace. This may be a gradual process as they become more comfortable compiling detailed information about their families and time in care
- spend time with the child at regular intervals to update their book
- discuss with the child that their book is confidential and that no one should look at it without their permission; discuss a safe place to keep it
- ensure their book goes with them when they leave your care.

If information about the child's early life and development isn't available, it may be useful to use general information about childhood development.

An important aspect in the life story is to acknowledge how the child may have felt about difficult events in their life. It's equally important to acknowledge the happy times they've had in the past.

Unhappy events, such as neglect or abandonment by parents or lack of community and family support, should not be ignored but presented in a way that the child can understand. You may need to work with your caseworker to ensure these events are discussed sensitively with the child. The story should be balanced and non-judgemental.

The most important way to help a child is to listen, answer questions and provide information as requested. If you don't know the information, ask your caseworker to fill in the details. You should allow the child to guide you as they explore sensitive issues.



Other people who can help

Other people who can help with life story work include the child or young person's caseworker, counsellor, family and kin. These people can play different roles in life story work depending on the task. Or they may work with the child on certain parts of it.

Generally, your caseworker prepares the child for life story work. Talk to your caseworker to make sure you're both clear about who's responsible for carrying out the following:

- structuring the life story work
- preparing the child for life story work
- collecting information
- asking the child who they'd like to have work with them
- maintaining life story work once it's compiled.



24. Children with disabilities

Like all children, those with disabilities need the care of a loving adult, time with friends and a wide range of life experiences.

Your caseworker will give you any information that they've gathered from the child or young person's parents, previous carers and doctors about their routines, medications, specialised equipment and educational needs. If the child is using a disability service, you may need to become involved with the service to learn more about the child's disability.

As a carer of a child or young person with a disability, you may need to access additional supports. These may include respite care, specialised equipment, such as a wheelchair or lifting device, house/car modifications or support services.

Community Services caseworkers can assist with:

- assessing the needs of the child or young person
- organising placements and respite services (where available)
- organising ongoing carer training and information
- making decisions about carer allowances and additional financial support
- organising support services.

Ageing, Disability and Home Care (ADHC) is a NSW Government agency with regional offices throughout the state. You can speak to an information referral and intake officer to discuss support options including:

- referral for community support services and therapy
- access to specialised equipment
- disability respite services
- referral to the ADHC Leaving Care program or other programs/services to support you and the child or young person in your care.

All requests for support are prioritised according to the child or young person's support needs and the availability of services.

Talk to your caseworker if you or the child need additional support, such as training, respite or a particular service. They'll tell you what's available and help you access services.



Talk to your caseworker if you need additional support

Developing social skills

Children and young people with disabilities can face a range of physical, learning, behaviour and communication challenges. In general, these challenges can create difficulty in making friends and social interactions.

Friendships and social interactions help a child to develop new skills. The more a child practises these skills and realises they have their own set of abilities and gains acceptance from peers, the more their confidence grows.



Ways to help develop the child or young person's social skills while also keeping in mind their age and developmental capacity include:

- teaching them basic greetings and how to smile and make eye contact
- modelling the kind of social behaviour you're encouraging such as listening, compromising and dealing positively with conflict
- talking about what to do in different situations
- playing with them, including practising sharing toys and taking turns
- having duplicates of favourite toys or enough materials for all the children if the child has difficulty sharing
- planning activities you know they can do confidently when other children are around
- choosing toys, books, videos, music, art and other materials they and other children will enjoy
- praising them when a social situation is going well
- noticing if they're getting tired or overwhelmed
- not forcing them to interact and allowing them to be alone if they want to be
- not overreacting if they're being ignored, left out or are behaving in a socially inappropriate way.

25. Siblings

Community Services defines siblings as children who have at least one parent in common or who have been raised together.

Siblings are placed together or reunited into one placement, if initially separated, when possible and if this is in the best interests of all the children. Depending on the number of children you've been approved to care for, you may be asked to care for a number of children from the same family.

Siblings placed together

Sibling groups in care may have some special needs that require different types of support from your agency and you. Children from the same family who are placed in your home will often have some of the following attributes:

- strong group loyalty
- an emotional bond
- a leader who may not always be the eldest
- one child who acts as a parent (this may not always be the eldest child). Be patient in this case and don't expect a child or young person who has undertaken the parenting role to dismiss this role immediately; give them time to adjust.

Try to respond to each child's individual needs while allowing them to retain family loyalties.

Separated siblings

Efforts are made to place separated siblings close to each other unless there are health or safety reasons for not doing so. Placing children in the same general area gives them more opportunity for informal and frequent contact. This can be through:

- going to the same child care centre or school
- attending the same church or place of worship
- joining the same youth group, such as the Scouts or Girl Guides
- playing for the same sports team
- doing an activity they enjoy such as art, music or dance lessons
- participating in local community events and activities.



Keeping siblings together

Depending on the number of children you've been approved to care for, you may be asked to care for a number of children from the same family.



Separated siblings often need extra support to deal with the effects of separation. Separated siblings often need extra support to deal with the effects of separation. Things your caseworker will do include:

- explaining to the child why the decision was made to separate them
- seeking their views and feelings about the placement of their siblings and involving them in placement decisions
- listening to their anxieties and fears
- giving them information about where their siblings are and who is caring for them
- involving them in planning how, when and where they will have contact
- arranging counselling, if needed.

Ways you may be able to help the child maintain relationships with their siblings include:

- talking to your caseworker if you need help understanding or managing the effects of separation on the child you're caring for
- recording and photographing events and activities that the siblings jointly attend for the child to include in their Life Story Book
- encouraging the child to maintain sibling contact through visits, phone calls, letters and emails, providing this is not discouraged in the child's case plan

- offering to provide transport, or allowing visits to take place in your home if needed, to enable siblings to see each other
- helping the child cope with their disappointment if a planned visit is cancelled and reassuring them they'll see their siblings at another time
- getting the caseworker involved early to help resolve any issues around contact that are causing conflict.

26. Looking after yourself

Carers spend a lot of time caring for others and too often don't consider their own needs enough, which can lead to burnout.

Burnout is emotional, mental and physical exhaustion caused by prolonged stress that can creep up on you over time. It saps your energy, takes away your motivation and can make you feel hopeless, cynical, resentful and as though you have nothing more to give.

Signs of burnout vary from person to person. Some of the more common signs are feeling drained and tired most of the time, getting sick a lot, not sleeping well, decreased satisfaction, increased irritability, forgetfulness, self doubt, social withdrawal, or using food, drugs or alcohol to cope.

Recognising the warning signs of burnout and taking steps to get balance in your life is the best prevention. To take care of yourself and prevent burnout:

- eat healthy food, get regular exercise and enough sleep
- slow down and take time out to do things you enjoy
- start or end the day with a relaxing ritual such as watching TV, doing stretches, meditating, taking a bath or reading
- set boundaries and learn to say 'no' when too many demands are made on your time
- ask for help and support from friends, family, other carers or your caseworker when you need it.

See Respite care in this guide.

Your own children

Looking after someone else's child can affect your own children in different ways. They may feel they're not getting enough attention from you, that the foster child is getting special treatment or that they have to share too much. Yet many children of carers later become carers themselves.

Talking to your own children about how they're feeling before, during and after each placement helps to identify areas of potential conflict early. Share what motivates you to care for other children and the special role they play in making a difference in your foster children's lives. Listen to what is and isn't working for them, and discuss possible ways of doing things differently.

If you're worried about how your own children are coping, talk to your caseworker, who can help you identify strategies for managing areas of conflict and any extra support you may need.

Definition

Watch for these common signs of burnout:

- feeling drained and tired most of the time
- getting sick a lot
- not sleeping well
- decreased satisfaction
- ► increased irritability
- ► forgetfulness
- self doubt
- ► social withdrawal
- using food, drugs or alcohol to cope.

27. Day-to-day issues

This chapter provides detailed information about a range of day-today issues you'll probably face during a placement. This page has an index of the topics covered.

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Babysitting and sleepovers

It's your decision whether to use a babysitter occasionally or if the child or young person is allowed to sleep over at a friend's house. A working with children check is not required for a person who occasionally cares for the child or young person for a few hours or overnight. Always use your judgement when making decisions about how safe and appropriate it is for the child to be babysat by a particular person or stay overnight in another home. Always provide the person who's looking after the child with your contact details.

Child's privacy

Children and young people in care have the same right to privacy that any child can reasonably expect of their own parents. Respecting a child's privacy means they:

- have reasonable privacy using the phone
- · can send emails and letters without being read
- · can receive emails and letters unopened
- don't have their room, pockets or property searched unless there's reasonable cause to suspect they possess an item that belongs to someone else, or is illegal or potentially dangerous.

When you're deciding how much privacy to allow the child or young person, think about:

- their age and developmental capacity
- your living arrangements
- whether the child or another person's safety, welfare and wellbeing are put at risk
- any conditions placed on contact by a court order or the child's case plan, such as screening phone calls, emails or letters between the child and a particular person.

Chores

Giving a child or young person in your care chores helps them to gain life skills and a sense of responsibility. Children shouldn't expect to be paid for this type of work. The types of chores you give to a child or young person should:

- be appropriate for their age and level of physical and intellectual development
- consist of simple tasks the child can do successfully that increase in complexity as their skills increase

Babysitting and sleepovers

Child's privacy



Chores



Clothing

Dating

Cla

- be rotated to provide a variety of experiences that help develop a range of skills
- provide an opportunity for you to work with the child and praise them for a job well done to help instil a sense of pride, achievement and self-confidence
- not require too much time to complete
- not interfere with school, family, play, family contact and other activities
- not be used as a form of discipline or punishment.

Clothing

Part of the care allowance you receive for the child or young person in your care is to buy clothes and shoes for them. Their basic wardrobe should consist of clothes and shoes for different types of weather and occasions, such as for play, school and special outings. Taking the child shopping for clothes is a good way to model budgeting and appropriate choices. Older children who may have strong views about what they like and don't like should be involved in making clothing decisions.

Dating

Dating is a normal part of adolescence. It's one of the ways we start to learn the skills needed to form and maintain intimate relationships later in life. You can provide the guidance and boundaries a teenager needs to safely learn and practise these life skills.

Model what a good relationship looks like, i.e. respectful, supportive and loving. Talk about what really matters in a relationship, such as shared values and interests, things that strengthen it and signs that it's not working.

Set the ground rules for a date. A common rule is getting to know their date, giving them a choice of acceptable activities and setting a curfew. Whatever ground rules you set, stick to them.

Other suggestions include:

- encourage dates that involve a group of friends or family activities, rather than solo dates
- don't leave them unsupervised for hours
- always know where they are, who they're with, where they're going and when they'll be home
- be aware of any changes in their mood or behaviour that may indicate they're depressed or involved in an abusive relationship.

Talk to your caseworker if you have any concerns.



Disclosures of abuse or neglect

If a child discloses information about experiences of abuse or neglect, listen calmly without judgement. Don't ask probing questions and be careful not to let them see reactions of shock, disbelief, disgust or fear. Reassure the child it's not their fault, that you believe them, they did the right thing by telling you and you're there to support them. Don't make promises you may not be able to keep like you're going to make sure nobody ever hurts them again. Let them know you have to tell their caseworker because it's their job to do what needs to be done to keep them safe.

If you have any concerns about how to manage a disclosure, talk to your caseworker.

Facebook, Myspace and Bebo

Posting information on social networking websites such as Facebook, MySpace and Bebo can jeopardise your privacy. These sites may not take the necessary steps to protect your privacy and third parties can use your information for various purposes you may not be aware of.

As a user, you can give out too much personal information on your profile. Your profile lists identifying information like your real name, photos, birth date and home town. Without realising it, you may also post identifying or personal information about the child in your care. Every 'friend' you invite is a third party with access to your information. You have little control over who sees your information.

Social networking sites can be beneficial for children or young people to maintain connections with others, including siblings, friends, birth parents and extended family members. However, warn them to be careful about posting personal or identifying information on their profile.

Speak with the child or young person's caseworker to determine if contact with others through social networking is suitable, as there may be restrictions with whom the child is able to have contact. For educational resources and information about cyberbullying and social networking etiquette, refer to the Australian Communications and Media Authority website www.cybersmart.gov.au. See also *Internet* in this guide.

Disclosures of abuse or neglect

Facebook, Myspace and Bebo



Haircuts

Haircuts

You decide when a child or young person needs a haircut. However, you shouldn't perm or colour their hair, cut long hair short or dramatically change their hair style, without a young person's consent. In the case of a child, consider their views and check with your caseworker to see if the consent of the child's parents is required.

Infection control Infection control

All carers are required to use infection control practices. Infection is commonly spread through direct contact with other people, touching contaminated surfaces and objects, breathing in airborne droplets from coughing and sneezing, and not handling or cooking food properly. You can reduce the risk of infection by having good hygiene practices at home and teaching children to follow simple hygiene rules.

You can limit the risk of spreading infection and germs

Wash hands before preparing food, eating, feeding children, or giving someone medicine or first aid. Wash also after using the toilet, changing a nappy, touching pets, contact with blood or body fluids, coughing or sneezing, blowing or scratching your nose, or handling raw food.

Clean surfaces regularly, particularly if they're touched often. Surfaces need to be cleaned frequently when someone is ill and immediately if contaminated by bodily fluids, blood, faeces or vomit.

You can also limit the risk of spreading infection and germs by:

- wearing rubber gloves when dealing with bodily fluids, blood, faeces and vomit
- properly disposing of used bandaids, bandages and needles
- reminding children to wash their hands
- regularly washing a child's toys
- always rinsing a cloth or sponge after use and putting it somewhere to dry
- using a separate cutting board for meat
- washing toothbrushes in hot water and keeping them away from the toilet and sink to prevent contamination
- keeping pets clean and regularly emptying litter trays
- cleaning a baby change table at least daily and when dirty
- keeping children at home when they're sick.



Internet

The internet can be a fun, educational and useful tool. Many children or young people use the internet to help with homework, download music, play games and chat with friends. Children are vulnerable to many of the risks of using the internet. These include:

- meeting predatory adults online posing as potential friends
- giving out personal information, such as their phone number, address and photos
- visiting inappropriate sites that contain pornography, racism or depictions of violence.

The Cybersmart website www.cybersmart.gov.au has links to resources to help you keep a child or young person safe while they're online. *See also Facebook, Myspace and BeBo*.

Learner drivers

A young person has to be at least 16 years of age before they can get a learner driver's licence (L's). To get their L's, they'll need to pass a driver knowledge test, prove their identity and pass an eyesight test.

Learner drivers have to do at least 120 hours of supervised driving including 20 hours of night driving. A supervising driver must hold a current full Australian driver's licence and record the young person's driving experience in their learner driver log book.

Before using your car to teach a learner driver, contact your car insurer to make sure your policy covers them in the event of a claim.

As part of a leaving care plan, Community Services may pay for up to 10 driving lessons if this would improve a young person's employment prospects. In cases where the young person doesn't have access to a car, Community Services may also consider paying for additional lessons.

Every one-hour lesson through a driving school counts for three hours in the log book. This is capped at a maximum of 10 onehour lessons, which counts for 30 log book hours.

Mobiles

If a child or young person in your care wants a mobile phone, talk to your caseworker first to make sure there are no safety concerns around contact that may prevent them from having one. If there aren't any safety concerns, consider if you think they're old

Internet

Learner drivers



Mobiles

enough and responsible enough to have a mobile phone. Also consider the advantages and disadvantages of allowing them to have their own phone. If you decide to let them have a phone, the cost is covered by the care allowance. We recommend the prepaid option because it enables you to keep control over the phone bill.

Sexting

Sexting is when a young person sends a highly suggestive or sexually explicit photo of themselves to their friends via their mobile phone. It's a growing trend among young people and can cause public humiliation, cyberbullying and even sexual assault.

Warn the young person about the potential risks of sexting and sexual predators. Give them clear rules about what they can and can't do with their mobile phone and remind them to think before they act. Explain that they have no control over who sees their photos, where they may appear or how they're used after they're sent. Make sure they understand that it's illegal to send or pass on sexual photos of children or young people, including themselves.

For more information a fact sheet 'Safe sexting – there's no such thing' is available at www.schools.nsw.edu.au.

Nutrition



Personal property

Nutrition

You and your agency are responsible for making sure your child receives a good quality, balanced and adequate diet. If you have any concerns about the child being overweight or underweight, speak to your caseworker. They may arrange for the child to see a medical specialist or a dietician if this is in the child's case plan.

For information about healthy eating and activity habits for children of all ages, including an A–Z collection of healthy recipes, visit the Healthy Kids website at www.healthykids.nsw.gov.au.

Personal property

What a child brings with them to your home may be particularly important to them. The personal property of children and young people in care should be respected. This includes:

- ensuring they have some space of their own to put their belongings
- recognising they have the right to refuse to share their belongings
- insisting other people living in or visiting your home respect their belongings

• making sure they have proper luggage to carry their belongings when they leave the placement.

Gifts, savings, earnings and any items that are bought for the child while they're living with you, such as clothing, toys, cots or a special quilt cover, are their personal property. Please make sure the child takes all of their belongings with them when they change placements, return home or leave care.

Pocket money

Getting pocket money helps a child or young person learn the value of money, how to use it and how to save it to buy something they really want. It helps promote a sense of independence and through experience, it teaches a child or young person how to make responsible decisions.

The care allowance is intended to cover pocket money. You can decide how much to give. Pocket money is a set amount per week or fortnight. Paying the child \$2 for each year of their age per fortnight serves as a general guide. For a 13-year-old child, for example, this equals \$26 pocket money per fortnight.

Pocket money is not to be used by the child or young person to cover the cost of meeting their basic needs. These costs are covered by the care allowance. Payment of pocket money should not be linked to the child performing unreasonable duties.

Presents

The cost of buying birthday and Christmas presents for the child or young person is included in the care allowance. The amount you spend, type of gifts you buy and number of presents you give should be based on what is normally done in your family for children who are close to you.

Public performances and media

Children and young people in care should be encouraged and supported to participate in positive experiences and activities, including those that may be covered by the media. You can give permission for a child or young person to participate in these types of activities. However, you must be sure that a public performance or media appearance doesn't identify the child as being in outof-home care. For example, a sporting photo in the local paper or dancing at a community event doesn't usually identify the child as being in care. Pocket money



Presents

Public performances, media & photography



In all situations, consider the safety, welfare and wellbeing of the child's needs first. Be careful not to give out information that discloses the whereabouts of a child if this information is protected. In situations of severe abuse or neglect, the publication of identifying information may alert inappropriate people to the whereabouts of the child. If you're in any doubt, talk to your caseworker.

The child or young person's name or any information that identifies them may not be broadcast or published while they're involved, or likely to be involved, in any Children's Court matter unless consent is obtained from:

- the Court (for a child)
- the young person if the Minister doesn't have parental responsibility
- the Director-General if the Minister has parental responsibility for the child or young person.

Talk to your caseworker about any request to publish or broadcast photographs, film or anything that identifies a child or young person as being in care, including publishing the names of their parents.

Photography

You don't require consent for a child or young person to appear in a school photo, sports team photo or home video if it's for personal use.

Regular child minding

You need your caseworker's approval before allowing another person to look after the child or young person for more than one week. This includes family members, friends, neighbours and professional services, such as vacation care. Your caseworker's prior approval is also required if you wish to enrol the child in regular child care or after school care.

Community Services covers the cost of regular child care that's been approved and included in the child's case plan.

Religion and spirituality

Help the child to practise their religion and spirituality. For example, arrange for the child to attend religious services in their own faith and allow them to participate in religious activities unless their parents expressly request otherwise.

Regular child minding

Religion and spirituality

You may provide the child with whatever religious instruction you consider to be appropriate as long as:

- the child's views, including their willingness to receive religious instruction, have been taken into account
- the child hasn't been coerced or compelled to participate in any religious instruction, activity or teaching
- the child isn't provided a level of religious instruction that will interfere with plans to return them home, even if you are of the same religion
- the child isn't instructed in a different religion to their own if their case plan goal is to return them home
- it's part of an approved case plan for a child in your long-term care to receive religious instruction in your faith.

Safety

Home safety

All NSW residents must have at least one working smoke alarm installed on each level of their home. This includes any residential building where people sleep. Smoke alarms must be kept in working order. A person who breaks this law is guilty of an offence and can be fined.

It's important to have an escape plan that your family practises in case a smoke alarm goes off. NSW Fire Brigades has a floor diagram of a home you can download from their website and use to create your own escape plan. It also has a fact sheet on how to develop the plan and tips on what you should do in an emergency. For more information go to www.nswfb.nsw.gov.au.

Check your home for potential hazards and make it safer by:

- keeping prescribed medicines, household and cleaning chemicals, glues and adhesives out of the reach of children
- not using extension cords in areas where they may be tripped over or pulled out accidentally
- not running extension cords under carpeting or rugs, as the cords may overheat
- storing kitchen knives in a block, rather than in a drawer
- cooking on the back burners with pot handles turned inward if caring for a small child
- never leaving a small child alone in the bath
- installing non-slip mats or strips on the floors of the shower and bath
- securing freestanding bookshelves and storage units to the wall

Safety





Finding information about the different types of child restraints suitable for babies, young children and older children:

NSW Roads and Traffic Authority (RTA) Ph: **1800 060 607** www.rta.nsw.gov.au

NRMA Motoring & Services Ph: 1300 655 443 www.mynrma.com.au/ childrestraints

If you need help fitting a child restraint, ring the RTA authorised fitting stations enquiry number **132 213**.

- keeping staircases free of clutter; making sure the stairwell has adequate lighting and carpet on stairs isn't threadbare or loose
- putting the phone numbers of the police, fire brigade, ambulance and NSW Poisons Information Centre in a visible place that members of your household can easily find.

Pool safety

Children should always be supervised by an adult in and around swimming pools. Fencing and other approved child-resistant barriers have to be installed around all swimming pools and spa pools in NSW. Different fencing requirements apply depending on the date the pool was installed, the area you live in and the type of property you have. Contact your local council if you're not sure whether your pool fully meets these requirements.

Car safety

In NSW, it's illegal to smoke in a car with a child or young person present or leave a child unattended in a car. Leaving children alone in cars even for short periods puts them at risk of heat stress, dehydration, emotional distress, car thieves and accidents from playing with car controls. It is never safe to leave babies or children alone in cars, even for a short time. Children should be properly secured in an approved child restraint or seatbelt, depending on their size and weight.

Child restraint laws that apply in NSW are:

- all children up to seven years of age must be secured in a child restraint or booster seat that complies with Australian/New Zealand standards
- all children under four years must be transported in the rear seat of a motor vehicle with two or more rows
- a child between the ages of four and seven can only travel in the front passenger seat of a vehicle if all available seating positions in the rear seat have been occupied by a child under four years in a child restraint
- babies up to the age of six months must be restrained in a rearward-facing restraint
- for young children from six months to one year of age a rearward or forward facing restraint must be used
- from one to four years of age, the child must be restrained in a forward facing restraint
- from four to seven years, a booster seat must be used.

Talk to your caseworker if you're financially unable to purchase additional car restraints for children in your care.

Sun safety

Adopting sun safety practices can help reduce the risk of skin cancer in later life and protect children from other common sun and heat related injuries such as sunburn, heat stroke, heat rash, dehydration, heat cramps, heat exhaustion and eye damage.

Sun safety practices:

- be a role model by wearing a hat, sunscreen and sunglasses
- encourage the child to wear clothing that covers their skin
- apply broad spectrum SPF30+ water-resistant sunscreen on areas not protected by clothing 20 minutes before going outside
- stay in the shade between 11am and 3pm whenever possible
- take more care when the child is near highly reflective surfaces, such as water and snow
- encourage the child to drink regularly and avoid vigorous activity in hot weather
- make sure a sick baby/child drinks extra fluids in hot weather
- avoid exposing a baby to direct sunlight and provide shade when travelling in a car
- never leave a baby/child alone in a car
- seek urgent medical attention if a child or young person in your care shows signs of heat stroke.

Savings

Encourage the child or young person to deposit a portion of their pocket money or earnings from a part-time job into a savings account. This is a good way to teach responsibility, money management and banking skills. Their savings belong to them and their savings account should be in their own name. Let them choose if they want to spend their money or save it for later.

School and vacation camps

School or vacation camps can offer children and young people a school holiday break full of adventure and fun.

Your caseworker's prior approval is needed if the child would like to attend camp for longer than one week. In considering your request, your caseworker will look at if the child's behaviour may pose a serious risk to others or themselves. Generally a child won't be able to attend camp unless ways to manage these risks are put in place.



Savings

School and vacation camps

If approved for respite, cultural case planning or other specific goals associated with out-of-home care, you may be able to get help with the cost of camp registration, camping gear and any additional support needed to enable the child to attend the camp.

Smoking

A child or young person shouldn't be exposed to passive smoke in the home or any confined space, such as a car. Encourage anyone who smokes, including visitors, to do it in an area well away from the child.

In NSW, smoking in a car with a child under the age of 16 years is against the law. A \$250 on-the-spot fine applies to the driver and any passenger who smokes in the car with a child present.

It's illegal for children under 18 to purchase tobacco products. It's also irresponsible for any adult to give cigarettes to a child or to buy cigarettes for them. Discourage children or young people from starting or continuing smoking. If you can't prevent it, you have the right to forbid them from smoking in your home.

Tattooing and body piercing

Agency consent is required if a child or young person under the age of 18 wishes to get a tattoo on any part of their body. This includes procedures known as scarification, branding and beading. Agency consent is required for a child to pierce nonintimate parts of their body, including their ears and nose. It's against the law for anyone to allow a child under the age of 16 to pierce their intimate body parts.

Travel

Within NSW

You don't need approval to travel within NSW if it doesn't interfere with the child's schooling or planned family contact. Tell your caseworker if you're going to be away overnight so they know the child's whereabouts.

Interstate

You don't need approval to take the child on an interstate day trip. However, you do have to get approval from the relevant manager casework if you're planning to stay overnight or longer.

Smoking

Tattooing and body piercing

Travel

Overseas

You need approval before taking a child overseas. Your caseworker will prepare a submission on your behalf that includes reasons for the travel, views of the child and their parents, impact on the child's routine, supervision of the child, financial arrangements and any other relevant matters. Once a decision is made, you'll receive a letter telling you whether approval has been granted or denied, and any conditions/restrictions on the travel arrangements. If granted, you'll then receive a letter of authority to travel with the child.

Applying for a passport

Your caseworker will apply for a passport on behalf of the child or young person. To avoid delays and disappointment, let your caseworker know well in advance if you're planning to travel overseas. It can take up to 12 months to get a passport for a child in care. This is because your caseworker has to get the consent of each person who holds parental responsibility for the child or with a right to contact under a court order, before a passport can be issued.



Transport

You're expected to organise and pay for, or provide, day-to-day transport for the child. This includes transport to school, activities, general medical appointments, dental visits and case meetings.

Working

Children and young people in care may be able to have a parttime job, such as delivering newspapers, babysitting, fast food preparation or working in the family business, if they want to and it doesn't interfere with their education. Your caseworker will consider a number of things before allowing a child to get a job. This includes laws about employing children, transport to and from the job, the child's maturity, their behaviour and whether working would affect their schoolwork and grades.

Transport

Working





Working

In NSW, the law states that:

- it is an offence to allow a child to take part in any employment that puts their physical or emotional wellbeing at risk
- children over the age of 10 may have a part-time job for no more than 10 hours per week outside school hours
- a school-age child must not:
 - do more than one shift a day or do another shift within 12 hours
 - work for more than four hours on any day they're required to attend school
 - work later than 9pm if they have to attend school the next day.
- no child or young person aged under 17 years can have a part-time job during school hours
- young people aged 17 years and over may work (i.e. no restrictions apply).

A school-age child requires both your and your caseworker's permission to work. Young people under the age of 17 who wish to leave school to work also need permission from the Department of Education and Communities.

Section 8. Contact

It is important for children and young people in care to maintain contact with family members.

This section explains why contact is important, gives details on how decisions about contact are made and provides information on how you can help support the child or young person with contact.

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What to do if contact is difficult87
Managing contact with parents
who use drugs or alcohol

29. Contact

Children and young people in care may have contact with their parents, brothers and sisters, grandparents, other family members and even close friends. Contact can involve planned face-to-face visits, telephone conversations, email messages and exchanging letters, gifts or photos.

Your agency will generally cover contact costs.

Why contact is important

Contact can support the parent-child relationship and reassure the child while they are in care. It's also one of the main ways of maintaining relationships between siblings not living together. Contact is also important for helping the child develop their sense of identity.

Contact also provides an opportunity for parents to work on areas of parenting they may be struggling with.

Making contact decisions

Decisions about contact are made by a court (through a court order) or your agency. These decisions always take into account the safety and best interests of the child.

Contact decisions identify who should have contact, the type of contact and how often contact should occur. Contact decisions also say if contact needs to be supervised. A court order may also prevent contact with certain people.

Contact arrangements are tailored to meet the child's needs. The child's age and whether they're likely to return to their parents' care are key factors in these decisions. Face-to-face contact is generally more frequent for a child who is likely to return home. If a child is in long-term care, face-to-face contact may be less frequent and it may involve exchanging letters and phone calls.

Your agency will talk with everyone involved and consider their views when making contact decisions.

Where a contact order exists, an application must be made to the court to change it. Decisions to apply for a 'variation or rescission' of a contact order will be made within the case planning process.

Contact arrangements are part of a child's case plan and are reviewed regularly to ensure they continue to meet the child's needs.

Well-planned contact can:

- maintain and strengthen the child's relationships and connection with family, significant others and community
- promote the child's cultural identity
- ease the pain of separation and loss for both the child and their family
- reduce a child's sense of abandonment
- reassure the child of the parents' wellbeing
- keep the birth parents updated with their child's development and activities
- provide an opportunity to share news and information
- help the child adjust to their placement.

You have a responsibility to encourage the child or young person in your care to maintain connections with their family and significant others under the *Code of Conduct for Authorised Carers.*

If you're a relative/kinship carer, you may share a close relationship with the child's parents. This can make it easier to organise contact and involve the parents in daily decisions. If there's conflict between you and the child's parents, these conflicts need to be managed to prevent contact becoming difficult. You should talk to Community Services if you need help.

Your role in maintaining contact

Your caseworker will talk to you about your role and participation in contact.

You can encourage contact by preparing the child for contact visits, keeping a record of the child's experiences and providing information about the child's time in care.

You don't have to be present during visits unless it's in the child's best interests for you to be there, and you agree. In some circumstances, such as when a child is in long-term care, you may be the best person to take the child to and from visits and to supervise contact. Alternatively, your caseworker or a contact worker may do this. Your role may also change over time, depending on the child's needs.

If you need to make a change to contact arrangements, you should tell your caseworker as soon as possible before a planned visit.

How you can support contact

You can best support family contact by talking to the child's caseworker about the types of contact arrangements that are suitable for the child in your care.

You can support family contact by:

- keeping an open mind about the child's birth family and remember that most parents love their child
- being positive when discussing and preparing contact arrangements
- preparing the child in advance for visits tell them where they will meet their parents, who will be there and what is likely to happen
- giving the child items to take to the visit that they can talk about such as drawings, school work or other meaningful activities, that parents can participate in with their child
- asking the parents for their views about their child's education, health, choice of clothes and even hair styles
- providing opportunities for phone or email contact
- helping the child to send birthday, mothers' day, fathers' day and Christmas cards (if appropriate) to their parents, siblings and other family members
- taking photographs and videos of the child to give to birth parents
- helping the child observe days of religious significance through scheduled contact with their family on these days

 encouraging the child to express their feelings before and after contact.

As a carer, you significantly influence the child's view of the world. Try not to express anger or anxiety about contact arrangements that the child will notice and avoid blaming or criticising the child's family.

Children often experience anxiety about contact with their birth families and this may cause their behaviour to change before and/ or after the visit. It's important to understand possible anxieties the child may have and don't pressure them for information about visits. Help manage the child's fears and frustrations so they can face visits with greater confidence and benefit from contact.

It's also important not to:

- have unsupervised meetings unless this is part of an approved case plan
- take out your frustration, anger or anxiety on the child
- place yourself in a position where you feel unsafe
- make promises you can't keep, such as supervising contact if you're not comfortable
- take on the role of counsellor for the child or their family.

What to do if contact is difficult

Sometimes family contact can be difficult for carers. There may be conflict about the amount of time required for contact or the behaviour of the child before or after contact. Ask your caseworker for help if you can't manage the contact arrangements, have concerns about contact or are worried about its effect on the child's behaviour.

It's important to raise any serious concerns with your caseworker as soon as possible. If your caseworker is unavailable and you suspect the child is at risk of being neglected or physically, sexually or emotionally abused, you should make a report to the Child Protection Helpline by telephone on 132 111.

See *Complaints & grievances* in this guide if you're unhappy about a contact decision.



You can



Managing contact with parents who use drugs or alcohol

Dealing with a parent under the influence of drugs or alcohol can be hard for carers and children. You may feel angry towards the parent for not being able to stay clean for a brief visit with their children.

The child may feel rejected and blame themselves for their parent using drugs or alcohol. It's important to reassure the child or young person that they're not responsible for their parent's drug and alcohol use.

If you're a relative carer managing contact and dealing with this type of situation, it may be helpful to set up some ground rules with parents. For example, the parent doesn't go to your house when they're under the influence of drugs and alcohol. Ground rules can help to reduce risk to the child or young person even if the parent doesn't always stick to them.

If a parent arrives at your home under the influence of drugs or alcohol, remain calm and use a gentle tone of voice when talking to them. Don't criticise them or try to have a long conversation. If they become aggressive, call the police.

Contact visits supervised by Community Services will be cancelled if a parent arrives under the influence of drugs or alcohol. Carers who are involved in supervising contact visits are encouraged to do the same.

Section 9. Health & wellbeing

Children and young people in care tend to have higher rates of health, developmental, behavioural and emotional problems. Many also have physical and intellectual disabilities. This is often a result of their experiences before coming into care due to abuse, neglect, prenatal and postnatal exposure to parental drug abuse, and exposure to high levels of conflict and family violence.

A child's risk of developing health problems increases with a lack of stable attachments to primary care givers, poor diet and inadequate health care and adult supervision.

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30. General health & wellbeing

Early assessment and intervention

It's widely acknowledged that children and young people in outof-home care are a highly vulnerable group with increased rates of physical, developmental, emotional and mental health issues compared to the general community of Australian children.

In order to improve their health outcomes, Community Services is working with NSW Health to make sure that children and young people entering statutory out-of-home care for 90 days or more receive a health assessment within 30 days of entering care. These assessments will help identify health issues and allow for better planning of required treatment services. NSW Health has employed out-of-home coordinators in each area to coordinate these assessments. Your caseworker will let you know when these health assessments start.

Costs

The care allowance is expected to cover the child's general medical costs, including visits to the doctor and prescription medications and non-prescription medications.

Types of out-of-pocket expenses your agency may cover, providing it is approved in the child or young person's case plan are: medical specialists, counselling, speech therapy, occupational therapy, physiotherapy, medical aids, dental and orthodontic treatment, long-term prescription medications not covered under the Pharmaceutical Benefits Scheme and glasses.

Administering medication

When administering medication prescribed by a doctor, make sure it's given strictly as directed. Immediately seek their advice if the child is having a reaction to the medication.

When buying non-prescription medication, such as analgesics and cough and cold remedies, take into account the child's medical history and any past side effects to different types of medication.

Note: Make sure you store medicines safely and not within sight or reach of children in your care. For more information visit the Kidsafe NSW website at www.kidsafensw.org.

Early assessment and intervention

Costs

Administering medication

Tell your caseworker if the child has allergies or reactions to particular types of medication so they can record this information on the child's file and pass it on.

Consent for medical and dental treatment

Dental and orthodontic

Health Care Card

Hepatitis, HIV/AIDS and other infectious diseases

Consent for medical and dental treatment

You can consent to medical and dental treatment not involving surgery if it's advised by a doctor or dentist. You can also consent to emergency treatment involving surgery if certified by a doctor or dentist. For any other treatment, you need to contact your caseworker to get approval to proceed.

Inform your caseworker about treatment you've consented to so this information is recorded on the child's file.

Dental and orthodontic

Children should have regular dental check-ups. The cost should be covered by the care allowance. You can consent to dental check-ups. However, you'll need your caseworker's prior approval if the child needs dental treatment involving surgery. Your agency will cover the costs of ongoing dental or orthodontic treatment providing this is part of the child's approved case plan.

Health Care Card

See Australian Government assistance in this guide.

Hepatitis, HIV/AIDS and other infectious diseases

You can give consent for the child or young person to be immunised against Hepatitis A and B.

You can't give consent for a child or young person to be tested for HIV/AIDS or Hepatitis C.

Medical testing that involves taking tissue samples or body fluids, such as blood or urine, can't be done without your agency's approval, except if the young person gets their own medical treatment and gives informed consent for testing.

Your agency can only give approval for testing if:

- there are sufficient grounds to suspect the child or young person may be infected
- testing is considered to be in their best interests or they've asked to be tested.

For privacy reasons that apply to all adults and children in NSW, you'll only be told a child or young person has HIV/AIDS, Hepatitis C or other infectious disease if:

- you need to know this information to provide appropriate care for the child or young person
- the disease could pose a significant health risk to you or members of your family.

If you or a member of your family has an infectious disease you don't need to tell your caseworker if:

- you're using universal infection control procedures
- ▶ the disease doesn't affect your ability to provide adequate care.

If you are told about a child or young person's infectious disease status, you can not disclose this information except to a medical practitioner or dentist for the purpose of medical advice or treatment, or in circumstances approved by the Minister.

See also *Infection control* in this guide or log on to www.health. nsw.gov.au.

Immunisation

Your caseworker will give you information about the child's immunisation history when they are placed with you. It is expected that children receive all available immunisations. You can give consent for immunisation of a child or young person in line with the NSW Department of Health immunisation schedule. Please keep a health record while the child or young person is in your care.

Medicare card

Children in statutory out-of-home care get their own Medicare card. If the child doesn't have their own card when they're placed with you, your caseworker will give you a Medicare number to use for bulk-billing and prescriptions. They'll then ask you to complete a Medicare enrolment application form and give you a copy of the child's birth certificate and the Children's Court order to submit with the form to Medicare or Centrelink.

Young people aged over 15 can apply for their own card.

To make a postal claim for reimbursement for medical bills you've paid, fill out your details in the claimant section of the Medicare form. If you get a cheque issued in the child's name, send it back to Medicare and ask for it to be reissued in your name. As a general rule, carers should always use universal control procedures. The basic principle is to treat all bodily substances (including blood, body fluid, urine and faeces) as potentially infectious and to use protective barriers and practices.

Immunisation

Medicare card

Medicare teen dental plan

My First Health Record

Medicare teen dental plan

Each year, Medicare issues a voucher for a preventative dental check to eligible teenagers aged between 12 and 17 years. This allows an oral examination and, if required, x-rays, scale and clean, fluoride treatment and fissure sealing.

To satisfy the means test for the voucher either:

- the teenager must be receiving Abstudy, carer payment, disability support pension, parenting payment, special benefit or youth allowance
- you must receive the Family Tax Benefit Part A, parenting payment or the double orphan pension for the teenager.

You can use the voucher at any private dental surgery if the dentist is registered with Medicare or a public dental clinic, including a school-based clinic. If the dentist bulk-bills, you won't have to pay anything. If they don't bulk-bill and charge more than the voucher, you'll need to pay the difference.

For more information about the Medicare teen dental plan, contact Medicare Australia on **132 011** or visit www.medicareaustralia.gov.au.

My First Health Record

My First Health Record, also known as the Blue Book, is given to all parents in NSW after the birth of a baby. When filled in regularly, it provides a record of the child's health history. It also includes a developmental screening tool, often referred to as PEDS (Parent's Evaluation of Developmental Status), to help identify any developmental problems early.

If a child under five years of age is placed with you, your caseworker will give you the child's My First Health Record, if possible. If it's missing or unavailable, you can get a new one from your local child health care centre or hospital. The results of health assessments should be recorded in My First Health Record. This should go with the child if they return home or move to another placement.

You play an important role in making sure the My First Health Record is kept up to date. Talk to your caseworker before completing the PEDS or arranging immunisations, as they may need to consult with the child's parents first, especially if the child is returning home at some point.

Private health insurance

Contact your private health insurance provider if you want to add a child to your family's policy. Your insurer can tell you what legal papers they need to prove the child is in your care. Some insurers allow you to add a child up to the age of 21 years on your existing family health cover for free. If your insurer charges you to add the child to your existing policy, the cost is to be met from the care allowance.

Psychotropic medication

Psychotropic medication includes anti-psychotic, anti-depressant and anxiolytic medication. They're prescribed for a range of conditions, such as ADHD, and they affect thinking, perception, mood, level of arousal and behaviour.

Psychotropic medication may be prescribed by a doctor to treat mental illness, psychiatric disorders and other symptoms. Their use has to be part of a treatment plan approved by your caseworker. If these conditions are met, you can administer psychotropic medication.

It's illegal to give psychotropic medication to control the behaviour of a child in out-of-home care, unless it is part of the child's approved behaviour management plan.

You must let your caseworker know if the doctor alters the psychotropic medication or dosage so its use can be properly monitored and documented.

Travel assistance

You may be able to get help with travel costs associated with taking the child to specialist medical appointments. This includes help with fares, petrol for kilometres travelled and parking costs. You must get prior approval from your caseworker.

Private health insurance

Psychotropic medication

Definitions

Travel assistance

31. Sexual health

Young people who have been in care experience higher rates of teenage pregnancy than others. This is why getting help to access information to make informed decisions about sexual and reproductive health is particularly important. Teen pregnancy is linked to poorer educational, employment and general health outcomes and long-term welfare dependency.

Organisations such as Family Planning NSW offer health information, advice and services to the community, including:

- contraceptive information and prescriptions
- pregnancy tests and information about pregnancy options
- postnatal checks
- testing and treatment of sexually transmittable infections
- management of menstruation and bleeding problems.

Fact sheets on a range of topics are available from their website at www.fpnsw.org.au. Topics covered include how to answer children's questions about sexuality, menstruation, contraception and pregnancy. Family Planning's bookshop also sells books that deal with a range of issues.

Family Planning NSW

Healthline and email service are available Mon-Fri, 9am-5pm

1300 658 886

Healthline@fpnsw.org.au.

Family Planning clinics are staffed by fully qualified doctors and nurses. Consultations are free.

Sex and contraception

The age of consent in NSW is 16 years. Sexual intercourse with a child under 16 years of age is illegal. Even if both parties are under 16 years of age, they can still be charged with an offence. However, this is unlikely unless there's a significant difference in their ages.

For anyone over 16 years of age, the decision to have sex is a personal one. They don't have to seek permission to do so or to use protection from pregnancy, sexually transmitted infections and HIV. If they ask for your advice about contraception and you feel uncomfortable, suggest that they talk to their caseworker, doctor or local family planning clinic.

The young person in your care may or may not tell you if they become sexually active. Like any issue good communication is the key. Answer their questions and ensure they're well informed. Don't force the issue, it's important to respect your teenager's feelings and their privacy as well.

Contact your caseworker if you're concerned that a child under 16 years of age in your care may be engaging in any kind of sexual activity that's putting them and/or another child at risk.

Pregnancy

Contact your caseworker if a girl in your care tells you she's pregnant or you suspect she may be pregnant. Your caseworker will make sure she gets the information and support she needs to find out if she's pregnant, consider all her options and make an informed decision. Your caseworker can also help her receive parenting support services under the Brighter Futures early intervention program.

Abortion

In NSW, a girl aged 14–15 years can give informed consent to an abortion without her parent/guardian's knowledge if the doctor considers she's mature enough to make this decision. Informed consent can only be given after a young person gets information about the procedure, possible risks and complications, and the emotions commonly experienced after an abortion.

A girl or young woman over 14 years of age with an intellectual disability has the same rights as long as the doctor considers she's able to give informed consent.

A girl aged under 14 years or between 14–15 who lacks the ability to give informed consent, requires the consent of the person with parental responsibility. For example, consent of the Manager Client Services is required if the girl is under the parental responsibility of the Minister.

Your caseworker can't give information about the pregnancy to you, her parents or anybody else without the girl or young woman's permission unless:

 she's not capable of making a decision about the pregnancy and other people, including her parents or you, need to be consulted in the decision-making process



Contact your caseworker if you're concerned that a child under 16 years of age in your care may be engaging in any kind of sexual activity that's putting them or another child at risk.

- it's necessary to ensure she's provided with appropriate care
- it's necessary to ensure the safety of you and other members of your household.

Expectant fathers

If you're caring for a young person who suspects his girlfriend is pregnant, only she can decide whether or not to have the baby, because parental rights begin at birth.

If she has decided to have the baby, contact your caseworker, because dealing with fatherhood can be an emotional time. The boy's caseworker will help him get the information and support he needs. They'll also talk to him about his rights, responsibilities and important decisions that need to be made, such as whether he:

- wants to help take care of the baby
- wants to have access and visiting rights
- wants to take a paternity test
- has to pay child support.



32. Emotional health & wellbeing

Many children and young people who come into care experience poor emotional health and wellbeing. This may be a result of trauma, grief, loss, depression and anxiety. This chapter looks at ways to understand and help improve their emotional health and wellbeing.

Trauma, loss and grief

Experiences of abuse or neglect are traumatic. Being separated from important people in their lives is also distressing. Children's reactions to trauma can include trouble sleeping, withdrawal, clinginess, severe anxiety, aches and pains, substance abuse and risk-taking.

Children in care generally experience multiple losses. Abuse and neglect can cause loss of trust, feelings of safety, self-worth and personal power. Being in care can mean loss of parents, siblings, extended family, pets, home, neighbourhood, school, friends, belongings, activities, identity and a sense of belonging.

Grief is a normal healthy response to loss. It includes shock, denial, anger, sadness, bargaining, hopelessness, confusion, despair, guilt, understanding and acceptance. Grief is personal. People grieve in their own time and way. A child may find it difficult to understand that grief will end and that they can cope and will be okay if it does resurface. They'll also find it hard to grasp that they're reacting to loss. Young people can understand they're grieving but may not realise their behaviour is related to their loss.

You can do a number of things to help the child in your care cope, such as:

- don't get angry or blame them for their behaviour, which may be a response to their experiences
- reassure them they're safe and cared for
- listen and talk to them about what's happening, their experiences, how they're feeling and how you feel
- be understanding if they can't do normal activities for a while
- allow them time to work through their experiences
- help them find ways to express their emotions and comfort them when they're distressed

(continued overleaf)



Children's reactions to trauma can include trouble sleeping, withdrawal, clinginess, severe anxiety, aches and pains, substance abuse and risk-taking.

Helping the child cope (continued)

- be aware of anniversary dates, such as Christmas and birthdays, which may trigger memories and emotions
- maintain routines, particularly around sleeping, eating and activities
- make time to give them special attention and do activities you all enjoy as a family
- try not to become overprotective
- help them maintain connections and their sense of identity
- allow them to make choices that aren't harmful and encourage safe expressions of independence
- never threaten to send them back because of their behaviour
- follow through with commitments
- avoid comparing their losses to others' experiences
- prepare them well in advance of any new changes.

You can

Definition

Definition

With your care and support most reactions to loss and grief will settle down in a few weeks but resolving ongoing or severe reactions may require professional help. Talk to your caseworker if you're worried about how the child is coping.

Depression and anxiety

Feeling down or sad usually passes within a couple of weeks. **Depression** occurs when these feelings are intense, persistent and interfere with a person's ability to function in everyday life. Common signs of depression in children include extreme sadness or tearfulness, constant tiredness, loss of pleasure in activities, problems concentrating and feelings of worthlessness.

Anxiety shows up as excessive fear, nervousness, apprehension, and worrying about specific places, things or events. This can cause lack of confidence and avoidance of difficult situations. Anxiety from time to time is common in children. It becomes a problem when it's ongoing, overwhelming and interferes with daily life. Common signs of anxiety in children include constant irritability, needing continual reassurance, getting upset if there's a change in routine, being argumentative or feeling sick to avoid a situation.

Recognising signs of possible depression or anxiety can help you understand the child's behaviour and get professional support early.

Caring for kids

When you think the child may be depressed or anxious:

- try to identify what triggers it and how it affects them
- make time for them to talk to you and listen to what they say without judging, interrupting, reacting or trying to cheer them up
- acknowledge their worries and gently ask questions to understand the reason for what's happening and help them find practical ways to solve the problem
- model positive coping skills
- encourage them to eat well, avoid skipping meals, keep active and do things they used to enjoy
- give them time to practise new routines, set small goals and introduce challenges gradually
- tell them what they do well and give praise when they have a go or attempt new things
- not force them to confront deeply held fears
- discourage avoidance, such as not attending school
- prepare them for major changes
- ask for professional help from your caseworker or the child's doctor, paediatrician, therapist or school counsellor, when you need it.

Bonding and attachment

A **bond** is an emotional connection between two people. Attachment is the bond that forms in child/mother and child/ primary carer relationships. **Bonding** is the process of forming this attachment. Healthy attachment to their mother/primary carer sets the foundation for positive relationships with others in the future. Poor attachment can lead to emotional, behavioural, social and relationship problems.

Abuse, neglect, chaotic environments, fear, lack of bonding experiences and repeated rejections by parents/carers are some of the factors that interfere with bonding and attachment. Specific problems associated with poor attachment will vary depending on the nature of abuse and neglect, length of abuse and the child's age. Some children may have obvious emotional and behavioural problems while others may have more subtle problems that are harder to recognise. These include developmental delays, comforting behaviours, emotional problems, odd eating habits, abusive behaviour and aggression.



Definition



You play a major role in helping children learn the emotional and social skills they need to understand and manage their emotions, imagine how others feel, solve problems and form healthy relationships. Ways you can help a child with attachment problems include:

- nurture them in the way you would any child while carefully monitoring how they respond
- try to understand their behaviour before reacting
- care for them based on their emotional age
- be consistent, predictable and develop regular routines
- model and teach appropriate social behaviour
- take the time to listen and talk to them
- have realistic expectations and accept that progress may be slow
- celebrate small changes.

Emotional and social skills

Everyday situations present opportunities for children to learn and practise emotional and social skills. Playing with others teaches young children sharing, taking turns and cooperation. Reading storybooks that focus on friendships and social interactions gives you a way of discussing these with the child.

Shared encounters with people can be a good way of teaching older children about messages we send with words, facial expressions and body language. Show them how to confidently and respectfully communicate their thoughts, feelings and needs by admitting it if you're feeling sad, irritable or afraid. Let them see how you cope with your feelings by talking about possible solutions and letting them know when you're feeling better and why. Don't lie to them about a situation to avoid an emotional reaction because this increases their mistrust of adults.

Explain how a feeling isn't the same as an action so they understand that having feelings is okay but acting in certain ways isn't. Encourage them to talk about and express their feelings without pressuring them to answer questions about how they feel. Help them find ways of expressing their feelings such as naming the feeling, writing it down, playing sport, drawing or painting, dancing, singing, or playing music.

Avoid trying to fix the problem by offering solutions or downplaying their experience. Instead, encourage problemsolving by asking what they could do about a situation and what they think may happen if they tried it. Give them ageappropriate choices so they can practise making decisions and learn how to take responsibility. Get them involved in activities they enjoy to give them the opportunity to practise their social skills and make new friends.

Self-esteem

Children and young people in care have often experienced trauma, neglect and adversity. A child's experiences before and during care, such as being separated from parents or insecurity arising from placement changes, can affect their self-esteem, confidence and ability to cope.

Self-esteem is feeling good about yourself. It's about knowing you can do things well, you belong, you matter and you're worthy of being loved and accepted by the people who are important to you. Having high self-esteem enables us to act independently, attempt new tasks, deal with challenges, tolerate frustration, take pride in our achievements and actively participate in our community.

Tips for building self-esteem include:

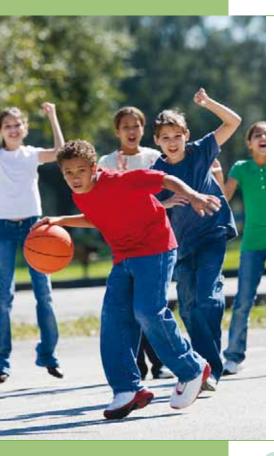
- letting them know that you're glad they are who they are
- giving them attention, affection and spending time with them
- showing respect by talking to them in the way you appreciate being spoken to and taking what they have to say seriously
- taking an interest in their hobbies, activities, schoolwork and opinions
- giving them specific praise for the things they do including their efforts
- making them feel needed by asking them for help with tasks
- teaching them to trust their feelings
- keeping special mementos, taking photos and celebrating achievements
- showing them that you have faith in them and their judgement
- being careful not to send negative messages that say they're a failure, a nuisance or unwanted.

Encouraging involvement in sport and recreational activities

Encouraging children to participate regularly in sport, play, creative hobbies and other activities they enjoy helps them to develop new skills, self-esteem and a sense of purpose and identity.

You have a great deal of influence over the child's attitudes towards sport and recreational activities. Your lifestyle, enthusiasm and support can have a major impact on getting them involved in activities. Definition

Everyone experiences highs and lows in their self-esteem depending on what's happening in their life at the time. However, the selfesteem of a child who has been abused, neglected or moved around a lot may be particularly fragile. If a child or young person isn't interested or resists getting involved in activities, ask them what they'd like to do and encourage their interests. For some children, making them do an activity that you believe is good for them may just end up being a negative experience.



Involvement in positive activities (including sports, arts, music, dance, drama and play groups) can:

- help children and young people get through a difficult time.
- let them make links in their community, interact with peers and make new friends
- provide opportunities for safe risk-taking, learning and developing teamwork, coordination and discipline skills
- offer a way to express themselves and their feelings creatively in a safe environment
- promote self-worth and a sense of accomplishment
- provide a chance to play and learn together
- give you an opportunity to make new friends and develop a support network in your local community.

Getting them involved

- Play with them, take them to the park or go to a playgroup.
- Be active and have your own interests.
- Be active as a family.
- Find out about local sport and recreation clubs, groups and activities.
- Emphasise having fun and reduce competitive situations for children who are developing skills.
- Give lots of encouragement and offer to help if the child is having difficulty learning a new skill.
- Encourage them to do activities at home with their friends.
- Restrict time spent watching TV and playing computer games.
- Find out what activities are offered at their school.
- Take an interest in what they do each day at school, including favourite subjects, sports and what they do at lunchtime.
- Volunteer to help in the classroom, coach a sports team, or assist with major sporting events such as swimming carnivals and inter-school sports days.

Speak to your caseworker if you're having difficulty accessing sport and recreational activities, or wish to discuss the child or young person's sport and recreational needs.

Section 10. Education

Educational outcomes for children and young people in care are consistently poorer than other children. This is because of poorer literacy and numeracy skills, higher numbers repeating a grade, higher instances of learning difficulties, behavioural problems and intellectual disabilities, and significantly higher numbers of those leaving school early.

As a carer, you can help the child in your care to improve their educational outcomes.

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33. Supporting education

Education may not have been a priority for some children in care. This can cause poor self-esteem, gaps in their learning and difficulty settling into school. Children may have experienced additional stress that comes from moving to a new placement, starting school, moving from primary to high school or changing schools.

Staying involved in learning up to Year 12 and beyond gives children and young people greater employment opportunities and a broader set of social skills. It also prepares them for life after school and helps them to make decisions about their future.

Individual learning plans

Research shows that children and young people in care are at higher risk of poor educational achievement. This is because for some children in care, education can be disrupted by factors related to their experiences both before and after coming into care.

For this reason, Community Services and the Department of Education and Communities have been working to develop, implement, monitor and review education plans for children and young people in statutory out-of-home care.

The Department of Education and Communities now develops individual learning plans for all children in care. The plans are reviewed annually and at major points in the child's life, such as starting a new school or beginning high school.

Working with the caseworker and carer, the Department of Education and Communities out-of-home care coordinators help to coordinate and develop these plans. Contact your caseworker for more information about the education plans.

Importance of education

Involving children in learning from a young age is vital for the best start in life. High-quality preschool programs allow children to learn problem-solving, communication and social skills needed for future educational success.



Apart from intellectual stimulation, children benefit from education in a number of ways. They learn:

- how to build relationships and be part of a community
- how to work with classmates to achieve goals
- how to accept success and disappointment
- about diversity, tolerance and acceptance.

Children with additional needs sometimes require extra help at preschool, occasional care or vacation care. Community Services' Supporting Children with Additional Needs (SCAN) scheme can assist children with additional needs to have equal access and inclusion in a centre's program. If the child is at a long day care centre the additional needs are met through the Inclusion Support Scheme. For more information contact your caseworker or the Child Care and Family Information Line on (02) 9504 4244 or 1800 803 820.

Encouraging learning

Children and young people need to be encouraged to think and talk about what goals they want to achieve and any support needed to achieve them. They also need to work out what they enjoy and are good at and should receive support to do these activities.

As well as encouraging them to attend school, you can encourage learning by:

- reading together and going to your local library
- talking to them about what happened at school in an open way to encourage them to discuss issues
- giving them a regular structured time and a place for homework
- checking their homework
- providing opportunities for the child to study with their friends
- showing interest in what they do
- balancing homework with recreation, play and sporting activities
- acknowledging and giving praise for achievements, big and small
- taking them on trips that link to school work, for example, museums and art galleries – many of which are free
- knowing what's going on at school and getting involved
- getting to know the child's teacher and their school friends
- talking with the school and making sure the child gets the educational or social support they need

- attending parent-teacher meetings, which are an opportunity to talk about how the child is progressing
- discussing with the caseworker the child's education history, what support they have had in the past, current concerns and types of support the child may need.

Promoting literacy

Teaching children to read helps them to build good foundations for life.

Reading anything is better than reading nothing Newspapers and youth magazines can be useful for older children. Magnetic letters are helpful for word building with younger children.

Some children need to be convinced of the value of reading Try to establish a reason for reading something other than to read it correctly. It may be because a book is funny, to solve a problem, to help with an activity, such as cooking, or to research the answer to a question.

Praise is extremely important Give praise for reading hard words or longer sections, or for correcting a mistake. The more enthusiastic your praise becomes, the more enthused they'll get.

Match your reading speed to the child's Reading together is a good way of supporting a child's learning. Work towards gradually fading out your involvement and allowing the child to read alone when they're ready.

Contact your local library. Many libraries hold holiday activities and have weekly storytime sessions.

Rereading a book many times is fine Some children become attached to a favourite book. Rereading allows them to experience success with a book they feel comfortable with, but you should also use it as a way to encourage reading other texts.

Use computers to support literacy This is especially important for children with a limited attention span or behavioural problems. Look into computer games that develop reading and writing skills.

Remember, reading should be fun A laugh and a joke will do a lot to help a child.

Compulsory school age

All school-age children and young people must be enrolled in and attending school or registered with the Board of Studies for home schooling.

The compulsory school age is six–17 years. Children may enter kindergarten at the beginning of the school year in NSW government schools if they turn five on or before 31 July in that year.

Important

Definition

Caring for kids

Young people must complete Year 10. If this happens before they are 17 years old, they must also be doing one of the following on a full-time basis:

- school or registered home schooling
- approved education or training (e.g. TAFE, apprenticeship or traineeship)
- full-time paid employment (average 25 hours a week)
- combination of work, education and/or training.

If the young person in your care chooses not to stay in school, training or employment, it can affect their income support, including the youth allowance, from the Commonwealth Government.

The Youth Connections program

This service may be able to help young people aged between 11 and 19 years who find it difficult to study and are thinking about leaving school or have already left.

Youth Connections program activities can help young people to meet Australian Government education and training requirements. Enrolment is an option for school leavers who haven't attained Year 12. Individualised personal assistance helps young people who are most at risk of not making a successful transition through school and onto further education, training, employment or active participation in the community.

Referral can be self-made or through Centrelink, schools and job network agencies. For more information visit www.youth.gov.au/transitions.



34. School fees & contributions

Before school, after school and vacation care

Prior approval is required before the child or young person in your care can regularly attend before school, after school or vacation care. If their attendance is part of an approved case plan, your agency will generally pay the gap between the Commonwealth Child Care Benefit, the Child Care Rebate and the fees. See the *Child care* section in this guide.

Education tax refund

You may be able to claim an education tax refund of up to 50 per cent of certain education expenses for a child or young person in primary or secondary school. For more information, see the section on Australian Government assistance – Education tax refund in this guide.

Photos

School photos are an important record of the child's school history. The care allowance should cover the cost of these photos.

Private school

Your agency will pay the child or young person's private school or boarding fees and expenses if this is part of the approved case plan.

Public school

Public schools can request school contributions. These are voluntary and it's your decision whether to pay them. Principals are responsible for ensuring no student or family suffers discrimination or embarrassment over voluntary school contributions.

Schools may also charge students for the purchase of materials used in specific subjects. Generally, the care allowance meets these costs. However, talk to your caseworker about possible assistance if an elective subject will cause financial hardship.



Need to know



School Student Transport Scheme

The NSW Government's School Student Transport Scheme (SSTS) provides subsidised travel for eligible school students on rail, bus, ferry and long-distance coaches. A subsidy is also available for transport to and from school in private vehicles in areas where there is no public transport.

The scheme is only valid for approved travel between home and school, Monday to Friday, on school days.

Application forms are available from the school TAFE or college. As a carer, you must complete and sign the form if the student is under 16 years of age.

If a travel pass is lost or stolen, apply for a new one from CityRail or the bus operator. A fee will be charged and students will have to pay the fare until a new pass is issued. For more information about the School Student Transport Scheme see www.transport. nsw.gov.au or www.cityrail.nsw.gov.au.

Assisted School Travel Program (ASTP) for students with disabilities

The Assisted School Travel Program (ASTP) aims to assist eligible students with disabilities to access educational services in government and non-government schools in NSW with a maximum of two trips per day.

Transport services are available to students enrolled in special schools and support classes or in placements in regular classes if they are mobility-dependent.

To be eligible to apply for transport assistance, students must:

- have an identified disability that meets the NSW Department of Education and Training disability criteria (May 2003)
- be enrolled in the closest appropriate government or registered non-government school to their home, after consideration of educational needs and the impact of travelling distance and time on individual learning programs
- have parents and/or carers who have shown in writing their inability to provide or arrange travel for the student either fully or in part

be a permanent resident of NSW.

For further information on the scheme, contact your school principal or the Assisted School Travel Unit, on 1300 338 278.

Tutoring

Your agency may pay the cost of tutoring if the need for it is identified in the child's case plan. You can't claim reimbursement for tutoring you've organised without prior approval.

Uniforms, books and other costs

The care allowance should cover general educational costs. This includes the cost of uniforms, stationery, textbooks, excursions, school camps, levies, photos, activities and so on. You may be able to get help with other education costs, such as tutoring or a computer, if this is part of an approved case plan.

Your agency may pay the cost of tutoring if the need for it is identified in the child's case plan.



Who can make schoolrelated decisions?

See the section on Decision-making in this guide. Contact your caseworker if you're unsure of who should make a school-related decision in a particular

35. School-related issues

Attendance

You're responsible for making sure the child or young person in your care goes to school. The school will contact you if the child or young person's attendance is a problem. If it continues to be a problem, the school will contact your agency.

Bullying

If the child or young person is being bullied at school or they're displaying bullying behaviour, it needs to be taken seriously. Bullying can take many forms including: name-calling, teasing, insults, humiliation, sarcasm, threats, pushing, shoving, kicking, hitting, punching, tripping, spitting, taking or damaging possessions, ignoring, excluding, ganging up, making gestures, spreading rumours, malicious emails, text messages, phone calls, camera phone photos and postings on Facebook.

Being bullied

Victims of bullying are often afraid to talk about it for fear it will make things worse. Signs of being bullied may include:

- not wanting to go to school and using excuses such as feeling sick
- refusing to go to school
- talking about hating school
- increased fearfulness, tearfulness, anxiety or depression
- missing or damaged belongings, including torn clothing
- unexplained cuts, bruises or scratches
- lack of friends
- not doing well at school
- asking for or stealing money (to pay bullies)
- trouble sleeping.

If you suspect your child or young person is being bullied, approach the issue sensitively. Don't try to make them admit it and avoid using 'why' guestions. Ask about what's making them feel this way. Usually they'll hint about what's happening without giving specifics. Calmly listen to them and take their feelings seriously. Ask what they've tried and offer to help them work out some strategies for dealing with the situation.

It's important they know telling you was the right thing and being bullied isn't their fault. Keep a written record of what happened, including when, where, who was involved and if anyone else saw it. Identify coping strategies together, such as taking a different way home, staying with a group and changing their mobile phone number.

If the bullying continues, talk to their teacher and school counsellor about how you can work together to prevent it from happening. If nothing changes, speak to the principal about the school's anti-bullying plan and how the school intends to respond. Keep in contact with the school until the bullying is sorted out. Talk to your caseworker if this is an ongoing problem or you need extra support.

Bullying others

There are many reasons children bully others. They feel powerful, get attention and may think it makes them popular with peers. They may feel it's acceptable fun because they believe everyone does it. It may be a way of getting things they want, such as money or food. It could be how they express feelings of anger or jealousy. Or they may do it to protect themselves from being bullied.

If the child or young person in your care is bullying others at school, clearly tell them this kind of behaviour is not okay. Keep calm and listen to their point of view. Discuss the impact of their behaviour on their victim. Set down and explain the consequences of their actions, for example, no computer games for a week. Be aware of, and restrict, activities or situations that may be influencing their behaviour, such as violent video games and movies or being around adults who are modelling bullying behaviour.

Talk to the teacher and school counsellor to find out how you can work with the school to prevent the behaviour. If the bullying continues, talk to your caseworker.

Change of school

You can't change a child or young person's school without prior approval from your agency.

Choice of school

When possible, children or young people in care will remain in their usual school after entering care.

If the child or young person in your care is bullying others at school, clearly tell them this kind of behaviour is not okay.



Most attend public schools. If you feel your child or young person's educational needs can't be met by the public education system in your area, discuss this with your caseworker. Your agency may consider other options, such as private school, boarding school or home schooling. If approved, this decision will be included in the child or young person's case plan.

Enrolling in or transferring to a new school

When the child or young person transfers or enrols in a new school, your caseworker will advise the new school and provide them with information about the child's history (where appropriate), care arrangements, current schooling arrangements and support. They'll also explore strategies with you and the child to maintain contacts with friends and significant others.

The new school will organise to have the child's records transferred from their previous school. The student's out-of-home care coordinator will make sure the new school understands and implements the child's individual learning plan.

Expulsions

The school will contact you if they're considering expelling the child or young person, to discuss the issues and available options. Contact your caseworker as soon as possible if this happens.

Suspensions

The school will implement an appropriate range of student welfare and discipline strategies before imposing a suspension, unless an immediate suspension is necessary. The school will inform you if a suspension is imposed. If the suspension is long, inform your caseworker so they can work with you and the school to identify and manage return-to-school strategies.

Formals and graduation dinners

Year 10 and Year 12 formals and graduation dinners acknowledge the educational achievement of young people. They also mark the transition from childhood to young adulthood.

Every young person in care should have the opportunity to attend their school formals and graduation dinners if they want. The care allowance covers cost of tickets, dresses, accessories, suit hire, shoes, hair, make-up and beauty products, transport, photos and graduation gifts.

Caring for kids

Formals and graduations can be expensive. Budget by putting aside some care allowance throughout the year leading up to the event.

Leaving school early

A young person isn't eligible for the youth allowance if they've left school without a Year 12 certificate or equivalent qualification. To be eligible for the allowance, they must be in full-time education or training, or a combination of part-time work and study for at least 25 hours a week.

If the young person in your care is at risk of leaving school, contact your caseworker. They can work with you, the young person and the school to either support them to stay at school or undertake training.

Ongoing support to complete education and training

Talk to your caseworker if the young person in your care is going to turn 18 years in the middle of completing their Higher School Certificate (HSC) or full-time TAFE studies. If they're completing their HSC, you may be able to keep getting the care allowance for a reasonable transition period while the young person completes their studies. This will depend on whether continuing financial assistance is part of their approved leaving care plan and they're living with you.

Ongoing support for the young person to complete other courses of study is considered on a case-by-case basis.

School refusal

Talk to the teacher and your caseworker if your child or young person is refusing to go to school or you suspect they're skipping school. You'll get help to look at why this may be happening and identify strategies to encourage school attendance and any additional support that may be required, including a referral to Youth Connections (*see page 106*).

Schoolies Week

Schoolies Week is an important rite of passage for many young people leaving school. Others may prefer to celebrate in a different way, such as a party or getting a contribution towards something they've been saving for. Begin talking to the young person early in Year 12 about how they'd like to celebrate, what they can expect and how it will be planned. Eligibility requirements

If the young person in your care is at risk of leaving school, your caseworker can help to either support them to stay at school or undertake training.





Schoolies Week (continued)

If the young person wishes to attend Schoolies Week and you agree, factors to note include:

- the budget how much will be set aside out of the care allowance and what they're prepared to contribute through pocket money or earnings
- if they're under 18, it will affect the type of activities they can participate in, like going to clubs and pubs and drinking alcohol. It will also limit the type of activities they can do with friends over 18
- before agreeing to an unsupervised activity, you need to feel confident they'll be able to deal with peer pressure, stick to your rules and understand how drinking and drugs are the main causes of accidental injury, getting into fights and risky sexual behaviour
- if you agree to them going on an interstate or overseas holiday, they'll need prior approval from your agency if they're under 18.

The Department of Education and Communities has developed a website, www.turning18.com.au. *Turning 18: Your guide to drugs, alcohol and celebrating safely* aims to increase young people's awareness of the issues relating to end-of-year celebrations.

Section11. Managing behaviour

From time to time, children and young people in care may behave in ways that are difficult to manage. A small number may have particularly challenging behaviour that requires specialist intervention and support to help them learn better ways to meet their needs.

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36. Managing behaviour

The effects of past abuse, neglect and trauma often shape the behaviour of children and young people in care. Other factors that commonly influence behaviour include:

- being exposed to violence and extreme aggression early in life
- health and developmental issues
- inconsistent parenting
- not being taught a positive way of getting what they need
- learning that being disruptive gets attention
- trying to cope with grief, loss and separation
- repeated rejections by loved ones and feelings of abandonment
- lack of a stable home, family and school life due to moving in and out of care or placement breakdowns
- having to adjust to new environments with different rules and ways of doing things too often.

Discipline

Positive discipline. Discipline is one of the ways we learn the difference between acceptable and unacceptable behaviour.

Discipline takes positive and negative forms (e.g. punishment). Positive discipline is based on teaching. It's an ongoing process that takes time, effort, patience, thought and compassion. What works best depends on the individual child and their age.

The goal of positive discipline is to help the child change their behaviour for the long term by focusing on what they're allowed to do, encouraging them to think before they act and reinforcing what they are learning with reminders and praise. It's about teaching them self-control and how to make better choices while still being firm when you need to be.

Babies don't need discipline Babies cry because they're hungry, wet, tired, in pain or need to be held. You can't spoil a baby by tending to their needs. When they start crawling, they tend to get into everything. Baby proof your home to keep them safe while exploring. Distract or offer alternatives if they are doing something you don't like instead of saying 'Don't'.

Preschoolers have learnt the basic rules They'll understand if you explain things. Use distraction and rewards, such as extra praise and hugs, whenever you can.





Older children need you to help them discover their strengths so they feel good about themselves.

Important

Older children and young people need you to:

- lead by example and model new/desirable behaviour, such as respecting people
- keep your cool, focus on addressing the behaviour, set clear limits and be consistent
- make sure they understand why they're being disciplined
- be firm by speaking in a tone that lets them know you mean what you say and expect them to do it
- plan ahead by preventing situations that often lead to misbehaviour, such as making sure they're not over-tired before going out
- help them discover their strengths so they feel good about themselves
- talk to them about their choices and possible consequences
- > teach them that rights and responsibilities go hand-in-hand
- involve them in discussions about setting rules and establishing consequences for breaking them
- take every opportunity to reinforce and reward positive behaviour with warmth and praise.

Use privileges like watching a favourite TV show or participating in a fun activity to promote positive behaviour. Make sure consequences for unwanted behaviour are fair and that the child or young person understands what they've done wrong and give them a chance to correct their behaviour.

For more tips and advice go the Parenting section of the Community Services website at www.community.nsw.gov.au.

Punishment A carer can't use any form of discipline that involves spanking, slapping, shouting, blaming, shaming or ridiculing a child. While it may be quick and effective and allow an adult to vent frustration, physical and psychological forms of punishment don't teach the child self-control. Instead, it reinforces the child's experience that the bigger, angrier and stronger you are, the more you get your own way.

For more information, see *Prohibited practices* and *Restricted practices* in this guide.

37. Challenging behaviour

Challenging behaviour can potentially put the child, you, your family or other people in danger. It is different to behaviour that may be difficult to manage at times. Challenging behaviour includes:

- verbal and physical abuse, threats and assaults
- sexual offences, such as indecent exposure, sexually explicit behaviour, sexual harassment and sexual assault
- running away
- antisocial behaviour, such as damaging property, stealing and picking fights.

Challenging behaviour may also include a child or young person seeming unable to control their actions, and certain behaviours that occur frequently or continue for extended periods of time.

Talk to your caseworker if you're concerned about your child's behaviour or need extra support to manage their behaviour.

Behaviour management plans

Behaviour management plans aim to help a child with challenging behaviour learn better ways of behaving. They also help you to learn how to redirect the child or respond to their challenging behaviour with understanding. Most children and young people in care don't need a behaviour management plan even if their behaviour can be difficult.

Behaviour management plans are developed with you by your caseworker and either a psychologist or casework specialist. Plans take into account the circumstances of each child and the different ways you've already tried to manage their behaviour.

When developing the plan, your caseworker will look at what the child is doing, thinking and feeling to identify what may be causing them and others distress. They'll also help you to develop realistic strategies for preventing the challenging behaviour by looking at when and where it usually happens.

Important



38. Restricted & prohibited practices

Restricted practices

The law restricts some practices used to manage the behaviour of children and young people in care. You can't use restricted practices to manage a child's behaviour unless the practice forms part of an approved behaviour management plan. Restricted practices include the use of:

- physical restraint
- psychotropic medication
- 'non-exclusionary' time-out when used consistently to target particular challenging behaviours. This involves you withdrawing your attention from the child for a period of time without putting them in another setting, like a room or a corridor, on their own
- exclusionary time-out. This involves the child being removed from a situation and put in another setting on their own.

Talk to your caseworker if you're unsure of whether a form of discipline you're using is a restricted practice.

Prohibited practices

Prohibited practices are **against the law** and must not be used in any circumstances to manage the behaviour of children or young people in care. Prohibited practices include:

- any form of corporal punishment (for example, smacking or hitting)
- any punishment that's intended to humiliate or frighten a child
- any punishment that involves immobilising a child (chemical or physical restraint)
- force-feeding or depriving a child of food
- use of medication to control or restrain a child without a behaviour management plan, proper medical authorisation or legal consent
- use of aversive or punishing techniques, such as putting a child in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body

Important

Prohibited practices (continued)

- over-correction, where the punishment is out of proportion to the behaviour (for example, making a child clean the entire room because they deliberately tipped their meal on the floor)
- confinement or containment (for example, a child is detained or forced to remain in a locked room or other place that they can't leave)
- punishment that involves threats to withhold family contact or to change any part of a child's case plan
- denying access to basic needs or supports
- unethical practices, such as rewarding a child with cigarettes
- any other act or failure to act that is an offence under the civil or criminal laws of NSW.

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39. Support services

The following services offer counselling, training, information and support to carers dealing with parenting issues.

Aboriginal Statewide Foster Carer Support Service

Foster care advice line – call 1800 888 698.

Connecting Carers NSW

Provides a 24-hour, seven-days-a-week telephone support service for foster, kinship and relative carers.

1300 794 653 www.connectingcarersnsw.com.au

Karitane

Provides parenting education activities and education events.

(02) 9794 2300 www.karitane.com.au

PANOC child protection counsellors

PANOC (Physical & Emotional Abuse & Neglect of Children) provides counselling, group work and training for parents and carers referred by Community Services. For more information, talk to your caseworker.



Parenting courses for parents and carers in a range of formats, including information seminars, small groups and self-directed programs. For more information, talk to your caseworker.

Families NSW www.families.nsw.gov.au Triple P www.triplep.net



Parent Line

A 24-hour phone counselling, information and referral service for parents and carers of children aged 0–8. Information about a range of parenting topics and tips are also available on the website.

1300 130 052 www.parentline.org.au

Tresillian Parent Help Line

A 24-hour phone counselling service for parents and carers of babies, toddlers and preschoolers.

(02) 9787 0855 Freecall 1800 637 357 (outside Sydney metro area)

Raising Children Network

Information for parents and carers of children aged 0-8.

www.raisingchildren.com.au



Section 12. End of placement

Placements end for many reasons, including returning home, moving from shortterm to long-term placement, change in carer's circumstances, difficulties in the placement, adoption by the carer and moving to independence.

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40. Ending a placement

Planned and unplanned moves

When a child or young person moves from one placement to another living situation, this is referred to as a 'transition'.

Planned move. Most moves are planned. You, the child, their family (when appropriate) and other relevant people should be involved in the planning process. The child's case plan will outline when the placement will end and how this transition is going to take place.

Unplanned move. Talk to your caseworker as soon as possible if you think the placement is at risk of breaking down. They'll work with you to identify possible ways of supporting the placement that may prevent it from ending. An unplanned placement change may be unavoidable due to a sudden change in circumstances. If this happens, your caseworker will find an alternative placement for the child and put in place strategies to support their transition.

Planning for the move

When a placement comes to an end, you and the child or young person may experience a range of emotions. You may have strong feelings about the placement coming to an end or even disagree with the decision. The child may feel excited and eager about the move or anxious and confused. Raise and discuss any issues and concerns during case planning meetings.

It's important for you and your caseworker to encourage the child or young person to be positive about the move and do what you can to help make it as easy as possible for them.

To help you, the child and their family through a placement change, your caseworker is responsible for:

- ensuring that everyone is told the reasons for the change in placement
- clarifying their role and your role in helping the child with the transition
- involving you, the child and their family in planning and decision-making processes that involve them, wherever possible and appropriate
- deciding when and how the child will leave the placement





When a placement comes to an end, you and the child may experience a range of emotions. Raise and discuss any issues and concerns during case planning meetings.



- making sure everyone knows how to access the complaints system in case they wish to have a decision to end the placement reviewed
- preparing the child as well as they can for the move in the available time
- giving you and the child the opportunity to say goodbye and stay in contact after the placement ends, when possible and appropriate
- deciding the amount and type of future contact between you and the child if it's agreed contact will be maintained
- providing information to everyone about the new placement, as appropriate
- ensuring the child takes all their belongings with them
- making every reasonable effort to keep the child in the same school where they've established relationships.

What needs to go with them

When the child or young person in your care leaves your home, they must be allowed to take their personal belongings with them, including:

- personal items they brought with them when they arrived
- items of clothing, bedding, equipment, etc purchased specifically for them
- anything that has been given to them
- money they've saved or earned
- their birth certificate, Medicare card, Health Care Card, personal health record (Blue Book), *Life Story Book*, school reports, awards and photos.

Every child should also have suitable luggage to carry their belongings, such as a suitcase or travel bag.

When the child or young person leaves your home, they must be allowed to take their personal belongings with them.

Saying goodbye

There's no easy way to say goodbye to a child you welcomed into your home, and loved and cared for. Handling emotions associated with a child leaving can be difficult, even if you accept the decision. Saying goodbye properly is an important part of the grieving and healing process. There's no one right way to do it. It's personal, each situation is different and everyone needs to say goodbye in their own way.

Some suggestions for easing the separation when it comes time to say goodbye:

- reassure the child or young person about the change
- spend some time together, create a scrapbook filled with memories you and your family have shared with the child, talk about special times and laugh about the funny things that have happened
- write a letter telling them how much the time you've spent together means to you and the things about them that make them special
- make a video of your home, places they liked to go and messages from your family and their friends
- have a party or special dinner surrounded by family and friends so that everyone can say their goodbyes
- don't be afraid to cry or to give them a hug.

Keeping in contact

Your caseworker will talk to you about whether ongoing contact with the child or young person, after they leave, is a good idea for both parties. If it is, they'll ask whether you'd like to maintain contact and also seek the views of the child and their family. Agreed contact arrangements will then be included in the child's case plan. Saying goodbye properly to the child or young person in your care is an important part of the grieving and healing process.

41. Adoption

Adoption is a permanent order made by the Supreme Court of NSW that allows long-term carers to make a lifelong commitment to the child or young person in their care. Some of the key points the court considers are whether:

- adoption is in the child's best interests both now and in later life
- they'll be encouraged to know and have access to their birth family and culture
- their name, identity, language, cultural and religious ties will be preserved, if possible.

An adoption order transfers all legal rights and responsibilities for the child from their parents to the adoptive parents. This involves:

- the child becoming a full legal member of the adoptive family and being issued with a new birth certificate
- the adoptive parent gaining full parental responsibility, including financial responsibility for the child
- the adoptive parent having the legal right to make all parental decisions for the child without the involvement of an agency
- the child having the same rights as the adoptive parents' other children, including inheritance rights.

Consents to adoption

A child's individual circumstances will determine whose consent is required:

- child under 12 years of age under the parental responsibility of the Minister – birth parent consent
- child of any age in the care of the prospective adoptive parents for less than two years – birth parent consent
- > young person aged 12 years or older their consent.

The consent of the Minister for Community Services, who holds parental responsibility for the child, is needed for children under the age of 12, or for those over the age of 12 who have not been in the placement the required length of time.

The Supreme Court won't need consent of birth parents in the following circumstances:

- parents can't be found or identified
- parent is physically or mentally incapable of consenting



- child's best interests override the wishes of their birth parents
- child has established a stable relationship with their carers and adoption will promote their welfare.

The *NSW Adoption Act 2000* recognises that adoption is a concept absent in customary Aboriginal child care arrangements and that there needs to be appropriate consultation if considered. An Aboriginal child should not be placed for adoption unless alternative placement options are explored and the making of an adoption order is in the child's best interests.

Adoption plan

An **adoption plan** is an agreement about post-adoption contact between the parents, child and carers. It also includes how the child's knowledge of their culture and identity will be supported. Plans are made to suit the needs and best interests of the child.

Contact Adoption plans take into account the history of contact between the child and parents. Various types of adoption contact exist, for example exchanging photos, letters and videos, phone contact and ongoing face-to-face meetings.

Terms The terms of the adoption plan should be realistic. When signing it, carers should be willing and able to follow through with the agreement made.

Court When the court application for adoption is being prepared, all the parties that are in agreement sign the adoption plan. Adoption plans are filed at the court as part of the application for the adoption order. Once the Supreme Court makes an adoption order, the adoption plan has the same effect as a court order for contact.

Disagreements If there's disagreement between parties about whether the agreements are being followed or if the terms of the plan aren't effective, any of the parties can ask Community Services or their agency to help review the plan. If any party is still unhappy, the Supreme Court can be asked to review the plan.

Definition

Adoption plans are made to suit the needs and best interests of the child.



Post-adoption support

Foster carers adopting a child or young person can continue to receive financial assistance.

Other types of post-adoption support Community Services may provide include help with:

- post-adoption contact arrangements as agreed in the adoption plan
- negotiating changes to the adoption plan if necessary
- ▶ referrals to specialist counsellors or support groups
- cost of travel to contact visits.

Further information

To find out about adopting a child in your care, contact your agency or the out-of-home care team at your local community services centre (CSC) or visit **www.community.nsw.gov.au**.

Section 13. Leaving & after care

Support and guidance is important for young people as they mature into adulthood. This is particularly true for those in care as they may have had an unstable family life. These young people also need good independent living skills because they may have less family support than most.

This section will help prepare you and the young people for leaving care.

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42. Leaving care

Planning for young people leaving statutory care

Your agency is responsible for developing a leaving care plan once the young person is ready to move to independent living.

Your caseworker will work with you, the young person and significant other people in their life to develop the plan at least 12 months before they leave statutory care or turn 15. The plan will include reasonable steps to prepare the young person for their transition to independence.

The plan generally covers:

- accommodation
- employment and income support
- access to education and training
- personal history (including cultural background)
- contact details
- independent living skills (including financial management, health and lifestyle issues)
- agencies and people responsible for carrying out each part of the plan.

Your caseworker will talk to the young person about ongoing support needs and how to access information and services. Carers and young people should receive a copy of the after-care booklet before they leave care (see *Getting ready for independence* in this guide).

Young people with disabilities

If a young person with a disability is likely to have significant support needs when they leave care, your agency will notify the government agency Ageing, Disability and Home Care (ADHC) at least two years before their court order expires. The two agencies will work together to develop the young person's leaving care plan in consultation with you, the young person and their family.

Your agency is responsible for developing a leaving care plan once the young person is ready to move to independent living.

Resources



Getting ready for independence

As their carer, you're the best person to help the young person gain the skills they need to live independently. Because you live together, you can see what skills they need to develop. Three resources are available on Community Services' website to support you in this process:

Independent living skills checklist Helps young people and their carers identify skills they need to develop as they move to independence.

www.community.nsw.gov.au/leaving_care

Leading the Way – preparing young people for leaving care This guide provides suggestions to carers for teaching life skills, information about things that need to be put in place to support the young person and ways of managing expectations.

www.community.nsw.gov.au/fostercarer_resources

Your Next Step – information for young people leaving care Provides information about a young person's entitlements, their leaving care plan and living skills questions; to help them work out what they may want to learn more about. Also contains contact details for services that help with money, accommodation, education and training, employment, health and wellbeing, rights, records, identity and after-care services.

www.community.nsw.gov.au/leaving_care

Leaving care checklist

Apart from personal belongings, it's important to make sure the young person has all documents necessary to prove their identity and access required services. For example, check they've got:

- original birth certificate
- Medicare card, Health Care Card and medical records
- school reports, transcripts and certificates
- training enrolment details or qualifications
- tax file number
- bank book or ATM card
- leaving care letters from your agency
- copy of their leaving care plan
- Life Story Book or My Life Story.

When the care allowance stops

Payment of the care allowance usually stops when the care order expires. In some cases, the allowance may continue being paid if the young person turns 18 while completing their HSC or TAFE studies. They have to be living with you and studying full-time. Continuation of the allowance has to be part of their approved leaving care plan.

See Ongoing support to complete education and training in the Education section of this guide.

Staying on and paying board

Carers are sometimes willing to continue offering a young person a home after they turn 18 – you may have formed a strong bond with the young person or they don't feel ready to live independently. If this is an option, let your caseworker know. You'll also need to negotiate ground rules, such as whether you will expect them to pay board after the allowance stops.

Apprenticeships, traineeships, university and the defence force

Young people in care may choose to enter an apprenticeship, traineeship, university or enlist in the Australian Defence Force (ADF), as their preferred training, study or employment option. Before applying, they'll need consent from the agency. All decisions will be documented in their leaving care plan.

Access to care records

Young people can access agency files about their time in care. These files may contain original documents, such as their birth certificate, school reports and sporting certificates. If the young person wants to read their file or get their original documents, they need to contact their agency. Carers are sometimes willing to continue offering a young person a home after they turn 18. If this is an option, let your caseworker know.

Keeping in contact

Your caseworker will talk to you about whether ongoing contact with the child or young person, after they leave, is a good idea for both parties. If it is, they'll ask whether you'd like to maintain contact and also seek the views of the child and their family. Agreed contact arrangements will then be included in the child's case plan.

43. Financial assistance for care leavers

Transition to independent living allowance (TILA)

Young people aged 15–25 who are in care or have been in care may be eligible for TILA from the Australian Government, if they need help to pay for some of the things needed to move to independent living.

TILA is a one-off assistance of up to \$1,500 paid to an agency (not the young person) to buy the following types of goods and services for the young person:

- utilities connection
- moving expenses
- appliances and whitegoods
- furnishings
- food
- financial or other counselling
- education
- transport to get to studies or work
- bus tickets, phone cards, etc.

The young person can't apply directly for TILA. They'll need to be assessed and referred by a non-government agency.

Talk to your caseworker about how to get a referral assessment in

your local area. Note that there's a time limit for applying.

YOU CAN

To apply for TILA, your young person needs to be assessed and referred by a non-government agency.

Youth allowance

To be eligible for the youth allowance, the young person will need to do further study or training if they don't have a Year 12 certificate or equivalent qualification.

Those in part-time study or training will also need to do extra activities, such as part-time work, volunteer work or youth programs to be eligible. The total number of hours they'll usually need to do is 25 hours a week.

Young people enrolled in an approved Youth Connections program are eligible to receive the youth allowance. See *The Youth Connections program* in the *Education – Compulsory school age* section of this guide.

Job Services Australia or Centrelink will also work with the young person to set out their training and activities in a written plan. To keep getting the allowance, they'll usually have to meet with Job Services Australia or Centrelink each month to talk about the plan and show they're doing all of their activities.

Call Centrelink on **132 490** or visit **www.centrelink.gov.au** for more information.

To be eligible for the youth allowance, the young person in your care will need to do further study or training if they don't have a Year 12 certificate or equivalent qualification.



More information

Eligibility requirements

44. Leaving & after-care assistance

All young people leaving statutory care receive written information about available resources, services and support. Your agency is responsible for providing follow-up support at regular intervals after the young person has left care.

Further help, including financial assistance, is available from Community Services for care leavers aged 15–24 years as part of a leaving care plan and is based on an assessment of need. Assistance may include help with getting accommodation, setting up house, education and training, finding employment, legal advice and accessing health services.

Assistance can also be provided to care leavers 25 years and older at Community Services' discretion.

After-care payment

A time-limited after-care payment is provided by Community Services to help young people eligible for after-care assistance if they:

- are living independently
- are undertaking full-time training or education (unless they can only attend part-time because of health problems or parenting responsibilities)
- need help to get stable, affordable accommodation
- will be at risk of homelessness if assistance isn't provided
- have been unable to get public housing assistance.

The after-care payment is based on an assessment of need and is made directly to the young person. It is reviewed every three months.

To be eligible for leaving and after-care assistance, the young person must have been in the parental responsibility of the Minister immediately before leaving care for at least a cumulative period of 12 months.

After-care contingencies

Whether they receive the after-care payment or not, an eligible care leaver with an assessed need can receive one-off after-care contingency payments as part of an approved leaving care plan to help with:

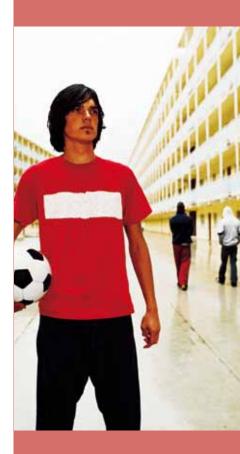
- getting accommodation or establishing tenancy
- cost of buying books, materials or tools
- cost of driving lessons
- contacting Centrelink and Job Services Australia for jobseeking assistance, to access Australian Government child care subsidies and rebates, or pay deposits to secure a child care placement
- getting legal advice if this can't be provided by Legal Aid or LawAccess services
- accessing public health services where possible
- dental treatment not covered by public dental hospitals
- cost of counselling or support, such as independent living or social skills training.

After-care assistance for young people with a disability

The Ageing, Disability and Home Care (ADHC) Leaving Care program provides support to young people with a disability who are leaving statutory care. The goal is to help them live as independently as possible in their community. Referral to this program can be made from the age of 15 years.

ADHC and Community Services caseworkers work together to support joint clients. Depending on your child or young person's disability and level of need, you may be able to meet with an ADHC case manager.

For more information about after-care assistance for young people with a disability, contact your caseworker, ADHC case manager or ADHC Information Referral and Intake (IRI) officer on (02) 8270 2000 or by visiting www.dadhc.nsw.gov.au/dadhc/ comtact+DADHC/DADHC+Regional.htm.



The Ageing, Disability and Homecare (ADHC) Leaving Care program supports young people with a disability who are leaving statutory care to live as independently as possible in their community.

45. Support services

After-care services

There are a number of non-government agencies that provide assistance to people who have been in care. Types of services provided include:

- help with family searching, mediation and reunion
- ▶ help with viewing files and accessing personal documents
- referral and financial assistance for finding accommodation, education or vocational training, counselling, employment, legal advice, health services or professional services.

Referrals can be made by your agency. The young person can also contact the after-care service directly.

See Useful contacts in this guide for a list of after-care services.

The CREATE Foundation

The CREATE Foundation provides services and programs for children and young people in care and those leaving care. CREATE services include:

- mentoring by young people who have left care
- events, workshops, training, youth forums and advisory groups
- clubCREATE members get a welcome pack, quarterly newsletters, invitations to events and a birthday card each year
- CREATE Your Future website at www.createyourfuture.org.au, which assists young people leaving care. It has information on topics like health, housing, education, employment and other peoples' experiences of leaving care.

(02) 9267 0977 www.create.org.au

Section14. Legal matters

There's a range of legal issues carers may have to deal with during the course of a placement. This includes bail, fines, teen marriage, name changes and trust accounts.

Other serious issues outlined in this section include allegations of abuse in care and reportable conduct.

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46. Legal matters

Bail, surety and payment of fines

Your agency is responsible for ensuring a child or young person isn't held in custody when charged with a criminal offence for which bail or surety is sought or a fine has been imposed by a court.

Your agency may enter a bail agreement as an 'acceptable person', or pay a surety or fine on behalf of a child or young person.

Whenever possible, the child or young person should be responsible for paying fines. Their caseworker will make arrangements with them to pay it off completely or in instalments.

If you pay the fine yourself, encourage the child or young person to take responsibility as long as it's age-appropriate and relevant to their circumstances. You may be reimbursed for paying a fine if the child or young person is at risk of being jailed if the fine is left unpaid.

Changing a child's name

Children and young people have the right to preserve their name and identity. 'Name' includes the first name, middle name and surname listed on their birth certificate. These names are to be used in all official documents, including school enrolment.

If the child or young person prefers to be called another name or wants to legally change their name, talk to your caseworker. They'll discuss the child's wishes with all relevant parties. They'll also seek input from community and cultural representatives if the child is Aboriginal.

If a child wishes to use a preferred name, this is fine if it's part of the child's approved case plan. If the child wishes to legally change their name, Community Services or the agency with parental responsibility must consent. They may approve an application for a legal change of name if there's no sign the child is being forced into doing so and:

- they're 12 years of age or older
- they've been assessed as competent to make an informed decision
- they've been in a stable

long-term placement for at least two years

- there's no plan to restore them to their birth family
- they're fully aware of their identity.

Bail, surety and payment of fines

Changing a child's name

Need to know

Claims against a foster carer's estate

End-of-life decisions

Teenage marriage

Claims against a foster carer's estate

A will allows you to say who can have what from your estate when you die. The law encourages you to make a statement explaining how you've made proper provision for all those dependent upon you and the reasoning behind this. This will be taken into account and will play an important role in dealing with any claim.

The *Succession Act 2006* protects people from being unfairly disinherited in family members' wills. Any person who was at any time wholly or partly dependent upon the deceased person and was considered part of the deceased person's household may be eligible to make a claim.

A child or young person who has been in the care of an authorised carer and accepted as part of the family may be entitled to apply for a share of the carer's estate. A decision about entitlement to claim is made by the Supreme Court or District Court.

End-of-life decisions

When a child or young person is dying from a terminal illness or as a result of an accident, decisions need to be made about what medical intervention will happen. This involves exercising the child's wishes, decisions about withdrawal of treatment and organ donations.

If the child has a terminal illness, their caseworker will involve medical professionals, carers, family and significant others in palliative care planning and decision-making. The palliative care plan contains end-of-life decisions and must be approved by the agency.

If the child has an accident, urgent medical treatment may be carried out a doctor without consent. This is until the child's caseworker has obtained required consents. It's important to call your caseworker or the Child Protection Helpline as soon as possible after the child has been admitted to hospital.

Consent for organ donations cannot be given without the approval of the Director-General.

Teenage marriage

All young people aged 16–17 need permission from a judge or magistrate to get married. This permission is only given in exceptional and unusual circumstances. Talk to your caseworker if the young person in your care wants to get married. The caseworker will get your views and those of the young people, their parents and other significant people. If your agency gives consent for the young person to marry, it will seek permission from the relevant court. If consent is not given, the young person has the same right as any other young person to seek permission from a magistrate to marry without parental consent.

Trust accounts

If a child or young person has property or assets of their own, the agency may set up a trust account to look after these assets on the child's behalf until they turn 18. Assets include any lump-sum compensation payment. If the cost of having a trust account is greater than the benefit, the child's money is held in an interest-bearing account.

Caseworkers and carers can't access money or assets held in trust. The agency may approve an advance of funds if this will directly benefit the child or young person. For example, a young person moving to independent living may request an advance to rent, buy or invest in a property or business.

Victims of crime

Under the *Victims Rights Act 1996,* victims of crime in NSW have the Charter of Victims Rights to protect and promote their rights. This includes the right to:

- be treated with courtesy, compassion and respect
- information about, and access to, welfare, health and counselling services
- privacy and protection
- information about the criminal justice system
- compensation.

The child or young person's caseworker can work on their behalf to access services and support, and apply for Victims of Crime compensation following final court orders, when eligible.

Need to know

Trust accounts

Victims of crime

Victims Register

Wills for children and young people

Victims Register

Children and young people who have been victims of crime, where the offender has been convicted, can be added to the Victims Register. The register aims to keep victims and their guardians/people with parental responsibility informed when an offender:

- is due for parole consideration or release
- is to be considered for a change in security classification that may result in the offender being eligible for unescorted leave of absence
- has escaped from custody
- dies in custody or while under a community-based order.

The registered victim can make submissions about the offender being granted unescorted leave from custody and before a decision is made about parole.

Wills for children and young people

There's no need for a child or young person to have a will if they don't have assets, such as property, inheritance money or compensation payment. If they do have assets, it's advisable they have a will to ensure their estate goes to the people they want it to go to when they die.

Unless the young person is married or planning to marry, an application to make a will by a minor must be lodged with the Supreme Court of NSW. The Public Trustee of NSW will write the will on behalf of the child or young person. The Public Trustee or another suitable person may be appointed as the executor of the will.

Talk to your caseworker if you think there may be special circumstances that warrant the child in your care making a will. They'll discuss this with the child, including their wishes, and organise the necessary legal arrangements.

47. Allegations of abuse in care & reportable conduct

From time to time, allegations of inappropriate conduct or behaviour are made against carers. Training and good parenting practices can help prevent situations that may be seen as inappropriate. However, even the best carers can have allegations made against them.

Whether true or false, allegations arise for a variety of reasons. Community Services must investigate all allegations of reportable conduct. Reportable conduct includes any:

- sexual offence or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence)
- assault, ill-treatment or neglect of a child
- behaviour that causes psychological harm to a child whether or not, in all cases, with the consent of the child.

The investigation determines whether the reportable conduct has occurred. Investigations are based on fairness to the carer, who is the subject of the allegation, while giving the highest possible priority to the safety and wellbeing of the child or young person.

What happens when an allegation is made?

Community Services' Reportable Conduct Unit manages the process for dealing with all allegations of reportable conduct against Community Services carers. When Community Services receives an allegation, the Reportable Conduct Unit decides if it fits the definition of reportable conduct. If it does, an investigation is carried out.

To ensure the welfare of the child and any other children living in the house, it may be necessary to remove them from the home during the investigation.

You have a right to know an allegation has been made against you so you can respond, ask questions, provide information and seek a review. You may not be told of the allegation immediately, as this depends on the circumstances of the case. The Reportable Conduct Unit decides how, when and what details are provided. You also have a right to have a support person if you wish. To ensure the welfare of the child and any other children living in the house, it may be necessary to remove them from the home during a reportable conduct investigation.

For Community Services carers



All details, records and documents about the case are treated confidentially.Only people who have a direct role in the investigation are included in discussions and correspondence. Confidentiality is extremely important for protecting all concerned from undue stress and making sure the investigation and assessment process is fair.

These following steps are taken in an investigation

Planning the investigation.

Gathering appropriate evidence, e.g. interviewing relevant people (including adults and children) and collecting relevant documents.

Giving the carer being investigated an opportunity to respond in writing or by interview.

Assessing the evidence, making a finding based on the evidence - about whether the reportable conduct occurred or not, and completing an investigation report. An allegation of reportable conduct goes through the following stages

Reportable Conduct Unit decides if the allegation fits the legal definition of reportable conduct.

If it doesn't, the local CSC decides whether further action is required.

If it does, the Reportable Conduct Unit plans an investigation, gathers evidence and gives the carer the opportunity to respond.

Investigation report completed and findings made.

Carer told the outcome.

Action taken based on report recommendations.

In some instances, the NSW Ombudsman (which ensures Community Services conducts its investigations properly) and/or the Commission for Children and Young People are notified.

What happens when the investigation is completed?

The Reportable Conduct Unit may find the allegations to be:

- sustained sufficient evidence to prove reportable conduct occurred
- not sustained insufficient evidence to prove reportable conduct occurred
- not reportable conduct.

For Community Services carers





Requesting a review

To request a review of a Reportable Conduct Unit finding, if you're not satisfied with the way an investigation has been conducted, contact the Reportable Conduct Unit.

Assistant Director Reportable Conduct Unit Locked Bag 28 Ashfield NSW 1800

If you're not satisfied with this, you can contact the NSW Ombudsman.

For a review to take place, the person being investigated must provide additional information that wasn't considered during the investigation, or show why they believe they weren't given a fair process.

The Reportable Conduct Unit doesn't review cancellation of a carer's authorisation. If you've been de-authorised, your first option is to request an internal review by Community Services. If you're dissatisfied with this, then you can ask for an independent review with the Administrative Decisions Tribunal (*see Useful contacts in this guide*). This will be explained in a letter formally advising you of a decision to de-authorise you as a carer.

Available support

You'll be given contact details for organisations to support you through the reportable conduct process. They offer general support and advice or counselling. The service is confidential and free of charge to carers.

Community Services carers can also seek advice and support from Connecting Carers NSW (see Useful contacts in this guide).

If an allegation is made against you, you can seek further information from Community Services' Reportable Conduct Unit.

Important

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48. Useful contacts

Contacts referred to in this guide			
Aboriginal Child, Family and Community Care State Secretariat (AbSec)	Freecall 1800 888 698	www.absec.org.au	
Aboriginal Statewide Foster Carer Support Service	Freecall 1800 888 698		
Administrative Decisions Tribunal (ADT)	Freecall 1800 060 410	www.lawlink.nsw.gov.au/adt	
Centrelink Family Assistance Youth and Student Services	136 150 Freecall 1800 810 586 132 490	www.centrelink.gov.au www.familyassist.gov.au	
Child Protection Helpline	132 111		
Community Services Reportable Conduct Unit Locked Bag 28 Ashfield NSW 1800	(02) 9716 2149 (02) 9716 2126	E: allegations-emp@ community.nsw.gov.au	
Community Services Appeals Tribunal The Registrar, Administrative Decisions Tribunal Level 15, St James Centre 111 Elizabeth Street Sydney NSW 2000	(02) 9223 4677		
Community Services Care Leavers Records Access Unit Community Services Locked Bag 4028 Ashfield NSW 2131	(02) 9716 2222	www.community.nsw.gov.au	
Community services centres (CSCs)		For contact details of each community services centre (CSC), log on to www. community.nsw.gov.au > about us > contact us	
Community Services Complaints Unit Reply Paid 113 Complaints Manager Community Services Locked Bag 4028 Ashfield NSW 2131	Freecall 1800 000 164		

Contacts referred to in this guide			
Community Services Head Office 4–6 Cavill Ave Ashfield NSW 2131 Locked Bag 4028 Ashfield NSW 2131	(02) 9716 2222	www.community.nsw.gov.au	
Community Services Right to Information Unit Community Services 4–6 Cavill Avenue Locked Bag 4028 Ashfield NSW 2131	(02) 9716 2662		
Connecting Carers NSW	1300 794 653	www.connectingcarers nsw.com.au	
The CREATE Foundation	(02) 9267 0977	www.create.org.au.	
Family Assistance Office	136 150	www.familyassist.gov.au	
Foster Parents Support Network (FPSN)	Freecall 1800 262 445	www.fosterparentsupport network.org.au	
Healthline	1300 658 886	E: Healthline@fpnsw.org.au	
Karitane	(02) 9794 2300	www.karitane.com.au	
Medicare	132 011	www.medicareaustralia. gov.au	
NRMA Motoring Services	1300 655 443	www.mynrma.com.au/ childrestraints	
NSW Ombudsman Community Services Division Level 24 580 George Street Sydney NSW 2000	(02) 9286 1000 1800 451 524 (toll free outside Sydney metro area)	www.ombo.nsw.gov.au	
NSW Roads and Traffic Authority (RTA) RTA authorised fitting stations (child restraints)	188 060 607 132 213	www.rta.nsw.gov.au	
Parent Line	1300 130 052	www.parentline.org.au	
Student Special Transport Unit	131 071		
Translating and Interpreting Service (TIS)	131 450		

Contacts referred to in this guide

Tresillian Parent Help Line

(02) 9787 0855 1800 637 357 (freecall if outside Sydney metro area)

www.tresillian.net

Aboriginal networks & supports

AbSec agencies that provide out-of-home care and support services

Absectagencies that provide out-on-nome care and support services			
Biripi Aboriginal Medical Corporation (G.L.M.A.C.S.), Taree	(02) 6551 2088		
Burrun Dalai Out-of-Home Care & Family Support Service, Kempsey	(02) 6562 1913		
Coffs Harbour Aboriginal Family Community Care Centre, Coffs Harbour	(02) 6648 3683		
Department of Aboriginal Affairs Family Records Unit	(02) 9219 0700	www.daa.nsw.gov.au	
Hunter Aboriginal Children's Services, Maitland/Newcastle	(02) 4016 8040		
Kari Aboriginal Resource Inc	(02) 9822 4922	www.kari.com.au	
Katungul Aboriginal Corporation, Narooma	(02) 4476 2155		
Link-Up (NSW) Aboriginal Corporation – Family Services, Metro West region	(02) 4759 1911	www.linkupnsw.org.au	
Family-Link Program Reunification services Counselling	(02) 4759 1911		
Ngunya Jarjum Aboriginal Child & Family Network, Casino	(02) 6662 8044		
NSW Aboriginal Land Council	(02) 9689 4444	www.alc.org.au	
South Coast Medical Service Aboriginal Corporation, Nowra	(02) 4421 8426		
Wundarra Services P/L, Coffs Harbour	(02) 6651 2991		

Special needs		
Ageing, Disability and Home Care (ADHC)	Information on programs and services available through ADHC, including the Leaving Care Program.	www.dadhc.nsw.gov.au
Association for Children with a Disability (ACD)	Information, support and advocacy for families of children with a disability.	www.acd.org.au
Australian Disability Abuse and Neglect Hotline	A hotline for reporting abuse and neglect of people who have a disability.	1800 880 052 www.disabilityhotline.org
Brain Injury Association of NSW	Works with all people affected by acquired brain injury, including family, friends, professionals and the community.	www.biansw.org.au
Centrelink	Information about or assistance from a range of Commonwealth Government programs.	See Useful contacts
Children's Guardian		www.kidsguardian.nsw.gov.au
Early Childhood Intervention Infoline	Find your local early intervention service. Infoline operates Mon–Fri 9am–5pm	1300 656 865 www.eciinfoline.org.au
Intellectual Disability Rights Service NSW	Specialist legal advice and assistance for people with an intellectual disability.	www.idrs.org.au
Raising Children Network	Information for parents about children with special needs.	http://raisingchildren.net. au/special_needs/special_ needs_section.html

After-care services			
ACE Aftercare	(02) 4628 3199	www.burnside.org.au	
Aftercare Resource Centre (ARC)	(02) 9890 3899 Freecall 1800 656 884	www.relationships.com.au	
Anglicare (Careforce) Child and Family Services	(02) 9890 6800	www.anglicare.org.au	
Barnardos Australia	(02) 9281 7933	www.barnardos.org.au	
Burnside Aftercare Services	(02) 9630 6866	www.burnside.org.au	
Care Leavers of Australia Network (CLAN)	(02) 9709 4520 Freecall 1800 008 774	www.clan.org.au	
Centacare ALIVE Leaving/ After Care Program	(02) 9793 7522	www.centacare.org	
Centacare (Catholic)	(02) 9793 7522	www.centacare.org	
Centacare (Newcastle) Aftercare Service	(02) 4903 3000	www.centacare.org	
Community Services Care Leaver Records Access Unit	(02) 9716 2222	www.community.nsw.gov.au	
Marungbai Aboriginal After Care Service	(02) 6551 3973		
Wesley Dalmar Child and Family Care – Aftercare Services	(02) 9804 7255	www.wesleymission.org.au	

Talk to your caseworker to find out about services in the northern, mid-north coast and western NSW regions.

Carer support services			
Aboriginal Child, Family and Community Care State Secretariat (NSW) Inc. (AbSec)	(02) 9264 0088	www.absec.org.au	
Aboriginal Statewide Foster Carer Support Service (ASFCSS)	Freecall 1800 888 698		
Connecting Carers NSW	1300 794 653	www.connectingcarersnsw. com.au	
Council of the Ageing (COTA) NSW		www.cotansw.com.au	
Foster Parents Support Network (FPSN)	Freecall 1800 262 445	www.fosterparentsupport network.org.au	
NSW Federation of Housing Associations	(02) 9281 7144	www.communityhousing. org.au	

Education & training			
Aboriginal Education Council	(02) 9660 5696	www.aec.org.au	
Australian Reader's Challenge		www.readerschallenge.com	
Dymocks Literacy Foundation		www.dymocksliteracy.com.au	
Let's Read		www.letsread.com	
National Literacy and Numeracy Week		www.literacyandnumeracy. gov.au	
New Apprenticeships Training Information Services	Freecall 1800 338 022	www.natinfo.com.au	
NSW Department of Education and Communities	(02) 9561 8000	www.det.nsw.edu.au	
TAFE NSW Information Centre	131 601	www.tafensw.edu.au	
University information		www.goingtouni.gov.au	

Employment			
Aboriginal Community Programs Unit	(02) 9266 8350		
Centrelink		www.centrelink.gov.au	
JobAccess For people with disabilities.	Freecall 1800 464 800	www.jobaccess.gov.au	
Job Guide Comprehensive information on education and career options.		www.deewr.gov.au	
JobSearch		www.jobsearch.gov.au	
Job Services Australia		www.deewr.gov.au	
My Career		www.mycareer.com.au	
My Future		www.myfuture.edu.au	
Youth.gov.au		www.youth.gov.au	

For children & young people			
The CREATE Foundation	Freecall 1800 655 105	www.create.org.au	
CREATE Your Future		www.createyourfuture.org.au	
Inspire Foundation Gives young people opportunities to help themselves and others.		www.inspire.org.au	
Kids Helpline	Freecall 1800 551 800		
Money Stuff		www.moneystuff.net.au	
Reach Out for Kids	(03) 9894 1966	www.rok.org.au	
The Source Youth information, programs, services, resources and entertainment.		www.thesource.gov.au	
Twenty 10 Support for young gay, lesbian, bisexual and transgender people.	(02) 8594 9555 Freecall 1800 652 010	www.twenty10.org.au	
Youth Beyondblue	1300 224 636	www.youthbeyondblue.com	

Health & wellbeing		
Ageing, Disability and Home Care (ADHC)	(02) 8270 2000	www.dadhc.nsw.gov.au
Alcohol and Drug Information Service (ADIS)	(02) 9361 8000 Freecall 1800 422 599	www.positivelife.org.au
Cancer Council NSW	Helpline 131 120	www.cancercouncil.com.au
Domestic Violence Helpline	Freecall 1800 656 463	
Family Planning NSW	Healthline 1300 658 886	www.fpnsw.org.au
Healthy Kids		www.healthykids.nsw.gov.au
Health NSW	(02) 9391 9000	www.health.nsw.gov.au
Lifeline Australia	131 114	www.lifeline.org.au
Medicare Australia	132 011	www.medicareaustralia.gov.au
NSW Association of Adolescent Health	(02) 9699 1033	www.naah.org.au
NSW Roads and Traffic Authority (RTA)	132 213	www.rta.nsw.gov.au
NSW RTA Authorised Restraint Fitting Stations (child restraints)	132 213	
Parent Line	1300 130 052	www.parentline.org.au
Poisons Information Centre The Children's Hospital Westmead 24 hours, 7 days	131 126	
Raising Children Network		www.raisingchildren.net.au
Sport and Recreation NSW	131 302	www.dsr.nsw.gov.au
Tresillian Parent Help Line	(02) 9787 0855 1800 637 357 (freecall if outside Sydney metro area)	www.tresillian.net

Housing			
Aboriginal Tenancy Information Service	(02) 9377 9200 Freecall 1800 500 330		
Fair Trading NSW Information for first-time renters.	133 220	www.fairtrading.nsw.gov.au	
Housing NSW	1300 468 746	www.housing.nsw.gov.au	
NSW Aboriginal Housing Office	(02) 8836 9444 Freecall 1800 727 555	www.aho.nsw.gov.au	

Legal			
LawAccess NSW	1300 888 529	www.lawaccess.nsw.gov.au	
Lawlink NSW		www.lawlink.nsw.gov.au	
Legal Aid	1300 888 529	www.legalaid.nsw.gov.au	
NSW Disability Discrimination Legal Centre	1800 800 708 (02) 9310 7722	www.ddlcnsw.org.au	
Privacy NSW	(02) 9228 8585	www.lawlink.nsw.gov.au	

Money			
Centrelink Family Assistance Youth and Student Services	136 150 Freecall 1800 810 586 132 490	www.centrelink.gov.au www.familyassist.gov.au	
Consumer Credit Legal Centre Advice Line	Freecall 1800 808 488	www.cclcnsw.org.au	
Credit and Debt Hotline	Freecall 1800 808 488		
Transition to independent living allowance (TILA)	1300 761 961	www.tila.org.au	
Welfare Rights Centre	9211 5300 Freecall 1800 226 028	www.welfarerights.org	

Other useful contacts		
Administrative Decisions Tribunal (ADT)	Freecall 1800 060 410	www.lawlink.nsw.gov.au/adt
Community Relations Commission for a Multicultural NSW	(02) 8255 6767 www.crc.nsw.gov.au	
Council Services Directory	Contact your local council to find out about local services available in your community.	
NSW Children's Guardian	(02) 8219 3600	www.kidsguardian.nsw.gov.au
NSW Ombudsman	(02) 9286 1000 Freecall 1800 451 524	
Secretariat of National Aboriginal and Islander Child Care (SNAICC)		www.snaicc.asn.au

Your local con	itacts		
Agency name			
Street address			
Mailing address			
Phone		Fax	
Caseworker's name			
Phone		Email	
Manager's name			
Phone		Email	
Name		Position	
Phone		Email	
Name		Position	
Phone		Email	
Name		Position	
Phone		Email	
Name		Position	
Phone		Email	
Name		Position	
Phone		Email	

49. Publications

Aboriginal <i>My Life Story</i> For Aboriginal and Torres Strait Islander children and young people in out-of-home care.	www.community.nsw.gov.au/ lifestory
Charter of Rights for children and young people in out-of-home care	www.community.nsw.gov.au/ charter
Code of Conduct for authorised carers	www.community.nsw.gov.au/oohc_ legislation
Children and Young Persons (Care and Protection) Amendment (Out-of-Home Care) Regulation 2003	www.community.nsw.gov.au/oohc_ legislation
Community Services fact sheets For carers of children and young people in out-of-home care.	www.community.nsw.gov.au/ factsheets
<i>Fostering our Future</i> Quarterly magazine for foster carers.	www.community.nsw.gov.au/ fostercarer_resources
Foster carers: hearing your concerns Brochure	www.community.nsw.gov.au/ fostercarer_resources
Independent living skills checklist Checklist for young people transitioning to independence.	www.community.nsw.gov.au/ leaving_care
<i>Leading the way</i> Guide for carers to prepare young people leaving care.	www.community.nsw.gov.au/ fostercarer_resources
<i>Life Story Book</i> For children and young people in out-of-home care.	www.community.nsw.gov.au/ lifestory
Parenting magazines General articles and tips for parents and carers.	www.community.nsw.gov.au/ parenting_magazine
Partnership agreement between Community Services and foster carers	www.community.nsw.gov.au/ fostercarer_resources
School holiday parenting kit Series of 10 fact sheets providing a collection of tips on avoiding holiday stress, safety issues and fun activities for the kids during the school holidays.	www.community.nsw.gov.au/ holiday_kit
<i>Supporting carers of other people's children</i> Australian Foster Care Association (AFCA) national foster carer handbook.	www.fostercare.org.au/pubs.html
<i>Your next step</i> Resource for young people leaving care.	www.community.nsw.gov.au/ leaving_care

50. Acts, regulations & governing bodies

Children and Young Persons (Care and Protection) Act 1998

All states and territories in Australia have their own laws for protecting children and young people. In NSW, our child protection legislation is the *Children and Young Persons (Care and Protection) Act 1998* (the Act).

The Act requires us to consider the best interests of the child or young person in all our decisions and actions. This includes the safety, welfare and wellbeing of children and young people who are removed from their families. The Act gives specific powers to Community Services to investigate child protection reports and the courts to make orders. It also sets out the responsibilities of each government agency, non-government agency and person involved in protecting and caring for children at risk of significant harm.

Children and Young Persons (Care and Protection) Regulation 2000

This provides us with more detailed guidance about what is required to meet our responsibilities. For example, the Regulation is where the *Code of conduct for authorised carers* comes from.

You're not expected to have a working knowledge of the Act or Regulations. Your agency will make sure you have all the information you need to carry out your role in a way that complies with the law.

Children's Guardian

The NSW Children's Guardian has a number of responsibilities under the Act and Regulations. One of their key roles is developing guidelines to assist agencies and carers in fulfilling their responsibilities under the legislation. Another is to use the NSW Out-of-Home Care Standards to accredit agencies and monitor their performance for quality improvement purposes.

The NSW Out-of-Home Care Standards describe what is required of out-of-home care service providers, including Community

Services, in providing quality care to children and young people in all types of out-of-home care settings. Agencies must comply with these standards and have policies and procedures in place that clearly set out what's required of staff and carers.

To see the standards, guidelines and benchmark policies developed by the Children's Guardian, visit www.kidsguardian. nsw.gov.au.

Administrative Decisions Tribunal (ADT)

Some decisions agencies make about out-of-home care can be reviewed by the Administrative Decisions Tribunal (ADT). These include decisions about authorisation and de-authorisation of carers, and agency decisions to grant or remove a child or young person from a current placement.

For a full explanation of the role and responsibilities of the ADT, see www.lawlink.nsw.gov.au/adt.

Ombudsman

The NSW Ombudsman can deal with complaints about the way services are provided to children and young people in out-ofhome care under the Ombudsman Act 1974 and the Community Services (Complaints, Reviews and Monitoring) Act 1993.

The Ombudsman can decide to review the circumstances of a child or group of children in care, where various aspects of the child or children's welfare and circumstances are examined. It is responsible for reviewing the deaths of children and young people. It also coordinates official community visitors, who advocate for and aim to protect the interests of children, young people and adults living in full-time residential care.

See www.ombo.nsw.gov.au for more information.



The NSW Ombudsman can deal with complaints about the way services are provided to children and young people in out-ofhome care.

51. Glossary of terms

Adoption

A legal order that transfers the parental rights and responsibilities from the birth parents to the adoptive parents. The adoptee then becomes the child of the adoptive parents as if born to them.

After-care support

Support provided to young people aged 15–24 years after they leave out-of-home care.

Agency

Non-government organisation contracted by Community Services to provide out-of-home care services.

Assessment

The process of gathering, organising, analysing and evaluating accurate and relevant information to inform decision-making.

Authorised carer

A person authorised by a designated agency, or the principal officer of a designated agency, or according to the Regulations under section 137(1) of the Act.

Behaviour management plan

A plan detailing behaviour management strategies (when required) developed by the caseworker together with the child or young person, carer, parents (when appropriate) and relevant specialists.

Birth parents

The biological parents of a child. Also referred to as the 'original', 'natural', 'first' or 'real' parents.

Care and protection

'In need of care and protection' is a term Community Services uses under two different circumstances and according to two different standards of proof. They are when:

- i. following a secondary assessment, Community Services forms an opinion on reasonable grounds that the level of future risk to a child or young person is sufficient to warrant protective action, which may include the provision of support services, protective intervention or court action
- ii. a matter is placed before the Children's Court for a care order, and the Court must be satisfied on the balance of probabilities that the child is in need of care and protection.

Case meetings

Held to help with information-sharing, case review, decisionmaking and interagency coordination. The meeting's purpose will depend on the particular type of plan or action needed and is the main way of carrying out case planning. May be held with people attending or via telephone.

Care plan

A tool that may be used in casework to formalise agreements made with the family to meet the care and protection needs of a child or young person, or within a legal context to enable the Children's Court to allocate parental responsibility.

Case plan

An accurate and up-to-date record of the decisions, services and actions to meet the needs of a child or young person. Case plans are developed from the start of involvement and reviewed at regular intervals.

Case planning

Identifies strategies that will meet the physical, emotional, educational, social, religious and cultural needs of a child or young person.

An interactive process that ensures all parties participate and are clear about the goal and objectives of intervention, the issues to be addressed and their responsibilities for the tasks involved.

Case plan review

Enables caseworkers to include changes to the assessment of the child and family, validate plans and review ongoing support needs. The review meeting should also involve the child, parent and their advocates whenever possible.

Caseworker

Community Services officer or agency worker with day-to-day case coordination responsibilities for working with children, carers and families.

Challenging behaviours

Includes verbal and/or physical assault, sexual offences, absconding and antisocial behaviour.

Child

A person who is under the age of 16 years.

Child protection reports

Information provided to Community Services by any person who suspects that a child or young person is at risk of harm from abuse or neglect.





Children's Court

The court designated under the *Children's Court Act 1987* to hear care applications and criminal proceedings about children and young people.

Children's Court Clinic

Provides independent and expert assessment reports to the Children's Court about care matters. Run by the Attorney-General's Department.

Community Services Child and Family Regional Unit

A Community Services unit that matches referrals from a region's community services centres for out-of-home care services, including placements, with available vacancies in the care system.

Contact

All forms of communication between a child or young person, who can't live at home, and their family members and/or significant others. Contact may occur through planned visits, letters, telephone conversations or other forms of communication.

Contingency payments

One-off payments that may be made in addition to an allowance for services and items, in excess of the day-to-day expenses covered by the statutory care allowance, and needed to carry out tasks in a child or young person's case plan.

Emergency placements

Care arrangements provided when children and young people need an immediate out-of-home placement. It is an unplanned short-term placement arranged on the same day as required.

Kin

A person who is not a relative of the child but shares cultural, tribal and community connection that is recognised by that child's community.

Leaving care plan

A plan that addresses the needs of the child or young person who is leaving out-of-home care.

Long-term foster care or permanent care

Long-term foster care is generally for children and young people placed in care, under an order from the Children's Court, for longer than 12 months. It usually refers to situations where they are not expected to return to their family.

Parental responsibility

All of the duties, powers, responsibilities and authorities which parents generally have for their children.

Parental responsibility to the Minister

An order of the Children's Court placing the child or young person under the parental responsibility of the Minister.

Permanency planning

The making of a plan that aims to give a child or young person a stable placement (including restoration to family) that offers long-term security and that:

- (a) meets their needs
- (b) avoids the instability and uncertainty that arises from a series of different placements or temporary care arrangements
- (c) aims to make arrangements in a timely manner, recognising their circumstances and that the younger the child, the greater the need for early decisions about a permanent placement.

Privacy

Freedom from intrusions, public attention and unauthorised disclosures of personal information.

Relative

Under the *Children and Young Persons* (*Care and Protection*) *Regulation 2000*, 'relative' refers to:

- parents, siblings, grandparents, step-parents, step-sisters, step-brothers, aunts, uncles, nieces and nephews, (whether by blood relationship or marriage) of the child or young person
- the person with parental responsibility (but not including the Minister or a person who has parental responsibility other than in their personal capacity)
- the person who the child or young is been placed in the care or custody of under the *Adoption of Children Act 1965*.

Restoration

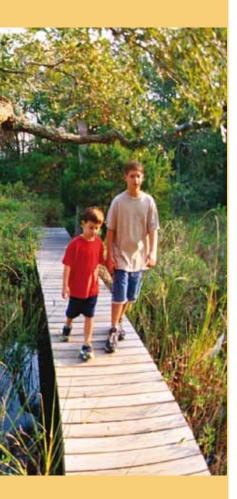
When a child returns to live in the care of a parent or parents for the long term.

Statutory out-of-home care

Where a child or young person lives at a place other than their usual home for more than 14 days and the Minister or non-related person has parental responsibility for residency, because of an order of the Children's Court or because they're a protected person.

A protected person includes a child or young person who is a ward of the Supreme Court, under the parental responsibility of





the Director-General while awaiting adoption, or for whom the Minister has parental responsibility under the *Family Law Act 1975*.

Transition

Preparing and supporting a child or young person moving to another service, placement (transfer of case management) or leaving care.

Wraparound support services

Services that support a child or young person in their care placement, such as counselling, allied health services and respite.

Young person

A person aged above 16 years but under 18 years (or any person under the age of 18 years under the *Crimes Act 1900* and *Commission for Children and Young People Act 1998*).

Acronyms

ACWA	Association of Children's Welfare Agencies
ADHC	Ageing, Disability and Home Care
ADT	Administrative Appeals Tribunal
APCS	Adoption and permanent care service
CALD	Culturally and linguistically diverse
ССҮР	Commission for Children and Young People
CSC	Community services centre
KiDS	Key Information and Directory System (Community Services)
MOU	Memorandum of understanding
NGO	Non-government organisation
NGO OOHC	Non-government organisation Out-of-home care
оонс	Out-of-home care
OOHC PR	Out-of-home care Parental responsibility
OOHC PR PRM	Out-of-home care Parental responsibility Parental responsibility of the Minister
OOHC PR PRM ROSH	Out-of-home care Parental responsibility Parental responsibility of the Minister Risk of significant harm





Case Planning Framework

October 2014

Case planning framework

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Background

On 29 October 2014, the NSW Government's *Child Protection Legislative Reforms: A Safe Home for Life* will come into effect. The reforms aim to improve the child protection systems in NSW by reducing the number of children and young people at risk of significant harm and provide permanency and "a safe home for life" for those children and young people who cannot live at home safely.

Introduction

The case planning framework has been developed to guide consistent and high quality case planning in child protection, out-of-home care and guardianship where Family and Community Services (FACS) is the agency with case management responsibility.

The case planning framework provides:

- key legislative and policy requirements of case planning
- relevant definitions and advice regarding the establishment of a case plan goal
- practice principles to inform the development of case plans
- practice information to support case planning in child protection and out-of-home care.

The framework directly informs the case planning and review procedure and the child protection and out-of-home care case plan templates. It should be used as a companion document for both.

Legislative and policy requirements

While child protection practice has continued to evolve in response to the needs of children and families, community expectations and research; the first principle of the *Children and Young Persons (Care and Protection Act) 1998* has remained constant. That is, in any action or decision concerning a particular child or young person, the safety, welfare and wellbeing of the child or young person are paramount.

The Act prescribes what FACS, other agencies and workers are legally required to do in regard to sharing information, ensuring participation in decision making, developing a plan to promote the safety, welfare and wellbeing of a child or young person and reviewing this plan in accordance with the changing needs of the child or young person.

A Charter of Rights has been developed for children and young people in out-of-home care. The Charter of Rights articulates a child's or young person's right to be informed and participate in decisions that affect them and it is available in two comic-style booklets for <u>children aged 7 to 12</u> and <u>young people aged 13 to 18</u>

Definitions

Case management

FACS defines case management as the process of assessment, planning, implementation, monitoring and review. Case management aims to strengthen outcomes for families, children and young people through integrated and coordinated service delivery. This definition applies equally across child protection, out-of-home care and guardianship.

Case planning

Case planning is an element of case management. It is the process of identifying strategies and planning tasks to address a child or young person's safety and care needs and promote their wellbeing. Case planning is informed by comprehensive assessment and the views of the child, young person, their parents, extended family, carers and relevant others. The case planning cycle is made up of planning, implementation, monitoring and review.

Case planning meeting

A case planning meeting is a formal meeting which is convened to inform the development of a case plan/review. Significant people should be given the opportunity to participate, however, decisions about who to invite is based on whether the person's attendance is in the child or young person's best interest and their capacity to contribute to the development of the case plan/review.

Significant people may include the child where age and developmentally appropriate, or young person, their parents, siblings, extended family and carers. Relevant people may include:

- units such as JIRT that share aspects of case management responsibility
- health professionals, specialists and current service providers
- the child or young person's teacher or school counsellor
- Aboriginal caseworker or representative from the Aboriginal or Torres Strait Islander community
- other community members or representatives.

Case plan

The case plan is the primary case management tool. The case plan records what action will be taken, by who, and when, to meet the child or young person's safety and care needs and to promote their wellbeing.

All children and young people assessed as being in need of care and protection or in out-ofhome care, including those on interim orders, must have a case plan.

Case plan goal

A case plan has only one goal which describes what the plan aims to achieve. For example, 'maintain child or young person with parents' is a goal. The goal of the case plan determines the type of case plan being developed and implemented. If 'leaving care' is the case plan goal, the case plan becomes the leaving care plan – a separate plan is not required.

Permanency planning

Section 10A of the Act states that a permanent placement means a long term placement following the removal of a child or young person from the care of a parent or parents pursuant to this Act that provides a safe, nurturing, stable and secure environment for the child or young person. The Permanent Placement Principles are as follows:

- Restoration to parent/s
- Guardianship with relative, kin or another suitable person
- Adoption (except in the case of an Aboriginal or Torres Strait Islander child or young person)
- Parental responsibility to the Minister
- For Aboriginal and Torres Strait Islander children and young people, if restoration, guardianship and parental responsibility to the Minister are not practical or in the best interest of the child or young person, the last preference is adoption.

The Permanency Placement Principles are intended to be used as a guiding principle for casework decision making. Caseworkers will be required to demonstrate to the Court that they have thoroughly examined all preferred placement options. If an order for long term parental responsibility to the Minister is sought, the caseworker will first need to show that they have explored restoration, placement with relative or kin and open adoption.

Introducing the Permanent Placement Principles into the Act makes it clear that restoration, guardianship and open adoption are preferred over the allocation of parental responsibility to the Minister and long term out-of-home-care.

Following removal of a child or young person from their birth family, a decision must be made about the realistic possibility of restoration (where appropriate), or a move to permanent care outside of the family. It is essential, and in the best interests of the child or young person, and a requirement of s9(f) of the Act, that a decision on the possibility of restoration or alternative arrangements be made as early as possible.

In line with s83(5) of the Act, a decision about the possibility of restoration must not take longer than six (6) months for a child under two (2) years of age entering care and placed on an interim order and within 12 months for all other children and young people. These timeframes do not set out the period in which restoration is to occur, rather the timeframes for when the Court must make its decision as to the realistic possibility of restoration.

Guiding principles

Child protection and out-of-home care case plans are to:

- be strength based, child centred and family focused
- reflect meaningful and age appropriate participation of the child or young person, their families and carers in development of the case plan
- actively promote participation of Aboriginal and Torres Strait Islander children, young people and families and involve Aboriginal staff, service providers and communities
- support the different needs of culturally and linguistically diverse (CALD) children, young people and families and involve CALD staff, communities and service providers
- be developed in partnership with relevant agencies and service providers
- ensure that case plan objectives are measurable, achievable, realistic and time framed, with responsibility allocated for implementation, monitoring and follow up necessary to achieve the stated objectives
- be reviewed as appropriate to ensure the case plan continues to meet the changing needs of the child or young person.

Measures of wellbeing

The case plan/review template, used to guide case planning for child protection, out-of-home care and guardianship, includes eight measures of wellbeing to support holistic and comprehensive case planning. Strengths and current needs are recorded for each measure of wellbeing and case plan objectives are developed to address current needs of the child or young person.

The *My Plan* template has been developed to support the participation of children in case planning. *My Plan* uses language and action statements that can be easily understood by children to record what action will be taken, by who, and when. The ATSI My Plan, a culturally relevant version of the *My Plan* template is provided for use with Aboriginal and Torres Strait Islander children.

All measures of wellbeing are to be addressed in statutory out of home care case plans/reviews. Health, Education, Emotional/Behavioural, Social and Legal measures of wellbeing can be removed in supported out of home care and child protection case plans/reviews when the child or young person does not have identified needs related to these measures.

The following practice advice is provided to assist case planning for each measure of wellbeing.

1a. Measure of wellbeing – parenting skills (child protection / OOHC / restoration)

Information obtained from the *Safety Assessment and Risk Assessment* (SARA), *Risk Reassessment* and other relevant assessments will be used to inform case planning for this measure.

Parenting skills will be addressed in the development of a statutory out-of-home care case plan where restoration is the goal and in a child protection case plan.

Where identified as a current need, consider what information, training, services, support or resources the parent/s require to:

- consistently provide safe and stable accommodation and meet the basic care needs of the child/young person, including any special needs related to a medical condition or disability
- use parenting skills appropriate to the age/development of the child/young person including the establishment and maintenance of a positive, nurturing and empathetic parenting relationship
- promote positive and non-violent interactions that ensure all household members are safe from threats, intimidation and assault
- attend drug and/or alcohol services and supports and/or participate in drug/alcohol testing procedures as necessary
- establish an adequate social support system that includes connection to culture and community

1b. Measure of wellbeing – placement and permanency

This measure addresses the importance of stable, long term placements and the capacity of the carer to meet the needs of a child or young person.

Permanency may be achieved through:

- Restoration to parent/s
- Guardianship with relative, kin or another suitable person
- Adoption (except in the case of an Aboriginal or Torres Strait Islander child or young person)
- Parental responsibility to the Minister
- For Aboriginal and Torres Strait Islander children and young people, if restoration, guardianship and parental responsibility to the Minister are not practical or in the best interest of the child or young person, the last preference is adoption.

Following removal of a child or young person from their family, all reasonable attempts must be made to make a decision about whether restoration is a realistic possibility:

- within six months for children under 2 years of age
- not longer than twelve months for all other children and young people.

Case planning for permanency begins from the time a child or young person enters statutory out-of-home care and continues until permanency is achieved. Even where the case plan goal is restoration, planning needs to involve consideration of alternative options in case restoration is ultimately determined not to be in the child or young person's best interests.

Ongoing assessment and review of relevant factors is necessary to determine whether case planning will focus on continuing to work towards permanency objectives in the child or young person's case plan, or pursuing an alternative permanency option.

Where the case plan goal is restoration, factors to be considered include the quality of the parentchild relationship and the demonstrated capacity or willingness of the parents to:

- reunite with their child
- actively maintain contact
- prioritise their child's needs
- accept responsibility for the harm experienced by their child as a result of their behaviour
- accept assistance or support from family, friends, neighbours or professionals
- benefit or respond to therapeutic interventions and treatments, where required
- consistently care for their child with, or without, the provision of intensive assistance and services.

Other factors that need to be considered include:

- severity and frequency of abuse experienced by the child or young person prior to detection
- affect of the abuse or neglect on the child or young person's physical, cognitive, emotional and social development
- effectiveness of past attempts to safely maintain the child or young person with their parents through the provision of comprehensive services and assistance
- progress of contact visits between parent and child
- whether the child or young person's overall safety, welfare and wellbeing needs can be best met by their current carer even where their parents have demonstrated a capacity to change
- criminal history of any person aged 16 years or older who is living in the household immediately prior to a final decision being made to restore.

The final decision to restore a child or young person to their parents must be based on a thorough assessment of whether restoration is in the child or young person's best interests. Factors such as parental cooperation with the case plan, or positive reports by family members about the parent's and the child or young person's readiness for restoration, are to be considered as part of the assessment, but cannot be the sole basis for making the decision.

Irrespective of the case plan goal, case planning for this measure should consider any support and assistance that may be required to enable the parent or carer to meet the child or young person's needs and provide a safe, nurturing and stable placement that offers long term security.

Tasks identified to achieve permanency objectives need to be concrete, measurable and achievable within specified timeframes. Progress towards achieving these objectives and completing associated tasks is to occur as part of monitoring and reviewing the child or young person's case plan.

2. Measure of wellbeing – personal identity/culture

This measure addresses issues of individual and family significance including culture, community, language and religion. Positive personal identity and connection to culture, language and religion can be protective factors for a child or young person and support resilience.

A statutory out-of-home care case plan for an Aboriginal or Torres Strait Islander child or young person will record:

- if they are in an Aboriginal placement
- that the Aboriginal and Torres Strait Islander Placement Principles have been applied
- how the Aboriginal consultation protocol has been applied.

A statutory out-of-home care case plan for a child or young person from a CALD background will record:

- if the child or young person is in a culturally matched placement
- if a multicultural caseworker or relevant worker was consulted.

Case planning for this measure should consider what information, training, services, support or resources are required to:

- recognise and celebrate significant events for the child or young person
- support the child or young person's positive self image and connection to their culture, language and religion
- support the child or young person to participate in activities and experiences related to their background, culture and identity
- support a child or young person in statutory out of home care build their life story work
- support a young person leaving care access documents and records relating to their time in care as appropriate.

3. Measure of wellbeing – family/significant relationships and contact

This measure addresses the support and capacity of a child or young person to build and maintain positive relationships with family and significant others.

Case planning for this measure should consider what information, training, services, support or resources may be required to:

- safely promote the child or young person's positive interaction and sense of belonging within the family
- strengthen and maintain positive relationships with family and significant others, including previous carers.

An out-of-home care case plan will also consider:

- existing or proposed contact orders
- if the frequency and nature of contact supports the best interests and views of the child or young person
- support family contact with separate arrangements for contact with siblings as required
- managing the contact a child or young person may have with other people or places they may frequent
- services and support required to promote successful restoration if this is the case plan goal.

4. Measure of wellbeing – health

This measure addresses the health of the child or young person and seeks to ensure that health assessments, review and follow up occur as necessary. A case plan for a child or young person entering statutory out-of-home care for a period of 90 days or more should include a NSW Health Management Plan.

Case planning for this measure should consider what information, training, services, support or resources are required to:

- implement recommendations of the NSW Health Management Plan for a child or young person in statutory out-of-home care
- implement recommendations of health or specialist assessments, (for example speech or occupational therapist, psychiatrist or psychologist)
- maintain dental care including orthodontic and periodontal treatment, as required
- complete optical and auditory assessment and treatment, if necessary
- ensure the child or young person's immunisations are up to date
- identify any ongoing medication prescribed for the child or young person to treat a health condition such as asthma or epilepsy
- monitor and manage health issues, general development and disability, including developmental delay
- support a child or young person's regular participation in physical activity or exercise to maintain their personal care and nutrition
- support access to information, advice and services including mental health, nutrition, sexuality and substance abuse.

Children and young people in Statutory OOHC require a NSW health review at least:

- every 6 months, or as recommended by the relevant specialist if they are under 5 years
- annually, or as recommended by the relevant specialist if they are over 5 years.

5. Measure of wellbeing – education/vocation or training

This measure addresses a child or young person's learning and participation in childcare, preschool, school and vocational training. A case plan for a child or young person entering statutory out-of-home care should include a NSW Education Plan.

Case planning for this measure should consider what information, training, services, support or resources are required to:

- implement the Education Plan for a child or young person in statutory out-of-home care
- promote the child or young person's cognitive and language development including access to age appropriate books, games and activities
- address tasks identified in current educational assessments and school reports
- support a child or young person's successful participation and engagement in school, including daily attendance
- support the development of particular skills and interests (for example, music lessons) and participation in school activities including school camps, sports teams and carnivals

- promote successful transition at key points including commencing high school or changing schools
- access vocational or alternative learning opportunities including specific TAFE programs, participation in day programs, work experience, pre-employment preparation and skill development.
- District Director approval required prior to a child/young person commencing or continuing education in a non-government school.

6. Measure of wellbeing - emotional/behavioural development

This measure addresses the emotional and behavioural development, skills and capacity of the child or young person.

Case planning for this measure should consider what information, training, services, support or resources are required to:

- support the child or young person in developing or maintaining healthy emotional and behavioural functioning including trusting relationships, positive self esteem and resilience
- implement recommendations of current emotional/behavioural assessments as necessary
- implement and review a behaviour management plan as necessary for a child or young person in statutory out-of-home care.

7. Measure of wellbeing – social/peer relationships and living skills

This measure addresses the skills and capacity of a child or young person to develop and maintain age appropriate and supportive friendships and engage positively with peers. It also considers the importance of independent living skills for a young person preparing to leave care.

Case planning for this measure should consider what information, training, services, support or resources are required to support the child or young person:

- achieve developmental milestones, including access to speech or occupational therapy
- develop age appropriate social skills including their skills and capacity to manage conflict
- develop and maintain positive and age appropriate friendships
- participate in social and recreational activities
- manage a disability or vulnerability that impacts on their capacity to participate in positive social/peer relationships or to live independently in the future.

An out-of -home care leaving care case plan should also consider what information, training, services, support or resources are required to support the:

- skills and capacity of a young person to live independently, including financial management, household management, drug and alcohol use and sexuality
- young person's access appropriate accommodation and financial assistance
- maintenance of the care allowance if the young person is living with their carer and will turn 18 while completing their High School Certificate or TAFE studies on a full time basis.

8. Measure of wellbeing – legal issues

This measure addresses current legal matters including action taken in the Children's Court concerning the care and protection of a child or young person.

Case planning for this measure should consider any casework or action required to:

- obtain legal representation for the child or young person, where necessary
- determine whether the child or young person may be eligible for victims of crime compensation
- establish a trust account, if they have assets or have received compensation
- determine whether an order should be sought allocating parental responsibility to a relative in the first instance, rather than PR to the Minister, if it is safe to do so for the child or young person
- address any requests to rescind or vary an existing order, including delegation of any aspects of parental responsibility to others
- pay fines, bonds and securities as necessary
- refer the files for a legal audit if there have been any incidents where the child or young person:
 - was a victim / witnessed an act of violence and suffered injury
 - was an immediate family member of a homicide victim
 - was the victim of allegations of abuse in care
 - was injured in a motor vehicle accident or at work
 - had a carer / relative pass away and leave an estate/superannuation
- establish a trust account in the child's name if they have assets or have received compensation
- arrange for the child or young person to make a Will if they have significant assets.



Managing Allegations of Reportable Conduct Against Authorised Carers 2014

Managing Allegations of Reportable Conduct Against Authorised Carers

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Overview

The Reportable Conduct Unit is an important part of the NSW child protection system which ensures that children who are in Out Of Home Care are safe by conducting fair, robust and relevant investigations when allegations are made against authorised FACS carers. The Reportable Conduct Unit offers expertise and guidance to those closest to the child about how best to manage risks and communication with the child; his/her parent/s; and the carer who is subject of the allegation.

The Reportable Conduct Unit operates within a legislative framework to conduct consistent investigations where children/young people who make allegations are empowered to participate in those investigations and where FACS authorised carers know their rights and are afforded procedural fairness. The Reportable Conduct Unit relies on an evidence base to demonstrate its contribution to a trustworthy child protection system.

The Policy and Procedures contained within this document set out:

- the principles, policies and procedures for the management of allegations of reportable conduct and reportable convictions; and
- key communication intersections with Districts, the NSW Ombudsman and the NSW Office of the Children's Guardian to ensure that information about risks posed by people who work in child related employment is appropriately shared.

FACS is committed to preventing incidents of reportable conduct and has the following preventative strategies in place:

- pre-employment screening for employees working with children and young people
- clearly defined roles for people engaged to provide services to children
- training employees in working with children and young people
- guidelines that define appropriate and inappropriate conduct when working with children and young people.

While we make every effort to protect children and young people in our care, from time to time allegations of abuse or neglect may be made against FACS' authorised carers and others who are engaged to provide services to children.

The Reportable Conduct Unit has responsibility for coordinating FACS' response to allegations of reportable conduct made about employees and for fulfilling its statutory reporting obligations. These procedures elaborate on the responsibilities held by the Reportable Conduct Unit, the Child Protection Helpline, Community Service Centres in Districts, and the Professional Conduct Ethics & Performance Units for responding to, and notifying allegations made against employees.

Employees for the purposes of the Reportable Conduct Unit are authorised Community Services' carers and adult household members.

Matters involving salaried staff need to be referred to the Professional Conduct, Ethics and Performance Unit.

The NSW Ombudsman must be notified of allegations against any FACS employee which involves the following conduct:

- any sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence or an offence involving child abuse material), or
- any assault, ill-treatment or neglect of a child, or any behaviour that causes psychological harm to a child whether or not, in any case, with the consent of the child.
- misconduct that may involve reportable conduct.

FACS has a responsibility to report findings of sexual misconduct and serious physical assault involving children by an employee to the NSW Office of the Children's Guardian.

Consultation

These procedures were developed by Reportable Conduct Unit staff in consultation with stakeholders, the Public Service Association (PSA) and the NSW Ombudsman.

1. Definitions

The following definitions apply for the purposes of these reportable conduct policy and procedures and are drawn from the relevant legislation.

Allegation means a statement or assertion that has yet to be substantiated or proven.

Child means a person under the age of 18 years (as defined by the *Ombudsman* Act 1974).¹

OCG means the NSW Office of the Children's Guardian.

Class or Kind Determination is an arrangement between a governing body and FACS that specifies what incidents of conduct may be exempt from reporting (as per s25CA *Ombudsman* Act 1974).

Employee for the purposes of these Policies and Procedures is someone who has been engaged by Community Services to provide a service to children. This includes:

 carers who have been authorised by FACS to care for a child or children;

¹http://www.ombo.nsw.gov.au. This definition is different from the definitions of child and young person contained in the Children and Young Persons (Care and Protection) Act 1998.

• adult household members of authorised carer households where they have been engaged by FACS to provide services to a child or children.

An 'employee' does not include:

- persons who have been authorised to care for a child or children by an agency other than FACS (e.g. non-government organisations)
- carers who have parental responsibility (PR) for the residence of all children placed in their care
- FACS salaried employees unless in certain circumstances they are also authorised carers.

Head of Agency means the chief executive officer or other principal officer of the agency. For FACS the head of agency is the Secretary. Responsibilities of the Head of Agency can be formally delegated.

Misconduct means misbehaviour or wrongdoing. It also refers to conduct that is against an agreement or code. For Community Services' authorised carers, this is the Code of Conduct for Authorised Carers.

Reportable allegation means an allegation of reportable conduct against a person or an allegation of misconduct that may involve reportable conduct.

Reportable conduct means:²

- any sexual offence, or sexual misconduct, committed against, with, or in the presence of a child (including a child pornography offence or an offence involving child abuse material), or
- any assault, ill-treatment or neglect of a child, or
- any behavior that causes psychological harm to a child, whether or not, in any case, with the consent of the child.

Reportable conduct does not extend to:

- conduct that is reasonable for the purposes of the discipline, management or care of children having regard to the age, maturity, health or other characteristics of the children and to any relevant codes of conduct or professional standards
- the use of physical force that, in all circumstances, is trivial or negligible but only if the matter is to be investigated and the result of the investigation recorded under workplace employment procedures, or
- conduct of a class or kind that is exempt from being reportable conduct by the Ombudsman under section 25CA of the Ombudsman Act 1974.

A copy of the Ombudsman's 'Defining Reportable Conduct' can be located at the NSW Ombudsman website.³

² Part 3A of the *Ombudsman Act 1974*.

³ http://www.ombo.nsw.gov.au

Reportable conviction means a conviction (including a finding of guilt without the court proceeding to a conviction), in NSW or elsewhere, of an offence involving reportable conduct.⁴

Significant harm 'Significant physical harm or injury' is harm or an injury to a child or young person that has occurred in the context of an employee's actions, which are reasonably considered to be hostile and forceful, or reckless. In deciding whether a child has experienced - or there was the potential to experience - significant physical harm or injury, it will be relevant to consider factors such as the child's age and developmental stage and any specific vulnerabilities of the child. Any physical assault allegation that has led to criminal action, including criminal charge or an apprehended violence order (personal or domestic) is required to be reported to the Ombudsman.

A Working With Children Check is a prerequisite for anyone in child-related work in NSW. It includes a national police check and review of findings of misconduct involving children as defined in Schedule 1 of the *Child Protection* (Working with Children) Act 2012.⁵ The result is either a clearance or a bar.

2. Legislation

As a child protection agency, FACS has responsibilities under the Children and Young Persons (Care and Protection) Act 1998 NSW.

As an employer, FACS has responsibilities regarding allegations of reportable conduct against employees under the following legislation:

The Children and Young Persons (Care and Protection) Act 1998

The Children and Young Persons (Care and Protection) Act provides for the care and protection of, and the provision of services to, children and young people in New South Wales. It makes provision for an allegation of abuse of a child or young person by a FACS employee to be investigated in accordance with the arrangements made between the NSW Ombudsman and Community Services.

Chapter 16A of the legislation allows FACS to provide and receive information relevant to the safety, welfare or well-being of children and young people from prescribed bodies where this will assist in making an assessment, providing a service or managing risk arising from prescribed bodies' duties as an employer.

The Ombudsman Act 1974

The Ombudsman Act 1974 (the Act) was amended in 1998 and established the Ombudsman's role in scrutinizing and monitoring the way that allegations of abuse by employees are managed and investigated by agencies designated under the Act.

⁴ Part 3A Ombudsman Act 1974.

⁵ http://www.austlii.edu.au/au/legis/nsw/consol_act/cpwca2012388/

The Ombudsman Act requires that allegations of reportable conduct are dealt with fairly and transparently. The Act gives the Ombudsman powers to monitor agency investigations of reportable conduct or to take on an active investigation role.

Under the Ombudsman Act 1974, Community Services must:

- make arrangements to require all employees to notify reportable allegations or convictions
- have in place systems for recording and investigating allegations against its employees and must:
- notify the NSW Ombudsman within 30 days of the Agency becoming aware of any reportable allegation or reportable conviction against an employee.

The NSW Ombudsman also has Class or Kind Determinations with FACS. This determination exempts certain categories of conduct from being reported to the NSW Ombudsman, but does not exempt FACS from conducting an investigation into the alleged conduct.

The Child Protection (Working With Children) Act 2012

This Act establishes the role and functions of the NSW Children's Guardian in employment screening for child protection (the Working With Children Check). It includes the authority to grant a clearance or place a bar on child related work for a person.

Under Part 2 of the Act there is the mandatory requirement for:

- persons engaged in child related employment to hold a Working With Children Check clearance (or a current application for a Working With Children Check clearance)
- employers to require a person to provide a Working With Children Check clearance (or a current application for a Working With Children Check clearance) before commencing to employ the person in child related work.

Part 5 (Section 35) of the Act requires FACS to notify to the Children's Guardian the name and other identifying particulars of any employee against whom FACS has made a finding that the employee has engaged in misconduct as defined in Clause 2 of Schedule 1 of the Act.

Child Protection (Prohibited Employment) Act 1998

The Child Protection (Prohibited Employment) Act 1998 makes it illegal for any person convicted of a serious sex offence to apply for employment with or continue to work with children and young people in NSW. Under the provisions of this Act, a declaration of Prohibited Person Status must be made before a candidate is interviewed for child-related employment.

Further information can be obtained from:

- Office of the Children's Guardian⁶
- NSW Ombudsman

⁶ http://www.newcheck.kids.nsw.gov.au/

- FACS Code of Ethical Conduct⁷
- NSW Ombudsman Child Protection in the Workplace Responding to Allegations Against Employees⁸
- Children and Young Persons (Care and Protection) Act 1998 (NSW)⁹
- Ombudsman Act 1974 (NSW) Part 3A¹⁰
- Child Protection (Working with Children) Act 2012

3. Principles, Responsibilities and Roles

3.1 Principles

The overarching principle in responding to any allegation made against an employee is to ensure the safety, welfare and wellbeing of any child who may have been involved in the alleged conduct or who may be at risk of harm if they have contact with that employee.

FACS investigates all allegations against an employee according to the following principles:

Procedural fairness

FACS adheres to sound administrative investigation practice which is underpinned by procedural fairness to ensure fair and reasonable decision making.

Procedural fairness requires a decision-maker to:

- inform people of the allegations against them,
- give them a right to be heard,
- not have a personal interest in the outcome,
- act only on the basis of well reasoned probative evidence,
- make good decisions in good faith and without bias,
- consider any person whose interests will be affected by the decision.¹¹

Privacy and confidentiality

It is imperative to maintain the privacy of any person involved in an investigation and maintain the confidentiality of all matters arising from an investigation unless there is a legitimate purpose for sharing that information with other parties. Any breach of confidentiality should be documented and disclosed to the involved person.

⁷ http://www.facs.nsw.gov.au/__data/assets/file/0009/276750/FACS_Code_of_Ethical_Conduct_V1.1_-__October_2013.pdf

⁸ http://www.nswombudsman.nsw.gov.au

⁹ http://www.legislation.nsw.gov.au/maintop/view/inforce/act+157+1998+cd+0+N

¹⁰ http://www.legislation.nsw.gov.au/maintop/view/inforce/act+68+1974+cd+0+N

¹¹http://docsonline.dcs.gov.au/docsintwr/_assets/main/policies/governance/allegations_against_employe es_policy.pdf

Integrity

For processes to be accepted as appropriate and fair, it is imperative that they are applied consistently and with integrity and treat all people involved in investigations with respect. This includes recognising and managing actual, potential or perceived conflicts of interest.

Collaboration

The responsibility for responding to allegations of reportable conduct goes beyond the role of the Reportable Conduct Unit. The efficacy of the FACS response to allegations against employees relies on collaboration with internal and external stakeholders including:

- Child Protection Helpline, CSC and JIRT staff
- Police
- NSW Ombudsman
- Carer support groups

Timeliness

It is well understood that investigations can cause stress, anxiety and worry for the subject of the investigation and all witnesses. It is therefore critically important that all work conducted by the Reportable Conduct Unit is allocated and completed in a timely manner and adheres where possible, to the timeframes detailed later in this document.

3.2 Responsibilities

FACS salaried staff are required to:

- understand who is considered an 'employee' for the purposes of these procedures
- understand that a child under the Ombudsman Act and Child Protection (Working with Children) Act includes young persons up to the age of 18 years
- identify the types of conduct that may amount to a reportable allegation or constitute a reportable conviction
- report all allegations of reportable conduct against employees within 24 hours or the next working day
- inform other employers where a risk of significant harm report includes an allegation of reportable conduct against one of their employees, or where staff become aware of an allegation in the course of casework
- liaise with the Reportable Conduct Unit in relation to advising the employee that an allegation of reportable conduct has been made
- where the conduct may amount to risk of significant harm, make a report to the Child Protection Helpline
- advise the Reportable Conduct Unit if a matter has been or will be reported to Police
- assist authorised carers to understand their rights and responsibilities including self reporting in relation to allegations against employees

• seek advice from their managers or the Reportable Conduct Unit where uncertain about any requirement.

3.3 Roles

FACS is accountable for identifying whether children previously placed with a carer where reportable conduct has been sustained may have been at risk, and for responding appropriately.

Districts are responsible for making decisions regarding the placement of children and young people with carers who are subject to an open reportable conduct investigation.

Community Services Centres, Joint Investigation & Response Teams (JIRT), District based specialist teams are required to:

- take all appropriate action to minimise the risk to any child involved in or impacted by allegations against an employee
- conduct child protection safety and risk assessments where there are allegations against an employee, and liaise with the Reportable Conduct Unit to minimise duplication, particularly in relation to minimising the number of occasions children are interviewed about the alleged conduct
- have systems in place which ensure that all allegations against employees are reported to the Reportable Conduct Unit by close of business on the next working day
- provide information in a timely manner to the Reportable Conduct Unit in relation to reportable conduct matters, related risk assessments and any consequent recommendations

Reportable Conduct Unit is required to:

- Investigate, manage and coordinate responses to allegations against Community Services employees
- develop and apply processes so that allegations are dealt with confidentially and with procedural fairness
- maintain a database of allegations made against FACS carers
- notify the Ombudsman within 30 days of the Agency head receiving a reportable allegation
- provide information when requested, to the Ombudsman
- identify whether matters should be reported to the Professional Conduct, Ethics and Performance Unit (PCEP), to another employer or to an external agency, for example NSW Police or the Health Care Complaints Commission
- notify the findings of an investigation, where relevant, to the OCG
- supports system development and improvement by:
 - providing information to other employers where a Child Protection Helpline report does not meet the risk of significant harm threshold but contains an allegation of reportable conduct
 - providing information and guidance to Community Services' staff regarding allegations against employees
 - o monitoring allegations for resolution and trend analysis

- undertaking long-term research to better inform policies and procedures regarding allegations against employees
- developing resources to improve practice, and the systems supporting practice.

Reportable Conduct Unit officers are available during office hours and can be contacted on:

Telephone: 9716 2149 Facsimile: 9716 2754 Email: Reportable Conduct CS@facs.nsw.gov.au

The Head of Agency, or their delegate, is required to:

- set up systems for providing a safe environment for children in the agency's care
- ensure systems are in place for recording and responding to all allegations
- monitor the implementation of systems which address allegations
- notify the Ombudsman about allegations, investigations and findings where necessary
- notify the OCG of findings of sexual misconduct or serious physical assault involving children by an employee to ensure the agency's compliance with other obligations under the *Ombudsman Act* 1974, Part 3A.

4. Notification of Allegations

4.1 Purpose

This procedure provides guidance to FACS staff on the steps that are to be followed if they become aware of:

- a reportable allegation against another Community Services' employee
- reports of an employee having a conviction for an offence involving reportable conduct.

This procedure should be read in conjunction with the Casework Practice Guidelines Managing Allegations Against Employees and Critical Events and Allegations at the Helpline¹² which set out Child Protection Helpline, CSC and JIRT procedures in full.

4.2 Policy and Practice

The Reportable Conduct Unit determines whether the information reported constitutes an allegation of reportable conduct and for collaborating with the District about how the response is best managed.

Notification of reportable conduct can also be made as a protected disclosure within the meaning of the Protected Disclosures Act 1994. Further information

¹² http://cwp.docsonline.dcs.gov.au/en/Procedures/critical-events-and-allegations-at-the-helpline/

regarding protected disclosures is available on the FACS intranet at the Internal Services, Accountability and Governance site.¹³

4.3 Procedures

Allegations can be made by children/young people, Community Services staff members, carers, service users, mandatory reporters, professionals or members of the public. This includes allegations being reported anonymously. Most allegations against employees are received through the Child Protection Helpline.

Caseworkers may be made aware of allegations against employees either during their working day, or when not at work. Any FACS staff member who is made aware of an allegation against a FACS employee should report the allegation through the Child Protection Helpline. The allegation will then be assessed from a child protection perspective and where the report contains information that may constitute an allegation of reportable conduct against an employee the Helpline will forward it to the Reportable Conduct Unit.

Where a referral has been made directly to the Reportable Conduct Unit from an agency or person external to Community Services, the Reportable Conduct Unit will:

- take the relevant details of the allegation
- contact the Helpline to initiate a child protection assessment to fulfil • mandatory reporting responsibilities. This should be done with the notifiers' knowledge.

The Community Services' Triage Assessment Guidelines¹⁴ indicate that as a minimum, a Secondary Assessment Stage 1 should occur for every report that concerns an allegation against an authorised carer. This will focus on the safety and risk assessment for the child. The Reportable Conduct Unit has a parallel responsibility to investigate and making findings about allegations of reportable conduct by an employee.

5. Intake Assessment

5.1 Purpose

This procedure details the steps to be taken by Reportable Conduct Unit staff when an allegation is referred to the Unit to determine whether the reported allegation meets the threshold for reportable conduct.

5.2 Practice

When an allegation against a FACS employee is received it requires two assessment processes:

 ¹³ http://intranet.facs.nsw.gov.au/policies
 ¹⁴ http://cwp.docsonline.dcs.gov.au/en/Procedures/

- 1. An assessment of the child protection issues for the child/ren or young person.
- 2. An assessment of the information about the alleged conduct of the employee to determine whether the alleged conduct constitutes reportable conduct.

The two processes are interdependent however may not be conducted concurrently. The paramount consideration remains the safety, welfare and wellbeing of any children involved in the alleged conduct or any children who may be at risk of harm if they come in contact with the employee. A child protection assessment and response for children/young people who are in out of home care is a FACS priority.

Collaboration between the District and the Reportable Conduct Unit is essential, particularly when the District may take protective action prior to an investigative response by the Reportable Conduct Unit. Collaboration with the CSC or JIRT as early as possible in the two processes will minimise duplication of effort and manage the impact of investigations, particularly in relation to interviewing children.

On receipt of notifications of allegations, the Reportable Conduct Unit will assess whether:

- the information meets the threshold of reportable conduct.
- the matter requires notification to the NSWO.
- the matter requires notification to any other external agency including Police.

The Reportable Conduct Unit is responsible for making notifications of reportable conduct about FACS employees as defined by this Policy to the NSW Ombudsman. CSC/Districts should not report matters directly to the Ombudsman.

5.3 Procedures

All referrals received at the Reportable Conduct Unit are recorded in the secure Reportable Conduct Unit case management system by the Intake Officer. The Intake Officer will record all relevant information, including:

- details of the employee and child(ren) and any other parties.
- dates the allegation was reported to Community Services and the Reportable Conduct Unit
- the nature of the allegation(s).

The Intake Officer will review KIDS to obtain information relevant to the allegation about the employee, the child/ren or young person, and their placement, events surrounding the allegation and casework action which has occurred or which is planned.

5.4 Assessing whether the matter is a reportable allegation

The Reportable Conduct Unit Officer processing the received information assesses whether the allegation constitutes an allegation of reportable conduct and makes a recommendation about its acceptance. A Manager makes the final decision that is then recorded and communicated to relevant parties including Districts, and the NSWO.

An allegation is assessed using the following criteria:

- whether the alleged victim was a child at the time of the alleged conduct as described in the *Ombudsman Act 1974 (the Act)* i.e. was under 18
- whether the subject of the allegation is an employee of FACS for the purposes of these Policies and Procedures at the time the allegation became known to the Agency
- whether the alleged conduct constitutes reportable conduct as defined in the Act

If the allegation is not a reportable allegation, it is not notifiable to the NSW Ombudsman. In these cases the Reportable Conduct Unit will advise the District that the Unit will take no further action and will provide any other relevant information for the consideration of the local CSC.

5.5 Notifying the Ombudsman

If the received information does constitute an allegation of reportable conduct the Reportable Conduct Unit will assess whether or not it is exempt from individual notification to the Ombudsman. The Manager will determine whether the matter will be investigated under the Class or Kind determination or will be a notified investigation.

A matter may be exempt from notification to the Ombudsman if:

- it involves the use of physical force that, in all the circumstances, is trivial or negligible; or
- it is conduct of a Class or Kind that is exempt from individual notification; or
- it is conduct that is reasonable for the purpose of the discipline, management or care of children, having regard to the age, maturity, health or other characteristics of the children and to any relevant codes of conduct or professional standards.

Allegations of reportable conduct that meet the threshold for notification to the Ombudsman must be referred to the Ombudsman within 30 days of FACS receiving the allegations.

The relevant manager in the Reportable Conduct Unit is responsible for ensuring that all relevant matters are notified to the Ombudsman, and that available information about child protection risk assessment is provided to the Ombudsman at the time of notification and that the notification occurs within the 30 day timeframe. Notification documentation is sensitive and highly confidential and must be handled accordingly. Documents relating to the investigation of an allegation against an employee are sent to the Ombudsman, addressed to:

Attention – Steve Kinmond NSW Ombudsman Level 24, 580 George Street Sydney NSW 2000

5.6 Sensitive information

Information relating to an allegation may, in certain circumstances, need to be secured. These circumstances include but are not limited to:

- an allegation made about or matters that relate to criminal or disciplinary proceedings brought against a FACS salaried staff member
- matters relating to any person known to be related to a FACS salaried staff member
- matters concerning a person with a public profile
- where the matter relates to a child or a member of their family who may be involved in witness protection
- where media interest has occurred or is likely to occur
- where it relates to a deceased child
- the information is otherwise deemed sensitive by a Director.

See related Casework Practice procedure – Secure Files.¹⁵

Additionally, an easily identified coversheet is placed on the front of the file of a matter that has been secured to ensure that any communication outside the Unit can be managed carefully and no inadvertent communication occurs within the District/locale of the salaried employee.

5.7 Child protection assessment

Child protection assessment occurs through the Child Protection Helpline and the relevant CSC/JIRT. All referrals to the Reportable Conduct Unit should be reported to the Child Protection Helpline by the person who first became aware of the allegation.

5.8 Obtaining further information

To appropriately assess a referral, the Reportable Conduct Unit Officer may need to obtain further information. At a minimum, the Officer should review:

- the information contained in the referral
- Reportable Conduct Unit databases
- basic information from KiDS.

¹⁵ http://cwp.docsonline.dcs.gov.au/en/Procedures/Preparing-and-maintaining-a-paper-file-and-secure-files-/

Further information may be required to determine:

- what the allegation(s) are;
- whether or not the allegation(s) could constitute a reportable allegation
- whether the allegations should be individually reported to the Ombudsman

The manager will consider where further information is required in order to assess a referral. Enquiries may include:

- further detailed review of KiDS
- contacting the relevant CSC/JIRT or District staff
- contacting the reporter
- contacting the Ombudsman's Office.

5.9 Intake report

The Reportable Conduct Unit officer taking a referral will collect all relevant information and prepare an intake report. The intake report should include the following information, and a rationale for all recommendations made:

- Details of the allegation/s
- History of any previous reportable conduct allegations, findings and outcomes for the involved employee and, if relevant, the child; including matters assessed as not reportable conduct.
- Whether the alleged conduct meets the threshold for reportable conduct
- Whether the allegation is exempt from notification to the Ombudsman
- Whether the District intends to undertake child protection risk assessment or take action to manage employee-related risks¹⁶
- What other Units or areas of FACS may be involved in the investigation (e.g. PCEP, JIRT).
- Whether the information needs to be reported to Police.
- Whether the information needs to be secured and how.

A manager will make the decision as to the matter being accepted or not as reportable conduct. This decision will be recorded on the intake report.

Administration staff:

- record information about the decision
- provide information to the District about the Reportable Conduct Unit's assessment of the allegations and any further action where this has not been done by the intake officer or duty manager
- provide information to any other relevant parties including the Ombudsman and the PCEP
- prepare a paper file.

¹⁶ For further information on risk assessment, refer to Section 7.3.3 of this document

5.10 Allocation

Managers allocate investigations in line with prioritisation ratings and existing caseloads, taking account of and addressing any actual, potential or perceived conflict of interest and skills of investigators.

The Prioritisation and Risk Assessment Tool (PRAT) is applied to matters that are required to be reported to the NSW Ombudsman and which cannot be allocated upon the intake decision being finalised. The Reportable Conduct Unit reviews all information and liaises with the District to gain a more complete understanding of the matter. The relevant information is entered onto the PRAT. The PRAT allocates the matter a score which assists the Reportable Conduct Unit to determine the allocation priority.

The PRAT remains a dynamic risk management tool which captures changes in these matters and is used critically as an interface with District staff to identify, manage and prioritise risk to children in out of home care.

5.11 Matters assessed as not reportable conduct

Where allegations are assessed as not reportable conduct, the Reportable Conduct Unit will notify the contact officers identified by the District, including the relevant District Director and/or Director Community Services, informing them of the assessment and that there will be no further Reportable Conduct Unit involvement.

Administration staff will then record relevant information and attach a hard copy of the email to the Intake and Notification Form and place it in the specified 'Intake Only' file.

5.12 Forms and Resources:

- Intake Form built into AMS Database
- Prioritisation Assessment Guide Internal Unit document
- Secure Files policy
- FACS information security policy
- Child Protection Helpline policies and procedures
- Ombudsman Guidelines for Investigations into Reportable Conduct.¹⁷

6. Investigation

6.1 Purpose

This procedure provides guidance to Reportable Conduct Unit investigators on the steps that are to be followed when an allegation has been assessed as being an allegation of reportable conduct, and an investigative response needs to be planned.

¹⁷ https://www.ombo.nsw.gov.au/

6.2 Policy and Practice

The general objectives of an investigative response to allegations of reportable conduct are:

- to determine whether the alleged conduct occurred and, if so whether it constituted reportable conduct
- to determine whether or not a notification to the OCG is required
- to determine whether recommendations could be made for action which would assist in avoiding future incidents of reportable conduct.

Investigations involve four main stages:

- planning identify information and evidence required for the investigation and stakeholders to be consulted
- Evidence gathering obtain and assess information which is already available, and gather remaining information and evidence and review information and evidence to consider whether the allegation/s accurately capture the alleged conduct
- Responding to allegations give the employee the opportunity to respond to the allegations
- Analysis and reporting analyse information and evidence, record information and evidence succinctly in the report, recommend a finding, identify practice considerations and any relevant recommendations for action to improve practice or the systems supporting practice.

Investigations are conducted in a timely manner. Accepted benchmarks for completion of investigations are 90 days from allocation to completion for matters that are reported to the NSW Ombudsman and 60 days for matters that are allocated for investigation under the Class or Kind determination.

There may be some circumstances where the need for action by another agency such as Police may legitimately delay the finalisation of a Reportable Conduct Unit investigation. Capacity of available investigators may also impede achievement of the benchmark timeframes.

Investigations are to be conducted with the utmost confidentiality, involving only those people who have an identified need to know about the matter.

Allegations may be responded to in different ways, depending on the nature of the allegation. In line with the Briginshaw proportionality principle, each investigation is planned with consideration of the nature of the allegation and the specific circumstances of the stakeholders involved.

It is important that all investigations are planned from intake, to coordinate the different roles and responsibilities of the District and the Reportable Conduct Unit. This enables a holistic and thorough approach, avoids duplication of effort, and minimises the impact of investigations, especially on children and young people.

6.3 Procedures

6.3.1 Developing a Plan

An investigation plan is a record of what the Reportable Conduct Unit will do to address the allegation. The investigation plan template contains standard items:

- Objectives of the investigation
- Proposed time-frames

The Plan also records:

- the allegation/s
- risks which may arise from the investigation for the child, employee and agency and how risks will be managed
- information and evidence required to investigate the allegation/s
- the level of investigative activity required to obtain required information or evidence
- communication and collaboration with the District, JIRT and other stakeholders e.g. NSW Police, PCEP
- where a decision has been made not to interview the child or young person or a witness, the rationale for that decision
- where a decision has been made not to inform the child or young person's parent of the allegation, the rationale for that decision
- when and how the subject of the allegation will be informed of the allegation, the investigation process, their rights, obligations and access to support, and possible outcomes of the investigation, taking account of information provided during a child protection response
- how any cultural issues or special needs of the relevant parties will be addressed during the investigation.

The plan will give a clear description of how the investigation will be undertaken and the rationale for planning decisions and is approved by a Manager.

The plan will be reviewed and updated as necessary throughout the investigation.

6.3.2 Determining Level of Response

All investigative responses should be based on the following principles:

- making best use of information and evidence which is already available
- undertaking the least intrusive approach possible to collect the information necessary to test the allegation
- undertaking the most expedient and timely approach
- undertaking levels of inquiry and evidence gathering commensurate with the nature of the allegations and any pattern of repeat allegations
- determining the context of the allegations and identifying unmet support and development needs
- making observations, suggestions and recommendations that focus on preventing further incidents of reportable conduct.

The level of response planned for any individual allegation is recommended by the allocated investigator and approved by their manager. To determine what level of response is required an investigator should consider:

- the nature of the allegation/s
- the current circumstances of the child(ren) and employee
- what information is already available and what further information is required to be able to make evidence-based decisions
- the potential outcomes from the investigation and impacts on the child(ren) and employee/s
- whether previous allegations have been made and substantiated
- the options available to an employee to respond to an allegation and any preferences or constraints expressed by any participant including contact with other children who are potential witnesses

Regardless of the level of response, the procedures for intake, information gathering, making findings and recommendations and reporting outcomes outlined in this document apply.

6.3.3 Risk Assessment

Risk assessment involves the pro-active consideration of potential risks which may arise during an investigation. Risks to the child(ren) involved in a reportable allegation, and other children who may be at risk from the employee are also assessed as part of a child protection response from the Helpline and CSC.

Risk assessment is part of investigation planning. The investigator should assess risks to:

- the subject child or young person
- other children who may have or previously had contact with the employee
- the employee
- the organisation and other employees within the organisation
- the integrity of the investigation
- the investigator.

If there are numerous, complex or significant risks, the investigator should consult the manager to discuss whether the separate risk assessment and management plan should be completed and attached to the investigation plan.

The risk assessment should be reviewed and updated as necessary throughout the investigative process, including at the conclusion of an investigation.

6.3.4 Internal communication

Communication with District staff is important, particularly in relation to planning concurrent child protection and reportable conduct responses.

Reportable Conduct Unit staff will consult the most appropriate CSC-based officer (responsible for child protection assessment or placement support) to discuss child safety and risk management, and provide them with all relevant information. So that an investigative response is not delayed, this contact will usually be by telephone in the first instance.

The Reportable Conduct Unit/CSC consultation should consider:

- how the safety of any child involved in the allegations is going be secured in the immediate assessment period and during the investigation
- how to inform relevant parties about the allegations in an appropriate manner and at an appropriate time and place
- how all the essential information about the person against whom the allegations have been made and any child associated with the allegations and any witnesses/persons with relevant information will be gathered and assessed
- how FACS' dual roles of child protection assessment and reportable conduct investigation will be managed
- how investigative tasks will be allocated and timeframes for completing the investigation
- what investigative response is planned and the implications of this plan for both the CSC and the Reportable Conduct Unit.

The investigator will conduct the investigation in consultation with the CSC/JIRT/District.

Reportable Conduct Unit officers will not discuss matters with FACS staff outside the Reportable Conduct Unit unless it directly relates to the carriage or outcomes of the investigation.

6.3.5 Special considerations in planning

Investigators must be aware of and respect local Aboriginal culture and traditions and ensure that any investigation is conducted in a culturally appropriate way. This is best achieved through liaison with an Aboriginal staff member (within the Reportable Conduct unit or District) or community organisation.

Section 12 of the *Children and Young Persons (Care and Protection) Act 1998* is specific about the principles of participation for Aboriginal and Torres Strait Islander people.

Investigators should ask whether or not the employee, child or other person involved in an allegation would like an Aboriginal advocate or support person to support them through the process. Assistance will be given to access this support.

When investigating an allegation involving employees, children and families from Cultural and Linguistically Diverse (CALD) backgrounds, a critical part of obtaining accurate and comprehensive information is to ascertain the relevance and influence of cultural, migration and settlement factors as it applies to individual circumstances.

Consultation and participation of appropriate external agencies and Community Language Assistance Scheme can provide assistance in addressing these issues. FACS' employees who do not communicate well in English are to be provided with professional interpreters to enable them to participate. Written correspondence may need to be translated into an employees' first language.

The Translating and Interpreter Service can be contacted on 131 450 to assist in translation.

FACS has several specialist units which provide support and advice in relation to domestic violence, disability, mental health, cultural diversity and drug and alcohol issues. Reportable Conduct Unit staff will consult with these units on matters which require special consideration in planning an investigation.

6.3.6 Notifying an employee of an allegation

In the first instance, employees involved in an allegation should be advised that an allegation has been made, the investigation process, their rights and obligations, their support options and potential outcomes of an investigation as soon as this is possible without jeopardising the integrity of the investigation. This is most likely to occur following any interviews of victims/witnesses.

Key issues that should be considered when advising an employee of an allegation include:

- the safety, welfare and wellbeing of the child or young person who is the subject of the alleged conduct, and other children involved with the employee
- the stability and permanence in out-of-home care placements
- the preservation of evidence
- the integrity of an investigation including police or Joint Investigative Response Team (JIRT) investigations
- the management of identifiable risks that the employee may inadvertently or purposefully take action that lessens the quality of evidence or contact with witnesses
- compliance with legislative obligations such as those involved in protected disclosures
- the management of identified risks to the employee, investigation or any other related party e.g. the person who made the allegation.

The name of the person who made the allegation/s must not be disclosed to the employee unless there is recorded consent and it is deemed to be necessary for the purpose of the investigation.

The stage at which an employee is told of the specifics of the allegations against them will vary depending on the progress of the investigation and the management of any risks.

Employees should be informed in writing and the allegations should be as specific as the available information allows. Generally this information is provided three days prior to an interview. The same considerations mentioned above are relevant to consider when providing an employee with the specifics of the allegation.

The Reportable Conduct Unit recognises the need to minimise as far as possible any delay between telling an employee that an allegation has been made against them, and giving them an opportunity to respond.

When an employee is already aware of the allegation/s through the child protection response, it will be important to ensure that the employee is aware that the Reportable Conduct Unit will also be investigating the allegations, why this investigation is necessary, the investigation process and an estimation of how long the process may take.

The Reportable Conduct Unit is responsible for determining what details of the allegations are formally provided to the employee, the timeframe and how this is done. In the early stages of an investigation it is likely that the employee can be advised about the general nature of the allegation/s. Specific information about the conduct which has been alleged to have occurred is likely to emerge during the investigation. It is also possible that additional allegations of reportable conduct may emerge during the investigation. If an employee is advised about the general nature of the allegation/s, the employee may choose to respond to the allegation/s but they are not required to formally respond to the allegation/s at that stage.

Unless there are reasons not to, a person should be contacted by phone in the first instance. The investigator should explain that an allegation has been made and describe the Reportable Conduct Unit's investigative process. The investigator should also explain that the allegation and information about the investigation will be sent to the employee in writing.

Written notification to the employee includes:

- available information about the allegation/s made against them
- information about the investigative process
- FACS' legislative obligations to individually notify the NSW Ombudsman of certain allegations made against employees
- FACS' legislative obligations to notify the OCG regarding certain completed employment proceedings
- the employee's rights and obligations during the process
- details of the support available to the employee during the process
- any expected or agreed timeframes in the investigative process, including any agreed dates for meetings or interviews
- contact details for the investigator handling the matter
- information about the employee's right to make complaints in relation to the investigation process.

It is recognised that reportable conduct investigations can be a difficult experience for those involved. Support for children and young people is provided by the CSC.

For authorised carers and other non-salaried employees, procedural support is available from Connecting Carers and counselling support is provided through Relationships Australia.

6.3.7 Notifying a child's parents of an allegation

Section 163 of the *Children and Young Persons (Care and Protection) Act 1998* provides that parents have a right to information about the progress and development of their children in out-of-home care. In some cases, this includes significant events such as a change of placement and allegations of reportable conduct.

The Reportable Conduct Unit considers that section 163 should apply unless this will impact negatively on:

- the safety, welfare and wellbeing of the child or young person who is the subject of the alleged conduct, or other children involved with the employee
- the wishes of the child or young person
- the stability and permanence of a child's placement where maintenance of the situation is seen as in the child's best interests
- the preservation of evidence
- the integrity of an investigation including police or Joint Investigative Response Team (JIRT) investigations
- the management of identifiable risks that the parent may inadvertently or purposefully take action that lessens the quality of evidence e.g. contact compliance with legislative obligations such as those involved in protected disclosures
- the management of identified risks to the employee, investigation or any other related party e.g. the person who made the allegation.

The Reportable Conduct Unit will consult District staff about whether any of these reasons apply, and about when, how and to what level of detail the child's parents should be informed. Contact with parents about an allegation should be undertaken by District staff.

6.3.8 Storage of files and records

Hardcopy files must be securely stored in the Reportable Conduct Unit. All files must be removed from an officer's desk and securely stored at the end of each working day.

Where the file relates to an active investigation, the file is to be stored in the investigator or manager's filing cabinet or office. This cabinet/office is to be locked at the close of business each day. Inactive files are stored in the allocated Reportable Conduct Unit compactus.

From time to time it may be necessary for a file to be transported or located in an area other than those mentioned. In any event files should be located in a secure place when not in use and their location recorded on a Unit database.

6.4 Forms and Resources

- Investigation Plan Report Internal Unit document.
- Risk Assessment Matrix Internal Unit document.

7. Evidence and information gathering

7.1 Purpose

This procedure provides guidance to Reportable Conduct Unit investigators on the steps that are to be followed once an investigation plan has been approved. It details the actions that may be taken in gathering evidence and information to be able to make a finding about alleged conduct.

7.2 Policy and Practice

During the investigative process the appointed investigator will collect all available, relevant information to recommend an evidence-based finding about an allegation; ensuring full documentation at all times.

An investigative response may also collect supporting information to make comment and recommendations on a carer's development and support needs and on casework practice, and the systems supporting practice

7.3 Procedures

To be able to recommend an evidence-based finding, an investigator needs to gather relevant information and evidence from:

- the child or young person about the incident and its context
- the employee(s) about the incident and its context
- witnesses, including other children in the home
- other sources and relevant parties

This information and evidence may be gathered by:

- structured interviews
- semi-structured interviews
- audio recording, minutes or notes
- meetings
- phone calls
- written correspondences
- requesting material from other agencies

An investigator may also:

- record physical evidence (for example photographs of a location or injury)
- gather and review records and files

The investigator should document the information gathered.

The investigator will consider any information that has already, or will be, obtained by the District through child protection and out-of-home care assessment. The investigator will also consider and accommodate to the extent possible any preferences or constraints on how each of the participants would prefer to engage in the investigation.

If, during the course of their information gathering, an investigator becomes aware of further child protection risk issues, the investigator will notify the Child Protection Helpline in line with mandatory reporter obligations.

7.4 Conducting Interviews

Each person involved in the investigation should be interviewed separately from other involved parties. Where a person refuses to be interviewed separately to other involved parties, the investigator, in consultation with their manager, will balance the likely detriment to the investigation caused by the person's refusal and determine an alternative course of action. This may include interviewing parties jointly. Decisions about joint interviews should be documented in the investigation report.

Any person being interviewed will be informed of their rights to a support person, and should be given details of how to access a support person should they wish to do so. In general, a support person should not be a potential witness or other person involved in the investigations.

Interviews can be conducted in a range of ways, as deemed appropriate for the circumstances; for example, face to face, by telephone or through formal written correspondence. Information from previous interviews (for example Police or FACS child protection assessment) may be used where relevant.

The investigator should develop an interview plan which details information to be sought and outlines lines of inquiry to be pursued during the interview. Each interview needs to be planned to allow relevant information to be obtained. The interview should be documented including details of the location, time and format; who attended; the questions asked and the responses provided. It is best practice that formal interviews are recorded in the form of audio recording and/or transcription. Records of interviews should be verified by those involved wherever possible. Legible, comprehensive notes are to be made when audio recording and transcription are not available or appropriate to the level of investigative response.

Interviewees can request copies of transcripts or notes relating to their interview. Copies of recordings will be provided, where they have been made, rather than written transcripts.

If the interviewee disputes the accuracy of the record of interview, he or she should be asked to indicate in writing what they believe was actually said.

It is best practice to interview relevant parties before the allegations are put to the person against whom the allegations have been made. This should occur unless there are no grounds to consider that the evidence could be compromised if the employee is interviewed before other parties, and there are compelling reasons to interview the person against whom the allegations have been made earlier in the process.

Reasons for making this determination should be clearly documented on the case running-sheet in AMS.

When conducting an interview the investigator should consider the:

- information needed from the interviewee
- most appropriate structure for the interview (e.g. formal, informal)
- interviewee's age and developmental stage
- resources required for the interview
- how support will be provided to any child interviewed.

Following an interview consideration should be given as to whether any information provided during the course of an interview requires referral to another business unit or agency – for example the Complaints Unit, NSW Police or JIRT.

Interviewing Employees

A request for an interview with an employee may be made verbally or arrangements for an interview may be set out in the letter notifying the person of the allegation.

Interviews may be conducted with the person against whom the allegation has been made to:

- clarify matters and provide information to the employee
- gather information to assist in the investigation
- put the allegations to the employee and allow them to respond.

Each allegation should be put to the employee separately so they are given the opportunity to respond to each allegation. The employee should be given sufficient particulars of each allegation based on the available information to allow them to respond as fully as possible.

The employee can be given the opportunity to respond to allegations during an interview or by completing a written statement. The investigator should clearly explain to the employee, in writing and/or verbally, their rights in responding to an allegation or finding, including the right to have support in developing a response.

Prior to being interviewed an employee will be given:

- at least 24 hours notice of the interview, unless they waive this timeframe
- details of the time, date and location of the interview
- advice that they may invite a support person/observer to be present
- an explanation of why the interview is taking place.

At the commencement of an interview the employee is to be advised:

- the purpose of the interview
- how the interview will be recorded
- the role of the support person/observer, if one is present
- that they will be given the opportunity to fully respond to the questions asked and to provide their comments regarding the allegations, including giving their version of events
- that they will have the opportunity to view transcripts, tapes or notes of their interview, and make comments
- that they can provide further information at a later date.

At the close of the interview the investigator should advise the employee about the next steps and anticipated timeframes

7.5 Administrative review

The purpose of an administrative review is to analyse information already gathered in relation to an allegation and make a finding based on that information. This approach ensures that Community Services' investigative principles have been adhered to without unnecessary delay and duplication in work.

Information may be gathered through an administrative review when the circumstances include, but are not limited to:

- trivial or negligible allegations which have not resulted in more than transitory harm to a child
- sufficient information or examination of available information has already occurred to enable a finding to be made
- there is no benefit in the Reportable Conduct Unit conducting further enquiries or carer development activities

An administrative review is conducted by reviewing written records and other evidence already gathered by District staff (for example KiDS records or previous investigation reports) or, in some cases, external agencies. An investigator may also collaborate with District staff and/or have contact with an employee to canvas the allegations.

It may be appropriate in some cases for new information gathering activities to be undertaken if, on further analysis, an evidence-based finding cannot be made from the information already available.

7.6 Written Statements

Written statements can be used if it is considered appropriate for the purposes of addressing the allegations or in responding to particular special considerations in an individual matter.

Written statements from a child can be completed on the Child Statement Form. The form should be given to the child with clear, age appropriate, verbal instructions of the nature of the information to be covered in the statement. The statement is to be signed and dated by the child and by a witness. Written statements from adults can be made on the Reportable Conduct Unit Adult Statement form.

Alternatively, a child or adult may choose to write a letter and sign and date it.

Children may also provide evidence or information through other media if it is deemed appropriate by the investigator in the circumstances. This could include via mobile phone, video or instant messaging.

7.7 Client File Management

The Reportable Conduct Unit file management will comply with the NSW *State Records* Act 1998 and the FACS 'Preparing and Managing a Paper File' procedure. Any record or document created or obtained during the course of an investigation must be:

- clearly dated and attributed
- retained on the physical file and not be deleted or removed, unless it is an exact duplicate of another, earlier record.

The Reportable Conduct Unit database should be used to record all decisions and actions. Updates to the investigation process are documented in the case running-sheet. The running sheet should be printed on completion of the investigation and placed on the physical file.

7.8 Forms and Resources

- Reportable Conduct Unit Adult Statement form Internal Unit document
- Reportable Conduct Unit Child Statement Form Internal Unit document

8. Making Findings and Recommendations

8.1 Purpose

This procedure provides guidance to Reportable Conduct Unit investigators on making findings in relation to allegations of reportable conduct. It also details the process for making recommendations in relation to particular findings where relevant.

8.2 Policy and Practice

After assessing all the information gathered during an investigation the person investigating the allegations must make a finding for each allegation.

The investigator should also identify strengths and weaknesses in FACS' practice or systems which may have impacted on the employee's conduct. The investigator may make recommendations or identify practice considerations to build on strengths or manage weaknesses.

8.3 Procedures

8.3.1 Making a Finding

Findings reflect the strength or weight of the evidence gathered. The following important factors are considered when analysing the information gathered:

- whether the information has come from a reliable source
- if the information is relevant to the incident and its context
- if the information is consistent with other accounts from either the same or different sources
- whether the information is corroborated by other sources
- how much time has elapsed between the event and providing the information
- how opinion, bias and and/or conflict of interest may impact on the information provided by any participant (e.g. victim, employee, witness).

The standard of proof to make a finding is the civil standard of proof. The "balance of probabilities" applies in investigations of allegations against employees. The investigator must be satisfied that it is more likely than not that the allegation is true in order to sustain an allegation.

In relation to the standard of proof, the following advice is provided by the NSW Ombudsman:

'According to the 'Briginshaw' principle¹⁸, the amount of evidence required to get to this stage varies; the more serious the likely consequences for the employee if the allegation is proven, the greater the weight of evidence that is required. Under this principle, where an employee is likely to receive a caution if the allegation is true then it might be reasonable for the investigator to choose to take one person's word against another where this appears to be justified. Where the allegation is so serious that the employee may potentially be dismissed, there would need to be more evidence of the employee's wrongdoing to enable the decision-maker to be reasonably satisfied.'¹⁹

Findings must be made from the following options:

- **Sustained** (on the balance of probabilities, there is sufficient evidence that the alleged conduct did occur)
- Not sustained (on the balance of probabilities there is sufficient evidence to suggest that the alleged conduct did not occur; or where there is insufficient evidence available to establish that the alleged conduct did occur)
- Not reportable conduct (where the evidence available indicates that the conduct does not constitute reportable conduct).

¹⁸ Briginshaw v Briginshaw (1938) 60 CLR 336

¹⁹ NSW Ombudsman, Child protection in the workplace, 2004

The investigator recommends a finding to the manager, providing a clear rationale. The manager determines the finding and ensures that the rationale is documented.

8.3.2 Recommendations, Practice & Systemic Considerations

As part of the investigative process, the Reportable Conduct Unit may make observations or recommend proactive steps which could prevent further incidents of reportable conduct, both in individual circumstances and systemically across FACS. This may be through identifying practice considerations and/or making recommendations based on findings.

Practice considerations are context-related observations designed to assist FACS to prevent further reportable conduct. Practice considerations may include ways of addressing identified carer or placement support and development needs, or be observations about strengths and weaknesses in practice and/or the systems supporting practice which has contributed to the reportable conduct occurring.

The Assistant Director of the Reportable Conduct Unit will approve any recommendations or practice considerations that are being made and will be responsible for ensuring that those recommendations or practice considerations are brought to the attention of the appropriate delegated officers.

9. Reporting outcomes

9.1 Purpose

This procedure provides guidance to Reportable Conduct Unit investigators on findings in relation to allegations of reportable conduct. It details the steps to be taken in formally notifying an employee of the result of the information gathering, and providing them with the opportunity to respond.

9.2 Policy and Practice

It is important for procedural fairness and transparency that all outcomes, including findings and recommendations, are clearly recorded and that relevant parties are informed of the outcomes of an investigation and their right to challenge those outcomes.

An investigator should document outcomes of an investigation:

- constructing an outcome report
- written advice to relevant parties
- collating the documentation and information gathered during the investigation process and attaching to the file
- attaching finalisation documents to the Key Information Directory System (KiDS) under the Carer Development Plan

The Reportable Conduct Unit should notify the following parties of the outcomes of an investigation:

- employee
- NSW Ombudsman, in relevant circumstances
- relevant FACS District
- OCG, in relevant circumstances
- any other agreed parties

The issue of advising the child or young person of the outcome of an investigation is subject to current review by Community Services and the NSW Ombudsman.

9.3 Procedures

9.3.1 Outcome Report

The Outcome Report contains:

- a list of the allegations
- a statement of the evidence
- an assessment of the relevance and reliability of the evidence concerning each allegation
- a separate finding for each allegation as to whether, on the balance of probabilities, the person has engaged in the alleged conduct, including any response to the allegations by the child or young person and the employee and rationale for the finding.
- where a not sustained finding is made despite there being some evidence that the employee may have engaged in the alleged conduct, that evidence should be recorded
- a conclusion which details what practice and systemic considerations and/or recommendations (if any) the Reportable Conduct Unit will make.

Investigators should commence populating the Outcome Report from the time they start investigating a matter.

Original copies of all documentation relevant to the investigation are part of the Outcome Report. This includes, but is not limited to:

- assessments
- reports
- interview notes
- statements
- documentation of physical evidence and photos.

Class or Kind and Investigation outcome reports are approved by the manager. Contentious outcome reports are approved by the Assistant Director Reportable Conduct Unit. Approval must occur prior to provision of advice to any parties.

9.3.2 Notifying the employee

At the completion of the investigation, the Reportable Conduct Unit will formally advise the employee that the investigation has been completed.

The employee will be advised:

- of the findings of the investigation
- of the right to request a review/ that they can request that additional information or statements be added to their confidential file
- whether the matter has or has not been referred to the Ombudsman
- whether or not a notification has been made to the Office of the Children's Guardian.

The formal advice should where necessary acknowledge any aspects of the investigation that may have impacted on procedural fairness. Section 11 details how the Reportable Conduct Unit responds to requests for review.

9.3.3 Notifying the NSW Ombudsman

When the investigation and all relevant documentation are complete, the Reportable Conduct Unit provides the NSW Ombudsman with a copy of all documentation relevant to an investigation, where the matter has not been exempt from notification.

9.3.4 Notifying The Office of the Children's Guardian (OCG)

Section 35 and Schedule 1 of the Child Protection (Working with Children) Act 2012 require FACS to notify the OCG of the name and other identifying particulars of any employee against whom FACS has made a finding of:

- 1. sexual misconduct committed against, with or in the presence of a child, including grooming of a child;
- 2. any serious physical assault of a child by the employee.

Only findings of sexual misconduct and serious physical assault must be reported to the OCG by FACS.

The Reportable Conduct Unit uses OCG published guidelines to assess whether an employee's conduct reaches the threshold for reporting to the OCG.

This assessment is made by the investigator and their manager when an investigation is finalised and the outcome report has been approved by the relevant approving manager or Director.

Relevant misconduct findings are reported to the OCG through an online website.²⁰

²⁰ https://wwccheck.ccyp.nsw.gov.au/Employers/Login

A full copy of the OCG guidelines can be accessed at the OCG website.²¹

9.3.5 Notifying District staff

In addition to communication during the investigative process, the District should be notified in writing of the outcome of the investigation. This notification will explain:

- that the matter has been finalised
- the outcome of the investigation
- any recommendations made by the Reportable Conduct Unit and monitoring requirements.

Investigation finalisation reports are attached to the carer development plan on KiDS by the Reportable Conduct Unit to enable CSC staff responsible for the care of the child/ren or young person, and/or the support of the carer, to take account of the investigation material when reviewing the placement and planning appropriate casework action.

9.3.6 Victims Compensation and claims against the State

Children who are or who have been in the care of the Minister may be entitled to Victim's Compensation if they have suffered abuse while in a placement. Children who have experienced very serious harm may in some circumstances be eligible to make a claim against the State. FACS' Legal Services Branch facilitates these processes. The Reportable Conduct Unit notifies Legal Services if the nature and circumstances of a sustained serious allegation suggest that a claim against the State may be possible.

9.3.7 Notifying Children and significant others

The issue of advising the child or young person of the outcome of an investigation is subject to current review by Community Services and the NSW Ombudsman.

9.3.8 Case Closure

The Reportable Conduct Unit will close and finalise an investigation when all final documentation is approved and, where relevant, referred to the NSW Ombudsman and/or OCG.

Before a case is closed it will be reviewed to ensure that all:

- relevant information is recorded in the electronic and hard copy files
- supporting documentation is located on the physical file
- correspondence has been saved in both the electronic and hard copy files.

The information in the database should then be amended to reflect that a matter has been closed.

²¹ www.kidsguardian.nsw.gov.au

Once a case has been closed the file is to be securely stored in the compactus storage. If an investigator removes a file from the compactus the change in location is recorded in a file note.

A case will be reopened if the NSW Ombudsman requests further information regarding that case, or if a review is requested.

9.4 Forms and Resources

- Reportable Conduct Unit Investigation Report template Internal Unit document
- Finalisation Submission Built into AMS Database
- Case Closure Checklist Internal Unit document

10. Responding to Ombudsman requests and reviews

10.1 Purpose

This procedure provides guidance to Reportable Conduct Unit staff on responding to Ombudsman's requests for further information or reviews of information in relation to investigations.

10.2 Policy and Practice

Under section 25B of the Ombudsman Act 1974, the Ombudsman is to keep under scrutiny the systems agencies have in place for preventing reportable conduct, and responding to allegations of reportable conduct when they do occur.

Further information can be found in the Ombudsman's Child Protection in the Workplace Guide.

10.3 Overseeing an investigation

When the Ombudsman decides to oversee an investigation, Reportable Conduct Unit staff continue their investigation. During this process the Reportable Conduct Unit may contact the Ombudsman for advice and feedback.

At the conclusion of the investigation FACS provides the Ombudsman with:

- an outcome report detailing the results of an investigation
- advice on any actions taken as a result of an investigation
- copies of supporting documentation.

The NSW Ombudsman reviews investigations to assess if they have been properly conducted, have come to an appropriate finding and resulted in action that was appropriate based on the investigation outcomes. The Ombudsman will review the documentation and final report and will either:

- advise FACS that no further action is requested
- require further information

- request that FACS undertakes further investigative action
- request that FACS reviews its findings.

If the Ombudsman has not received information about the finalisation of a matter they are overseeing within expected timeframes the Ombudsman will request an update of the status of the investigation.

10.4 No Ongoing Ombudsman Oversight (NOO)

In some matters the NSW Ombudsman decides that ongoing oversight of the investigation is not warranted. In these circumstances the Reportable Conduct Unit will provide the Ombudsman with final advice to the Ombudsman at the end of the investigation but is not required to provide the NSW Ombudsman with an outcome report or any further information from the Reportable Conduct Unit except in the following circumstances:

- If additional allegations are raised against the subject employee that result in:
 - the risk assessment being escalated; or
 - a referral to Police, JRU or for a child protection response within Community Service.
- If Police otherwise become involved in the matter
- If the subject employee resigns from or otherwise leaves FACS employ before the investigation is finalised.

10.5 Monitoring an investigation

The Ombudsman can monitor an investigation pursuant to Section 25 (E) of *The Ombudsman Act* 1974. Monitoring involves a more active involvement by the Ombudsman in an investigation. FACS will be required to provide regular updates about the progress of the investigation. During the monitoring process the Ombudsman may:

- request information on the progress or status of an investigation
- confer with the persons conducting the investigation about the conduct and process of the investigation
- observe interviews conducted by or on behalf of the agency as part of the investigation

At the conclusion of the investigation FACS will provide the Ombudsman:

- a final report detailing the results of an investigation
- advice on any actions taken as a result of an investigation
- copies of supporting documentation.

The Ombudsman will send FACS written feedback advising of the assessment of the adequacy of the investigation. The report will identify the strengths of the investigation process as well as areas for general improvement for any future investigations or policy development, including making recommendations or requesting additional information, where appropriate.

10.6 Direct investigation by the Ombudsman

The Ombudsman may, at any time, decide to directly investigate a matter, but will generally only investigate if:

- significant risks to children have not been identified or addressed by FACS
- FACS indicates it lacks the capacity to investigate a particular matter
- there is a sufficient conflict of interest preventing FACS from properly investigating
- the final report from FACS indicates wrong conduct in an original investigation
- The Ombudsman may also conduct an investigation concerning any inappropriate handling of a response to any such reportable allegation or reportable conviction, whether on the Ombudsman's own initiative or in response to a complaint.

If the Ombudsman decides to directly investigate, Community Services will be advised in writing. The Reportable Conduct Unit may need to defer any investigation process until after the Ombudsman has completed an investigation.

Under the Act the Ombudsman has the powers to:

- require FACS to produce documents
- enter and inspect any premises occupied or used by FACS
- inspect any document or article on the premises
- summons and compel a witness to give evidence before the Ombudsman
- require a person who has relevant information to answer specific questions.

Once the Ombudsman has completed an investigation the outcomes are reported to FACS.

10.7 Audit

The Ombudsman can audit FACS' systems as part of the Ombudsman's function to keep reportable conduct and complaint handling systems under scrutiny.

Audits may be conducted independently of the investigation and monitoring role of the Ombudsman.

When conducting an audit, representatives from the Ombudsman's office may:

- review FACS' policies and procedures
- review FACS' documentation in relation to individual matters
- visit FACS' premises
- speak with Reportable Conduct Unit staff.

10.8 Community Services (Complaints, Reviews and Monitoring) Act 1993

The Ombudsman can also, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*, review the situation of a child or group of children in care. In carrying out a review the Ombudsman is to look at such aspects of the welfare, status, progress and circumstances of the child or children as the Ombudsman sees fit.

This review may be on application, or may be of the Ombudsman's own initiative.

Where this review considers a reportable conduct investigation or casework with a child or young person named as a victim or witness in an allegation against an employee, the response will be managed by the Reportable Conduct Unit.

10.9 Procedures

Requests and notifications from the Ombudsman are sent to the Office of the Chief Executive, then to the Reportable Conduct Unit. It is the responsibility of the allocated investigator and manager to prepare a response for the Ombudsman. This may include:

- collecting information from the District
- collating documentation or information from documentation
- extracting data from the RCU database

An investigator will then present the response to their manager for approval.

Responses to the Ombudsman will be in writing, unless:

- the request is simple, and
- the request has not come in writing.

Where a response is not provided in a formal letter, the investigator should clearly document the content of a phone call, fax or email.

The Ombudsman can also request further information about the investigation and actions taken under section 25F(3) of the Ombudsman Act 1974.

The Ombudsman can request a review of the findings if it believes that they are not supported by the evidence provided.

The Assistant Director Reportable Conduct Unit will ensure that findings are reviewed by a manager who has not been involved in the investigation in accordance with the internal review principles.²²

²² http://cwp.docsonline.dcs.gov.au/en/Procedures/reviewable-administrative-decisions/

11. Reviews, Appeals and Right to Information

11.1 Purpose

This procedure provides guidance to Reportable Conduct Unit staff on how and when a review can be requested by an employee who has been the subject of an allegation. It also details how a review will be undertaken.

11.2 Policy and Practice

Any action taken against an employee following an investigation could be subject to appeal.

An employee can request that the Reportable Conduct Unit review its investigation findings and recommendations; or decision to refer the employee's details to the OCG, if the employee believes the investigation process has:

- been unfair or biased
- not followed written policy and procedure
- not considered all the evidence or information available.

An employee may also seek to access information held about them regarding a relevant employment proceeding. This may, in some circumstances, include access to information prior to completion of the investigation. All requests to review files and documentation are made under the Government Information (Public Access) Act 2009.

11.3 Procedures

Employees may have rights of appeal about decisions or sanctions in matters where a reviewable decision has been made by the District including the cancellation or variation to a carer's authorisation or the removal of a child from an authorised carer. These decisions can be internally reviewed and may be appealed through the NSW Civil and Administrative Tribunal (NCAT). Reviews and appeals will be coordinated by the District/CSC.

Consultation between the Reportable Conduct Unit and the District will be arranged in appeal cases.

The Reportable Conduct Unit can review the findings reached in an investigation and the decision to notify employment proceedings to the OCG. Requests for a review of a finding must be made in writing and addressed to the Assistant Director, Reportable Conduct Unit who will manage the review.

Requests are to be sent to:

Assistant Director Reportable Conduct Unit Locked Bag 4028 ASHFIELD NSW 1800 For a review to be undertaken, the employee must provide additional information that was not considered during the investigation or identify an aspect of procedural fairness that was compromised during the investigation.

The Assistant Director, Reportable Conduct Unit will consider whether the employee's request warrants a review and advise the employee of the decision. Where an employee provides additional information or identifies an issue of procedural fairness, the Assistant Director will accept the request, except in exceptional circumstances and with the approval of the Executive Director.

If the Assistant Director, Reportable Conduct Unit approves a review, it will be conducted in the same way as a review requested by the NSW Ombudsman. The internal review will be undertaken by an appropriately knowledgeable reviewer who was not involved in the initial investigation or approval of the findings.

The reviewer will make a recommendation to the Assistant Director or Executive Director that either affirms or varies the outcome of the original investigation or referral to the OCG. The employee will be notified of the outcome, the rationale for it, and the employee's right to make a further complaint.

11.4 Right to Information

A person who is the subject of an investigation may apply for access to certain documents under the *Government Information (Public Access) Act 2009* (GIPA Act). The Right to Information Unit is responsible for determining the documents to be provided and those that cannot rightfully be released.

All Right to Information applications will be processed as described in FACS Right to Information procedures which can be found on the FACS Intranet.²³

Exclusions will be made only to protect the identity of victims and notifiers and to ensure compliance with privacy and other legislation.

The employee, having inspected the file, may submit additional documentation that will be added to the investigation file. If the employee contends that the additional or clarified information was relevant to the finding, an application for review of the finding may be made.

11.5 Appeals to External Agencies

The Ombudsman oversees FACS' investigations and will receive complaints from employees during or after an investigation. The Ombudsman can suggest a change in findings, suggest further inquiries are undertaken and can directly investigate matters. However, the Ombudsman is not an appeals body and does not have determinative powers.

²³ http://docsonline.dcs.gov.au/internal-services/right-to-information.html

Screening agencies who prepare Working With Children background checks invite employees to provide their own information additional when completing their assessment of risk.

The right to an appeal to an external agency will only arise where there has been a detrimental action towards an employee. Authorised carers may have certain matters reviewed by the NSW Civil and Administrative Tribunal (NCAT). Relevant reviewable decisions for authorised carers include:

- a decision of the relevant decision-maker to authorise or not to authorise a person as an authorised carer, to impose conditions on an authorisation, or to cancel or suspend a person's authorisation as a carer
- a decision of the relevant decision-maker to grant or to remove from an authorised carer the responsibility for the daily care and control of the child
- a decision of the Minister or the Secretary under s246 with respect to the accommodation of a child.

Prior to requesting that the NCAT review a matter, an authorised carer must request an internal review by FACS.

Detailed information regarding NCAT is available on their website.²⁴

12. Continuous Practice Improvement

12.1 Purpose

This procedure provides guidance to Reportable Conduct Unit staff on how the Reportable Conduct Unit reviews and improves its own practice and how it identifies strengths and areas for improvement in wider FACS' practice and in systems supporting practice.

12.2 Policy and Practice

The Reportable Conduct Unit is committed to operating efficiently and effectively in order to meet the needs of stakeholders, particularly children and young people. The Reportable Conduct Unit undertakes ongoing quality control and evaluation of investigative processes to ensure maintenance of best practice standards.

The Reportable Conduct Unit's quality system is based on adherence to the following principles:

- a commitment by all staff to continuous improvement of investigative processes
- a commitment to ongoing learning and skills development for all staff in the unit
- input and involvement of all staff in identifying and implementing quality improvements

²⁴ http://www.ncat.nsw.gov.au/ncat/index.html

• systematic use of qualitative and quantitative review and stakeholder feedback as the basis for identifying and prioritising improvement opportunities

The Reportable Conduct Unit is also committed to using evidence from reportable conduct investigative action in identifying opportunities to develop and improve practice and the systems supporting practice across FACS.

13. Management of Non-ROSH reports containing allegations against employees of other agencies

13.1 Purpose

This procedure provides guidance to Reportable Conduct Unit staff on how the Reportable Conduct Unit manages Non-ROSH reports that contain allegations against employees of other agencies.

13.2 Policy and Practice

The Reportable Conduct Unit is responsible for ensuring that matters assessed at the Helpline as not constituting a report of significant risk of harm to a child (Non-ROSH) but contain information that may constitute an allegation against an employees of another agency, are forward to the respective employing agency. This information is exchanged under Chapter 16A of the legislation. The Reportable Conduct Unit approaches this exchange with the view of maximising the sharing of information in order to ensure the welfare and wellbeing of children and young people and promote interagency cooperation.

13.3 Procedures

The Child Protection Helpline receives reports that contain allegations against employees of other agencies. If the matter is assessed as reaching ROSH then the report is forwarded to the relevant District for action. If the matter does not meet ROSH it is forwarded to the Reportable Conduct Unit for action.

All relevant non-ROSH allegations are forwarded by the Helpline to the Reportable Conduct Mailbox. In doing so the Helpline forwards the relevant contact record and a completed "Child Protection Helpline Report for Non-ROSH Allegations Against Staff of Other Agencies" form. The intake officer forwards the contact record and Helpline form to the nominated officer in the Reportable Conduct Unit.

The nominated officer determines the correct person in the designated agency to receive the information about their employee. The Reportable Conduct Unit approaches this project with a view to maximising the information that can be shared with other agencies in an effort to improve the welfare and wellbeing of children and young people. Information is exchanged with the relevant agency under the provisions of Chapter 16A of the *Children and Young Person (Care and Protection)* Act 1998 NSW. It is therefore necessary to confirm each matter can lawfully be exchanged. This requires a careful consideration of the legislation and the nature of the agency reported. Sometimes this is a complex decision, this is especially so for reports about sporting bodies. Legal advice should be sought if a decision cannot be made about the legal basis for sharing information and informing an agency.

If there is no legal basis to forward information to an agency, consideration should be given to providing the information to the NSW Police or the NSW Ombudsman.

13.4 Forms and Resources

• FACS Standard Letter for Release of Information to an Employer under Chapter 16A - Internal Unit document.