



28 May 2024

Your Ref: [REDACTED]

Our Ref: GIPA23

ID Number: 23/[REDACTED]

[REDACTED]

By Email Only:
[REDACTED]

Dear [REDACTED]

Formal Access Application - Notice of Decision

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).

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 a thorough search has been conducted of the Department's records management systems for any information that falls within the scope of your request.

I have considered your request in view of the objectives of the GIPA Act where you have a legally enforceable right to obtain information, unless there is an overriding public interest against disclosure of the subject information. Further, I have also considered the requirements of section 74 of the GIPA Act, which provides that an agency may delete information from a record if the deleted information does not fall within the scope of the information applied for.

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. On this occasion, I have not identified any public interest factors against the disclosure of the information that you have requested.

Therefore, in accordance with section 58(1)(a) of the GIPA Act, I have decided to provide you with a complete copy of the information that falls within the scope of your request.

In regards to the additional processing charges required for this matter, in final calculations, the time taken to review and decide this matter is 22 hours. As the Advanced Deposit paid in January 2024 covered approximately 21 hours, I have made a further decision to waive further processing charges, and no additional fees are required at this time.

Department of Communities and Justice

Postal address: Locked Bag 5000, Parramatta NSW 2124

W www.dcj.nsw.gov.au

T (02) 9716 2662

Disclosure Log

I have assessed that the information released in response to your formal access application is information that may be of interest to other members of the public. Therefore, the Department may decide to record certain details about your application in its 'disclosure log' under sections 25 and 26 of the GIPA Act, which is available on the Department's website at: <https://dcj.nsw.gov.au/about-us/gipa/disclosure-log.html>.

Please note that your personal information will not be included on DCJ's Disclosure Log.

If you are aggrieved by any of the reviewable decisions in this notice of decision, you may seek a review under Part 5 of the GIPA Act, by requesting any one of the following:

- An internal review that must be lodged with Open Government, Information and Privacy within 20 working days of this notice of decision. You must lodge your internal review at the address shown at the bottom of the first page and must be accompanied by the appropriate application fee of \$40.
- Alternatively, a request for an external review may be lodged with either the Information and Privacy Commission, or the NSW Civil and Administrative Tribunal. Please note that you must lodge your request for an external review within 8 weeks of this notice of decision.

If you have any questions or concerns in relation to this matter, please contact the department on telephone (02) 9716 2662.

Yours sincerely



**A/OGIP Advisor
Open Government, Information and Privacy Unit
Department of Communities and Justice**

**A Complete List of 1998 Changes And Updates To
The Practice Manual - Working With Children And
Families**

Including New Information On:

 **Departmental Employees As Foster Or Respite Carers,**

AND

 **Child and Family Psychological Services**

During 1998 an ongoing project has been occurring to review and improve the *Practice Manual - Working with Children and Families*. Since it was first issued in August 1997, substantial feedback has been received from DoCS staff, other Departments and from our Community Partners

The Project has been coordinated by the Service Improvement Directorate. A Manual Improvement Team, which comprises of DoCS staff and representatives from the Community Services Commission, the State Network of Young People in Care and the Child Protection Council has assisted in this process. DoCS Area Manual Improvement Coordinators who nominated to assist in consulting on improvements to the Manual, have contributed to the work of ensuring that improved operational policy and procedures are provided to child and family staff.

Attached to this Circular are all of the changes and updates to the Practice Manual which have been completed in 1998.

In summary these are:

1. Procedures On Responding To Notifications Of Babies Under One Year Of Age

These procedures were introduced on 7 July 1998 in the Special Edition Administrative Circular No. 98/80. They should be placed in all copies of the Practice Manual at Chapter 10 from page 12. The previous pages 12 and 13 are to be deleted.

2. Working with NSW Health PANOC (Physical and Emotional Abuse and Neglect of Children) Services

Specialist counselling services have been established by NSW Health across the State during 1998. The PANOC services work specifically with children who have been abused or neglected and with their families.

3. All referrals are made by DoCS where abuse or neglect has been confirmed.

These procedures were introduced in the Administrative Circular No. 98/80. They should be placed in all copies of the Practice Manual at Chapter 9 after page 28.

4. Policy On Departmental Employees And Their Household Members As Foster Or Respite Carers

Where a child may be placed in the home of an employee DoCS has a responsibility to ensure that staff are fully aware of the potential for a conflict of interest and are protected from such situations occurring.

The policy replaces the one sentence direction in Practice Manual - Working with Children and Families on page 11-38, which states that Area Managers must approve such carers.

The policy applies to any situation where an employee of DoCS applies to foster or care for any child for whom the Department may be directly responsible. It sets out arrangements for approval, supervision of the placements; maintaining client confidentiality; and delegation for approval.

Please note that this information is a new Section of Chapter 11 and should be placed in the Manual after Page 11-46.

Child and Family Psychological Services

The section provides up to date information on the role of departmental psychologists in child and family services, on when and how to refer to a client to them and on when and how to access External Psychological or Psychiatric Services. New referral and consent forms are included in the information.

Replace Chapter 9, pages 9 and 10 of the Practice Manual with the new document. The new Forms replace any existing child and family psychology referral and consent forms.

Forms and Formats for the Manual

In February 1998 discs were provided to all CSCs containing forms and proformas to accompany the Manual. New or revised forms developed since then are:

Forms referred to in Chapter 14 of the Manual.

Wards Passport Application Forms

Psychological

PANOC Referral Form

All forms referred to in the manual will soon be able to be accessed via the Intranet.

Setting Priorities for 1999

The Manual Improvement Process will continue in 1999. You can assist us by letting the Manual Improvement Team know what operational policies and procedures, forms etc should be developed or improved as a priority.

Work is currently in progress to:

- Put the Practice Manual on the DoCS Intranet and to index its contents;
- Update procedures for determining DoCS Case Responsibility and Transfer between Units;
- develop procedures for processing Child Safety Checks for the Department of Corrective Services;
- develop a new policy on Responding to Complaints or Reports of Abuse of Children and Young People in Care and Support Settings.

Service Improvement Directorate, Central Office welcome your comments and suggestions on how to improve operational policies and procedures, for Child and Family staff. To provide feedback you can contact the:

Project Leader

Working with Children and Families Practice Manual

Service Improvement Directorate

Department of Community Services

Locked Bag 28

Ashfield NSW 2131

Telephone: (02) 9716 2222

Facsimile: (02) 9716 2358

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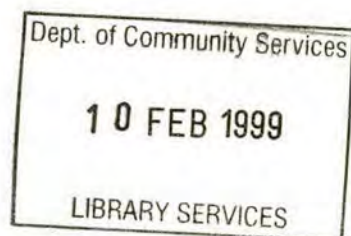
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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

Working with Children and Families *Practice Manual*

Director-General's Message

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The forms and formats referred to in the *Manual* are all in current usage in Community Service Centres. Adoption Forms and Formats are in the *Adoption Policy and Procedures Handbook*.

All forms and formats will be available via Intranet in early 1998.

Glossary Of Terms

Key terms used throughout the Manual are defined in this section.

Aboriginal Placement Principle

An Aboriginal child shall not be placed in the custody or care of another person unless:

- (a) the child is placed in the care of member of the child's extended family, as recognised by the Aboriginal community to which the child belongs; or
- (b) if this is not practicable, or it would be detrimental to the welfare of the child to be so placed, the child is to be placed in the care of a member of the Aboriginal community to which the child belongs; or
- (c) if it is not practicable for the child to be placed in accordance with paragraph (a) or (b) or if it would be detrimental to the welfare of the child to be so placed, the child is to be placed in the care of a member of some other Aboriginal family residing in the vicinity of the child's usual place of residence.

If it is not practicable for the child to be placed in accordance with paragraph (a), (b) or (c) or it would be detrimental to the welfare of the child, the child is to be placed in the care of a suitable person approved by the Director General after consultation with members of the child's extended family, as recognised by the Aboriginal community to which the child belongs; and such Aboriginal welfare organisations as are appropriate in relation to the child.

(Extract Children (Care and Protection) Act, 1987, section 87)

Aboriginality

Aboriginal has the same meaning as it has in the Aboriginal Land Rights Act, 1983
Aboriginal means a person who:

- a) is a member of the Aboriginal race of Australia
- b) identifies as an Aboriginal; and
- c) is accepted by the Aboriginal community as an Aboriginal

Abuse

" Abuse", in relation to a child means:

- a) assault (including sexual assault) the child; or
- b) ill-treat the child; or
- c) expose or subject the child to behaviour that psychologically harms the child

Abuse is described in terms of the actual act or omission of action that harms or injures a child and describes the actions that harm or injure or the resultant injury to the child or young person. Child abuse includes: physical abuse, sexual abuse (child sexual assault), neglect and emotional abuse.

..".whether or not, in any case, with the consent of the child":
(extract Children (Care and Protection) Act, 1987 Section 3.(1))

Access

Providing a means by which a child/young person and their parents and/or extended family come together for a visit. Access should be planned to take into account the needs of the child and family, including supervision, duration, location and outcomes.

Adoption

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.

Adoptive parent profile

A brief non-identifying description of the adoptive parent(s), their family, lifestyle and attitudes to openness in adoption, usually written by the applicant(s) and made available to birth parents wishing to participate in the selection of their child's adoptive family.

Advance Notice

Refers to the request of an adopted person, birth parent or adoptive parent to delay the release of identifying information under the Adoption Information Act 1990 for a period of 2 months.

Advocate

A person who speaks on behalf of another and endeavours to ensure that a client's 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 other independent adults.

Agency

Includes both government and community social welfare bodies.

Assessment

Assessment commences at intake and is the initial and ongoing process of collecting accurate and relevant information to analyse in relation to a child, a young person and their family or vulnerable adult to identify their needs in the context of their family and social setting to establish a case plan.

Assessment of Intake Information

An assessment by DCS Child and Family staff of information contained in a notification or request for service, or gathered subsequent to the receipt of a notification which determines whether or not further child protection intervention and/or support services are required.

Assessment and/or investigation plan

A plan developed by a number of agencies which documents what assessments and/or investigations will be undertaken in relation to child protection notification and/or other requests for service.

Developmental assessment

An assessment by a health or education professional or DCS psychologist of the child's physical, social or cognitive development and functioning .

Child and Family Needs Assessment

An assessment to determine the needs of the child within their family or care household. It looks at the past dynamics, as well as the precipitating events to current intervention.

Psychological Assessment

An assessment by a psychologist, child psychiatrist, social worker, guidance or education worker of a child's neurological, intellectual, social, emotional, developmental or scholastic functioning.

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.

Birth Parent

Following the child's placement in an adoptive family his/her biological family is referred to as the birth family.

Blue Book

Personal Health Record for Children, booklet available from NSW Health.

Care

To make provision for.

Care Application

An application to the Children's Court under Section 57 of the Children (Care and Protection) Act 1987 seeking a finding that a child is in need of care and the making of an order for care under Section 72.

Care Proceedings

Proceedings before a Children's Court in relation to a child in need of care through the lodging of a Care Application.

Carer

A person who, while not a parent of the child, has day to day care of the child, including through a parenting order. 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, child care workers, youth workers, nursing staff and foster carers.

Case Conference (See Planning Meeting)

A formal meeting of all concerned, involved or relevant parties at which decisions regarding the future direction/s of the case are ratified.

Case Management

Case management is the process which ensures that all the work of the Department is planned/resourced and carried out in the best possible and professional manner and that the needs/requirements for all clients safety and wellbeing is kept as the paramount objective.

Case Plan

Case Planning is a process following assessment that determines goals for intervention in consultation with children/young people, families, their carers and agencies. Planning identifies the strategies, tasks and activities to be completed within a specified time frame, and the rationale and responsibilities for achieving the goals. Plans are developed at specific times during the life of a case and include Investigation and/or Assessment Plan, Care and/or Protection Plan, Case Plan, Leaving Care Plan or Aftercare Plan.

Case Review

Review of casework, decisions, case plans and our involvement with children, young people and their families is a regular activity that maintains the progress of cases toward their objectives. 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.

Case Work

Case work is the practical implementation of the planned intervention and/or care and support to a child, young person, family or vulnerable adult to ensure their safety and wellbeing.

Child or Young Person

Any person under 18 years of age, except where otherwise stated.

Child and Family staff

CSC Managers, Assistant Managers, Child Protection (Casework) Specialists and District Officers and all who do the work of child and family services.

CSC Manager have the overall responsibility for managing the program area of service delivery from a CSC and ensuring that service delivery takes into account local community issues.

Assistant Manager has the overall casework supervision and review responsibility for delivery of child and family services from the CSC.

Child Protection Casework Specialist, due to their expertise and knowledge provide a consultancy function and monitoring role for the management of Child and Family staff in providing direct services to children, young people and families.

District Officers (are now referred to as Child and Family Officer) provide direct services delivery to vulnerable children, individuals and families.

Client

A person who is receiving services from the Department including children, young people, their families and vulnerable adults.

Closure

Case closure occurs following the active decision that further intervention, support or coordination by the Department is no longer warranted.

Community Service Consultant

An adoption case worker in the Adoption Services Branch.

Community Social Welfare Organisation

Refers to all non government health and welfare organisations.

Complex Cases

Those cases where any one of the following factors may exist:

- non-accidental death of sibling
- mobile family
- mobile adolescent
- multiple notification
- multiple victims
- mental health and psychological disorders
- interdepartmental/multiple agency response

In such cases where these factors exist a Special Joint Response, Planning Meeting, should take place.

Confirmed

Recording cases as confirmed on the CIS indicates that where matter has been fully investigated and in the professional judgement of the Care and Protection staff the Assessed Issue for that child is true.

Matters where the Assessed Issue is actual or risk of harm or injury this will be identified as confirmed abuse or neglect. Resultant harm or injury is also recorded.

A confirmed notification does not necessarily require sufficient evidence for a successful prosecution and does not imply that protective intervention has, or is to be provided. It is more than likely in such cases that families would require assistance, case management and/or support with responsibility being shared across agencies.

Contact Veto

A veto lodged by a birth parent or an adopted person under the Adoption Information Act, 1990, against contact by the other party or a relative of the other party.

Contact after adoption

Face-to-face meetings between a child and his/her adoptive family with the birth family after the making of the adoption order.

Contact

See Access

Criminal Proceedings

The processes and procedures of Local, District or Supreme Courts or Court of Criminal Appeal concerning criminal charges in relation to offences against a child/young person for whom there are child protection concerns.

Dangerous Incidents

Situations described as dangerous incidents include events where a child may suffer a life threatening occurrence, where a child suffers a major non accidental injury or series of injuries, where the level of neglect severely impairs the child's functioning, or where, through lack of adequate supervision, a child is placed in significant danger. And circumstances that constitute a special joint response including abuse of a child in substitute care, an institution, a child care service, where an employee of a NSW or Commonwealth department or community organisation is the alleged abuser, where there are multiple abusers and/or victims, and incidents of female genital mutilation.

Family

Families may include the parents, current carers of a child, foster parents, adoptive parents or relatives.

In certain cultures "family members" cover a wide range of familial relationships, such as; grandparents, aunts, uncles and cousins, in Aboriginal communities "family members" include tribal elders.

Intervention

Actions taken by Child and Family staff to assist a child and family achieve identified goals that enhance children's safety and wellbeing. This may include direct provision of supportive services and/or referral to identified services.

Investigation

A process for gathering information in response to a notification about child abuse or neglect conducted by officers of DCS, or by police officers and DCS in response to a suspected criminal offence against a child. An investigation may include interviews and other enquires into all of the child's circumstances and any risk to the future safety of the child.

Key Worker

A worker who is named for each case who is responsible for the coordination of the interagency intervention from assessment and investigation to closure. In this role the worker must ensure that practitioners from the agencies involved in the intervention 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 the role of monitoring that clients receive services in accordance with agreed plans.

Monitoring

The act of observing or assessing to identify deviations from a case plan or to maintain support to the child and family.

Non-identifying Information

Information which is specific to the child or client but which does not identify them.

Notification

A notification under section 22 of the Children (Care and Protection) Act 1987 occurs:

when a person forms the belief on reasonable grounds that a child (under 18 years) has been, or is in danger of being, abused, or is a child (under 16 years) in need of care, and that person tells the Department of Community Services of that belief and the grounds for that belief (either orally or in writing).

The intake officer must satisfy themselves that the notifier:

- believes that a child has been or is likely to be abused or is in need of care, and
- there are grounds to satisfy that belief.

It is the information conveyed to the Intake Officer during intake itself which constitutes the notification, not the administrative procedure later carried out recording the details on a form or computer. Any information received that satisfies these grounds activates under section 22 the other subsections.

Where information provided to the Department of Community Services about a concern for a child does not constitute a notification under section 22 (1), it is screened as not DCS business, and therefore is not entered on the CIS, unless it is a Request for a Child and Family Service and the family have consented to or made this request.

Notify

The act of making a notification to DCS.

Open adoption

A generic term used to describe a diversity of possibilities along a continuum of openness within an adoption arrangement, in contrast to a closed adoption.

Organised Abuse

Systematic activity by adults for the purpose of identifying, attracting, procuring, entrapping, exposing or engaging 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 accommodation arrangements for a child who is not able to remain living with a parent or usual care giver. Arrangements may be made voluntarily by parents or as a result of Children's Court order. They can include care by relatives, friends, acquaintances of the child, foster care, residential care, shared family care and other forms of substitute care. (See Substitute Care)

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 and/or Assessment Plan.

Practice

The act of implementing policies and procedures.

Prescribed Information

Refers to the information entitlements of adopted persons, birth parents and adoptive parents under the Adoption Information Act 1990.

Professional Judgement

Judgements that Child and Family staff make are based on objective assessment, technical expertise, analytical skills, theoretical and/or research knowledge and concentrated attention to the solution of a problem.

Protective Intervention

The action taken by agencies to protect a child from abuse and neglect by the provision of care, service and support or the apprehension and prosecution of those responsible for their abuse.

Protection Plan

A plan developed and documented by agencies at a planning meeting and recommending intervention in child protection cases based on the conclusions drawn from assessments and investigation. A protection plan may include any of the following types of intervention: care and support, criminal prosecution or care proceedings.

Registration

Registering cases on the CIS, Confirm Register, means that the Assessed Issue is confirmed and the case requires ongoing Department involvement. Only cases with Actual or Risk or Harm or Injury Assess Issues are regarded as confirmed abuse or neglect cases.

Risk and wellbeing

Risk is the likelihood that without support the child, young person or family will be at risk of potential injury and/or harm from others, the environment or self. Wellbeing is the satisfactory state of developing physically, mentally, morally, spiritually and socially in a healthy normal environment. Assessment of wellbeing includes identification of permanency needs, continuity of significant relationships and stability of placement.

Safety and/or high risk

Safety is the absence of danger of harm or injury. High risk for a child involves the significant likelihood of potential injury and/or harm. This injury or harm may be due to an act or an omission to act by others or self or maybe due to the environment. High risk is related to abuse and neglect.

Standards

Standards describe good practice which reflects current knowledge, principles and values, and sets goals for the continual improvement of services for children, young people, their families, carers and vulnerable adults.

Substitute Care

The accommodation arrangements for a child who is not able to remain living with a parent or usual carer. Arrangements may be made voluntarily by parents or as the result of a Children's court order. They can include care by relatives, friends, acquaintances of the child, foster care, residential care, shared family care and other forms of substitute care.

Systems Abuse

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.

Wellbeing

See **Risk**.

Young Person

Any person in the age range of 12 - 17 years.

LIST OF ACRONYMS

Acronyms are words formed from initial letters, eg. **Anzac** (from **Australia & New Zealand Army Corps**). A list of those in this Manual follows.

ADD

Ageing and Disability Department

ATSI

Aboriginal and Torres Strait Islander

AVO

Apprehended Violence Order

C&FS

Child and Family Services

CIS

Client Information System

CPC

Child Protection Council

CPEA

Child Protection Enforcement Agency (NSW Police Service)

CP&FCS

Child Protection and Family Crisis Service

CSC

Community Service Centre

CSWO

Community Social Welfare Organisation (replaces Non-Government Organisation ie NGO)

CWAC

Community Welfare Advisory Committee

CSGP

Community Services Grants Program

DCS

Department of Community Services

DSS

Department of Social Security

EAC
Ethnic Affairs Commission

FGM
Female Genital Mutilation

FOI
Freedom of information

HACC
Home and Community Care

HCC
Health Care Card

Hep B
Hepatitis B

HIV AIDS
Human Immune Virus
Acquired Immune Deficiency Syndrome

ICAC
Independent Commission against Corruption

KCAU
Kings Cross Adolescent Unit

LRU
Legislation Review Unit

MAC
Ministerial Advisory Committee

NESB
Non-English Speaking Background

NGO
Non-Government organisation

SAAP
Supported Accommodation Assistance Program

SARFA
Standard Age Related Fostering Allowance

UN
United Nations

Using this Manual

Practice Manual

Working with Children and Families

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- 5 Policy Development and Implementation
- 6 Legal Framework
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- 8 Case Coordination Policy and Practice Guidelines

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

2. Using this Manual

This is the first edition of a comprehensive Manual for staff working in Child and Family Services. A second edition to be produced in 1998 will incorporate required changes identified through feedback from the professional application of the Manual by those who use it in their day to day work and consultation with others who are affected by its contents.

Putting this Manual into practice

The safety and wellbeing of children and young people in NSW is paramount in the work of all Department of Community Services' staff. The information in this Manual is a guide to assist Child and Family staff provide services which meet statutory requirements to a high degree of professional excellence. In most instances the Manual contains a repackaging of existing policies and practices in a format which is useable for field staff to ensure consistent service delivery to the clients of the Department irrespective of their location in NSW. Field staff will recognise many policies and practices which are already familiar to them.

While the policies and procedures contained in the Manual establish the fundamental requirements for Child and Family staff in CSCs providing services to children, young people, their families and carers, it also invites staff to acknowledge and improve their professional skills.

The Manual:

- sets out requirements for the provision of services and our interaction with children, young people, their families and carers;
- enables clients to be aware of how our services are provided;
- informs other key service providers about the way in which we operate;
- guides assessment, planning and casework services;
- provides a focus for individual and team performance monitoring and review.

Format

All operational guidelines (Chapters 9 - 11) in the Manual have been formatted in the following way:

Activity	The work to be undertaken.
Description	An overview of the activity.
Mandate	Identifies the legislation, standards or protocols that relate to the policy.
Guidelines	Mandatory actions and guidelines for practice are described.
Key References	Significant documents that inform field staff practice.

This introductory chapter outlines:

- what to do on receiving the Manual;
- why the manual was produced;
- who the Manual is for;
- where the manual is to be kept;
- how to get further information.

What to do on receiving the Manual

1. For those outside of the Department who will not automatically receive new or up-dated sections, the official Receipt Form (Sheet A) should be completed and returned to the address that is on the end of the form.
2. As you read the Manual, or as you put the procedures into practice, record your comments on the Feedback Sheet (Sheet B) and forward it to the address which is indicated on the sheet.
3. Area Managers are to assist field workers in identifying policy impacts upon the work of CSCs and teams to ensure practice is consistent with the manual.
4. Area Managers are to assess the training needs for Child and Family staff after an initial period of implementation of the Manual.

SHEET B

FEEDBACK SHEET

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Manual meet your need for clear, up-to-date information about policies and procedures for working with children and families?

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Please send to:
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Child & Family Services Practice Manual
Department of Community Services
Locked Bag 28
Ashfield NSW 2131

Telephone: (02) 9716 2222
Facsimile: (02) 9716 2559

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Why the Manual was produced

The NSW Department of Community Services' (DCS) policy review and development process is continuous and has a comprehensive approach to policies that effect services to children, young people, their families and carers.

Our work involves consulting widely with staff, clients and families, and service providers in our own direct services, community social welfare organisations and government agencies on the key reforms undertaken by the Department. This reflects a lasting commitment to children, young people, their families and carers. The key policy reforms and processes are described in Chapter 5.

The Manual provides Child and Family staff with operational policy and procedural guidelines for their work with children, young people, their families and carers. It is one part of a set of resources referred to as the 'Better Practice Package' which comprises the following complementary documents:

- *Child & Family Services Practice Manual - "Working with Children and Families"*;
- *Towards Better Service: Evaluating Child and Family Teams*;
- *Child Protection: Procedures for Recognising, Notifying and Responding to Child Abuse and Neglect*;
- *Child Protection Council Interagency Guidelines for Child Protection Intervention*.

Who the Manual is for

The Manual is for all Child and Family staff, ie, all CSC Managers, Assistant Managers, Child Protection (Casework) Specialists, District Officers and Adoption Officers.

The Manual covers policies and procedures for work with individuals and families, child protection services including, care and support, protective intervention, criminal prosecution and adoption activities undertaken at CSCs.

The Manual brings a great deal of information together in one volume and replaces:

- *Guidelines for Field Officers in Family Work*, November 1990;
- *Child Protection Policy and Procedures*, October 1994 and *Interim Child Protection Manual*, 1996;
- *Substitute Care Administrative & Procedural Handbook Volumes 1-3 and Substitute Care Allowances*;
- *Domestic Violence Procedures and Guidelines*, September, 1993
- Various Administrative Circulars which have been issued by the Directorate from time to time.

The *Adoption Policy and Procedures Handbook* and *Domestic Violence Policy*, 1993 remain current together with the Department's protocols with the Department of Social Security, Department of Juvenile Justice and Family Support Services. These are under review for renegotiation in 1997/98.

The Manual will be updated to include revised program policies and procedures as these are developed. Where policies and procedures are under review, this is indicated in the text.

During the development phase, Central Office staff have tested the Manual with the Department's Child and Family staff. The Manual is released as a 'first version':

- to allow Child and Family staff to use the Manual over a longer period for further testing and refinement; and
- to allow the Department to release the Manual to other NSW government agencies and community social welfare sector service providers for information and consultation.

Feedback from users in 1997 will lead to a revised version, which we hope to produce in 1998.

Where the Manual is to be kept

The Manual is to be located in every CSC, Area Office and all locations where Child & Family Services are provided by the Department. The Manual should be located where it can be accessed easily by all Child and Family staff. Area Managers, Managers and Assistant Managers must ensure that all Child and Family staff are aware of the contents of the Manual and its location. It is the responsibility of Child and Family staff to ensure that clients are aware that the work of CSCs is undertaken within the framework of the Manual. Where appropriate and relevant, Child and Family staff are required to inform children, young people, their families and carers of the Manual and how they may access it.

Linking Policy and Practice

It is important that all Child and Family staff in the Department become familiar with the contents of the Manual. Through this ongoing process, managers and Child and Family staff may review local CSC practice, ensuring it is consistent with the policy and procedures contained in this Manual.

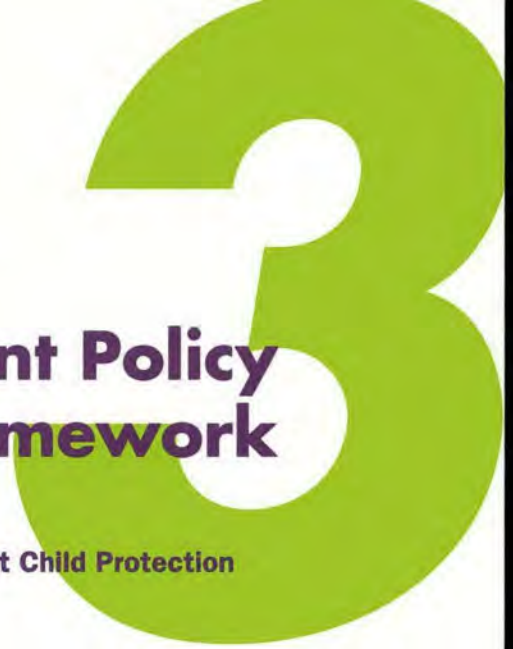
It is the responsibility of all Child and Family staff to ensure that where their practice is not consistent with these procedures, they either :

- take steps at once to achieve compliance; or
- record non compliance on the client file, together with the reasons the guidelines cannot be followed and refer the file to their supervisor for consideration; and/or
- where further policy development work may be required record the difficulty on the Feedback sheet and return it to Central Office.

Further Information

If you require further information about the policies and practices contained in the Manual, contact your local management or Area Office.

NSW Government Policy Framework



Practice Manual
Working with Children and Families

- NSW Government Child Protection Policy
- NSW Government Youth Policy
- NSW Department of Community Services Values
- C&FS Principles
- DCS Youth Policy
- DCS Domestic Violence Policy

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

3. NSW Government Policy Framework

Introduction

The NSW Government's child protection policy covers protective intervention, care, support, criminal prosecution, substitute care and adoption activities. Key agencies' procedures and interagency guidelines for protective intervention flow from this policy. The *Child Protection Council Interagency Guidelines for Child Protection Intervention* describes child protection policy and is the key reference for the Department's protective intervention work. In 1997, key agencies' procedures and interagency guidelines for care and support will be developed.

The NSW Government Child Protection Policy defines children as under 18 years of age. This definition is in line with the Children (Care and Protection) Act, 1987. Throughout the Manual, however, 'children and young people' will be used to differentiate between the developmental needs of:

- young people aged 12 to 17 and
- children under 12 years of age.

The following sections outline the key features of the NSW Government's Child Protection Policy and the Department's values and principles underpinning Child and Family Services.

Child and Family field staff are required to work within the spirit of the Interagency Guidelines and the Department's values and principles of service.

NSW Government Child Protection Policy

DCS is the agency with lead responsibility in child protection because it is charged by law with the care and protection of children and young people. A summary of the NSW Government's Child Protection Policy follows.

Principles of Child Protection Policy for Intervention, Care and Support

The following principles underpin the NSW Government's Child Protection, Care and Support Policy and the development of individual agency policies, practice and procedures:

- The safety, welfare and wellbeing of the child are paramount.
- Families will be given the opportunity to participate appropriately in decision making for the protection of their children.
- Professionals and agencies are responsible for ensuring that children are the focus of procedures.
- Intervention should aim to secure the safety of the child within their own family.
- In all cases appropriate links between the child and family must be maintained.
- Intervention requires sensitivity to issues of age, gender, sex, race, culture, language, religion, disability, sexuality and location.

Outcomes for Child Protection Intervention, Care and Support

The NSW Government has adopted this policy to ensure the following outcomes:

1. NSW Government agencies work in partnership with each other, with community social welfare organisations and with families to ensure the safety, welfare and wellbeing of children.
2. Agencies recognise, accept and understand the roles, responsibilities and practice's of all relevant agencies to ensure best practice.
3. Agencies implement policies and practices, individually and in cooperation, which ensure that staff are appropriately screened, qualified, trained and supervised so that best practice can be achieved.

Roles and Responsibilities

The Government has adopted specific roles and responsibilities for the main Government agencies. These are documented in the NSW Child Protection Council's *Interagency Guidelines for Child Protection Intervention*. DCS, as the lead agency in child protection, plays a critical role in implementing this government policy.

The Interagency Approach in Protective Intervention

It is the responsibility of all professionals and agencies to take action to stop child abuse and neglect when it occurs and to ensure that children receive proper care, support and nurturing.

The goal of the interagency approach is to set high standards of practice and strengthen commitment to cooperative and coordinated effort by professionals and agencies responding to suspected and actual abuse.

Expectations

The goal of the interagency approach, together with the principles, leads to certain expectations of agencies and professionals who work together to protect children.

It is expected that professionals and agencies will share:

- an understanding of the aims of intervention and of what is good practice;
- an appreciation of one another's roles and contributions;
- a commitment to partnership between the government and community social welfare sector;
- an acknowledgment of the constraints and the context within which their colleagues work;
- a preference for a coordinated effort rather than unilateral action by a single agency or uncoordinated action by a number of agencies;

- a willingness to learn from each other;
- a belief in the importance of accountability to their clients, to each other, and to the community.

In practice, they will take into account;

- a child's immediate needs as well as assessed longer term needs for safety, nurturing and specialised assistance;
- prompt and purposeful information exchange between agencies to ensure the immediate and ongoing safety of the child;
- every case requires an identified key worker;
- interagency planning of assessments and investigations minimises trauma to families and is in the best interests of children;
- the impact of child abuse varies with the individual and the circumstances of the abuse;
- that difficulties and differences resulting in conflict between agencies are best dealt with constructively as they arise by professionals and agencies.

NSW Government Youth Policy

The NSW Government is committed to improving outcomes for young people. The review of youth policies in 1997 embodies a strategic direction emphasising an integrated Government approach to service coordination. The strategic policy has three key themes:

1. access to services;
2. relevant and equitable distribution of services;
3. effective coordination of services.

The *NSW Draft Youth Policy Statement* (December 1996) draws together current youth policies of Government agencies. DCS policies focus on improving services to those young people who are the Department's clients, especially:

- young people in out of home care (including Wards who are in Juvenile Justice Centres);
- young people who are experiencing, or who are at imminent risk of, homelessness and need early intervention, support and accommodation services.

The improved coordination of education, health, training and work initiatives with the Department's services will enhance the quality of responses for young people. To this end, the Department will play an active role in developing the Government's strategic Youth Policy in 1997.

NSW Department of Community Services Key Directions

The Department of Community Services has released a Key Directions Statement to guide future policy development and service improvements. The statement establishes the following four priorities to underpin the work of the Department.

- Improve the quality, delivery and accessibility of community services to ensure they are available when needed.
- Enable areas and communities to become self-supporting by providing effective services and infrastructure.
- Support community initiatives.
- Use resources more effectively in response to the community's need.

The Statement provides a strong framework within which the Department will develop its successive Corporate Plans and related documents, and implement service improvements, consistent with the funds available for its work.

NSW Department of Community Services Values

The values of the Department are:

- We treat our clients with respect and in an honest and ethical manner.
- We direct our efforts to focus on working with our clients to achieve positive outcomes together.
- We are openly accountable and consistent in our decisions and actions.

These values are incorporated into all facets of the delivery of services to children and young people, their families and carers.

Child & Family Services Principles

Together with the values of the Department the following principles for the provision of Child and Family services are integral to our policies and procedures:

Recognising that the child or young person's needs are paramount

Children and young people have the right to be supported within their own family or kinship group. Any separation of a child or young person from the care and custody of his or her parent or guardian only occurs when the child or young person's benefit from alternate placement clearly outweighs the loss of their family.

Addressing the specific needs of a child or young person

All services provided are to reflect the developmental and cultural needs of a child or young person. The separation of families may provoke loss and grief for individuals and families and these require a planned response as with all intervention.

Basing service delivery upon permanency planning

Permanency planning is not an activity which you do at a certain point in case planning rather it is important that all case coordination activities address the continuity of significant relationships from the first planned intervention.

Permanency planning ensures that the continuity of significant relationships, stability of placement and planned outcomes for clients are maximised. One way to promote continuity of relationships is to place siblings together in care or where this is not possible, to actively promote ongoing relationships between siblings. While coordinating cases it is important to avoid causing disruptions to the relationships that may exist between a key worker and the child or young person being assisted.

Preparation for children and young people who are leaving care and providing aftercare support services is integral to our work and promotes ongoing relationships.

Delivering services in a professional way

Decision making is based on professional judgement and assessment practices. Standards of practice and access to supervision which can challenge the decisions that are made are integral steps to achieving a high level of professional practice.

Seeing the implications of your work in the wider context of service delivery

Interagency responses require coordination of support and assistance so that better outcomes for clients can be achieved. Services are to be planned and funded according to the needs of individuals and client groups.

The Department of Community Services Youth Policy

The Department of Community Services Youth Policy will be developed within the context of the Government's Youth Policy Statement which promotes the integration of service planning through Community Services Centres and within funding programs including Supported Accommodation Assistance Program (SAAP), Substitute Care, Adoptions and the Community Services Grants Program.

The objectives will be:

- to develop a policy in line with the NSW Youth Policy Statement with links to policies in Attorney General's, Health, Housing, Police, Education and Juvenile Justice;
- to position the Department's youth policy within the framework of an integrated child and family Services policy;
- to focus the policy on prevention and early intervention to reduce the level and cost of longer term intervention;
- to provide a base for reshaping of the Department's youth services within the context of the integrated community services framework.

The Departmental Adolescent Policy will be completed by November 1997.

The Department of Community Services Domestic Violence Policy

The Department of Community Services is mandated to intervene in domestic violence situations under the Community Welfare Act, (1987).

This policy aims to:

- facilitate access to services providing a range of personal and practical assistance for those who have or are likely to experience domestic violence;
- ensure that the Department and the community social welfare services funded by the Department of Community Services are focused on the needs of individuals who have or are likely to experience domestic violence, and their children.

The following principles underpin the Department of Community Services policies, programmes and procedures for response to matters of domestic violence:

- women and children have the right to live safely and free of fear in their own homes;
- domestic violence and its consequences are solely the responsibility of the perpetrator;
- the safety and ongoing protection of children and women are paramount considerations in any response;
- essential to any response are early identification, appropriate intervention and long term solutions that provide for the wellbeing and life chances of women and children;
- language and cultural needs of women of non-English speaking backgrounds and Aboriginal women must be considered in any response;
- the special needs of women with a disability must be addressed to maximise the effectiveness of any response to their needs;
- responses to domestic violence require a consistent planned approach across all sectors of the community and at all levels of government;
- all services, direct or funded, which respond to domestic violence will adopt policies, procedures, programmes and training in accordance with the above principles.

In addition the Department endorses the following principles:

- intervention aims to empower those who are experiencing or have experienced domestic violence and encourage their self determination. Intervention should also promote positive future outcomes which are not focused solely on the woman's immediate needs;
- confidentiality will be maintained as for all clients of the Department. Information will be shared on a "need to know" basis where it is considered that neither the interests of the woman nor the child/ren will be adversely affected, in line with the amendments to Sect 22 of the Children (Care and Protection) Act, 1987;

- a comprehensive strategy and effective service delivery will only occur through links with other departments, as described by the Interagency Guidelines, 1997.

FEEDBACK SHEET - CHAPTER 3

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.
(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

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Services for Children, Young People, their Families and Carers

Practice Manual

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- Types of Services for Clients
- Community Service Centre Services
- Joint Investigation Team Services
- DCS Local Support Services
- DCS Statewide Services
- Funded Child & Family Services



4. Services for Children, Young People, their Families and Carers

Introduction

The previous section outlines the policies on which Child and Family services for clients are based.

This chapter gives an overview of the types of services available to children, young people, their families and carers. It briefly outlines services provided from CSCs, Departmental Statewide services and services funded by the Department.

Types of Services for Clients

Clients have access to a range of services provided directly by the Department or funded by the Department and provided by Community Social Welfare organisations. The services described below fall into three categories; support services for individuals and families; protective services; and placement services.

Casework is fundamental to all our work with clients, whatever type of service is provided.

Support for Individuals and Families

Support services include a range of services to assist families and individuals with the aim of preventing family breakdown and child abuse. Services are also provided to strengthen community infrastructure that supports families. These services are provided directly by the Department or through funded Community Social Welfare organisations.

Protection for Children and Young People

Protective services include child protection investigation and ongoing services to ensure children and young people are, and remain safe.

Placement & Aftercare Services for Children and Young People

The Department provides directly, and funds community social welfare organisations to provide, a range of placement services to meet the needs of children and young people who cannot live with their families. Placement services are also referred to as 'out of home' placements, or substitute care including adoption placements.

There are two main reasons why children and young people may require placement services.

1. The placement services are used as part of a family support response to prevent family breakdown. In these circumstances, placement for a period of time may assist the family but is planned in line with the long term (permanency planning) goal. Alternately, a family or individual may voluntarily surrender a child for placement, on a temporary basis, or permanently which results in the adoption of the child.

2. Placements are provided for children and young people who need protection and who are unable to remain in the care of their parents or guardians for either short or long periods of time. Some children and young people require ongoing support in permanent out of home placements.

All placement services include casework for children, young people and their families throughout the duration of the placement and for a planned period of time after the placement. Support services for carers are integral to providing successful placement services.

Community Service Centre Services

CSCs provide clients access to a range of casework services within a broader community and interagency context.

Casework services available from CSCs Child and Family staff include:

- intake assessment;
- risk and needs assessment;
- information and referral;
- family work, support and counselling;
- adolescent support services;
- protective intervention, including protective investigation;
- substitute care, including foster care and group home placements, adoption, support to family or kinship carers;
- aftercare support services.

CSCs also have responsibility for regulatory functions including the licensing of child care centres, private foster carers, certain substitute care services and employers who employ children.

Joint Investigation Team (JIT) Services

In matters where the intake information constitutes a notification under Section 22 of the Children (Care and Protection) Act, 1987 and where there has also been a possible crime under the Crimes Act, 1900, protective intervention services will be provided by DCS and Police Officers in a collaborative response. These services are:

- completion of the investigation and assessment of the notification; and
- assessment of the need for Children's Court action.

DCS Local Support Services

Clients can also access a range of local support services. These services are provided from various CSCs and departmental Statewide services throughout NSW.

The term Child and Family staff is generic and covers all the Department staff who provide Child and Family services. Apart from the title District Officer (generic) other Child and Family staff are:

District Officers, (Aboriginal) who focus on addressing the family support and child protection needs of members of Aboriginal communities.

District Officers, (Adolescent Support) who are a resource within CSCs. They provide specialist advice, support and counselling to young people and their families experiencing difficulties arising from adolescent issues and child protection matters.

District Officers, (Disability) who provide services to clients who have a disability and where protective intervention or support is required due to safety and/or high risk issues for a child.

District Officers, (Multicultural) who provide services to clients from Non English Speaking Backgrounds who are experiencing difficulties because of cultural or language barriers and who require support and child protection responses.

District Officers, (Substitute Care) who provide assistance for out of home arrangements, recruit and support foster carers and support services providing accommodation to the Department's clients.

Disability Services' Community Support Teams who provide respite care, day programs, therapy, early intervention, independent living training and community support services for people with a disability.

Psychologists who are available for clients requiring specialist assessment, counselling, therapy, consultation and support services. Psychologists regularly submit reports as requested by Children's Courts.

Adoption Community Service Consultants and Family Mediation Counsellors who are located at Department of Community Services Adoption Services Unit.

DCS Statewide Services

Statewide services are available for clients whose needs may be more appropriately met by services that can offer expertise in specific areas of work or services that operate outside the business hours of CSCs. Child and Family officers in CSCs are usually a referral point for clients to the Statewide services summarised below.

DCS Adoption Services provide pre adoptive, placement, post adoption support, adult information and reunion services.

DCS Children's Employment Unit licenses employers of children in certain circumstances under the Children (Care and Protection) Act, 1987.

Child Protection and Family Crisis Service is available 24 hours a day, and provides responses for children and families who are experiencing crises.

The **Domestic Violence 1800 Helpline** is available 24 hours a day to provide counselling and referral services to people who are experiencing or have experienced violence within the family.

Gullama Aboriginal Service provides child protection services for Aboriginal children, young people and their families in the Eastern Sydney and Inner West areas and provide a consultancy service in other areas.

Ormond and Minali provide intensive residential care for young people requiring out of home placement for limited periods of time.

Children and young people who are in care or leaving care and who have intensive needs can be supported by Child and Family staff supervised by the **Intensive Support and After Care Service**. This service is also a resource for CSCs and other residential services for young people.

Kings Cross Adolescent Unit specialises in assessment, referral and support for young people. Child and Family officers regularly patrol and remove young people who are exposed to abusive activities within the 'high risk' inner city areas.

Montrose Home-Based Assessment Service provides intensive assessment within the home for families where there are high risk issues.

Female Genital Mutilation Team is a specialist team of District Officers and Police Officers who have expert knowledge on issues of Female Genital Mutilation (FGM). They are available to assist and advise CSCs in responding to and assessing information about children at risk of, or harmed through FGM.

Additional Statewide services include:

Department of Corrective Services' Home Detention safety checks where the detainee is eligible to serve their sentence under the Home Detention Act. DCS completes child protection safety checks in relation to residents in the home to ensure that any safety or risk issues are taken into consideration.

Mothers and Children safety checks are a part of an interagency response to working with children and their families to allow early release of prisoners under Section 29 (2) c of the Corrective Service Act, or admission to the residence program in order for the mother to care for her child.

Interstate Child Protection Alerts are recorded on the CIS to alert DCS staff of concerns for children and their families where their whereabouts is not known but suspected to be in NSW.

Operation Paradox is a joint operation completed with NSW Police involving a Statewide intake service (undertaken by Police) for information relating to child sexual assault. DCS provide joint analysis with Police to determine the appropriate response.

Funded Child & Family Services

Children, young people and their families may access a range of services funded by the Department and operated by community social welfare agencies.

Child and Family services funded by the Department include:

- family support services;
- counselling services;
- adolescent support services, youth services and youth accommodation services;
- protective intervention services;
- out of home placement services, including adoption services,
- leaving care, after care services;
- post adoption services;
- supported accommodation and referral services;
- child care centres;
- neighbourhood information and support services.

FEEDBACK SHEET - CHAPTER 4

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

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NSW DEPARTMENT OF
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5. Policy Development and Implementation

What is policy?

Typically the term “policy” refers to:

A course of action or intended course of action, decided on, after consideration of possible alternatives, and, then implemented or intended to be implemented.

Policy is important because policy:

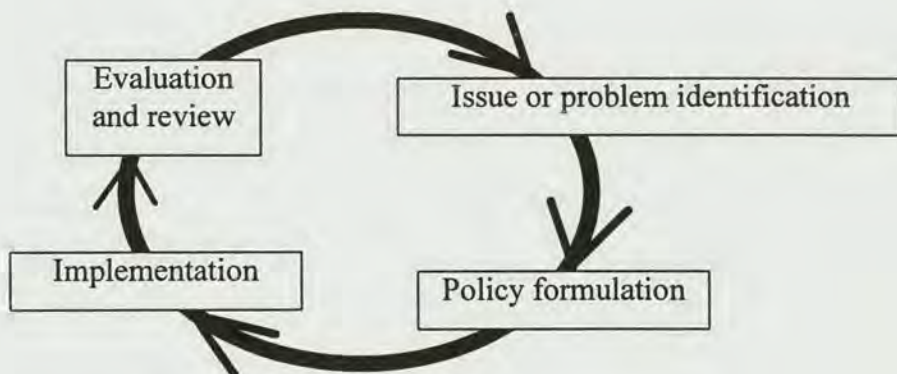
- is about outcomes, that is, positive change;
- is about strategies and resources required to achieve outcomes;
- determine effectiveness of resource use, that is , specifying the relationship between outcomes, outputs and the resources available;
- determines where investments of finances, time, effort will go; and
- defines the targets of the proposed outcomes.

Policy development is a dynamic process with many participants. Insights and ideas come from practical experience, research and best practice in other States and countries.

Consumers, Child and Family staff, people working in other agencies, politicians, Ministerial advisers, academics and policy specialists all have a role to play. Within the Department of Community Services, policy review is part of a wider program of reform, the aim being to provide the best possible outcomes for children and families in New South Wales, within a social justice framework.

A Policy Development Cycle

Policy development is an ongoing process forming a cycle of constant review, development, implementation and evaluation. The following diagram shows the stages of the Policy Development Cycle.



Stage 1 – Issues or Problem Identification

Issues or problems can be identified in two ways.

Externally, by governments of the day in response to the implementation of their “policy” agenda. For example, the reforms taking place in Children’s Services, the focus on issues of access and equity and the emphasis on consultation, transparency of decision making and accountability in the public sector. Or through Government reports, the media and key industry, consultative and lobby groups. For example, the Police Royal Commission and reports of the Community Services Commission.

And, **internally**, through the review and evaluation of existing services. For example, reviews of the Substitute Care and Supported Accommodation Assistance Programs emphasised the need for policy development and change. Service reviews play a role in highlighting ways for improvement in planning and delivering services. Research and analysis of trend information conducted locally has been the catalyst for the development of several policies. A variety of local area and community level mechanisms also contribute to the process of policy development. Formal and informal processes include Area Child Protection Committees; interagency forums; local issues and service based networks and forums; practitioner forums and networks; reviews of practice, and so on.

Stage 2 – Policy Formulation

Once a problem or issue has been identified the pressure to act increases. The issue will be assessed for its relevance to existing policies and practices. In other words, is a new policy required or can it be addressed by the review of an existing policy? This pressure leads to the promotion of the need for the development or review of a policy onto the agenda of priorities for the Government or the Department. This will be reflected in the Corporate Plan and Strategic Planning Cycle.

Important questions to be asked in moving policy development forward include:

- How important is the issue and how does it impact on existing priorities?
- How much time do we have?
- Are there any preferences about the process, for example, what has been promised in the past or current commitments?
- Who will make the decisions about the process and how it will proceed?
- What consultative steps are appropriate?

The answers to these questions shape the policy development process. Most importantly they raise the issue of the extent and scope of consultation.

When a policy has been formulated there are still several steps it must go through before it can be implemented. Firstly a draft policy is circulated internally to test its appropriateness and accuracy. A policy will also be tested by other agencies on which it may have an effect. If it is an important or sensitive policy which affects the way the whole Department works it may have to be tested by The Cabinet Office or The Premier's Department. A final draft of the policy may then be circulated for comment and discussion by service users, service providers and the wider community.

Stage 3 – Implementation

The first step in the implementation of a policy is the development of a comprehensive implementation strategy – what outcomes are we expecting to achieve, in terms of a successful implementation? What will have to be done to put the policy into practice? The next step is the analysis and assessment of the resources required to implement the policy. This may include training and development of staff, recruiting new staff, introducing new technology or just the cost of producing the policy in various media for circulation. This may have been done while the policy was being consulted on but must be finalised now.

The policy is then communicated and promoted to Areas, CSCs, other agencies, funded services and clients. Strategies which ensure that all service providers understand how it will affect the way services are delivered, are developed and implemented. It may also be promoted in a media campaign.

Stage 4 – Evaluation and Review

There are two types of evaluation which are important for policy development. While a policy is being developed **formative** evaluation will keep track of whether the processes of policy formulation themselves are achieving the desired outcomes. Do stakeholders understand the need for a new policy? Are the consultations effective in reaching all relevant stakeholders? How can the process be improved?

When the process is completed a **summative** evaluation will assess if the policy formulation process is effective in producing a policy which is easily understood and used to change the way services are delivered. The success of the policy at achieving outcomes, that is, changing the way people actually live and work will also be evaluated. This will usually take place at regular intervals. These evaluations may identify new issues or problems that will activate the policy development cycle again.

FEEDBACK SHEET - CHAPTER 5

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

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Practice Manual

Working with Children and Families

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6. Legal Framework

Introduction

The Department operates within a legislative framework. In broad terms, the Minister and the Director-General are given authority and responsibility under the relevant legislation and Child and Family staff of the Department are then authorised to act on their behalf. This means that all our work is based on the concept of the delegation of authority and responsibility. For this reason, accountability, especially in regard to proper record keeping and clear decision making, is a major theme throughout the Manual.

This chapter surveys the major pieces of legislation that underpin the role and functions of the Department. Chapters 9 to 15 describe operational procedures.

An Act

An Act is an Act of Parliament and is a document containing a law that a State or Commonwealth Parliament has made. An Act can define the powers and duties of a Minister and the Chief Executive Officer of a Department or agency.

Regulations

A regulation spells out the practical details of an Act, such as specific requirements and procedures.

Judgements

Judgements are court decisions and contain interpretations and applications of parts of Acts and regulations and are a useful aid to understanding how a law may be legally applied in practice.

Policies

Policies are directives or administrative tools which the Director-General uses to conduct Departmental functions in accordance with an Act and regulations.

Various Acts impact on our work. The key pieces of legislation under which support services are delivered in NSW and safeguards are provided to protect children and young people are the *Community Welfare Act 1987* and the *Children (Care and Protection) Act 1986*.

Other legislation can also impact on our work in providing support and services to specific groups of people and safeguarding the rights of people accessing services.

There is also the Common Law which is based on custom and usage confirmed by a Court decision.

In addition to the above legislation and the common law, a number of International Conventions about children, such as the United Nations Convention on the Rights of the Child and two state charters influence Departmental policies and practice. The latter includes the Child Protection Councils Interagency Guidelines for Child Protection Intervention (February 1997).

Key Legislation

Community Welfare Act 1987

This Act is the foundation for all the Department's work with individuals, families and communities. It outlines the Department's role in community wellbeing including funding community sector welfare organisations and coordination of disaster recovery services. These include services funded under the Community Grants Program and Support for Individuals and Families provided directly through Community Services Centres.

The Act sets out the general functions of the Minister and Director-General under community welfare legislation and establishes the Community Welfare Advisory Council. It defines the Minister and Director-General's powers to delegate functions and limits the personal liability of Departmental staff as long as their actions in carrying out their duties are done in good faith and with reasonable care. It also establishes services for managing disasters.

Children (Care and Protection) Act, 1987, and Significant Amendments

This Act sets out the legal framework for the delivery of child protection and child welfare in NSW. It covers topics such as:

- the duty to investigate notifications (s22);
- exchange of information in matters arising from notifications (s22[7B]);
- definition of children in need of care (s10);
- the power to remove children in need of care (ss60-62A);
- bringing care applications before the Children's Court (s57);
- the range of orders the Children's Court can make (ss72 & 77);
- Minister's functions regarding wards and former wards (ss91 & 92);
- licensing of child care services (Part 3);
- employment of children (Part 4);
- Aboriginal Placement Principle (s87);
- substitute Care (Part 3 & s14);
- disclosure of information (s115).

This Act not only defines the statutory powers of the Department of Community Services in terms of child protection but also some of those of the police and the Children's Court.

Children (Care and Protection) Amendment Act, 1995.

This amendment established an independent Child Death Review Team.

Children (Care and Protection) Amendment (Disclosure of Information) Act, 1996.

This Act amended section 22 of the *Children (Care and Protection) Act, 1987* allowing notification of children 16-17 years and the exchange of information during the investigation of notified matters.

Current Regulations under the Children (Care and Protection) Act 1987 include:

Children (Care and Protection) Regulation 1996

Centre Based and Mobile Child Care Services Regulation (No 2) 1996 [as amended May 1997]

Family Day Care and Home Based Child Care Regulation 1996

Disorderly Houses Act 1943

The provisions of the *Disorderly Houses Act* extend police powers to enter and search a premises to circumstances other than those described in section 60 of the *Children (Care and Protection) Act*. This will indirectly assist the Department in carrying out its responsibilities in protecting children at risk.

Under section 60, to enter and search a premises without a warrant, police need to suspect on reasonable grounds that a child under 18 years of age is in immediate danger of abuse, or is in need of care and is on premises where prostitution takes place or which are being employed for pornographic purposes. Under the *Children (Care and Protection) Act*, police cannot, for example, search an illegal brothel in search of children, unless they have information which indicates that a child is on the premises.

Under the *Disorderly Houses Act*, where police have reasonable grounds to believe that drunken, disorderly or indecent conduct, demoralising entertainment or illegal sale or supply of liquor takes place or is likely to take place on a premises or a place is frequented by reputed criminals or the associates of criminals or is controlled or managed by such persons, a search warrant can be issued for the police to enter and search such premises.

Following a search, the Supreme Court may declare such a premises a disorderly house. This declaration gives police the power to enter and search the premises *without a warrant*.

This means that police can enter and search a premises, such as an illegal brothel, without a warrant and should a child under 18 years of age be on the premises, they can remove such a child under section 60 of the *Children (Care and Protection) Act*.

Support and Services to Specific Groups

This legislation is concerned with programs to provide assistance to meet the needs of specific groups or to safeguard their rights. Important pieces of legislation are:

For Adopted Children

Adoption of Children Act 1965

This Act sets out the laws and procedures for adoption of children in NSW, including: the licensing of private adoption agencies; authority and responsibilities of the Director-General; consent requirements; jurisdiction of the Supreme Court; gazetted criteria for approval of applicants; placement requirements; and recognition of foreign adoption orders. The Act is presently under review by the NSW Law Reform Commission.

Adoption Information Act 1990

This Act enables adult adopted people and their birth parents to access information about each other. It provides for their access to birth certificates and other information and privacy safeguards in the form of Contact Vetos and Advance Notice Requests. Reunion and exchange of message facilities are also facilitated.

For People with Disabilities

Disability Services Act 1993

This Act regulates the provision of services to people with disabilities through government or community social welfare organisations and establishes standards which all services must meet if they are to be financially supported by the government (Section 12 and Schedule 1).

Guardianship Act 1987

This Act set up the Guardianship Board. The Board has power to appoint a guardian or a financial manager for a person over 16 years old who is unable to make decisions for themselves because of a disability. *Disabilities* include dementia, intellectual disability, brain damage, head injury, mental illness or a severe physical or sensory disability. The Board supports the right of adults with disabilities to make their own decisions whenever possible, while at the same time offering protection from abuse, exploitation and neglect.

Mental Health Act 1990

This Act covers the care, treatment and management of people who are mentally ill. Mental illness is defined as a condition that seriously impairs mental functioning, with one or more of these symptoms: delusions; hallucinations; serious disorder of thought form; severe disturbance of mood; sustained or repeated irrational behaviour indicating one of the above.

This definition of mental illness is used for the purpose of committing someone to a psychiatric institution against their will. A person should only be admitted when no other, less restrictive, care is available.

Home and Community Care (HACC) Act 1985

This Commonwealth Act established the HACC Program which is a joint Commonwealth/State funded program to provide financial assistance for services to support frail aged people and people with a disability so that they can continue to live at home. The HACC Program is now administered in NSW by the Ageing and Disability Department.

For People who are Homeless

Supported Accommodation Assistance Program (SAAP) Act 1994

This is a Commonwealth Act under which the joint Commonwealth/State Program operates. Under the SAAP Program funding is provided to community groups to provide accommodation and other services for people who are homeless including women and children escaping domestic violence.

Legislation which Facilitates Access to Services

Community Services (Complaints Appeals and Monitoring) Act 1993

This Act establishes the Community Services Commission which handles complaints, including those about child protection work undertaken by DCS. The Commission conducts inquiries into complaints about the Department's direct and funded services and coordinates the community visitors scheme.

It also establishes the Community Services Appeals Tribunal which handles appeals against some decisions made by the Minister for Community Services or his/her delegate.

Anti-Discrimination Act 1977 (NSW)

This Act makes it unlawful to discriminate on the grounds of race, age, disability, sex, marital status, homosexuality or transgender in many areas of life including work or when providing services. Aspects of Federal discrimination laws also apply. Also note the Guardianship Act and the Mental Health Act in the previous section.

Legislation about Public Administration

Public Sector Management Act 1988 (NSW)

This Act governs the administration of the public service in NSW, in particular the accountabilities and responsibilities of public servants.

Freedom of Information Act 1989 (NSW)

This Act covers public access to information held by government authorities.

Independent Commission Against Corruption (ICAC) Act 1988 (NSW)

This Act sets up the ICAC to monitor and inquire into allegations of corruption in the public sector.

Ombudsman Act 1974 (NSW)

This Act sets up the Ombudsman's office and a complaints mechanism for people to complain about the conduct of public authorities, including employees of the Department.

Archives Act 1960 (NSW)

This Act deals with the maintenance of government records.

Common Law and Other Relevant Legislation

Common Law

Common law is a set of legal principles arising from custom and usage which has been developed over the years by judges. The most relevant concept is that of Duty of Care which basically says that people must be careful to avoid causing or contributing to other people getting injured.

Privacy Committee Act 1975 (NSW)

This Act provides safeguards for the privacy of persons.

Family Law Act 1975 (Cth)

This Act sets up procedures for deciding what happens when a relationship breaks up. It covers things like: how to divorce, deciding who gets what property and parenting and contact orders in respect of children.

Commonwealth Powers (Family Law - Children) Amendment Act 1996 (NSW)

This Act refers to the Commonwealth powers to deal with certain matters relating to children. The amendments in this Act were to remove or modify some of the restrictions previously placed on the Family Court.

Social Security Act 1991 (Cth)

This Act set out the rules in the payment of pensions and benefits. (There is a separate Act for Austudy, which pays an allowance to some secondary and tertiary students).

Occupational Health and Safety Act 1983 (NSW)

This Act sets out the obligations to provide a safe workplace for workers, Departmental clients and visitors.

Children [Protection and Parental Responsibility] Act 1997 (NSW)

This Act, revising an earlier Act, was passed by Parliament in 1997 and gives Police the power to pick up a child in a public place under 15 years who is at risk of committing a crime, and to take him or her home. If it is not practical to take the child home, the police can take the child to a "place of refuge".

Home Detention Act 1996 (NSW)

This Act provides for home detention as a means of serving a sentence of full time imprisonment for a term of up to 18 months in certain cases. The regulations provide for assessment of children who may cohabit with an offender allowed home detention. Assessments will be agreed to by DCS and Probation and Parole, and conducted in accordance with the DCS Risk Assessment guidelines.

Crimes Act 1900 (NSW)

This is a very large Act which lists a lot of the criminal offences and penalties which apply in NSW. The Crimes Act includes sections on apprehended violence orders, assault (which includes domestic violence) and sexual assault (including adult and child sexual assault).

Victims Compensation Act 1996 (NSW)

This Act allows for victims of violent crimes to apply for compensation from the NSW Government. Compensation will sometimes be paid even when the offender has not been prosecuted.

Victims Rights Act 1996 (NSW)

This Act establishes a Victims of Crime Bureau, under Attorney General's Department, whose primary goal is to coordinate the delivery of appropriate services to meet the needs of victims of crime. The Act also sets out a Charter to protect and promote the rights of victims.

Immigration (Guardianship of Children) Act 1946 (Cth)

The Act describes the guardianship responsibilities of the Minister for Immigration in relation to non-citizen children who enter Australia for the purpose of adoption until such time as the adoption is finalised, and provides for exercising these responsibilities by the Director-General of the Department in relation to children entering NSW.

Evidence Act, 1995 (NSW)

This Act governs a significant number of procedures and practices in all NSW Courts, including, for example, the giving of evidence, procedures for hearings, witnesses and documents.

International Conventions

The Australian Government has signed a number of International Conventions, most of which are United Nations Conventions. By signing, the Federal Government agrees in principle to make sure that the laws operating in Australia comply with the Convention.

UN Convention on the Rights of the Child

This Convention sets out a series of human and civil rights to which all children are entitled. It requires nations to ensure children have the protection and care that is necessary taking into account the rights and duties of those responsible for the child. Of particular interest are Articles 9 and 12.

Article 9 requires nations to ensure that children are not separated from their parents against their will except where competent authorities, subject to judicial review determine that the separation is in the best interests of the child.

Article 12 requires that the views of children are given due weight in accordance with the age and maturity of the individual child.

Australia is required to report to the UN on the achievement of these rights.

Hague Convention on the Civil Aspects of International Child Abduction

This Convention governs the movement of children between countries. In particular, it is concerned with the abduction of children from one country (often by a parent) and their movement to another country, and the international adoption of children.

Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption

This Convention establishes safeguards to ensure intercountry adoptions take place in the best interest of the child and thus prevent the abduction, sale of, or traffic in, children. It is anticipated Australia will ratify the Convention in 1997.

Charters

NSW Charter of Principles for a Culturally Diverse Society

This represents a Government initiative which enshrines the principles of multiculturalism in the work of all state government agencies. The Department prepares an annual report to the Ethnic Affairs Commission on its Ethnic Affairs activities, including its work on implementing the Charter.

Interagency Guidelines for Child Protection Intervention January 1997 Second Edition, NSW Child Protection Council

These guidelines have been adopted by all NSW Government departments and agencies involved in child protection intervention. They are based on the premise that no one agency acting alone can effectively ensure that children receive adequate protection.

The role of the Department of Community Services under the *Children (Care and Protection) Act 1987* includes receiving and assessing notifications of suspected child abuse and neglect, and investigating those notifications where the wellbeing of the child is in question. The Department is required to promote the safety of children, meet their ongoing care needs and their families' needs for assistance and support in conjunction with other services. The Department initiates care proceedings in the Children's Court and arranges out-of-home placements on a temporary basis or a longer term basis as required.

The guidelines outline roles and responsibilities in a best practice framework.

Future Directions

Reviews of legislation are taking place in child protection and joint response in the provision of early intervention for child protection. Reviews of legislation are also proceeding for funding of service provision and adoption.

Reviews of Commonwealth and State responsibilities are occurring in the areas of:

- child and family wellbeing;
- child care;
- supported accommodation for people experiencing homelessness;
- disabilities services; and
- health services including women's health and mental health.

FEEDBACK SHEET - CHAPTER 6

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(Please feel free to attach further pages as required)

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Practice Improvement Framework

Practice Manual

Working with Children and Families

- Meeting Client Need
- Standards of Practice
- Case Coordination
- Performance Planning and Review
- Managing Information

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7. Practice Improvement Framework

Introduction

Five key practices in casework with clients provide a framework for improved practice in Child & Family Services. These five key practices are:

1. Meeting client need;
2. Standards of practice;
3. Case coordination;
4. Performance planning and review;
5. Managing information.

The five practices are interlinked. For example, accurate client records show how decisions were reached and simplify performance review. The practices work together, not alone. The need to implement the five practices is reinforced by findings of recent research (see references at end of this chapter).

All Child and Family staff are responsible for implementing the five practices throughout their casework. CSC Managers have the overall responsibility and also oversee the monitoring and review of the performance of individual Child and Family staff.

This chapter explains each of the five key practices, with examples of how each translates into casework.

1: Meeting Client Need

The individual needs of children, young people, families and vulnerable adults can be met only when clients have access to appropriate services and when priority is directed to those clients with greatest need. Meeting the needs of clients also means involving clients in identifying their needs.

Some individuals or groups of clients require access to services which are additional to core Child & Family services and which address their special circumstances or needs.

Meeting client need means giving clients more say in decisions about which services are provided and how they are delivered. It is efficient to match resources to the needs of individual clients. Client involvement also helps empower clients and increases our accountability to them.

Child and Family staff meet client need by listening to clients, facilitating their participation in all stages of decision making, and offering choice when planning service responses.

Meeting Client Need in practice

a) Developmental and Cultural Issues

When meeting the individual needs of clients, you must take account of their developmental and cultural issues. The following is not a complete list:

When working with **children under 3 years of age**, take account of the high level of vulnerability of this age group who have:

- high physical and emotional dependency on carers;
- inability to communicate their needs and to understand time;
- limited mobility and need for intensive supervision;
- susceptibility to physical injury and inability to protect themselves;
- dependence on carers for access to others outside the family.

When working with **young people**, take account of the high level of vulnerability of this age group because of their:

- stage of emotional and physical development;
- need to assert their own identity and independence and make their own decisions;
- potential for conflict with carers;
- underdeveloped negotiation skills;
- reduced ability to perceive danger and consequences of decisions;
- carers' anxiety and fear about the actions of young people.

When working with **children and young people who have a disability**, bear in mind their increased vulnerability to be at risk of abuse, for example:

- premature or infants at high risk and needing high levels of care may also be at risk of physical abuse and neglect;
- those with multiple disabilities may be at greater risk of physical abuse due to the care demands and also sexual abuse due to their inability to communicate.

Children with a disability may be more vulnerable to abuse and neglect due to factors such as a lack of or limited mobility, communication difficulties and heightened dependence. Working collaboratively with Disability Services and sharing expertise and appropriate services are important aspects of meeting the needs of children with a disability and their families.

Where there are situations requiring the use of interpreters, including Auslan or other sign interpreters it is not appropriate to rely on family members or friends to interpret. Child and Family staff need to ensure that the children and young people and their families are made aware and understand what is being said, requested and what is currently occurring.

When working with **Aboriginal and Torres Strait Islander People**, take account of:

- the impact of past practices of the State Welfare that removed children from their families and communities and the subsequent suffering of individuals, families and communities;
- mistrust about the role and actions of the Department;
- the principle of self determination and its impact on decision making processes;
- different cultural values and ways of solving problems by Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander people require services which recognise the framework of their community and the need for a high level of involvement by that community, acknowledge cultural differences in child rearing practices, and ensure that responses and services are valid, appropriate and beneficial.

Working with clients from a **non English speaking background (NESB)** should take into account the impact of stress, lack of English language skills, lack of access to support services for children and families, fear of officialdom, discrimination or a history of torture or other traumas.

Prevention of abuse and neglect in NESB communities involves being sensitive to different cultural practices in child rearing, understanding acceptable and unacceptable behaviours in that community, and working to change individual and community attitudes, beliefs, and behaviours if they place children at risk.

b) Children and Young People - The Family Approach

The needs of children and young people are considered in the context of their family, environment and community.

Work with children, young people and their families begins with a recognition that children and young people are entitled to grow up in the care of their parents and in a safe environment of love and understanding.

The best interests of children and young people can seldom be separated from those of their family. Positive outcomes in resolving difficulties are more likely when the family's suggestions are sought. You should listen to the family's concerns, identify and develop their existing skills, resources and networks.

A family's view of your initial contact with them often sets the tone for all your subsequent work together. You should explain clearly why the Department is in contact, and what you want to achieve. Be clear in your advice to the family about concerns over the safety of their child.

Honest communication and a cooperative work environment make families more likely to participate in planning and implementing services.

Key References

Fair Go Fair Share Fair Say, NSW Social Justice Directions Statement
A New Generation of Services Aboriginal and Torres Strait Islander People: Our Future 1995-2000
Learning from the Past

2: Standards of Practice

Standards enable our clients to know what types of service and the quality of service they will receive from Child & Family Services staff. At the same time, colleagues in other agencies understand how our clients are served.

Standards used in Child and Family Services are optimum. Optimum standards advocate a process of gradual improvement in the quality of service to clients. Quality improvement relies on systematic processes of assessment, planning, action and review.

Standards and monitoring arrangements are being progressively introduced to Child & Family Services. Standards are monitored at key stages of the decision making process with children, young people, their families and vulnerable adults.

Practice standards may be expressed either explicitly, as in a statement of standards, or implicitly, as values or principles that inform or underpin practice.

Applying Standards in Casework

Standards help you to provide professional services to clients through such means as:

Providing consistency

Incorporating standards in your work means that the type of service provided to clients is consistent. In this way, a client who moves from one location to another in NSW can expect to receive a similar quality service.

Establishing expectations

Standards make the job easier because they establish what is expected of you in your casework practice.

Setting benchmarks

Standards support your development as a professional member of the Child and Family Services team because they indicate the level of professionalism required.

Assisting you in making professional judgements

Key indicators or measures of progress normally support the standards and these indicators will help you make judgements about whether or not you are implementing standards.

Helping you work with colleagues

Consistent standards also help you develop professional working relationships with colleagues in your office, other DCS offices and other agencies where similar standards apply.

Establishing a common practice base

Standards enable all Child and Family staff to work from the same practice base, and thus ensure consistency and fairness.

Key References

Child Protection Council Interagency Guidelines for Child Protection Intervention.

Standards for Substitute Care Services, August 1996

Evaluation of Child and Family Teams Manual 1997

Draft Standards for Adoption Services (to be released 1997)

Towards Better Service: An Evaluation of Child and Family Teams

3: Case Coordination

The Case Coordination framework for making decisions has three phases - intake, initial action and ongoing action. More detail on these phases follows in Chapter 8. Timely, professional decisions require a coordinated approach, with these components:

- gathering and assessing information;
- planning;
- coordinating people to participate in decision making forums;
- ongoing review.

Effective decision making involves the participation of clients and relevant agencies. It ensures that clients have access to protective, care and support services in line with their needs. Child and Family staff work in conjunction with individuals, families, carers and other agencies to achieve the goals of the case plans.

Child and Family staff are accountable for implementing case plans which document decisions about the types of services for clients and their families.

Case Coordination in practice: Making Decisions

Every day, Child and Family staff make decisions with wide-ranging impact on clients. Decisions cannot be made lightly, particularly when children and young people are involved. Their futures are at stake - or even their lives.

In exercising professional judgment, staff base decisions on accurate information. Decisions are in keeping with other Departmental policies and operational guidelines.

Formal or major decisions are made within the case planning process which promotes collective decision making. The planning group may include supervisors, clients and professional colleagues. Decisions are based on an analysis of all available information. Reasons for decisions are transparent and well documented.

You must actively inform clients and relevant agencies of all changes to decisions affecting them and which are made outside the case planning process. If necessary, this information is in writing.

The minor decisions you make on a daily basis should be consistent with the directions identified in case plans. Major and minor decisions must conform with Departmental policies and guidelines so that fairness and consistency are maintained.

The quality of your decisions reflects on your individual performance as a member of staff and as a team member. But there is also a wider accountability - to clients, the Minister and other agencies involved with any given case.

Key References

DCS Assessment and Decision Making for Children & Young People in Substitute Care 1995.
DCS Strategic Directions For Child Protection 1995.

4: Performance Planning and Review

Performance Planning and Review is an interactive and on-going process for staff and line managers. It aims to plan and evaluate individual performance and development in line with corporate goals, values and principles. The *Staff Performance Planning and Review Policy and Guidelines* state that Performance Planning and Review is a key strategy in linking performance to strategic directions, and increasing individual and team performance to achieve quality service delivery outcomes and corporate goals.

The process incorporates the development, implementation and review of the performance workplan, development plan and supervision plan.

An overall aim of this policy is to promote the continuous improvement in productivity and the provision of quality service delivery outcomes. Child & Family Services staff contribute to continuous improvement by following operational policy and guidelines for:

- supervising casework;
- planning workloads;
- evaluating Child and Family teams; and
- ensuring field staff safety and support.

The procedures in Chapter 9, are consistent with, and support, the *Staff Performance Planning and Review Policy and Guidelines*.

Performance Planning and Review in practice: Casework Supervision

The benefits to Child and Family staff, and ultimately your clients, of professional casework supervision include:

- you have support in your decision making responsibilities, and gain a sounding board for the stressful and demanding aspects of work with clients;
- a briefing and debriefing forum is provided;
- casework practices is enhanced through regular, non-threatening review with your supervisor;
- you benefit from your supervisor's professional knowledge and experience.

Casework supervision gives you the opportunity to debate casework options and for practices to be supported (or sometimes challenged) by a supervisor and/or colleagues.

Key References

Staff Performance Planning and Review Policy and Guidelines, 1997.

Casework Supervision in Child and Family Services, 1997

5: Managing Information

Effective service delivery depends on accurate, efficient and confidential information. Records are important for client and public accountability. Client information is protected and should be handled confidentially.

Child and Family staff record actions and decisions and are personally responsible for client information. Full and accurate records are kept about casework activities. Records are complete, accurate, accessible and reliable.

In all aspects of their lives, clients have the right to privacy and confidentiality and to be treated with dignity. You should respond in a positive way to clients who request access to their personal information. Clients are informed of their rights to access information such as their personal records, as set down in the NSW Freedom of Information Act, 1989.

Registered files are official records and are the property of the Department. Personal information is only collected by the Department when it is necessary for the provision of services.

Managing Information in practice: Respect for Clients' Privacy and Dignity

In your casework practice, you should safeguard the privacy and dignity of clients. You can achieve this by being aware that access to client information is privileged, and by not compromising confidentiality. You must protect information from access and use by unauthorised people. (This protection covers all written, including computer records, and spoken information).

Client issues are not discussed without the client's consent, unless because of their age or circumstances they cannot consent, or unless safety issues override this consideration.

Client issues are not discussed with other workers who do not need to know or in front of people who are not involved in case management or decision making. Discussion of client information in any public forum is unacceptable.

Client issues can be discussed in the context of professional supervision and during debriefing sessions. The Child and Family staff involved in such forums are obliged to respect the confidentiality of the information you share.

Record keeping is non-judgmental, factual and accurate. This is always important, but particularly so in the case of a child or young person in care. Official records form part of their childhood history, just as family albums do for children who grow up in their own families. For this reason, records need to include childhood memorabilia and details of development milestones eg, school reports and medical records.

Key References

Records Management Procedures Manual 1997

FEEDBACK SHEET - CHAPTER 7

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

.....

Are there any omissions or errors?

.....

.....

Do you have any suggestions about what to include in future editions?

Chapter Reference:

.....

Any other comments?

.....

.....

NAME.....POSITION.....

WORK ADDRESS.....

.....TELEPHONE.....

Please send to:

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Working with Children and Families Practice Manual

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Case Coordination Policy and Practice Guidelines

Practice Manual

Working with Children and Families

BACKGROUND AND POLICIES

- 1 Contents and Glossary
- 2 Using this Manual
- 3 NSW Government Policy Framework
- 4 Services for Children, Young People, their Families and Carers
- 5 Policy Development and Implementation
- 6 Legal Framework
- 7 Practice Improvement Framework
- 8 **Case Coordination Policy and Practice Guidelines**

OPERATIONAL PROCEDURES

- 9 Case Coordination Activities
- 10 Working with Children, Young People and their Families and Carers
- 11 Out of Home Placements, including Adoptions
- 12 Death of a Client
- 13 Information Management
- 14 Financial Support Arrangements
- 15 Performance Planning and Review
- 16 Bibliography
- 17 Index

- **Prevention Is The Keynote**
- **The Interagency Approach**
- **Working with Child, Young People their Families and Carers**
- **The Mandate for Action**
- **Description of the Policy and Practice Guidelines**
 - **Intake Phase**
 - **Field Action Phase**
 - **Ongoing Action Phase**



NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

8. Case Coordination Policy and Practice Guidelines

Prevention is the keynote

The role of the Department and supporting agencies is to assist in meeting the social care, support and protection needs of vulnerable children, young people, their families and carers and providing social infrastructure to enable local communities to foster wellbeing and self sufficiency.

Providing protective intervention and/or care and support to children, young people and their families in a way that minimises harm and disruption and maximises wellbeing and safety is a process that involves assessment, planning and coordination.

The process occurs across a broad field of casework activity and is set out in these Case Coordination Policy and Practice Guidelines around three phases of practice: intake action, field action and ongoing action.

The aim of the policy and guidelines is to enable Child and Family staff to act sensitively to the individual and cultural needs of children and young people who have been, or are at risk of being, harmed or injured, and to families experiencing difficulties in caring for their children.

The Case Coordination Policy and Practice Guidelines are supported by staff expertise and professional judgement; casework supervision including briefing and debriefing of staff; the Workload Planner and management of unmet demand; and an interagency response as detailed in the Interagency Guidelines.

The system is based on the following:

- the intake process, which has been enhanced and redeveloped;
- an emphasis on professional judgement, assessment and supervision rather than prescriptive procedures;
- increased emphasis on assessing the child in the context of the family;
- greater emphasis on the harm and the impact on the child, rather than on the action itself;
- increased recognition of the presence of risk factors in assessment and case coordination; and
- increased considerations of the cultural context of notifications and requests for a service.

The department recognises the need for a change in direction. It has identified the following issues that need to be focused on:

- ways of achieving a better balance between prevention and intervention;
- more effective ways of responding to notifications and requests for a service; and
- more effective ways of working with the most complex cases - in some cases, by using more joint activities with other agencies and using specialist resources.

The NSW Child Protection Council *Interagency Child Protection Guidelines on Protection Intervention, 2nd edition* reflect and incorporate the DCS Case Coordination Policy & Practice Guidelines.

Each key child protection agency has developed procedures for recognising, notifying and responding to child abuse and neglect. The DCS procedures (the purple book) apply to services provided directly by the department, including disability services, and all funded and licensed services including children's services.

Some funded services have incorporated the DCS procedures into agency specific procedures, for example the Family Support Association (silver book).

The *Child Protection Council Interagency Child Protection Guidelines on Protection Intervention, 2nd edition* detail the principles for child protection and intervention, outcomes and roles and responsibilities of the various departments and agencies. Part I details the interagency approach set out below.

The Interagency Approach

Goal

It is the responsibility of all professionals and agencies to take action to stop child abuse and neglect when it occurs and to ensure that children receive proper care, support and nurturing and their family and carers receive support.

The goal of the interagency response is to set high standards of practice and to strengthen commitment to cooperative and coordinated effort by professionals and agencies.

Expectations

The goal of the interagency approach gives rise to a number of expectations of agencies and professionals working together to protect children.

These expectations are that professionals and agencies will share:

- an understanding of the aims of intervention and of what is good practice;
- an appreciation of the roles and contribution of each other;
- a commitment to partnership between the government and non-government sectors;
- an acknowledgment of the constraints and the context in which their colleagues work;

- a preference for coordinated effort rather than unilateral action by a single agency or uncoordinated action by a number of agencies;
- a willingness to learn from each other; and
- a belief in the importance of accountability to clients, to each other, and to the community.

In practice the *Child Protection Council Interagency Child Protection Guidelines on Protection Intervention, 2nd edition* take into account:

- a child's immediate needs as well as assessed longer term needs for safety, nurturing and specialised assistance;
- prompt and purposeful information exchange between agencies to ensure the immediate and ongoing safety of the child;
- that every case requires an identified key worker;
- interagency planning of assessments and investigations minimises trauma to families and is in the best interests of children;
- the experience and impact of child abuse varies with the individual and the circumstances of the abuse; and
- that difficulties and differences resulting in conflict between agencies are dealt with constructively as they arise by professionals and agencies.

Working with Children, Young People, Their Families and Carers

All work with families, children and young people involves a supportive response. In situations of high risk and/or safety issues a protective response is also required, Child and Family staff have statutory powers available to protect a child. In cases where a criminal offence may have occurred the involvement of police from the intake planning phase is essential.

Care and support for children, young people and their families is the basic service that Child and Family staff provide to all families, children, young people and their families, who request or are referred for a Child & Family service or are notified to the Department.

Protective intervention is a statutory response to S22 notifications where cases are investigated and/or assessed in order to determine the safety and/or high risk issues for a child, and to plan protective action for their ongoing safety. Under S22 (7) a prompt investigation of notifications is required.

All work provided from Community Services Centres under the Child and Family Program follows the Case Coordination Policy and Practice Guidelines and involves:

- assessing risk and need;
- developing case plans that meet the assessed risk and need;
- actively engaging the client in the case management process;
- building on identified strengths in the family;
- implementing case plans and providing a range of casework services;
- tailoring responses and services to meet the unique needs of the family;

- a decision making partnership between the Department, the child, the family, carers and agencies;
- advocating for children, young people and their families;
- brokering services to implement case plans; and
- determining specific short term and longer term goals for permanency.

Benefits of the new process

- Better outcomes for children, young people and families through a range of responses that keep children safe and support families.
- A more targeted and skilled child protection response.
- Better opportunities for cooperative work with families.
- A better fit between the needs of the family and the services provided.
- Greater collaboration between Departmental staff and other organisations.
- A better understanding of the department's dual role of protecting children and helping parents meet their responsibilities.

The policy and practice guidelines promote flexible solutions that are individualised to meet the goals for the child's safety and wellbeing and support for their family.

The Mandate for Action

Community Welfare Act 1987 Section 4

Children (Care and Protection) Act 1987 Sections 10, 12, 22, 55 & 87

Children (Care and Protection) Regulation 1996 under the Children (Care and Protection) Act 1987

Crimes Act 1900

NSW Child Protection Council (1997) *Interagency Child Protection Guidelines on Protection Intervention, second edition.*

NSW Police Service and NSW Department of Community Services (1997) *JIT Policy and Procedure Manual.*

NSW Government (1996) *Fair Go, Fair Share, Fair Say. NSW Social Justice Directions Statement.*

NSW Department of Community Services (1997) *Key Future Directions:*

NSW Department of Community Services (1997) *Caring for Youth: A Youth Policy for the NSW Department of Community Services.*

Description of the Policy and Practice Guidelines

1. Intake Phase

All S22 notifications and requests for a child and family service are received as intake at either a DCS Community Service Centre, or the Child Protection and Family Crisis Service (CP&FCS) and either recorded directly on the CIS or onto an Intake Form and where appropriate to the CIS. In all cases the back page of the intake form must be completed and approved.

Assessment of risk and need starts at the first point of contact and is ongoing.

The objective at intake is to gather relevant information on which to make informed decisions regarding the risks for and needs of children, young people and their families, to ascertain the intake pathway and initiate appropriate action.

Information provided at intake can be either:

- Information provided to the Department by a person who forms the belief, upon reasonable grounds, that a child who is under the age of 18 years has been or is in danger of being abused or a child who is under the age of 16 years is in need of care. Such information constitutes a notification under S22 of the Children (Care and Protection) Act 1987 and is to be recorded on the CIS regardless of the action to be taken.
- Information that does not constitute a S22 notification but which is a request for a Child & Family service can only be accepted if made by the individual or family, or, on their behalf. For example: a family support service, a child care service, advice and/or referral, an ex-ward seeking access to their file or family mediation.

Requests for a Child and Family service where a service beyond intake is to be provided, are entered on the CIS as a notification (reported issue carer, family and support) and dealt with in the same manner as a S22 notification. The S22 field is to be completed as 'No'.

Where the information does not fit the criteria for a service the matter is recorded on the Intake Contact LAN-based computer system, not the CIS.

All information is assessed to determine if a possible crime has been committed and a JIT response is required or whether the notification includes special circumstances, for example abuse in care or alleged abuse by a worker and a Special Joint Response is therefore required. Additionally intake staff need to determine the timeframe for action, identify other services currently involved and make appropriate referrals or offer advice when more intrusive DCS intervention is not required.

Where the intake information constitutes a notification under S22 and where a possible criminal offence has been committed, the intake worker will complete the Intake Form and CIS work and refer the case to JIT within 2 hours of the receipt of the information. There is to be no time delay where there are immediate safety concerns. For matters that do not require a joint response but the matter has been discussed with the JIT it is the responsibility of the JIT to refer to other Police sections. Where the JIT has not been involved (eg: information received about historical abuse) the CSCs remain responsible for referral to other sections of the NSW Police Service (eg CPIT, local patrol or CPEA).

At the end of the intake action phase there will be:

- an Investigation and Assessment Plan developed for field action; and/or
- a referral to appropriate services; or
- a decision that no further action is required.

2. Field Action Phase

Field action is the implementation of the Investigation and Assessment Plan developed at intake as a result of a S22 notification or request for a service. The plan details further investigation and/or assessments required to determine whether action needs to be taken to ensure a child's safety and wellbeing.

Decisions made and plans developed are based on the thorough assessment of risk and need. Child and Family staff need to take into account the dangerousness of the child's situation and their vulnerability to abuse and neglect and drift in care; the families history, strengths, needs, current circumstances and capacity to provide a safe, developmentally appropriate environment for the child; and the Department's level of responsibility for care.

At the end of the field action phase:

- a Protection or Care Plan will be developed for on-going action; and/or
- a referral to appropriate services will be made; or
- the case is closed.

3. Ongoing Action Phase

On-going action is the implementation of the Protection or Care Plan developed during the field action phase. The plan details action required, if any, to ensure that risks and needs identified during the investigation and/or assessment conducted during the field action phase are addressed.

During this phase Child and Family staff provide the identified ongoing services to clients, including reviews of case plans to ensure goals are being met.

For children, young people and their families requiring protective intervention and/or care and support, ongoing action involves:

- actively engaging the client in the case management process;
- continuous assessment of risk and need;
- taking protective action, including lodging care proceedings in the Children's Court;
- case planning and review to ensure plans meet the assessed risks and needs;
- developing casework contracts between clients, the department and agencies;
- advocating for children, young people and their families;
- brokering services to implement case plans;
- facilitating referrals;
- providing counselling and advice;
- active case management; and
- vigilant monitoring of safety and risk.

For children and young people in out of home placement such as substitute care or adoption, ongoing action also involves:

- arranging, reviewing and maintaining placements;
- ensuring children's developmental, social and cultural needs are being met and their relationships are being maintained;
- planning for leaving care; and
- fulfilling guardianship responsibilities.

The attached flow charts describe the process outlined in the Case Coordination Policy and Practice Guidelines and the manual reference to each question and action identified in the process.

Key References:

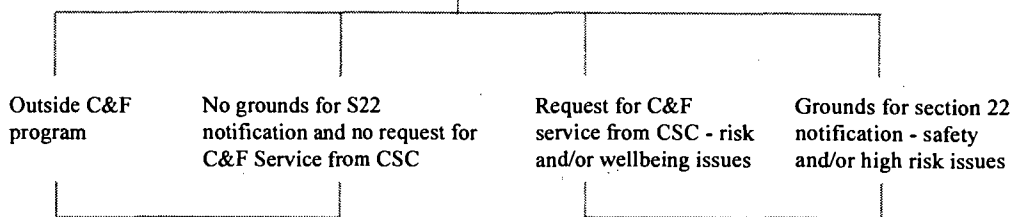
- Calvert, G., Ford, A. & Parkinson, P. (editors) (1992) *The Practice of Child Protection Australian Approaches* Southwood Press Marrickville.
- Calvert, Quealey, Taylor (1996) *'A to Z and Back Again' An Evaluation of DCS Referrals of Physical and Emotional Abuse and Neglect.*
- Cashmore, J., Dolby, G. and Brennan, D. (1994) *Systems Abuse: Problems and Solutions*, NSW Child Protection Council.
- Cashmore, J. & Paxman, M. (1996) *Longitudinal Study of Wards Leaving Care - Final report*, UNSW Social Policy Research Centre.
- Department of Community Services (1992) *Review of Substitute Care Services in NSW, A report to the Minister for Health and Community Services.*
- Department of Community Services (1996) *Review of Intake to the Child Protection Program* Edit. Judy Giese.
- Department of Community Services, (1997) *Standards For Substitute Care Services "A Work in Progress Two"*.
- HMSO (1992) *Child Protection Messages from Research Studies in Child Protection*, London.
- Humphreys, Dr Catherine (1993) *Referrals of Families Associated with Child Sexual Assault* Department of Community Services.
- Little, M. (1995) 'Child Protection or Family Support Finding a Balance'. *Family Matters Autumn.*
- Lyons, J. (1996) *Preventing Renotification of Child Abuse and Neglect*, Masters Thesis, Sydney University.
- NSW Child Protection Council (1996) *Report of the Working Together Working Party on Joint Responses to Child Abuse and Neglect*, for Submission to the Social Justice Committee.
- Thorpe, D. (1994) *Evaluating Child Protection*, Open University Press Buckingham.

CASE MANAGEMENT

PHASE ONE - INTAKE ACTION BY INTAKE STAFF

SCREENING

Question: Is it Child & Family Service business ?



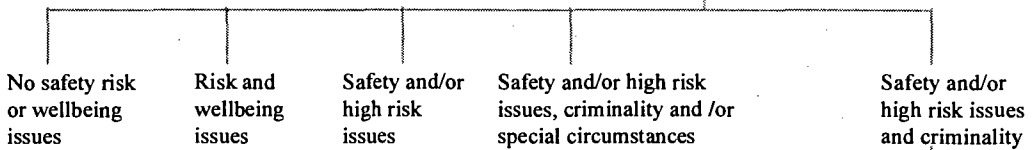
**CONTACT ONLY
ADVICE AND/OR REDIRECTION**

ASSESSING RISK AND/OR NEED

*Question: What are the current safety, risk and wellbeing issues?
What have we been told?
What do we already know?
What have we found out from others?*

DETERMINING RESPONSE TYPE

*Question:
Is there a role for DCS and Police?
If yes, does it require a response
by both DCS and Police?
If yes, does it have to happen at the
same time to ensure a child's safety &
/or protection of evidence?*



**INTAKE ONLY
CASE CLOSURE**

Special Joint Response (SJR)

Joint Investigation (JIT)

CSC

PLANNING

*Question: Who should be involved?
Who should be informed?
Who has responsibility?
Should there be a planning meeting?
How quickly should we respond?
What further investigation and/or
assessment is required if any?
When, where, by whom and with whom?*

JIT

For 'Intake Only' regardless of whether for S22 notifications or Requests for a Service, Intake Staff are required to have the Assistant Manager approve and review their decisions and plans.

Not confirmed. No harm, injury or high risk. Referral and/or advice

Confirmed risk and/or wellbeing and negotiated or requested non CSC service to be provided Referral and/or advice

DCS service provided Intake Only referral &/or Advice

Confirmed harm and injury and/or high risk Referral and/or Section 22

Further assessment and/or investigation required.

Record assessed issue and confirm outcome on CIS

**INTAKE ONLY
CASE CLOSURE**

Completed Investigation and/or Assessment Plan

END OF INTAKE PHASE

**PROCEED TO FIELD
ACTION PHASE**

Intake Action

Question	References	Actions	Record Keeping
<p>Question 1 Is it Child & Family Service business?</p>	<p>Chapter 7</p>	<p>Gather and analyse information</p>	<p>Local contact record Intake form</p>
<p>Question 2</p> <ul style="list-style-type: none"> • What are the current safety, risk and wellbeing issues? • What have we been told? • What do we already know? • What have we found out from others? <p>Determining Response Type</p> <ul style="list-style-type: none"> • Is there a role for DCS & Police • Yes-does it require a response by both DCS & Police • Yes-does it have to happen at the same time? 	<p>Risk Assessment Needs Assessment Determining Response Time Joint Investigation with Police Special Joint Response Work</p> <p>Joint Investigation with Police Special Joint Response Work</p>	<p>CIS check, if criminality also a criminal record check, on people and addresses (Through JITs) Assess and analyse information while continuing to focus on issues of safety and/or risk and permanency needs</p> <p>Referral to JIT</p>	<p>Intake form CIS Intake Summary</p> <p>Document Referral</p>
<p>Question 3</p> <ul style="list-style-type: none"> • Who should be involved? • Who should be informed? • Who has responsibility? • How quickly should we respond? • Should there be a planning meeting? • What further investigation and/or assessment is required if any? • When, where, by whom and with whom? 	<p>Determining Response Times Planning Services for Clients Planning Meetings Planning for Joint or Special Joint Response Relationship between Protective Intervention and Support & Care Referrals to other services Statutory Legal Action - medical examination, removal or assumption of care Case Closure (Intake only)</p>	<p>Plan actions and timeframes in response to assessed strengths, needs and concerns. Involve all relevant parties in the plan. Assign responsibilities and gain commitment for tasks. Obtain approval. Debriefing of Intake staff Allocation of case. Briefing of Child and Family staff Closure ensuring those needing to know are informed</p>	<p>CIS Case Plan CIS Planning Meeting/Case Conference Investigation and/or assessment plan Referrals Feedback Form to Notifiers</p>

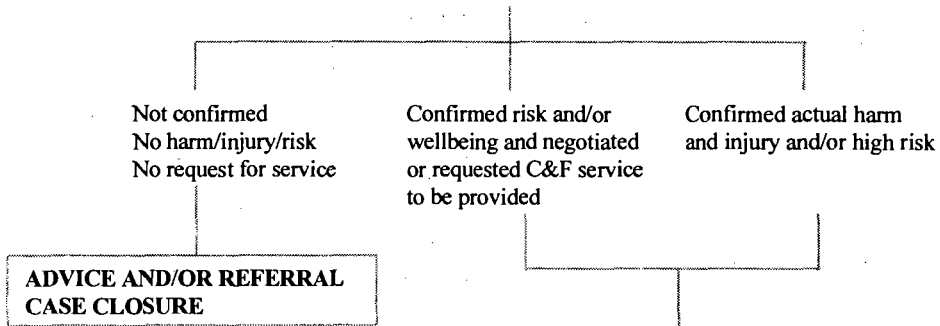
CASE MANAGEMENT

PHASE TWO - FIELD ACTION BY FIELD STAFF

IMPLEMENTING THE INVESTIGATION AND/OR ASSESSMENT PLAN

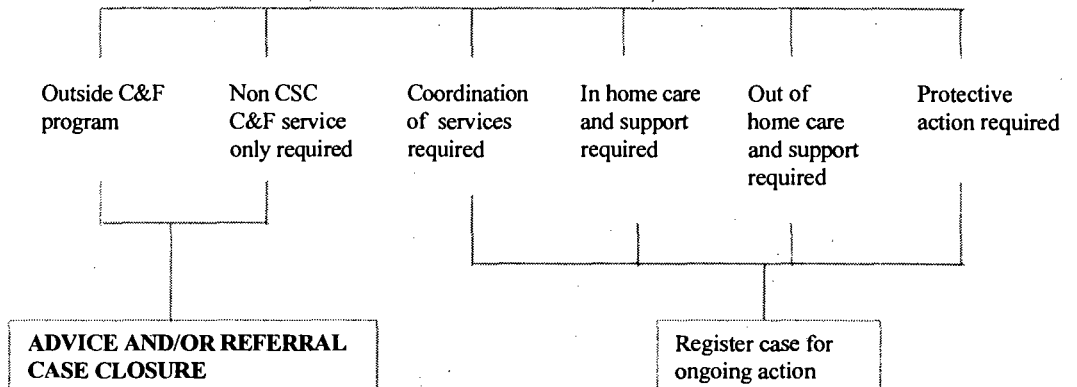
FURTHER ASSESSMENT OF RISK AND/OR NEED

Question: What has the needs and/or risk assessment identified?

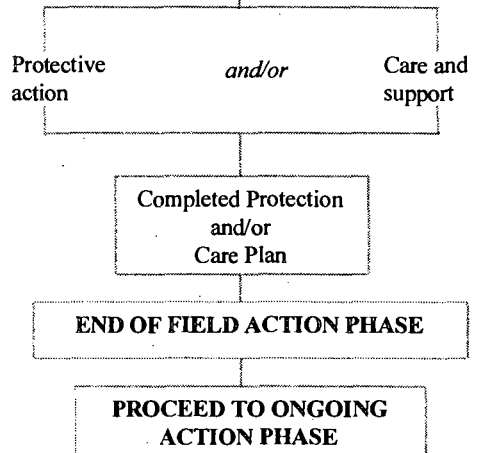


PLANNING

*Question: Is on-going DCS involvement required?
If so what services are required?*



*Question: Who should be involved?
Who should be informed?
Who has responsibility?
Should there be a Protective Planning meeting?
What protective action and/or care
and support services are required?
When, where, by whom and with whom?*



Field Action

Question	References	Actions	Record Keeping
<p>Question 1</p> <ul style="list-style-type: none"> What has the risk and needs assessment identified? 	<p>Risk assessment Needs assessment Statutory Legal Action, Special assessment considerations for Care Application and/or Entry into Care Theory and child protection research</p>	<p>Gather, assess and analyse information. Assess strengths and needs. What needs to happen to make this child safe and reduce risks? Immediate action to protect the child and/or Statutory Legal Action removal or assumption of care and out of home placement. Debriefing of Child and Family staff.</p>	<p>CIS Medical Examination CIS Entry into Care CIS Placement Entry CIS Legal Status CIS Court Action</p>
<p>Question 2</p> <ul style="list-style-type: none"> Is ongoing DCS involvement required? If so what services are required? 	<p>Statutory Legal Action Joint Investigation with Police Special Joint Response Work Case Review</p>	<p>Analyse relevant information and circumstances, the strengths and identification of what services will support the family, reduce risks and maintain the child or young person's appropriate care environment</p>	<p>CIS Assessment Report CIS Assessed Issues CIS Outcome Decision</p>
<p>Question 3</p> <ul style="list-style-type: none"> Who should be involved? Who should be informed? Who has responsibility? Should there be a case conference? What protective action and/or care and support services are required? When, where, by whom and with whom? 	<p>Planning Meeting Planning Services for Clients Referrals to other Agencies Case Closure</p>	<p>Involve all participants to plan case goals and objectives ensuring responsibilities are identified and accepted. Obtain approvals required. Are all relevant parties aware of pending DCS ongoing action or closure. Briefing Child and Family staff.</p>	<p>CIS Case Plan CIS Planning Meeting/Case Conference</p>

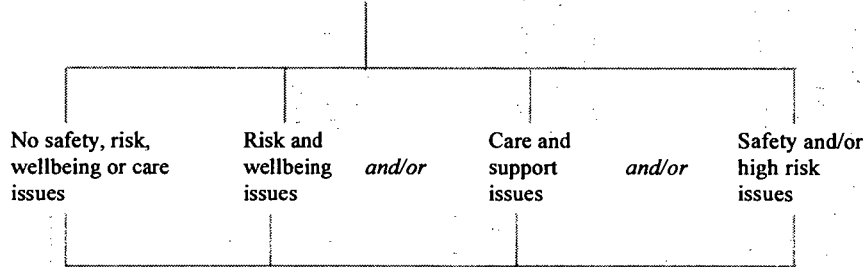
CASE MANAGEMENT

PHASE THREE - ONGOING ACTION BY FIELD STAFF

IMPLEMENTATION OF THE PROTECTION AND/OR CARE PLAN OR CASE PLAN

▶ PLANNED RE-ASSESSMENT OF RISK AND/OR NEED

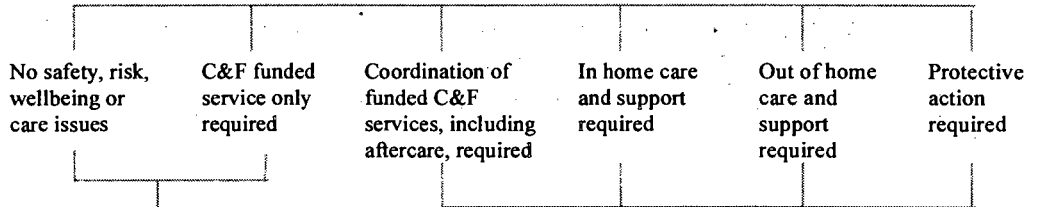
Question: What are the current safety, risk, wellbeing and care issues?



PLANNING & REVIEW

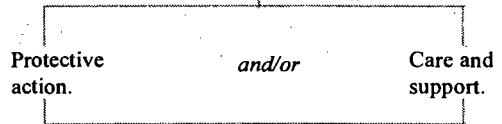
*Question: Is on-going DCS involvement required?
Is the service still valid for and required by the family? If so what services are required?
Does any information gathered constitute new grounds for a S22 notification?*

Re-notification at Intake Phase



ADVICE AND/OR REFERRAL
CASE CLOSURE

*Question: Who should be involved?
Who should be informed?
Who has responsibility?
Should there be a case conference?
What is the plan for permanency?
What further protective services and/or care and support services are required?
When, where, by whom and with whom?*



Completed Protection and/or
Care Plan

PROCEED TO IMPLEMENTATION
OF CASE PLAN

Ongoing Action

Question	References	Actions	Record Keeping
<p>Question 1</p> <ul style="list-style-type: none"> What are the current safety, risk and wellbeing issues? 	<p>Risk assessment Needs assessment Theory and child protection research Substitute Care Standards</p>	<p>Assess strengths and needs. What needs to happen to make this child safe and reduce risks? What does the child require in their care environment? Debrief Child and Family staff.</p>	
<p>Question 2</p> <ul style="list-style-type: none"> Is ongoing DCS involvement required? Is the Service still valid for and required by the family? If so what services are required? Does any information gathered constitute new grounds for a S22 notification? 	<p>Statutory Legal Action - Care Application Section 74 Report Joint Investigation with Police Special Joint Response Work Case Review</p>	<p>Are all relevant parties aware of pending DCS closure?</p>	<p>CIS Assessment Report CIS Placement Changes CIS Legal Status CIS Court Outcome</p>
<p>Question 3</p> <ul style="list-style-type: none"> Who should be involved? Who should be informed? Who has responsibility? What is the plan for permanency? What further protective services and/or care and support services are required? When, where, by whom and with whom? 	<p>Planning Meeting Planning Services for Clients Referral to other Agencies Case Closure</p>	<p>Analyse relevant information and circumstances. Identify strengths and what services will support the family and reduce risk. Maintain the child or young persons appropriate care environment, (or) plan leaving and after care services. Brief Child and Family staff.</p>	<p>CIS Case Plan CIS Planning Meeting/Case Conference CIS Case Closure</p>

FEEDBACK SHEET - CHAPTER 8

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

.....

Are there any omissions or errors?

.....

.....

Do you have any suggestions about what to include in future editions?

Chapter Reference:

.....

Any other comments?

.....

.....

NAME.....POSITION.....

WORK ADDRESS.....

.....TELEPHONE.....

Please send to:

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Working with Children and Families Practice Manual

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Case Coordination Activities

Practice Manual

Working with Children and Families

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

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9. Case Coordination Activities

Case coordination involves the activities of assessment, case planning, case review, referral and case closure.

Activity: Assessment

Description

Assessment is the process of gathering information, analysing the information gathered and making decisions based on that analysis. At each stage of the process the information gathered is reviewed for its relevance and accuracy and continually updated. Further analysis is then required, incorporating any new information. Decisions may need to be changed on the basis of the analysis.

The aim of assessment is to identify the protection, care and support needs of the child or young person and to identify these needs in the context of the family and social setting.

Assessments are conducted in relation to three key issues:

1. safety (freedom from danger of injury or harm);
2. risk (the likelihood of potential injury and harm from others, the environment or self);
3. wellbeing (considering the long term goals - the satisfactory state of developing physically, mentally, morally, spiritually and socially in a healthy environment).

Types of assessments used include risk assessment, child and family needs assessment, specialist assessment (eg, Psychologist, Montrose), and assessment for entry into care. Details of each type of assessment are listed as key activities in this section.

Mandate

Children (Care and Protection) Act, 1987, Section 22 and Section 74.

Children (Care and Protection) Regulation, 1996, Clause 17.

Community Welfare Act, 1987, Section 4.

Guidelines

Child and Family staff are required to make professional judgements in relation to safety, risk and wellbeing through the use of assessment tools.

A current assessment is one which has been completed or updated within the previous six months and remains appropriate to the child's current circumstances. The need for further assessment or for a specialist assessment is to be decided by the key worker and approved by the Assistant Manager.

Under Section 74 of the Children (Care and Protection) Act, 1987, assessment reports provide to the Children's Court the factual circumstances which have contributed to, or provide the rationale for, the recommendations made by the Department. Therefore assessment reports are an important measure of accountability. The prescribed areas of coverage for the report are detailed in Clause 17 of the Children (Care and Protection) Regulation 1996.

Assessments are comprehensively recorded on the CIS and on the child or young person's file.

Key Assessment Considerations

- Assessment is crucial in ensuring that client needs are fully identified and that clients are referred to or provided with appropriate services. Assessment ensures that priority access to services is given to clients with the highest need and forms the basis upon which a service to the child, young person and their family is made.
- Assessment involves communicating with clients and other agencies to obtain, and clarify information. Families, carers and significant others need to participate in the assessment to have the opportunity to provide relevant information and confirm existing information.
- Assessment encompasses an holistic approach to families, taking into account all available information both past and current and the nature and complexity of the family including individual, cultural, language and religious differences.
- Assessment considers the child in the context of their family, social situation and environment, especially where kinship ties are significant to the child.
- Assessment considers the privacy and dignity of the child/young person and family, is non discriminatory and free of bias.

Key Activity: Risk Assessment

Risk assessment is the assessment of the likelihood of further abuse or neglect of a child or young person based on the knowledge of the extent and circumstances of past abuse and neglect, the capacity of adults to protect the child and any current safety issues.

The Department has adopted the Dalglish model of risk assessment. This model provides a framework for case recording and decision making based on child abuse indicators that have been identified in both the theoretical and empirical literature.

The risk assessment model is a formal method of assessment providing a uniform structure, principles and a set of criteria for determining risk for a child.

Risk assessment occurs at a variety of stages during the case coordination process. Risk assessment starts at intake and is further progressed during the field action phase. During ongoing action, risk assessment occurs in assessing the ongoing risks to a child or reviewing the original risk factors prior to closure of a case. Managers also use the risk assessment framework in determining work allocation priorities.

The intake form and risk assessment format are the tools to assist in the completion of a risk assessment.

Guidelines

The need for a comprehensive risk assessment should be considered when:

- abuse or neglect of a child or young person is alleged;
- there have been two or more notifications of abuse or neglect of a child in a period of six months;
- a child or young person is to enter temporary or out of home care;
- a current case when a sibling has recently died or suffered serious abuse;
- information indicates previous non-accidental death of a sibling; and
- a critical incident (including a life threatening experience) has occurred.

Failure to gain access to actually see a child who has previously been abused should be regarded as a critical danger signal. When regularly denied access to the home or upon learning that a child has stopped attending the child care centre or school, or the family repeatedly fails to keep scheduled appointments, consideration should be given as to whether the child is at increased risk and is in need of immediate assessment and possibly protective intervention.

Issues to be considered:

- What is the minimum level of care that is acceptable?
- Is the parenting 'good enough'?
- What is the likelihood of future harm or injury?
- What needs to change to ensure the child is safe?
- What impact will the Department's intervention have on the family?

Families that are *low on warmth and high on criticism* generally tend to be potentially harmful and detrimental to children, placing them at potentially greater risk. In such families there tends to be an accumulation of negative incidents which has an adverse effect on children's development. (HMSO (1995) *Child Protection Messages from Research Studies in Child Protection*).

Risk assessment is an ongoing task, taking into account new information and the changes occurring in a family's situation at any phase of the case management process. It is applicable at each critical decision point from intake through to case closure.

The risk assessment follows these key steps:

1. Collect sufficient information in relation to current and past harm with a focus on the strengths and concerns in relation to the child or young person, the family and the environmental context;
2. Develop an hypothesis about future harm;
3. Organise information into an explicit set of indicators to predict the assessment of perceived risk to the child. These indicators can include:
 - type of harm to the child including severity;
 - age of the child;
 - aspects of parenting;
 - assessment of the carers/siblings;
 - aspects of carers' relationships;
 - assessment of the child;
 - aspects of family's social and cultural system;
 - level of protection available for the child;
 - review of original hypothesis;
4. Analyse the indicators into 4 risk components:
 - the magnitude of current harm;
 - the strengths of the situation;
 - the chances of future harm;
 - the magnitude of past harm;
5. Predict overall risk.

Key Consideration

Comprehensive risk assessment is reliant on Child and Family staff possessing a number of skills:

1. *Interviewing and communication skills*: the ability to elicit salient information.
2. *Assessment skills*: the ability to establish the meaning of the information for the child and family in their cultural, developmental and community context.
3. *Analytical skills*: the ability to process, weigh and organise the inter-related factors that influence a situation to form an overall judgement of risk.
4. *Professional judgement*: the ability to balance the twin goals of protecting children and maintaining families.

Key References:

Dalglish, L.I. and Drew E.C. (1989) "The relationship of child abuse indicators to the assessment of perceived risk and to the court's decision to separate." *Child Abuse and Neglect*, Vol 13 PP 491-506.

Key Activity: Child and Family Needs Assessment

A Child and Family Needs Assessment determines the needs of the child or young person within their family or care household. It looks at the past dynamics as well as the precipitating events of the current intervention. The assessment of needs can be combined with Risk Assessment.

Assessment of need, by its very nature, requires the involvement of child/young person their family and carers.

A Child and Family Needs Assessment details the concerns and issues for the child and family as well as identifying the resources and strengths of the family to respond to the issues of concern.

Guidelines

A Child and Family Needs Assessment is required at key decision making points of a case. Comprehensive assessment of need means looking at a range of factors that impact on the individual and family.

In completing a Needs Assessment Child and Family staff need to remember that family relationships are complex and change over time.

In situations where abuse or neglect may have occurred, careful consideration of these factors is required and the Needs Assessment is combined with the Risk Assessment.

Key assessment considerations:

Social context: the cultural, economic, language and social network of the family and their influence on the family whether positive or negative.

Assessment of the child/young person: the child's developmental history, behaviour, relationships, physical, social, emotional and spiritual development, health, education, employment, current functioning and their view of the world. Identity needs of the child or young person.

Assessment of parents/carers: information about the child's carer/s, and significant others in the home, or with whom they have a significant relationship. Information about the parent/s and/or carer/s and aspects of their past and current life that may affect their child.

Parent/child relationship: attachment and interactions between the parent and/or carers and child that are fundamental to the development of the child.

Family and/or placement dynamics: strength and resources in the family, roles and power, affection, communication and boundaries, stress management and capacity to change.

Household structure: all members of the household and significant others.

For children or young people in out of home care the Child and Family Needs Assessment provides a format for regular reporting on their current circumstances and the circumstances of their family.

Child and Family staff are required to prepare reports that record needs assessment information and provide some analysis of each aspect and their inter-relationships in order to develop or review a case plan that resolves the needs and concerns.

Details are to be recorded on the CIS Assessment Report and the child's file. (see Form *Child and Family Needs Assessment*)

Professional judgement, supervision, and case reviews assist in ordering the information. Critical analysis, testing assumptions, recommending and monitoring responses and services are vital in ensuring positive outcomes for the child, young person and family.

Key Activity: Entry into Care Assessment

Assessment considerations for entry into care of a child or young person.

The decision as to whether a child or young person should enter substitute care is based on updated and relevant assessment information which is analysed with a view to meeting long term (permanency planning) goals.

Guidelines

The assessment of the child/young person's need for substitute care starts at the first point of contact.

An assessment of the need for substitute care must ensure that all non substitute care options for the child or young person are thoroughly canvassed; placement of children and young people with extended family (and/or appropriate significant others) is thoroughly examined; and substitute family care placement options are considered before developing a case plan which recommends residential care.

Assessment should focus on the collective needs of siblings, together with the individual needs of each child and young person.

Participation of children and young people, their families and carers throughout the assessment process is to be sought and encouraged.

The specific cultural background of every child/young person (eg Aboriginal or NESB children) is to be given due consideration during assessment for entry into care.

Assessment for Placements

The method of assessment for placements **less than 28 days** is called *Module A* and is divided into Section 1 and 2. (See Format)

Section 1 gathers mandatory information to be completed **before** any child or young person enters substitute care.

Section 2 of the assessment process is to be completed **within 28** days of the placement. The information in this section and its' analysis provides an understanding of the child/young person, their needs, their history and future plans.

The assessment process can recommend a variety of outcomes, including options other than substitute care placement.

The completion of *Module A* provides information that will form the basis for decision making, case plans, case management, resource requirements and service planning.

Module B of the assessment process is necessary for any requests for medium to long term substitute care (**greater than 28 days**), initial or recurrent, or at any time if the complexity of the case requires this information. (See Format)

Prerequisites for **Module B** are the current (within 6 months) completion of **Module A** Sections 1 and 2. **Module B** information and its' analysis provides a comprehensive picture of the child/young person in their environment.

Key Activity Substitute Care Placement Review Panels

Substitute Care Placement Review Panels are set up to review substitute care placements for placements greater than 3 months.

Panels are convened locally however for across Area and Statewide services the Panel may be convened by the DCS Area where one child is located. The Panel membership is drawn from a diverse professional base including local substitute care agencies.

Where Placement Review Panels are yet to be convened, a full case conference is to consider all decisions made regarding placement in substitute care prior to approval of a case plan.

Submission of **Module A and B** will be mandatory for a referral recommendation to a Placement Panel or case conference for placements greater than 3 months.

DoCS Child and Family Psychological Services

1. The Role of Departmental Psychologists

The Department's Child and Family services obtain assistance from Departmental psychologists. Their services are available, should the circumstances warrant it, no matter where the child or young person is living: at home, in foster care, in DoCS or Community Partners' care, or independent living. Their role is to serve the best interests of the child and family, by providing these services if and when they are needed, and when valid consent has been obtained. They provide psychological assessments, consultation to District Officers and managers, or direct services. Psychological assessments are conducted to help case planning and for Children's Courts. Psychologists can also offer suggestions and professional advice, based on the scientific and theoretical literature, to help with casework decisions. Their goal is to understand the particular individual needs of children and young people who have become the responsibility of the Department or Children's Courts, whether as Child Protection clients, Children under Guardianship, children in the care of the Director-General, or who are being considered for adoption.

The psychologist can aid case management by providing specific information, such as:

1. **Assessments** to ascertain children's strengths, needs and wants, such as cognitive/educational abilities, attachments/social skills, behavioural problems, emotional disturbance, and needs for specialist services;
2. **Consultation** with case managers on psychological aspects of individual situations, such as concerns about parents' skills, mental health or bonding to their child, plans for removal from/restoration to parents or other carers, directions on appropriate placements or placement changes for children, suggestions for contact visits with parents and other relatives, management of multiple placements, placement breakdowns, counselling needs and discussing parents and foster carers' concerns about children's behaviour and emotional adjustment (this may include help in developing or assisting a service provider in developing an individual behaviour management plan), and
3. **Participating in team decision-making**, for example at case planning meetings, particularly in complex cases or where the child is showing signs of emotional or behavioural disturbance. Early involvement in case planning when there are concerns about a child will allow us to devise the most appropriate response at the beginning of a plan rather than after a problem crops up.

The psychologist may also assist with the selection and training of foster carers, assessments of children being considered for adoption, follow-up assessments of children in Departmental care (Child under Guardianship reviews), counselling and therapy services to children in care, program evaluation, research and staff training, and in some cases the debriefing of clients or staff involved in critical incidents.

2. When Should I Refer a Person to a Psychologist?

In principle, whenever a case seems to be difficult to understand, or where possible casework directions may be confusing, it is appropriate to consider referral to a psychologist. The referral may be for a detailed formal assessment, or it may simply involve a discussion. When you think that a psychologist may be able to help, the referral will enable you and the psychologist to agree on what needs to be known, and how it may influence case planning.

Cases which **should** be referred to a psychologist include:

- When a child has been placed under Guardianship. Thereafter, the psychologist should be consulted about case reviews and decision-making about Children under Guardianship, and should be consulted about relevant case planning meetings.
- Where there are questions about a child's development, intellectual abilities or educational functioning.
- Where carers or staff are worried about a child's adjustment – the psychologist may be able to provide ongoing assistance. These concerns may include:
 - ◆ Anxiety or depression problems, withdrawal or possible psychiatric disorders.
 - ◆ Suicidal talk or behaviour.
 - ◆ Suspected intellectual disability or possible speech delay.
- Where the child's relationship with his/her parents, or his/her behaviour or emotional adjustment, is of major concern and there is no current professional involvement.
- Where external psychological or psychiatric services are being considered.

A case worker **may** consider referral if there are any of the following problems:

Children:

- School adjustment or truancy problems,
- Bedwetting, soiling, eating disorders, sleep disturbances,
- Ongoing physical problems with no medical basis,
- Behaviour problems (e.g., "acting out", aggression, delinquency, destructive behaviour, running away, self-injurious behaviour),
- Concerns about social behaviour, or unusual sexual behaviour,
- Drug or alcohol misuse, or
- Counselling needs.

Parents:

- The effects of a parent's mental health problems or intellectual limitations on the child,
- Parenting capacity,
- Concerns about bonding (the parent's attitude or commitment to a child),
- Domestic violence, or
- Drug or alcohol difficulties.

3. What happens when you refer to a Psychologist?

ASSESSMENTS

So as to provide the best possible services individualised to clients' needs, psychologists almost always begin their interventions with an assessment. Assessments by psychologists are flexible and efficient. An assessment is planned carefully so that it may add relevant new information, and avoid replicating what someone else may have just done. Usually a psychologist will attempt to find out as much as possible about a child's social background and early development, then evaluate his or her abilities, emotional and social development (whether assessed formally, and/or through observations and interviews), and follow up specific questions as requested, or which arose from the assessment process. They integrate all this material, and then make practical recommendations to address the child's needs.

The psychologist's particular expertise is in case formulation, or making sense of all kinds of information about a case, such as knowledge of relevant research, psychological theory and data from individual testing. They use this to try to learn what is essential about an individual child, what pathways may be predicted for the future, and how these may be enhanced. The goal of this process is to find the best possible outcome for a child. Several hypotheses or competing explanations may exist in any case: it is the psychologist's role to tease out which is the most likely.

It is important for clients to understand the services they are receiving and to be willing to participate in them. It is essential to obtain appropriate valid consent for the intervention, whether from the child, the parent or the Court.

INTERVENTIONS

Following an assessment, psychologists may make recommendations for appropriate services (e.g., further assessments, speech or occupational therapy, counselling). Psychologists may also provide therapy or counselling to individual clients or parents.

4. How to Refer to a Psychologist

1. Generally a lot can be clarified by a short discussion with a psychologist before formal referral procedures have begun. The earlier this can be done, particularly if the case is complex, the better.
2. Valid consents for psychological assessments must be obtained. If the child is aged under 14 years and in the care of a parent, and the assessment has not been requested or permitted by a Children's Court magistrate, then a parent's written consent must be obtained before the assessment can be undertaken. If the young person is aged 14 to 16 years, it is recommended that both parent and guardian give consent. A 16 or 17 year-old who is a client of the Department, but is not under Guardianship, is able, and thus required, to give their own consent. Copies of the relevant consent forms are attached to this policy (Form 9.9.1 is the **Consent For A Psychological Assessment** and Form 9.9.2 is **Consent For Psychological Services**, for other services, such as counselling).

3. If a District Officer is making the referral, he or she completes a standard psychologists' referral form (Form 9.9.3, the **Request For DoCS Psychological Assessment/Intervention**). This should be done in consultation with the child's carer and the DO's supervisor, and after the DO has read the Departmental file, including any previous psychological or psychiatric reports.
4. When external psychological or psychiatric services are being considered, you should consult with your local psychologist, Deputy Principal Psychologist or Principal Psychologist if necessary, over the type of referral, and to ensure an appropriate mental health professional is engaged. After this, appropriate formal referral and service agreements will help to obtain the service you want at a reasonable fee. A standard Referral Request to an External Practitioner (Form 9.9.4 **Request For An External Psychological/Psychiatric Assessment/Intervention**) and Fee-for-Service Agreement (Form 9.9.5 **Fee-for-Service Agreement For An External Psychological/Psychiatric Assessment/Intervention**) are attached to this policy.

Professional Referral Practice

In order to receive the desired service from a psychologist, whether from DoCS or externally, it is advisable to provide the practitioner with adequate background information, after the client's consent has been obtained. This will include the consent for the referral from the client or guardian, pertinent background information, copies of any relevant assessments already performed and a specific referral question (such as, for example, "please assess this person's suspected learning disability and provide a telephone report to me before we arrange any necessary treatment").

Before engaging external psychological or psychiatric services, a check should be made whether a recent psychological or psychiatric service has already been provided. Otherwise, there are risks of delivering inappropriate treatments, over-servicing to clients or unnecessary costs being borne by the Department.

4. External Psychological or Psychiatric Services

When a DoCS Unit- or Centre-based psychologist is unavailable, managers may first consider requesting psychological services from other Departmental services in their Area, as there are no formal relief arrangements for psychologists. Managers can negotiate directly with other managers in their Area to obtain relief psychological services, and can request the assistance of the relevant Deputy Principal or Principal Clinical Psychologist to assist with the allocation task. The professional supervision coverage and contact details for these people are in Appendix A.

Most external agencies define specific referral criteria of their own. Since these services are generally very busy and have to screen out clients, it is obviously helpful to determine their entry criteria before making a referral. Referral between practitioners is customarily done by letter, and a format which suggests information to be included in such a letter is attached to this policy (Form 9.9.5).

Area Health Services

Before engaging private practitioners, it is recommended that Area Health Services be requested for needed assessments or treatments. It is preferable to consult with a Departmental psychologist before referring a client to these services. Form 9.9.5 will be the basis for a referral, and will enable the AHS intake officer to make an appropriate decision.

Psychiatric Services.

Occasionally other professionals recommend that a child receives psychiatric services. Even if these people are medical or mental health specialists, school counsellors, or from other government departments, a decision to provide such a service should not be made without consultation from a DoCS psychologist. Unless it is a clear emergency or a specific request from the Court, psychiatric assessment or treatment services should only be engaged on the recommendation of a Departmental psychologist, Deputy Principal or Principal Psychologist.

To receive funding from Medicare, a referral from a medical practitioner is necessary. To arrange this, an appointment for a consultation with the client's GP can be made. However, sometimes Courts request assessments. These are not paid for by Medicare. In these cases, the specialist may be approached directly, preferably after consultation with your local psychologist.

Treatments

Deciding whether a client should be given counselling, psychotherapy or a behavioural intervention is a skilled task. Therapists with a particular service to offer may not be fully aware of the implications of a child's case history, and may even be subject to conflicts-of-interest in determining interventions. In a number of cases, therapy has been inappropriately applied to children on the basis of a practitioner's assertion that emotional or other damage will occur if their therapy is not allowed to commence or continue.

Because they have very often already done assessments to ascertain the psychological needs of Departmental clients, and have particular knowledge about our client groups, for example in relation to emotional abuse, neglect and attachment, DoCS psychologists can assist in determining therapy requirements, and place such questions in the context of an overall understanding of a person, and the Department's case planning. Thus the use of counselling for ongoing psychotherapeutic intervention for children under Guardianship should only be considered on the basis of a recommendation of a Departmental psychologist, perhaps after a case planning meeting to review the assessment of the child. This does not necessarily entail a formal assessment.

Fee-for-Service Agreements

Fees for private services should be negotiated and agreed upon prior to engagement. A written quotation of the basis upon which fees will be charged should be obtained from the private practitioner. Where ongoing counselling services are being negotiated, a limited number of sessions for a fixed period of time should be agreed upon, and, following a review of progress, the agreement can then be renegotiated.

A Departmental psychologist should be consulted when monitoring or reviewing the progress of counselling. It is standard practice to expect a written report from the private practitioner at regular intervals. The fee-for-service agreement, Form 9.9.6 is a guide to assist in this process. Refer also to Chapter 14 of this manual, on the payment of contingency expenses.

5. Monitoring the Quality of Services

It is the responsibility of the referring officer to ensure that a copy of each psychological or psychiatric report contracted by the Department is retained on the relevant Departmental file, and that the quality of such services is of a satisfactory standard. Any questions concerning the quality of such reports can be referred to the local psychologist, Deputy Principal Psychologist or the Principal Clinical Psychologist for advice on future action (Appendix A).

DoCS psychological services have specific quality assurance functions, provided by the Psychological Services Unit. This supervision includes individual and group supervision, and reviews of reports and services. Externally provided services should be checked by the psychologist who was consulted originally at the point of referral.

6. Ethical Priorities and Clients' Rights

Consent

Negotiations with parents, guardians or young people (over 16 years of age) about psychological assessments and services should be handled in a way which recognises the sensitivity of the situation and the issues raised. Information about the reasons for the proposed assessment or services should be made clear, alternatives should be explored and explained, and refusal to provide consent should be accepted, and not result in denial of services which do not depend on the psychological assessment or services. It is recommended that, as part of the process of negotiating consent, the client or guardian be given the plain English leaflet on the role of the DoCS Child and Family/ Disability Services Psychologist, to help them understand what it may mean to see a psychologist. This leaflet is available on the Psychologists' Resources page of the DoCS Online Information Intranet.

It is important to understand the meaning of the term "valid consent", necessary before a psychological assessment can be performed. It means specifically that:

- the consent is obtained without duress, and
- the person giving consent is capable of doing so, and understands the consequences of such consent.

The person seeking the consent should explain the contents and meaning of the words in the consent form, especially if the person has poor literacy, is from a non-English-speaking background (if not using an interpreter) or has a disability which might affect their understanding. For the consent to be valid and the service to be helpful, it is important for the person giving consent not to feel coerced, and for any concerns about the necessity for the assessment or fears about a person being labelled or seen as "having a problem" to be discussed openly. The psychologist will be happy to assist in these discussions.

Confidentiality

A psychological report will often contain highly sensitive information, which could be used harmfully by people who are not authorised or skilled in doing so. To protect clients' confidentiality, reports should be used only on a "need to know" basis within the Department. As the court magistrate may release the report to all parties in a case, it is important that any reason for not doing so be made plain by the psychologist in a covering letter.

The Department should not allow access to the report by any other agency without written consent (apart from by subpoena by a court of law).

Appendix A

Professional Supervision Coverage and Contact Details for the Psychological Services Unit (current for Dec. 1998).

Area	Child & Family Services	Disability Services
Central Coast	Leonie Sequeira	John Wagner
Central West	Mark Allerton	Mark Allerton
Cumberland/Prospect	Leonie Sequeira	John Wagner
Far North Coast	Leonie Sequeira	Leonie Sequeira
Hunter	Leonie Sequeira	Leonie Sequeira
Illawarra	Mark Allerton	Mark Allerton
Inner West	Mark Allerton	John Wagner
Mid North Coast	Leonie Sequeira	Leonie Sequeira
Nepean	Leonie Sequeira	John Wagner
New England	Leonie Sequeira	Leonie Sequeira
Northern Sydney	Leonie Sequeira	John Wagner
Orana Far West	Mark Allerton	Mark Allerton
Riverina/Murray	Mark Allerton	Mark Allerton
South East Sydney	Mark Allerton	John Wagner
South West Sydney	Mark Allerton	John Wagner
Southern Highlands	Mark Allerton	Mark Allerton

Psychological Services Unit Contact Details:

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DX21212 Ashfield

DCSNET c/o COAL1

ph:(02) 9716 2302 fax:(02) 9716 2476 m: 0411 131 635

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DX21212 Ashfield

DCSNET c/o AOINNERW

ph: (02) 9797 8133 fax: (02) 9799 5178 m: 0411 409 562

John Wagner

Deputy Principal Psychologist

c/o Payroll Office, Blacktown

DX8151 Blacktown

DCSNET c/oDOMETNTH

ph:(02) 9671 9200 fax:(02) 9621 6063 m: 0412 410 544

Form 9.9.1
(Use local CSC letterhead)

Consent for a psychological assessment

I hereby give consent for _____ to receive a psychological assessment from a psychologist employed by the Department of Community Services.

Reason for this assessment

I understand that:

- The assessment may include interviews, observations, educational, intellectual or personality tests.
- The psychologist will discuss the findings of this assessment with me.
- I am free to withdraw this consent at any time.
- The assessment information and the psychological report resulting from it will remain the property of the Department of Community Services and can be accessed by relevant officers of the Department. It is to be treated confidentially.
- I can access this information through the psychologist at my local Community Services Centre. I also have rights to the information in the report according to the Freedom of Information Act 1989.
- The psychological report may be required by a court of law.
- Access by other agencies to information in the report will be only by way of my consent as guardian.

Signature: _____
[Person over 16 years of age or Parent/Guardian in the case of a child]

(Name): _____

Witness (optional): _____

(Name, position): _____

Date ____/____/____

If an interpreter has been used:

(Interpreter): I have interpreted this document for _____

Signature: _____

(Name): _____

Form 9.9.2

(Use local CSC letterhead)

Consent for psychological services

I hereby give consent for _____ to receive services from a psychologist employed by the Department of Community Services.

Nature of the proposed psychological service

Reasons for this service

I understand that:

- I am free to withdraw this consent at any time.
- The psychological notes and any report resulting from the service will remain the property of the Department of Community Services and can be accessed by relevant officers of the Department.
- I can access this information through the psychologist at my local Community Services Centre. I also have rights to the information according to the Freedom of Information Act 1989.
- The psychological notes and any report resulting from the service may be required by a court of law.
- Access by other agencies to information in the report will be only by way of my consent as guardian.

Signature: _____

(Parent/Guardian/Person 16 years or over)

(Name): _____

Witness (Optional): _____

(Name, position): _____

Date: _____/_____/_____

Form 9.9.3

CONFIDENTIAL NSW Department of Community Services

_____ Community Services Centre

REQUEST FOR DOCS PSYCHOLOGICAL ASSESSMENT/INTERVENTION

Name _____ (M / F) DoB ____ / ____ / ____

CIS/DCD No. _____ Age ____ yrs ____ mo.

Current Address _____

Phone _____

Status (N/A/ Child under Guardianship/ child protection client/ Substitute Care/ Other) _____

Type of Placement [with one parent/both parents/relatives/(NGO/DoCS)/foster home group home/refuge/boarding house/independent/other]

Guardian _____

Address _____

Mother _____

Father _____

School/Child Care Service _____

Phone _____

Family Information (use other side if more space required)

Country of birth (if Australia, note Aboriginal background) _____

Language spoken at home _____ Interpreter Required (Y / N)

Previous psychological assessment/intervention? (Y/N) Date ____ / ____ / ____

Psychologist involved: _____ /2.

Relevant background information (include physical disabilities, hearing/vision/speech problems, medication, other professionals/agencies involved etc.)

Reason for referral (i.e., why is this assessment/intervention required?)

Casework options under consideration

Assessment/intervention is routine/urgent (date required ____/____/____)

Referring Officer _____ **Designation** _____

Centre/Unit _____ **Phone** _____

(Please attach consent forms and background reports to this request form)

Assistant Manager
____/____/____
Date

Request Received _____
Psychologist
____/____/____
Date

Form 9.9.4

**REQUEST FOR AN EXTERNAL PSYCHOLOGICAL/PSYCHIATRIC
ASSESSMENT/INTERVENTION**

CONFIDENTIAL

NSW Department of Community Services

() Community Services Centre

External Practitioner/Agency _____

Address _____

Client's Name _____ (M / F) **D.of B.** ____ / ____ / ____
Age ____ yrs ____ mo.

Current Address _____ **Phone** _____

Status(Child under Guardianship/child protection client/Substitute Care/Other)

Type of Placement [with one parent/both parents/relatives/(NGO/DoCS)/foster
home group home/refuge/boarding house/independent/other]

Guardian _____

Address _____

Mother _____

Father _____

School/Preschool _____

Phone _____

Family Information (use other side if more space required)

Country of birth (if Australia, note Aboriginal background) _____

Language spoken at home _____ **Interpreter Required**(Y / N) /2.

Previous psychological assessment/intervention? (Y/N) Date ____/____/____

Psychologist involved: _____

Relevant background information (include physical disabilities, hearing/vision/speech problems, medication, other professionals/agencies involved etc.) _____

Reason for referral (i.e., why is this assessment/intervention required?)

Casework options under consideration

Assessment/intervention is routine/urgent (date required ____/____/____)

Referring

Officer _____ Designation _____

Centre/Unit _____ Phone _____

Assistant Manager

____/____/____
Date

Office Use Only

Attachments

Recent psychological assessment	[]	Other background reports []
Referral request letter	[]	(_____)
Valid consent form	[]	(_____)

NSW Department of Community Services
Fee-for-service agreement for psychological, psychiatric,
psychotherapeutic or counselling services

C O N F I D E N T I A L

DoCS Client name _____

Address: _____

Service being requested _____

Practitioner _____

Discipline [Clinical Psychologist/ Paediatrician /Psychiatrist /Psychologist/
Psychotherapist /Social Worker/Other(_____)]

Address _____

Phone _____

Practitioner's written quotation of the services to be provided (e.g., assessment, therapy, attendance at case conferences, follow-up consultations) and the basis upon which fees will be charged:

If counselling/therapy etc.:

Purpose/goals of counselling: _____

Anticipated counselling strategy: _____

Anticipated number of sessions: [_____]

Anticipated period of time required: _____

Anticipated time of progress review (after which the contract may then be renegotiated): _____

Means by which counselling/therapy services will be reviewed: _____

- I, _____ (name), understand and consent to the following:
1. Departmental staff will conduct a confidential investigation of my probity, which may include an examination of criminal records, consultation with the relevant professional registration board over possible complaint investigations, and contact with my professional society.
 2. I will communicate with Departmental staff responsible for _____'s welfare as a necessary part of this agreement, attending case planning meetings and writing reports.
 3. Any recommendations made for the management of Departmental clients will be justified by relevant evidence, and consultations to clarify such evidence may be sought by Departmental staff.

Résumé or curriculum vitae (including a list of professional societies) []
Evidence of current registration []
Probity check []

(signed) (signed)

(name) (name)
Practitioner ___/___/___ **DoCS Psychologist** ___/___/___

Approved / Not Approved

(signed) (signed)

(name) (name)
Departmental Officer ___/___/___ **Manager, Assistant Manager** ___/___/___

Office Use Only

Attachments

Recent psychological assessment []
Referral request letter []
Valid consent form []

Key Activity: Specialist Assessment by Montrose

Montrose provides a time limited, home based assessment program aimed at assessing the child and family in their own home to determine whether it is safe for the child to remain at home and under what conditions. The aim is to increase the viability of children remaining with their family by identifying the resources and supports required to achieve this.

Guidelines

Referral to Montrose from Community Services Centres occurs when:

- Child's placement/maintenance with their family is in jeopardy, but there are no assessed immediate safety issues for the child;
- Child and Family staff, including the Assistant Manager believe additional expertise can assist in recommendations for future interventions with the family;
- The court has made a recommendation that the family be referred to the program.

Montrose Referral Procedure

1. An initial telephone contact is made by the Child and Family staff with the awareness and approval of the family and the supervising Assistant Manager.
2. A Referral Checklist is sent to the referrer. The completed checklist and relevant reports are then faxed/e-mailed back to Montrose.
3. Referrals are assessed weekly and acceptance is on the basis of the referral criteria.
4. The referring Assistant Manager is notified in writing of the outcome of the referral.
5. Dates and goals are confirmed for accepted referrals. Goals should be established with the family. Parent Information and Consent Forms are faxed for signature. The family will be given a minimum of seven day's notice of the assessment dates. (See Form: *Parent Information Consent Form*)
6. Confirmation of assessment is returned by facsimile with the signed Consent Form. Dates are held for two weeks pending the return of the consent form.
7. Further reports and appointments may be requested.

Key Considerations

- The assessment of the family is carried out in the first week, in the family home by a multi-disciplinary team. Reports from Montrose are provided to the referrer within one week of the assessment period. The assessment process will be completed within two weeks.
- For both casework and CIS purposes, the referring CSC has overall case management responsibility.
- An initial introductory interview by the Montrose team is conducted on the first day which includes the family, and the supervising Child and Family staff.
- During this interview, the concerns of the CSC and the goals of the assessment are reconfirmed. A program schedule for the assessment is drawn up and includes appointments with the family, the CSC staff, relevant community agencies and services and may also include extended family members, including non-resident parents.
- The report from these assessments contributes to the analysis of the child and family situation when making decisions and case planning.

Activity: Planning Services for Clients

Description

Case Planning is a process that follows assessment, to determine goals of intervention in consultation with children/young people and families. Planning identifies activities, tasks and responsibilities for achieving the goals.

Case planning takes place throughout each phase of intervention and is part of the decision making process. Planning involves developing strategies to address the safety, risk or need issues. Planning specifies the individual responsibilities for each strategy and task.

Case plans are developed throughout the Case Coordination process and require regular review.

Plans are developed at specific times to meet the client's needs at each point in the process. Once the intake phase is completed, an *Investigation and/or Assessment Plan* is developed; at the field action phase a *Care and/or Protection Plan* is developed; and when ongoing action is required *Case Plans, Leaving Care Plans or Aftercare Plans* are developed.

Mandate

Community Welfare Act 1987, Section 4(f) and 36
Child Protection Council, Interagency Procedures for Child Protection Intervention, February 1997.

Guidelines

The goal of any case plan is to achieve the planned outcome identified through assessment. The case plan goal is to protect the child and either maintain or return the child to their family or, where it is not safe to do so, to provide another family in which the child can grow up.

At all times the focus is continuity and stability of care and maintenance of culture and relationships.

Case plans are to be developed and documented by child and family staff. These are approved by the Assistant Manager and approvals are documented.

Case Plans are to specify:

- the long term goal which will protect the child and address permanency planning;
- the agreed short term strategies to achieve the goal;
- alternative strategies as contingencies for achieving these goals;
- timelines for each task;
- the roles and responsibilities of all people and services involved;
- who is the key worker;
- who will tell the child, young person or family about the plan;
- resources required to achieve goals;
- review date/time.

Wherever appropriate children, young people, families, carers and other key people are to be involved in the case planning process.

Case plans should be:

- clear;
- achievable;
- built on the child's and family's strengths;
- orientated to the safety, risk and wellbeing issues;
- specific about responsibilities for tasks;
- reviewed regularly to identify whether they are meeting needs;
- based on thorough assessment;
- agreed;
- approved.

Ongoing intervention means that assessment and review are continuous tasks whereby new information is incorporated into case plans.

Planning around abuse in care matters has special requirements given the complex and difficult nature of these cases. See Key Activity: Planning for and Management of Intensive Investigations: The Special Joint Response (Chapter 10)

Case plans are reviewed at least every 6 months so that information in the plan is current. In some situations planned activities may need to be reviewed more often and sometimes weekly.

All case plans are recorded (whether they are Assessment and/or Investigation Plans, Protection, Care or Case Plans) accurately, on case files and the CIS and approved by the Assistant Manager. All tasks must have timeframes stated.

Timeframes are to take into account the safety, and/or risk and intensity of needs of the child or young person in each plan.

An Assessment and Investigation Plan

An Assessment and Investigation Plan is developed following the receipt and initial investigation and/or assessment of intake information. These plans should be developed jointly with any service or agency working with the family, or with police where a criminal offence is likely to have occurred.

This plan of action details what assessments and investigations are necessary to analyse the child's or young person's and their family's situation. It determines whether abuse or neglect has occurred and/or what service may be offered to meet a request for assistance.

A Protection or Care Plan

A Protection or Care Plan is based on assessment at the end of the Field Action phase. This plan identifies tasks and services that ensure protection of the child and support families to provide adequate care.

Key Consideration

The completion of the assessment, investigation and analysis of this information will inform planning for the protection and/or care needs of the child, young person and family.

Registration

Registration relates to the assessment of the child's safety and wellbeing, i.e the total environment, it is not about confirming an incident of abuse.

Registration of cases is the recording on the CIS "outcome decision screen" **that an ongoing service will be provided**, where:

- a notification under Section 22 has been confirmed; or
- a request for a child and family service, where wellbeing and risk issues have been assessed, and an ongoing service is to be provided.

Registration on the CIS is not an entry on a "child abuse register". Counting and registering child abuse is determined by the "assessed issues", the recording of harm and injury and a confirmed outcome decision.

The Ongoing Action Case Plan

In the Ongoing Action phase the Case Plan describes the protection, support, care, leaving care or after care needs of the child, young person or individual. Case plans require regular reviews to ensure they remain relevant and targeted for children.

Activity: Case Meetings

Description

Case meetings are held to coordinate effective multidisciplinary work and decision-making throughout the case coordination process. Meetings are held to share information, state concerns and plan for positive outcomes for the safety and care of the child or young person. Those involved in meetings can include Child and Family staff, agency staff, carers, family members and children or young people.

Consideration should be given to the need for a case meeting in the following circumstances:

- to plan a course of action during the intake action or field action phase and development of an assessment and investigation plan where there are multiple agencies involved or the circumstances of the case are complex (case planning meeting);
- to determine risk and wellbeing issues and develop a plan to protect children and young people (protection planning meeting);
- to review a case plan during the ongoing action phase (case conferences).

Guidelines

The key tasks at case meetings are sharing, collating and analysing information, itemising future goals and planning actions.

The aim of a case meeting is to develop a flexible case plan which is tailored to meet the individual child or young person's needs.

Case meetings have the following purposes:

- facilitate informed casework decision making through the collection and sharing of all relevant information about the child, young person and family;
- develop realistic and appropriate plans for children and young people;
- involve key workers, the client, the family and those who may have a continuing role with them.

Key Consideration

Research shows that devising a case plan is usually left to the end of the meeting and comparatively little time is spent on it. Given the importance of case planning, sufficient time should be devoted to developing a plan for service provision and case outcomes.

Case meetings should be considered in the following circumstances:

- when a care application to the Children's Court is being considered;
- after the Department has received 3 notifications about the same family within a time frame of 6 months or less;
- where a complex case is being transferred between CSC's or agencies;
- when the development of a case plan involves a number of parties;
- when services in casework are being provided in the interagency context;

- when the Department has a coordinating role, and roles and responsibilities of participants are to be clarified;
- at critical points of a child's placement in care;
- before the end of a time-limited Court Order to plan for further Court action or complete restoration action;
- to develop leaving care and aftercare plans for children or young people, including discharge from Wardship.

Meetings are convened by a key worker and chaired by a senior DCS staff member with the delegation to approve decisions who is skilled in chairing meetings.

Meetings require careful planning and a prepared agenda.

Consideration is to be given to the preparation, support and debriefing needs of clients, families and carers in attending case meetings.

To ensure caseplan is responsive to the child, young persons or family's needs, clients need to be encouraged to express an opinion about information and to participate in the working out of solutions to identified problems. This process will encourage all participants to be committed to the tasks that will arise from the meeting.

Role of chairperson

The chairperson's role includes guiding discussions so that they remain task-focused and allowing those present to contribute effectively. At the end of the meeting the chairperson clarifies the outcome of the discussion in terms of recommendations, noting any disagreements.

The meeting will:

- be chaired by a senior experienced and skilled officer;
- explain the planning process;
- focus on the identified safety, risk and care issues for the child or young person;
- obtain a response by the family or carer to these issues;
- identify goals and what action needs to be planned;
- identify tasks, roles and responsibilities for those undertaking them;
- ensure that a review date is set;
- be accurately and clearly recorded.

Meetings are a formal process and seek to obtain genuine formal commitment to case plans by all key parties.

Recommendations at a planning meeting which involve action by other agencies are to be agreed to by that agency. Where the success of the plan is contingent on these actions and the agency's representative cannot approve the agreement at the meeting, clear steps for feedback to DCS about this agreement should be put in place and noted in the Minutes.

Contingency strategies and tasks should be discussed and planned to ensure the case plan can progress even where difficulties are encountered.

Case Plan Approval

DCS has lead responsibility in protective intervention and in cases where the Minister or Director-General is the guardian or carer of the child or young person. DCS approves case plan recommendations. In cases managed by JIT approval will be by JIT DCS in consultation with the JIT Police.

Record Keeping

Accurate written record of the case meeting is to be made. The Minutes are to state persons attending, the issues identified, dissenting opinions and/or agreements and the case plan recommendations and contingency actions. Recommendations from Case Meetings are to be circulated promptly to agencies with responsibility to action recommendations. Where appropriate this should also be given to carers and parents. The Minutes to be recorded either on the CIS as "conference details" or transferred to Word to be written. The "Case Plan" is required to be completed on the CIS system.

It is the responsibility of the key worker (whether that person is a DCS staff member or a worker from another agency) to ensure that every child, young person and family has a case plan which is updated regularly and at key milestones. An active current case plan is required for all active cases. (See Activity Planning Services for Clients).

Activity: Case review

Description

Review (of casework, decisions, case plans and our involvement with children, young people and their families) is a regular activity to maintain progress towards positive outcomes. 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 circumstances to validate plans, and to review ongoing support needs.

Mandate

Community Welfare Act 1987 Section 36 (1)

Guidelines

Case reviews can take place either through supervision between Child and Family staff and their supervisors or through a formal case meeting.

The purpose of case review is to:

- evaluate casework achievements;
- analyse the significance of difficulties in undertaking tasks in the case plan;
- refocus on current issues for the child, young person and family;
- consider the current goal in line with the present strengths and needs of the family;
- assess the need for ongoing involvement by DCS;
- ensure accountability of all involved for completion of casework activities;
- monitor appropriateness and effectiveness of case plan goals, strategies and tasks;
- ensure the focus remains on securing and maintaining the safety, care and wellbeing of the child or young person;
- ensure appropriate case closure is planned where appropriate.

The need for a case meeting to review the case plan is to be considered where any change to a plan involving other agencies is proposed.

Key Considerations

Case reviews assist the work of Child and Family staff by:

- ensuring the integration of new assessment information or changes in the child's or family's situation;
- helping Child and Family staff use the workload planner and prioritise tasks in the current case plans;
- providing a mechanism for monitoring casework, including Court undertakings;
- giving Child and Family staff and supervisors the opportunity to discuss theoretical issues that relate to the case through supervision.

Reviews of case plans are required every six months and when:

- there is risk of placement disruption;
- placement disruption occurs;
- the behaviour or health of the child or young person deteriorates;
- the child or young person is involved in criminal activity;
- other siblings are subject to notification;
- there is a major change in the family's or carer's situation or structure;
- the protective adult leaves the household;
- the carer's physical or mental health deteriorates;
- the family moves (a meeting or teleconference is required in complex cases);
- new major stresses impact on the child or family;
- an offender returns to the household where the child or young person may be at risk or is threatened.

Activity: Referrals to other Services

Description

Referral is one avenue through which the interagency system operates and is pivotal to casework practice.

Referral involves negotiating a partnership with an agency or other department which delivers programs or services, to meet the assessed needs of the child, young person, family or vulnerable adult. Referral is a strategy to effect change, provide support, to reduce the level of risk to a child and provide support to families and carers.

Referrals include:

Support for Individuals and Families

- Support services provided by a community social welfare organisation;
- Counselling services;
- Accommodation e.g. crisis refuge; Department of Housing;
- Child Care;
- Education.

Protective Intervention

- Support Services provided by a community social welfare organisation;
- Counselling services;
- Sexual Assault Counselling;
- Joint Investigation Team (JIT)
- Police;
- Accommodation;
- Child Care.

Substitute Care

- Counselling and support services;
- Out of home care;
- Intensive support placements (see Activity Placing Children and Young People in Residential Care);
- Leaving and Aftercare Services.

Guidelines

Child and Family staff work in collaboration with families and other agencies to promote the wellbeing and safety of children. It requires cooperative and coordinated action across agencies.

Referrals are the most frequently used casework activity and should occur during all phases of case coordination.

Child and Family staff are to refer a child, young person and/or family to another agency which is competent to intervene and achieve a desired change. Child and Family staff are to be:

- aware of the child, young person and/or family's needs;
- thoroughly explore appropriate supports and the family's attitude and willingness to attend the referred service when they first make a referral;
- aware of the range of community social welfare agencies which exist locally and the capacity of an agency to provide the level of service required.

Method of Referral

Referral is a negotiated process between Child and Family staff, another agency and the child, young person and/or family.

Child and Family staff are to discuss with the individual/family and referral agency:

- the purpose of referral and identified problem;
- expected outcomes;
- the arrangements for sharing of information with the family and agency regarding the referral and the progress toward achieving the case plan goals;
- any need for additional supports for the family to attend the referral eg transport, child care;
- identified roles and responsibilities of the Department and agency, including review procedures.

Recording the Referral

A written referral ensures a clear understanding between DCS and the referral agency and is of particular importance when the agency is providing protection services.

A written referral includes:

- individual/family personal details;
- agency name, address and contact person;
- purpose of referral;
- expected outcomes;
- appointment date/time if possible;
- review date or feedback procedure.

Confidentiality

Initial written referrals provided for an agency to consider placement should not include the full identifying name of the child. First name, the surname initial and date of birth are sufficient. The identifying information should also be removed from all reports which accompany the referral.

Monitoring the Referral

Referrals are often essential components in achieving the case plan goals.

Active and sustained participation by Child and Family staff in the referral process and discussions about how, why, when, where and who will support the child and family in taking up the referral is essential to maximise benefits to the child, young person and family.

In protective intervention where the referral is considered critical to increasing the child's safety, the referral process alone is not sufficient to protect the child. In such cases DCS may need to continue to provide a case management function until the child is assessed as being safe and/or risks have been reduced to an acceptable level.

The transition from statutory investigation or assessment to a relationship between client and agency for ongoing support and services is a crucial one.

The uptake of a referral in protective intervention cases where services are being provided to ensure the child is safe includes the offer, acceptance and the presentation at the first interview by the child, young person and/or family.

The referral process involves a mechanism for agencies to inform DCS at once if services cannot be delivered. Should any difficulties arise for the agency and family in achieving identified outcomes alternate strategies should be developed.

Regular checking between DCS and the agency on the progress of the child and family is necessary to ensure the family are receiving supports and services. Regular contact with the agency also indicates the active interest of DCS in the support of the child and family.

Any decision by DCS to end its direct relationship with a child, young person or family should be planned and discussed with the family and agency and followed up in writing (see activity Case Closure).

Problems in the referral process can result from:

- lack of clarity with clients about the voluntary or involuntary nature of the referral;
- inadequate attention to the referral process;
- lack of communication between agencies;
- poor relationships between agencies;
- insufficient information;
- not properly negotiating issues of confidentiality;
- lack of case coordination;
- inadequate knowledge of services;
- early closure of cases.

Guidelines for Referral to Department of Sport and Recreation Vacation Camps

There is a special procedure for referral to vacation camps of any children that DCS has case coordination responsibilities.

The use of vacation camps should occur as part of a case plan, designed to achieve some specific goal for the particular child or young person. Vacation care arrangements need to be noted in the case plan on CIS. It is not to be recorded on the CIS as a change in placement.

The child or young person must have a choice about attending camp. The child/young person must be consulted about and agree to all aspects of the plan including:

- the length of stay;
- activities offered at the camp;
- geographical location of the camp;
- contact arrangements between the child and their carer or Child and Family staff;
- what they can expect of other children and adults at the camp; and
- behavioural expectations of him/her.

When deciding whether attending a camp is appropriate for a young child (primary school age), or a child with a disability or other special need, staff should consider:

- the child or young person's previous experience of separation and whether they might perceive the camp experience in a negative way;
- the child's likely reactions to being sent on a camp with people they do not know;
- the length of time the child will be away;
- the distance from the child's home; and
- arrangements for maintaining contact with family/carers.

A decision to proceed with the referral invokes a mandatory duty on the Department to advise the camp organisers of any concerns. The referral must explicitly identify these. Negotiations with camp organisers must occur at the time of referral and definitely prior to the child or young person being accepted to attend.

A child or young person who presents a high level of risk to themselves and others may not be appropriate for mainstream vacation camps.

Children and young people with the following behaviours cannot participate in mainstream camps:

- ⇒ seriously aggressive behaviour;
- ⇒ overtly sexualised behaviour;
- ⇒ a history of illicit drug use or other substance abuse eg, petrol sniffing;
- ⇒ identified psychiatric disorders associated with seriously self destructive behaviours and/or challenging behaviour;
- ⇒ any other behaviours that pose serious risks to other children or adults.

When there are special resources (eg, one-to-one support worker) to support a child or young person's placement, consideration needs to be given to whether a similar level of support should be provided to the camp.

Carers should always be provided with contact phone numbers at the camp and be encouraged to maintain contact with the child. Children and young people attending camps are to be encouraged and provided with resources (eg, Phonecard) to maintain contact with their carers or Child and Family staff.

A contact name and 24 hour phone numbers should be provided to Camp Leaders. This should be the CSC and CP&FCS (after hours).

A copy of the child or young person's details and the camp details should be sent to CP&FCS and followed up with telephone discussion where necessary. Vacation Care Camp arrangements need to be detailed in the Case Plan screen on the CIS.

If the camp administrators need to seek assistance from the Department through the contact numbers, the Department has an obligation to provide assistance. The kind of assistance needed should be negotiated but may range from:

- mediation - talking to the child or young person on the phone;
- suggesting behaviour management strategies to the camp leaders;
- consideration of additional resources eg. 1:1 worker;
- removing the child or young person from the camp.

Activity: Closing a Case

Description

Case closure occurs following the active decision that further intervention, support or coordination by the Department is no longer warranted. The timing of the decision to close a case is very important. Case Closure must be a considered casework option based on an assessment of safety, risk and wellbeing that provides the best outcome for the child, young person or family. Case closure can occur at any point in the case coordination framework.

Mandate

Children (Care and Protection) Act, 1987, Sections 10, 12, 22 and 55 (f). In some situations by an order made in other courts concerning child welfare matters.

Guidelines

Closure occurs when:

- the planned outcomes to ensure a child or young person's safety, risk or wellbeing are achieved;
- the requested service has been provided; or
- the Department has decided not to provide the services and has informed the client.

Children, young people and families need to have a say in developing plans and support for the withdrawal of DCS intervention and services.

Closure of Cases after Protective Intervention

Before closing a case where an assessment and investigation have been undertaken and no further action is recommended staff must:

- advise the family of any concerns for the safety or wellbeing of the child;
- inform the family of outcomes of any assessment or investigation;
- ensure that the family is aware of whatever support services are available to assist them;
- advise any other agencies involved with the family of the closure; or
- hold a planning meeting if other agencies have been involved.

Closure of Cases after Substitute Care

Closure of a case when a child or young person has left substitute care requires careful planning and support. Case closure needs to ensure that suitable aftercare services are available for the child, young person and family

In cases where a child or young person has been in out of home care, a case closure meeting is to be held. The aim of this meeting is to develop an aftercare plan with the child or young person. See also sections on Discharge from Care and Aftercare Planning.

Closure also requires planning in cases where a child or young person has resided with a relative or in the custody of another person through the Children's Court and received allowances from the Department. Children, young people and families need to be informed of services available, the reasons why any financial assistance will cease and that in future they may seek the Department's assistance when they believe this is required.

Reasons for case closure should be documented on the CIS under Case Conference/ Planning Meeting.

Closure of an Adoption case

Because of the range and nature of adoption services, case closure may occur when the requested service has been provided or when the Department has made the decision not to provide the service. Although adoptive and birth families may access services after an adoption order, the nature of the case will change as the making of the adoption order alters the respective relationships, rights and responsibilities of the child, the adoptive parents and birth parents. Similarly, post order support cases will close on the adopted child's 18th birthday, with new cases established if services are accessed under the Adoption Information Act.

Closure of a case will however involve:

- advising the child/adopted adult, adoptive parent(s), birth parent(s) or adoption applicants of the closure, and of any basis on which the case may be reopened;
- informing the adoptive parent(s), birth parent(s), adopted adult or adoption applicants of appropriate alternative adoption or support services;
- advising other agencies involved with the child/adopted person, adoptive parent(s) or birth parent(s) of the closure;
- documenting the reasons for the case closure.

Key References

Calvert, G., Ford, A. & Parkinson, P. (editors) (1992) *The Practice of Child Protection Australian Approaches* Southwood Press Marrickville.

Calvert, Quealey, Taylor (1996) *'A to Z and Back Again' An Evaluation of DCS Referrals of Physical and Emotional Abuse and Neglect.*

Cashmore, J., Dolby, G. and Brennan, D. (1994) *Systems Abuse: Problems and Solutions*, NSW Child Protection Council.

Cashmore, J. & Paxman, M. (1996) *Longitudinal Study of Wards Leaving Care - Final report*, UNSW Social Policy Research Centre.

Child and Family Services Directorate (1995) *Assessment and Decision Making in Substitute Care* NSW Department of Community Services.

Department of Community Services (1992) *Review of Substitute Care Services in NSW, A report to the Minister for Health and Community Services.*

Department of Community Services (1996) *Review of Intake to the Child Protection Program* Edit. Judy Giese.

- Department of Community Services, (1997) *Standards For Substitute Care Services "A Work in Progress"*.
- HMSO (1992) *Child Protection Messages from Research Studies in Child Protection*, London.
- Humphreys, Dr Catherine (1993) *Referrals of Families Associated with Child Sexual Assault* Department of Community Services.
- Keys & Young (1995) *Review of Implementation of the Family Assessment Model* Department of Community Services.
- Little, M. (1995) 'Child Protection or Family Support Finding a Balance'. *Family Matters Autumn*.
- Lloyd & Taylor (1995) *From Hollis to the Orange Book: Developing a Holistic Model of Social Work Assessment in the 1990's* British Journal of Social Work
- Lyons, J. (1996) *Preventing Renotification of Child Abuse and Neglect*, Masters Thesis, Sydney University.
- NSW Child Protection Council (1996) *Report of the Working Together Working Party on Joint Responses to Child Abuse and Neglect*, for Submission to the Social Justice Committee.
- The APSAC Advisor (1995) *Issue on Risk Assessment* Vol 8 No 4.
- Thorpe, D. (1994) *Evaluating Child Protection*, Open University Press Buckingham.

Activity: Working with NSW Health PANOC (Physical and Emotional Abuse and Neglect of Children) Services

Current research demonstrates that the effect of abuse and neglect in childhood can have both short and long-term effects, and can be associated with poor learning, juvenile offending and negative adult outcomes.

Early intervention to address these issues provides the best opportunity to assist children/young people and their families to reduce the level of risk and enhance family outcomes.

Evidence provided at the NSW Police Royal Commission, namely the failure to provide treatment and therapeutic services to children who have been abused and neglected and their families, often leaves these children vulnerable to paedophile activity.

The NSW Government provided NSW Health with \$5.13 million to provide tertiary prevention counselling services for children, young people and their families to address issues of confirmed abuse and neglect. Area Health Services have been funded to provide PANOC Services across NSW.

Mandate

Community Welfare Act 1987 - s4, s11.
Children (Care and Protection) Act 1987- s12.
Interagency Guidelines for Child Protection Intervention.

Guidelines

NSW Health PANOC services will provide tertiary counselling services for children/young people and their families, including those responsible for the abuse, where:

- a child/young person has been, or is being physically and/or emotionally abused or neglected, and
- has a current, confirmed s22 notification and the case is not closed.

The services are designed to meet the needs of children/young people and their families where abuse and/or neglect has been confirmed, and a high level of intervention has been assessed as necessary.

NSW Health PANOC services will also liaise with and provide appropriate referral, in consultation with the DOCS key worker, to other health services, including Drug and Alcohol, Mental Health, Early Childhood and other relevant health services.

In situations of domestic violence, NSW Health PANOC services may be involved in relation to the effect of the violence on the children. The PANOC service may refer domestic violence perpetrators to other appropriate services to address issues of violence.

Given that NSW Health PANOC services have been established for the treatment of abused children and their families, referral to PANOC services can only be made by DOCS - Community Services Centre (CSC) or Joint Investigative Team (JIT) staff.

As per the Interagency Guidelines for Child Protection [p59], DOCS must be the key worker during protective intervention. At the time when a case is being referred to a PANOC service it must be an allocated DOCS case.

Procedures

Referral

- NSW Health has established designated coordinators across NSW for all PANOC referrals. These coordinators and referral points are listed at the end of these procedures.
- Referral to NSW Health PANOC services must be completed by DOCS - CSC, CP&FCS or JIT officers and forwarded to the PANOC Service. This will involve:
 - ⇒ Telephone contact to discuss the referral
 - ⇒ Completion of the form *Referral from DOCS/JIT to NSW Health* [This will be available and a requirement from 1 July 1998]
 - ⇒ Attaching a copy of the *Summary of Child Protection Client* CIS report to the Referral Form¹
 - ⇒ Attaching a copy of the most recent Case Plan.
 - ⇒ Arrangements for a Protective Planning Meeting or a Case Planning Meeting must occur at the time of referral.
- Details of referral to a NSW Health PANOC service must be entered onto the Client Information System at the *Outcome Decision Summary Screen*.
- Where a referral has been made, or is being considered, a PANOC worker must be included in the Protective Planning Meeting (PPM) or for ongoing cases in the Case Planning Meeting (CPM). [refer Interagency Guidelines - Protective Intervention, p.75 & 95]
- In cases where a comprehensive assessment has been conducted by a level four/six hospital, DOCS still needs to initiate the referral in conjunction with health staff.

Intake

- The Protective Planning Meeting, or for ongoing cases the Case Planning Meeting, serves as the PANOC service intake meeting.
- PANOC service intake information will be gathered at the PPM/CPM.
- The PANOC service will determine the appropriateness of referrals.
- Where a referral is not accepted, the PANOC intake worker in consultation with the key worker, may refer to other Health services which may be appropriate to the child/young person and/or family.

¹ This report can be printed from the same CIS screen you print the Notification Intake Summary (NIS) - report 1 and Assessed Issues and Outcome Decision Report (AID) - report 2. The new report is the Child Protection Summary (SUM) - report 3.

- The PANOC service will provide reasons to the DOCS worker why the case has been accepted/rejected. The reasons must be added to the CIS *Outcome Decision Summary Screen*.

Ongoing Casework

- To achieve clear and open communication and the most appropriate outcome for clients, the PANOC worker must be involved in all reviews and case conferences arranged by DOCS.
- Until a PANOC case is formally closed by DOCS it must remain allocated, so that the DOCS key worker can participate in review and planning meetings.

Case Closure

- Procedures in the *Working with Children and Families - Practice Manual*, Closing a Case [9-26], must be followed for clients using PANOC services.
- A Case Planning Meeting or Case Review Meeting including the PANOC worker, family and other agencies involved must occur. At this meeting, a case closure decision may be made.
- At DOCS case closure, where other agencies continue to work with the family, a new key worker must be allocated. This may be the PANOC worker or another relevant health or welfare professional.

Renotification

- If the case is renotified whilst PANOC services are involved, a Protective Planning Meeting must be called. The meeting should involve all key agencies including the PANOC service, to plan the assessment and any necessary action.
- Renotified cases must be allocated to a DOCS worker, who resumes responsibility as key worker.

Grievance

- Wherever possible, differences should in the first instance be resolved between workers at the local level, or if they are not able to be resolved, by their supervisors.
- If differences cannot be resolved at this level, follow procedures as outlined in the *Interagency Guidelines for Resolving Differences* [p.36].

PANOC COORDINATORS

AREA/DISTRICT	COORDINATOR	ADDRESS	PHONE	FAX
Central Sydney	Michelle Maiese	Gladstone Hall 114 Ewart St DULWICH HILL	9558 7931	9558 7850
South/East Sydney	Jan Thompson	c/o Sylvania Community Health Centre 29 Sylvania Rd SYLVANIA 2224	9522 5055	9544 7662
Northern Sydney	Trevor Jacobson	Royal North Shore Hospital Block 3 Pacific Highway ST LEONARDS 2065	9926 6060	9926 6084
Wentworth	Margaret McGarrity	PO Box 63 PENRITH 2751	02-4724 2874 mob: 014 017 830	02-4724 3406
Western Sydney	Pat Bowditch	Fig Tree Cottage 5 Fleet Street NORTH PARRAMATTA Locked Bag 7118 PARRAMATTA BC 2150	9840 3880 mob: 0418 464 410	9840 3890
South/West Sydney	Deborah Marks	Dept. of Community Paediatrics Hugh Jardine Building LMB 17 LIVERPOOL 2170	9828 5992	9828 5744
Illawarra	Sue Dileva	c/o Social Work Dept. Level 2 Lawson House Wollongong Hospital WOLLONGONG 2500	02-4222 5295 mob: 041 299 2269	02-4227 6170
Hunter	Wendy Thompson	Child Protection Service Harker Building PO Box 1014 WALLSEND NSW 2287	02-4924 6175	02 4924 6274
Macquarie	Kate Egan	Mudgee Community Health Centre PO Box 29 MUDGEE 2850	02-6372 6455	02--6372 7341
Far West	Annie Lonegan	PO Box 457 BROKEN HILL 2880	08-8088 5800	08-8088 2926
	Karen Graham	Dareton/Wentworth Community Health Services 44 Tapio Avenue DARETON NSW 2717	03 5021 7200	03 5027 4109
Mid West	Peter Warren	PO Box 319 Orange Base Hospital ORANGE 2800	02-6360 5273	02-6360 5445
New England	Carole Burke (acting)	Quirindi Health Service PO Box 120 QUIRINDI 2342	02-6746 1466	02-6746 1533
Central Coast	Anne Norman	PO Box 361 GOSFORD 2250	02-4320 2106	02-4320 2808
Mid North Coast	Kirsten Busby	Port Macquarie Community Health Centre PO Box 126 PORT MACQUARIE 2444	02-6583 0728 mob: 0418 631 647	02-6683 0769

Northern Rivers	Mim Webber	Child & Family Health Unit 37 Oliver Ave GOONELLEBAH 2480	02-6620 2253	02-6621 7088
Southern	April Hyde	PO Box 1845 QUEANBEYAN 2620	02-6299 0976 mob: 0412 353 920	02-6299 6363
Greater Murray	Neil Barber	PO Box 159 WAGGA WAGGA 2650	02-6938 6411	02-6938 6410

FEEDBACK SHEET

Addendum to CHAPTER 9 of the Practice Manual - Working with NSW Health PANOC Services

Service Development Directorate, Central Office is responsible for and committed to coordinating the continual improvement of operational policies and procedures, for Child and Family staff.

We welcome your comments and suggestions on this Procedure.

Does this procedure meet your need for clear information on Working with NSW Health PANOC Services?

.....

Are there any omissions or errors?

.....

Do you have any suggestions about how this procedure can be improved?

.....

.....

.....

Any other comments?

.....

.....

(Please feel free to attach further pages as required)

NAME.....POSITION.....

WORK ADDRESS.....

.....TELEPHONE.....

Please send to:

Project Leader for the Review of the
Practice Manual *Working with Children and Families*
Service Development Directorate
Department of Community Services
Locked Bag 28, Ashfield NSW 2131

Telephone: (02) 9716 2222 Facsimile: (02) 9716 235

Working with Children, Young People and their Families and Carers

Practice Manual

Working with Children and Families

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- Female Genital Mutilation JIT

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10. Working with Children, Young People and their Families and Carers

Overview

Parents and carers, with support from the community, are responsible for the safety and wellbeing of their children.

When concern is expressed that parents or carers are unable to care for their children they need to be informed of the concerns about the safety and wellbeing for their child and be encouraged to accept advice and/or care and support services.

Where a child is unable to be cared for safely by their parents or carers and protective intervention is necessary, assessment of the information provided in a notification using the *risk assessment format* is required.

Child and Family staff should seek to maintain a positive relationship with clients, focusing on goal directed actions which are linked to accessible services, and providing creative and flexible solutions tailored to the child and family's needs.

Statutory intervention provided through the Children (Care and Protection) Act, 1987, authorising removal, applications for care and assumption of care, is only used when the safety and/or risk issues for children are significant and other less intrusive actions are assessed as unable to keep them safe from harm, injury, neglect and/or exploitation.

The Mandate for Action

Children (Care and Protection) Act, 1987, Sections 10, 12, 22, 55 & 87

Children (Care and Protection) Regulation 1996

Crimes Act 1900

NSW Child Protection Council (1997) *Interagency Child Protection Guidelines on Protection Intervention*

Guidelines

The Department's work with children, young people, their families and carers is guided by the Case Coordination Policy and Practice Guidelines.

The case coordination process involves a series of key activities within the broad field of casework activities as described in chapter 9 and set out in the Case Coordination Policy and Practice Guidelines.

The key activities of intake screening, determining intake pathways, sharing information, determining time frames for action, and determining if a possible crime has been committed, are described in the following sections.

Key Activity: Intake Screening

Description

Intake screening is a process undertaken to decide whether information or a request for a service fits within the core business of the Child and Family Service program.

Guidelines

All intake information received is to be screened to ensure it meets the criteria for service. There are two ways of instigating a service within the Child and Family Services program.

1. A notification under S22 of the Children (Care and Protection) Act, 1987. A notification is information provided to the Department by a person who forms the belief, upon reasonable grounds, that a child who is under 18 years has been, or is in danger of being abused, or that a child who is under the age of 16 years is in need of care.

If all information received fits the criteria for S22, it is a notification and is to be recorded as such on the CIS regardless of the DCS response. The S22 field is to be completed as 'Yes'.

A notification relates to an individual child, not to the number of times information is received about a particular matter. For example, three notifications from three different people about the same event or concern about the same child received within five days is only one notification. The additional information should be added to the first notification. Where a new issue or event is notified, a separate notification should be made.

2. Information that does not constitute a S22 notification but which is a request for a Child and Family service can only be accepted if made by the individual or family, or, on their behalf. For example: a family support service, a child care service, advice and/or referral, an ex-ward seeking access to their file or family mediation.

Requests for a Child and Family service where a service beyond intake is to be provided, are entered on the CIS as a notification (reported issue carer, family and support) and dealt with in the same manner as a S22 notification. The S22 field is to be completed as 'No'.

Information that does not meeting the criteria for a Child and Family service

Where the information does not fit the criteria for a service the matter is recorded on the Intake Contact LAN-based computer system, not the CIS.

Key Activity: Determining the Intake Pathway

Description

Determination of the intake pathway for information received, both S22 notifications and a request for a child and family service, that fits within the core business of the Child and Family Service program, requires investigation and/or assessment.

The investigation and/or assessment starts with eliciting detailed information from the caller about their concerns. This can be followed up by contacting other agencies and professionals who may know the child, young person their family and carers to gather more information and/or validate the information already provided.

Information can be gathered during telephone conversations, visits to the CSC by clients or agency staff, or visits to agencies or schools.

Guidelines

Referrals from the Department of Social Security, the Department of Juvenile Justice or the Family Court of Australia, need to be responded to according to the protocols in Chapter 8, *Case Coordination Policy and Practice Guidelines*.

The aim of the investigation and/or assessment is to determine what action needs to occur (if any), when, by whom and to whom.

When, during the intake action phase, the safety, risk and wellbeing issues have been discounted or resolved the notification or request is to be recorded as intake only. However, the matter is still recorded as a notification, with investigation occurring during the intake phase.

Matters requiring further investigation and/or assessment will either be referred to the Joint Investigation Team (JIT) or stay with the CSC.

The Intake response

The intake process will involve a thorough examination of the situation at the outset, with relevant information collected at the point of intake and include the following tasks:

- gather and consider information in relation to the needs of the child and strengths of the family, not on the basis of DCS programs;
- set individual timeframes for actions based on the safety, risk or wellbeing of the child or young person;
- document decisions based on information available at the time; and
- may also include work with the 'referrer' to assist them to meet the needs of the family through joint case planning, resources, information and/or referral.

Workers at intake will ask referrers to clarify details so that they can obtain a clear picture of the information relating to the child and family. They may telephone again if more information is needed later, and contact other organisations for additional information before contacting the family. Experienced staff will carefully analyse the information and plan action based on the intake assessment.

This will help avoid unnecessary investigations into families and distinguish between the following types of notifications:

- those where there is no on-going action required, including advice and/or referral to, for example, Department of Health, Early Childhood Services and child care services;
- those where the child's health and development will be at risk and provision of family support services may be required, including temporary family care and home visitor support; and
- those where children and young people are likely to suffer from significant harm and require protective services such as emergency temporary care, intensive family based services (IFBS), mediation and support for young people living away from home.

Key Activity: Sharing Information

Description

Arrangements for the care and protection of children can be successful only if professionals and agencies with responsibilities and obligations to ensure their protection have access to information relevant to the assessment of risk and the needs of the child and family.

There are various reasons why DCS staff will exchange information with other professionals and agencies. These are:

- information to prescribed bodies;
- the Child Death Review Team;
- information in relation to a crime;
- feedback to notifiers; and
- ongoing case coordination responsibilities.

Guidelines

At a minimum all information sharing must meet the requirements of S115 of Children (Care and Protection) Act, 1987.

Under S115 of the Act, a person who discloses information obtained in connection with the administration or execution of the Act is guilty of an offence unless the disclosure is made:

1. With the consent of the person from whom the information was obtained;
2. In connection with the administration or execution of the Act;
3. For the purposes of any legal proceedings arising out of the Act or of any report of any such proceedings;
4. In accordance with a requirement imposed under the Ombudsman Act 1974; or
5. With other lawful excuse.

Exchange of information to prescribed bodies

The Children (Care and Protection) Amendment (Disclosure of Information) Act, 1996, allows for 'prescribed bodies' to provide and be provided with information and be afforded protection under Section 22 (8) as if they were the original notifier. The prescribed bodies for the purposes of Section 22(8) are listed in Section 22 (13) of the Act.

This amendment provides for the exchange of information between the Department and prescribed bodies, during investigations of S22 notifications or during any action arising out of such investigations.

Such investigations commence at intake action and continue through field action until an outcome decision has been made.

Actions that occur during the ongoing action phase and beyond case closure which arise from the investigation can include: Children's Court (until the expiration of subsequent orders other than determination of custody or guardianship); Criminal Court (until the expiration of any sentence or supervision); or case management until the case is closed.

The amendment applies to notifications made after 6 December 1996 or to notifications made prior to that date if the investigation is current.

Requests by other departments and prescribed bodies for information from each other can only be made through this Department to ensure S22 protection.

Likewise the Department may request information from the Department of Corrective Services about the release date of an offender who was convicted as a result of an investigation into alleged sexual abuse.

Two forms have been developed for requesting or providing information. They are available as Appendices 2 and 3 of the *DCS Procedures for Recognising, Notifying and Responding to Child Abuse and Neglect, 1997* (Purple book).

Information to the Child Death Review Team

Under the Children (Care and Protection) Amendment Act, 1995, provision of information can be requested from workers through their agencies by the Child Death Review Team established under this Act.

Information in Relation to a Crime

Under S316 of the Crimes Act, 1990, if the Police are conducting a criminal investigation and require information in relation to the matter, individuals are obliged to provide the information. Anybody who knows of a serious offence is obliged under this Act to notify the Police.

All persons in NSW are required under S316 of the Crimes Act 1900 to notify the Police or other appropriate authority of serious offences (i.e. an offence likely to be tried by jury). The Department of Community Services is an appropriate authority in relation to child abuse. There is a penalty of up to two years in prison for an offence under this section.

Feedback to notifiers

Child and Family staff are required to provide feedback to agency notifiers as detailed in the Child Protection Council Interagency Guidelines. The "*Form for Feedback from Department of Community Services to Notifying Agencies*" provides information to notifiers of crucial outcomes such as:

1. whether the information has been accepted and recorded and recorded as a notification or request for a Child and Family service;
2. the outcome of intake action and what decisions have been made about future action, if any; and
3. the outcome of the investigation and/or assessment conducted during the field action phase.

The feedback form is to be sent to notifiers at each of these crucial points.

Exchanging information and feedback to agencies also occurs during protective planning meetings, case meetings and reviews.

Key Activity: Planning Intervention

Description

An interagency approach is essential to effective assessment and investigation. Each case will require a clear assessment and investigation plan which outlines what needs to be done, by whom and the urgency with which it has to be undertaken.

Guidelines

Investigation and Assessment Plans for protective intervention will detail strategies and tasks to investigate and/or assess the safety and/or high risk issues for children and young people. Each strategy and task is required to have a time frame for its implementation.

When intake information alleges that a member of the child's immediate family or a close family relative may be involved in injuring, harming or placing a child at serious risk, or where the identity of the alleged abuser is unknown, Child and Family staff are required to attempt to see and interview the child away from family members.

In all situations where abuse or neglect is alleged to have occurred, or is highly likely to occur, Child and Family staff must see the child, and wherever appropriate, interview him/her. Sighting the child allows the Child and Family staff to:

- see the injuries;
- observe the child's age appropriate development and behaviour;
- assess the child's interactions with carers, siblings and other adults; and
- provide the child and family with an opportunity to disclose abuse, neglect or their fears.

Situations that require a *child and family needs assessment*, but do not indicate that the child is in a high risk situation, may not require the child to be seen personally. Factors detailed in the activity '*Determining Response Time*' should be considered when deciding not to see the child, especially children under 1 year of age. The rationale and the decision not to sight the child must be documented and approved by the Assistant Manager.

When abuse is alleged to have occurred in an active case, the Assistant Manager needs to consider assigning a second worker to be the primary worker in relation to the allegations.

Child and Family staff are required to use their professional judgement when considering the thresholds of abuse throughout the initial and ongoing assessment of risk. Research and theories do not provide a comprehensive definition of when behaviour or parenting styles are considered maltreatment. A wholistic approach to the child within their family is to be applied which considers all relevant factors when weighing up risk factors.

Assessment and analysis of the child's family environment and needs will allow strengths, risks and concerns to be identified. This information will assist in decisions regarding the allocation of resources and services both within DCS and through outside agencies. The Risk and Needs Assessments sections of the manual provide a guide and tools to use in this process.

Key Activity: **Determining time frames for action**

Description

All Child and Family Services responses, either immediate or otherwise, require a timeframe for action to be determined and approved. Case plans need to include timeframes for each strategy and task.

Guidelines

Professional judgement must be applied in the assessment of intake information to establish a timeframe for field action.

Intake information may signal that a child or young person is in a vulnerable situation and an immediate response is required.

Contextual factors include:

1. The child/young person's age and stage of development and own sense of time. (All children are vulnerable to injury or threat. Younger children, especially those under 2 years and adolescents are particularly vulnerable).
2. The functioning and developmental stage of the child (Children suffering delay in development or those who are particularly difficult to manage may pose additional stresses for the carers).
3. Family structure, history, dynamics, environmental and stress factors.
4. Any immediate safety concerns.
5. The severity of the harm or injury and the location of injuries. (Injuries to the head, face, genitals or internal organs can be life threatening, as can injuries sustained when a baby is shaken). Evidence of previous harm or injury increases risk.
6. The time elapsed since the injury was sustained.
7. Where level of neglect severely impairs the child's functioning.
8. Any chronic or persistent pattern of incidents, ie. present concerns, particularly the continual neglect of a young baby which can be life threatening. The chronic nature of incidents is to be considered in the context of the severity of accumulated harm.
9. Whether the alleged abuser has ongoing access to the child.
10. The current location of the child.

11. The ability of the carer to protect and care for the child. e.g. the carer's capacity to care for the child, the impact of any alcohol or other drug use, domestic violence, developmental delay or psychiatric illness.
12. The precipitating events. (Are they likely to continue or recur and lead to further harm).
13. The availability to the child of a protective adult.

In any situations where the child is in imminent danger or where risk factors indicate a high level of concern, immediate action should be planned and undertaken to protect the child.

Key Considerations

- It should be noted that many families in which a child has been severely injured or killed sought professional help from doctors, police, DCS and other support services, immediately before a critical incident.
- Consideration must be given to the particular needs of children born drug addicted. Factors such as high dependency needs, additional health requirements and the parent's current drug use impact on a carer's ability to care for and protect their child.

Recording timeframes

Clear timeframes around the tasks identified should be documented and approved by the Assistant Manager:

- on the intake form, which includes;
- the investigation and assessment plan;
- on the protection or care plan, and (at the field action phase);
- on the case plan, leaving care plan or aftercare plan (when ongoing action required).

Time frames are to be recorded on the CIS case plan.

Children's age related sense of time

When out of home care is being considered it is important to take into account the child's attachments and relationships.

The following table provides a rough guide to the period of separation from parents which may impact on a child's attachment with them. Access visits need to be arranged within these timeframes to ensure continuity of the relationship.

Age of child/young person	Timeframe
0 - 6 months	1 - 3 days for the parent if bonding is to be maintained.
6 months - 2 years old	1 - 12 days
2 - 5 years old	1 - 7 weeks
5 - 12 years olds	5 - 12 months
> 12 years	several years

Mandatory Response Procedures for Babies Under One Year of Age

The Department has a particular duty of care to babies under one year of age. They are totally dependant on their carers and are physically fragile. For babies, abuse and neglect can have serious consequences in a very short time.

Accordingly, the following case management procedures are to be followed:

1. All information about babies under one year of age that is received by the Department and either constitutes a notification under Section 22 or is a request for a Child and Family service must immediately be entered on the Client Information System (CIS).
2. The Intake Form and the CIS printout must be personally handed by the intake worker to the Assistant Manager. The Investigation and Assessment Plan details the field response which must commence immediately. The Plan must include sighting the baby.
3. A CIS management report which draws attention to notifications involving babies under one year of age, can be printed for each Community Service Centre. This report is to be printed out daily by the intake worker and reviewed with the Assistant Manager who will ensure that each case is being managed.
4. The Community Service Centre Manager is to review each case within 72 hours of the Department receiving the notification.
5. The Community Service Centre Manager is to certify weekly to the Area Manager that case management procedures for each baby listed by CIS number are being complied with.
6. The Area Manager is to report compliance to the Director Operations on a monthly basis. The report is also incorporated in the Area Compliance Report (ACR).
7. The Area Manager is to conduct random compliance checks on these case management procedures, at least quarterly, on a minimum of 10% of notifications of babies under one year of age.

Indicators of Increased Risk

Timely intervention is required in certain situations or circumstances which are known to potentially increase risk to children's safety.

Indicators of concern which prompt the need to seek further information or signal potential additional stresses to the family and risks for the child, fall into two main groups:

*Replaced
Addendum July 1998
Page: 10-12*

Procedures On Responding To Notifications Of Babies Under One Year Of Age

Introduction

Babies under one year of age are alarmingly over-represented in child serious injury and death statistics. They are extremely vulnerable due to their physical frailty and their total dependence on their carers for survival. Analysis of these cases has highlighted the need for a policy which clarifies the Department's role in responding to, and prioritising the particular needs of this age group.

Decisions about seeing children of any age should be based on proper professional assessment of safety and risk. In every case, closer scrutiny of possible increased risk is needed for children under 12 months of age.

Policy

All departmental child protection work is guided by the Children (Care & Protection) Act 1987, the Interagency Guidelines for Child Protection Intervention and the Case Coordination Framework as described in Chapter 8 of the Practice Manual.

However, due to their particular vulnerability, the assessment of the immediate safety and the ongoing assessment of risk to babies under one years old must be given the highest priority. This means priority over other ongoing cases and child abuse and neglect reports on older children and young people which do not require an immediate response.

Visiting the family, seeing the baby and assessing the baby's safety as well as the parent's / carer's capacity to provide adequate care must occur in response to notifications or requests for service, unless there are clear reasons to conclude that it is not warranted. This would only occur when, in response to a request for a service, there are no assessed risks to the child's safety or well being and the issues raised identify general parenting, financial or relationship issues rather than actual or potential harm to the child.

Procedures

The following procedures apply to all information received by the Department that a baby under one year has been, or is in danger of being abused or is in need of care, (ie s22 notifications) and requests for a service about babies under one year of age:

* In these procedures an 'officer' as described in the Children's (Care and Protection) Act, 1987 means the holder of a specified office and includes:

(I) a person acting in that office; and

(ii) an officer, who, as the next senior officer present, and who is responsible to the holder of the office, assumes responsibility for the duties of the office during the absence or temporary absence from duty of the holder of that office.

Immediate Safety and Ongoing Risk Assessment - A Two Step Process of the Intake Assessment

General

- All notifications and requests for a service to the Department about babies under one year of age must be immediately brought to the attention of the Assistant Manager (Child Protection)* as soon as they are received by the intake officer.

(NB: It is acknowledged that not all Units have a designated intake officer. In these cases, the 'intake officer' would be the child & family officer who receives the initial notification or request for a service.)

- The Assistant Manager (Child Protection)* must approve all action relating to each case involving a baby under one year of age, including the intake plan, ensuring that each case is allocated, the plan for the assessment and investigation, any protection plan and any case closure decision.
- Assessment of a baby's immediate safety may be different from the assessment of the on-going risk. Both assessments are to be approved by the Assistant Manager (Child Protection)*.
- A decision not to visit the home, see the baby, or to close the case without further assessment can be made only by the Assistant Manager (Child Protection)*. The reasons must be documented on the CIS on the same day.
- Where the Assistant Manager (Child Protection)* is temporarily absent, the intake officer is to consult with the CSC Manager, or an Assistant Manager (Child Protection)* at another location for direction. A record must be kept on the CIS of who was consulted for direction. The Assistant Manager (Child Protection)* is to be advised and is to confirm the case direction, as soon as they become available. Areas are to ensure that written protocols are in place to identify for CSC staff which other Unit is to be contacted in the absence of the Assistant Manager (Child Protection)*.

Step 1 - Immediate Safety Assessment

- Immediate safety will be assessed by the intake officer from information provided by the caller and where necessary, from other sources who have current information about the baby and their circumstances. (Other sources may include the early childhood nurse, expert paediatric staff, extended family etc). (See section below on Advice From Other Agencies and Professionals)
- If, on the basis of the intake officer's assessment, it is not possible to conclude that the baby is safe, the Assistant Manager (Child Protection)* must allocate the case to a child and family officer to proceed immediately to a full investigation and assessment by visiting the family, seeing the baby and assessing the baby's safety.

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- If, on the basis of recommendations by the intake officer, the Assistant Manager (Child Protection)* concludes the baby is safe, it is then necessary to assess ongoing risk.

Step 2 - On-going risk assessment

- If the Assistant Manager (Child Protection)* concludes that there is potential on-going risk to the baby they must initiate a further investigation and assessment. In these circumstances the child and family officer who is allocated the case must visit the family and see the baby to assess any on-going risk to the baby and the parent's / carer's capacity to provide care.
- Timing for the visit/s to assess ongoing risk must be determined by the Assistant Manager (Child Protection)* on the basis of the information available. Due to their extreme vulnerability, babies under one should receive high priority.
- After the baby has been thoroughly assessed for safety and ongoing risk, one of two possible courses of action may follow:
 - a) where there are indicators of ongoing risk - there should be appropriate protective intervention which is underpinned by a protection plan, and where required, ongoing care and support.
 - b) where there are no indicators of ongoing risk, the case may be closed.

HOME VISITS:

From a child protection perspective a home visit is an essential part of assessing risk and safety. It allows assessment of crucial factors, including the safety and child appropriateness of the physical home environment, hygiene, and an understanding of the household dynamics, living and carer arrangements.

It also allows an opportunity to see carer/child interaction in the home, assessments of evidence of carers nurturing of the child (eg. baby formula & food, toys, equipment such as high chair, baby bath etc).

More importantly it also allows an opportunity for carers to be seen on "their territory" where they are most comfortable.

SEEING THE BABY:

An essential part of establishing risk and safety is to assess the emotional, social and physical presentation of a child. At times this includes seeing whether bruising or other injuries reported are matched on the child physically.

The primary purpose of witnessing such injuries or presentation is that they tell the child & family officer something concrete about the child's experience of abuse or neglect. This will inform future protective planning and/or intervention. It is not an evidence gathering exercise for Children's and Criminal Courts alone.

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The best practice response is that seeing the baby “should be undertaken with the permission of the parent/caregiver and with sensitivity to the child’s age, dignity and privacy”, (Interagency Guidelines for Child Protection Intervention Page 71)

Child & family officers should ask the parent or caregiver, (who is not the alleged perpetrator), if they would show them the baby and if necessary, the physical areas of concern. If the parent/caregiver declines, then the child and family officer should request that they accompany the officer to a medical practitioner for examination. (Section 23 of the Children (Care & Protection) Act, 1987, refers to powers of procuring a medical examination.)

Departmental officers are not qualified, nor are expected to make medical determinations on the indicators of significant injuries or neglect outside of those apparent to the naked eye.

If the child abuse and neglect report contains information that raises concerns about injuries or non-organic failure to thrive which cannot be identified by a lay person, and/or if such information comes to light in the course of the investigation and assessment, the child & family officer is responsible for ensuring that an urgent medical examination takes place.

Officers in rural and remote areas should follow usual local protocols, which are approved by the Area Manager, in relation to seeking medical advice on urgent child protection matters.

CIS Procedures

- All reports/allegations of abuse and neglect or concern and service requests to the Department about babies under one year of age must be entered on the Client Information System (CIS) as soon as possible, within a 24 hour timeframe.
- The CIS management report ‘Notifications Received’ which draws attention to notifications involving babies under one year of age is to be used to enable staff to check any notifications made to CP&FCS or other units and transferred into the CSC or JIT. This report should be printed each morning by the intake officer.

Advice from Other Agencies and Professionals

- Whilst safety and risk assessment, prioritising responses, investigation, and protective planning are DOCS responsibilities, this does not preclude advice being sought and endorsement being given to further action, or to case closure, by professionals who have appropriate knowledge of the child and family and/or expertise about particular issues. (eg. post-natal depression, drug and alcohol use and child development)

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- In some Areas, during the course of their usual duties, Local Area Command Police may be able to assist DOCS in providing information that confirms a matter requires a DOCS response. For example, the intake officer could ask the police to

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visit to confirm whether the baby is being cared for by an adult, inquire when the parents are due back, or how long the baby has been crying / sick / etc. This information would be reported back to the intake officer who conducts the safety and ongoing risk assessments.

- Where the criteria for a joint response with the Police is met and a JIT, CPIT or CPEA specialist child protection investigator is not available, Local Area Commands will provide containment and victim support until the investigator is available.
- In summary, it is the responsibility of the DOCS intake officer to analyse the information gathered and advice provided, determine the degree of danger and level of risk, if any, and make recommendations about further action. Decisions about safety and risk of babies cannot be made solely on the advice of other professionals.

Responsibility of the CSC Manager

- The CSC Manager is responsible for the overall review of intake, field action and on-going action case coordination phases. The CSC Manager is also responsible for ensuring that outstanding cases, or cases where procedures are not followed, are dealt with appropriately. A new report, 'Babies Under One Year CSC Management Report' is available from the CIS to assist in this review process.

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Indicators of Increased Risk

Timely intervention is required in certain situations or circumstances which are known to potentially increase risk to children's safety.

Indicators of concern which prompt the need to seek further information or signal potential additional stresses to the family and risks for the child, fall into two main groups:

1. Parental and family issues

- (a) Parent abused or neglected as a child, or history of neglect or deprivation, or a history of assaultive behaviour, suicide attempts or past or current domestic violence.
- (b) Issues in (a) linked to poverty, social isolation, mobility and poor housing.
- (c) Issues in (a) or (b) linked to young parents (first child before 20 years), or single parent living with non biological parent or new partner.
- (d) Issues with alcohol or other drug use, post natal depression or chronic illness, mental health problems or disability.
- (e) Sudden withdraw of family from receiving a service.
- (f) The time immediately following restoration of a child to the parents after a separation.

2. Child issues

- (a) Past abuse or neglect, particularly if a child is under 5 years when the abuse occurred.
- (b) Child factors which make parenting stressful and challenging - including premature birth, low birth weight, birth disability, chronic illness or delayed development, prolonged separation from the carer, being difficult to comfort, crying frequently, feeding or digestive difficulties, child is adopted/ fostered or a step child.
- (c) The child is currently underweight without a medical explanation.

Failure to gain access to actually see a child who has previously been abused should be regarded as a critical danger signal.

When a worker is regularly denied access to the home, or learns that a child has stopped attending the child care centre or school, or the family repeatedly fails to keep scheduled appointments, Child and Family staff should assume the child is at increased risk and is in need of immediate assessment and possibly protective intervention.

Another alarming sign is when parents who have previously abused their child hint that abuse may be recurring, (eg discreetly disclosing that they have already harmed, or are likely to harm, their child).

The time frame has not been met until the planned action has been achieved; that is, the child is safe and cared for and/or the child and family are supported.

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Key Activity: Determining If a Possible Crime Has Been Committed

Description

Where issues of harm and/or injury to a child or young person are notified under S22 of the Act, the possibility that a crime has been committed must be assessed. Early identification is vital to ensure a joint (DCS and Police) response occurs to minimise systems abuse, maximise the protection of the child and protect evidence.

All situations where a possible crime is suspected must be referred to the Police for a joint response. It is a Police responsibility to take statements and interview the alleged offender when necessary. Only the Police are legally mandated to lay charges.

An initial phone call to the Police may clear up any queries regarding a possible crime.

On some occasions it will not be obvious that a crime has been committed. Following a thorough risk assessment by Child and Family staff, where the possibility that a crime has been committed is identified, the Police or JIT should be contacted to discuss the matter.

Joint investigation by Department of Community Services and the Police Service staff occurs when intake information involves actual or threatened physical or sexual assault against a child which constitutes an offence under the Crimes Act 1900 or an offence under the Children (Care And Protection) Act, 1987.

Child and Family staff and police work together to plan and respond to these situations to protect the child, minimise risk, and assist in criminal prosecution.

Guidelines

The Crimes Act, (NSW) 1900 details the elements required to establish each criminal offence. Criminal offences must be proved 'beyond a reasonable doubt'. The Crimes Act lists prescribed maximum sentences and/or penalties for criminal offences. All assaults including sexual assault on children and young people are criminal offences.

- There are various offences of personal assault found in the Crimes Act 1900, ranging from common assault to aggravated assaults.
- Sexual Assault is listed in Sections 61H to 78Q of the Crimes Act.
- Offences under the Children (Care and Protection) Act 1987 are listed in Sections 25 to 29.
- Some offences listed under the Traffic Act are criminal offences against children.

Only criminal offences invoke custodial sentences. There are various sentencing options available to the magistrate or judge, including a fine, CSO, deferred sentences, periodic detention and fulltime gaol sentence. The magistrate or judge may in some cases exercise a discretion not to record a conviction where a case is proven: Section 556a, but may still place the offender on a good behaviour bond.

The safety and wellbeing of the child or young person are paramount. The Department and Police will need to give careful consideration to response times when there are immediate safety issues for a child, and balance these with the need to collect and protect evidence.

The granting of an Apprehended Violence Order against a person does not in itself mean their behaviour is deemed a criminal offence. However, the breaching of an AVO does constitute a criminal offence.

Legal chastisement

Legal chastisement is a complex issue. Child and Family staff should contact the local JIT team when advice or guidance is required.

Activity: The Relationship between Protective Intervention when provided by JIT and where Care and Support is provided from a CSC

Description

Protective Intervention is one of a range of responses to intake information received at a CSC or CP&FCS. In matters where a possible criminal offence has occurred protective intervention will be provided by a Joint Investigation Team (JIT).

In such cases child and family services provided will require a high level of interagency cooperation between JITs, who provide the protective intervention and case management, and CSCs, who provide care and support. Roles and responsibilities will be determined at the Protective Planning Meeting called by the key worker who in all such cases will be the JIT District Officer.

The JIT Manual details the policy and practice guidelines for JIT staff and complements this manual.

Guidelines

Intake

All S22 notifications are received as intake at either DCS Community Service Centres or Child Protection and Family Crisis Service (CP&FCS).

It is the responsibility of the intake unit to refer the case to the JIT. The completed Intake Form, when received by the JIT, constitutes the formal referral.

The JIT management team will then accept or decline their involvement on the basis that the case is one in which:

- there are allegations of abuse as defined by the Children (Care and Protection) Act, 1987;
- there is the possibility of a criminal offence against a child/ren (as defined by the Crimes Act, 1900; and
- a joint investigative response between the Police and DCS is required.

Where the referral is accepted by the JIT the Investigation and Assessment Plan is recorded on the Intake Form and approved by the JIT management team. A signed copy is returned to the referring intake unit.

Where the referral is declined, the reason for declining the referral must be recorded on the Intake Form and returned immediately to the CSC.

CIS records, current and previous papers, and case responsibilities are transferred to the JIT once the referral is accepted. Ward Files (B) will remain at the CSC with appropriate reports and reviews forwarded to the JIT. These will be sent to the JIT within three working days, by DX or hand delivered.

Where the CSC has a support and care role, copies of relevant papers will need to be maintained at the CSC until protective intervention is completed and the files amalgamated.

Field Action

Community Service Centres are responsible for care and support services. This may include:

- financial assistance to the family through the Family Initiative Fund;
- arranging and supporting out-of-home placement;
- arranging access and transportation;
- other services as identified in the Protection Planning Meeting.

JIT District Officers and Police will:

- complete the investigation and assessment of the notification;
- be responsible for assessing the need for Children's Court action;
- remain responsible for any protective intervention work.

Whilst ever there are protective concerns, the JIT District Officer will be the key worker.

Rural CSCs may need to negotiate with the local metropolitan CSC, located in the vicinity of the schedule 6 Hospital (where there is a child protection unit), for the provision of care and support services while the child &/or family are at the hospital. Metropolitan CSCs where the child normally resides remain responsible for the care and support needs of the child and family.

DCS JIT staff are responsible for maintaining the case work file in relation to JIT work, CIS Assessment Reports, Assessed Issues and Outcome Decisions. Placement and Substitute Care payments will be completed by the CSC where the child usually resides. These details, roles and responsibilities, should be specified in any Protection Planning Meetings.

Closure of cases by JIT must be completed in accordance with the policy of the *Working with Children and Families Practice Manual*.

Ongoing Action

JIT District Officers will have limited roles in ongoing work, however the JIT District Officer remains the key worker whilst ever Children's Court action is awaiting final outcome. Where the family returns to their normal address in a rural area, the CSC will resume responsibility for Children's Court action with assistance from JIT in relation to evidence where required.

CSCs will continue to provide care and support as identified in assessments of the child and family. The CSC will at times be required to prepare Section 74 reports for the Children's Court. These roles and responsibilities should be specified and recorded in any Protection Planning Meetings.

In situations where there has been Children's Court action by the JIT service and ongoing care needs provided by the local CSC, the transfer of key worker and case responsibilities is a critical point in the case management.

Once protective intervention has been completed, the key worker does not necessarily need to be a DCS worker. A Planning Meeting must be held with the agency, JIT and CSC to adequately plan and specify roles and responsibilities.

Activity: Determining case management/coordination responsibility when more than one DCS service is involved

Description

Managers are required to decide who is responsible for case management and service provision when:

- a child and/or family who is a client of the Department moves accommodation to a location covered by another CSC;
- support and/or investigation and assessment is required for a family member or carer who resides away from the child and outside the CSC boundary;
- a child who is a client of a Disability Program is also the client of the Child and Family Services Program.

The Department must ensure that at all times, clients and staff are aware of who in the Department is responsible for case management and for service provision.

Guidelines

Intake

At intake, information is to be recorded by the service or CSC first contacted. The notifier must be informed if another CSC will provide the initial assessment. The relevant phone number/s and contact person/s name/s should, if possible, be provided to the notifier.

Assessment, investigation and service provision will be provided by the CSC in whose area the client currently resides.

At the conclusion of the intake phase, the intake officer is responsible for identifying which CSC will be involved, advising them and transferring the information.

Statewide Services

The statewide services such as the Domestic Violence Line, CP&FCS, and the Kings Cross Adolescent Service do not have case ownership responsibilities.

Statewide services such as CP&FCS or the Kings Cross Adolescent Service should liaise and consult with the owning CSC about any notification received by the next working day. It is the owning CSC's responsibility to ensure that investigation, assessment and decision making are undertaken once the information is received.

Determining case management when the child cannot be located

If a notification or request for service is passed onto a CSC who cannot locate the child or young person, the case responsibility remains with the CSC in whose area the family/carer resides. In cases where a young person is not residing with their parent or guardian and cannot be located, the CSC where the parent or carer resides is responsible for the case.

If there are ongoing safety issues for a child, family or young person who cannot be located, the information is to be recorded on the *Child Protection Alert Form* and sent to the Child Protection and Family Crisis Service for inclusion as a CIS child protection alert.

Actions taken to locate the individual/family are to be recorded on the CIS Notification or Assessment Summary Report and an Outcome Decision is to be recorded.

Transfer of ongoing cases

The file and casework responsibility are formally transferred following a period of stability of the child or family (not less than three months, unless by agreement between both CSCs). Service provision, review and planning for the client should not be disrupted because of relocation.

When children, young people or families move from one location to another, a teleconference and/or planning meeting will be required to ensure continuity of care and support. This response is required during all phases of case coordination.

The Coordinating Office

In situations when members of one family are being supervised by different CSC's, the CSC which has responsibility for the supervision of the parents (or if separated, the mother) is considered to be the coordinating office. The coordinating office is responsible for ensuring that wholistic planning and actions are taking place. The coordinating CSC's role can also be the responsibility of the CSC supervising a child in care, if this is considered to be in the best interests of the child or young person and where agreement is reached between CSC Managers.

Activity: Responding to Domestic Violence

Description

Domestic violence is abuse, assault and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two unequal parties in which one has power and control over the other, causing fear, physical and/or psychological harm. Domestic violence is a crime.

In responding to domestic violence in a family it is important to ensure the safety of family members and to empower non-offending carers and their children.

Child and Family staff are to respond to situations where domestic violence has been identified so that children, families and vulnerable individuals are protected and supported.

Domestic violence has a profound effect on children and constitutes a form of child abuse. Children can be adversely affected by being exposed to violence in the parental relationship.

Domestic violence is a multi-faceted problem which benefits from an integrated response.

Mandate

Children (Care & Protection) Act, 1987, Section 22
DCS Domestic Violence Policy, 1993.

Guidelines

Domestic Violence may come to the attention of Child and Family staff during the intake process or through assessment and investigation. If a child has been exposed to domestic violence, the child's ongoing emotional and physical safety requires assessment.

If a child is assaulted, harmed or injured as a result of domestic violence, a joint response with police is required.

During assessment and planning, Child and Family staff should consider all aspects of domestic violence and ascertain the extent of the violence, or type of abusive behaviour being used to maintain control over the family.

It needs to be remembered that women/families who live with domestic violence often do not recognise it as such, due to the violence and abuse being a normal dynamic in their relationship.

Children and non-offending carers should be interviewed separately from the alleged perpetrator, if possible, so they are not intimidated by the presence of the alleged perpetrator.

Effects of domestic violence on children and young people include;

- low self esteem;
- hyper-vigilance or a sense of constant vigilance;
- self blame and guilt;
- isolation and guilt;
- isolation, shame and fear;
- acting out or withdrawal;
- anger, depression, nervousness;
- psychosomatic illnesses;
- post traumatic stress disorder.

Types of domestic violence include:

Physical assault - punching, hitting, kicking, pushing, slapping, choking or the use of weapons.

Sexual assault - being forced to have sex (rape), indecent assault, being forced to look at pornography.

Psychological/ verbal abuse - threats of violence or death, emotional and verbal abuse which threatens, degrades or insults the victim/s.

Social abuse - being stopped from seeing friends and family, being socially and or geographically isolated.

Economic abuse - having no access to, or control over money and other resources and being forced to live without money.

Apprehended Violence Orders (AVOs)

An Apprehended Violence Order is an order that a person seeks for the purpose of restraining the activities of another person where the activities are intimidating, threatening or harassing the person seeking the order. The order seeks to restrain the continuation of the harassment, violence or intimidation as the Police can take action against a person who behaves in a manner that is in contravention of an order made by the Court.

If a person is convicted under the Crimes Act 1900 of stalking or intimidating another person with the intention of causing the other person to fear personal injury, the Court must make an order for the protection of that person, unless an order already exists, or the victim opposes the making of the order.

Even if a person is charged with stalking or intimidating, or any other domestic violence offence, the Court must make an interim (AVO) order for the protection of the alleged victim unless an order already exists, or the alleged victim opposes the making of the order.

The police may apply to an authorised justice for a telephone AVO where:

- a domestic violence incident occurs;
- it is impractical (because of time of day) to apply for an interim order at Court; and
- the police officer has good reason to believe the order is necessary for the victim's protection.

The process for application for an AVO is through a Chamber Magistrate at the Local Court. Applicants may apply through a solicitor or an officer of the Court. A Police Officer should be included as an applicant, where an order is sought on a child's behalf.

In responding to domestic violence, Child and Family staff are to encourage the non offending parent to apply for the AVO on her/his own behalf if the Police are not taking one out for her/him. You may be required to attend the local court with the non-offending parent during the appointment with the Chamber Magistrate.

The Police are able to apply for AVOs on behalf of a child, even where the non offending parent does not recognise the need for such an order to protect the child.

Where a young person has an AVOs taken out against them

Where a young person has threatened or assaulted a member of their family and the conditions of an AVO exclude them from residing in the family home, staff may assist in arranging their alternative accommodation.

The Domestic Violence Line

Staff of the Department's Domestic Violence line have specialist knowledge in dealing with domestic violence and are available as consultants to Child and Family staff. They can advise on refuge vacancies, appropriate referral phone numbers and how to contact the local Police Domestic Violence Liaison Officer.

Domestic Violence Line: 1800 65 64 63.

Financial Assistance

Financial assistance may be provided to women and children escaping domestic violence to meet the cost of emergency accommodation and transport. (**See Section on Financial Support Arrangements, Family Initiative Fund**). Referral to the Department of Housing for temporary accommodation under the Rental Assistance Scheme may be appropriate.

Activity: Assisting Victims of Crime

Description

Victims of crimes are entitled to victim support and to apply for criminal compensation.

Mandate

Victims Rights Act, 1996.

Victims Compensation Act, 1996.

Guidelines

The Victims Compensation Act, 1996, provides a statutory scheme for compensation for victims of violent crimes. It also enables compensation paid to be recovered from the persons found guilty of the offence.

Child and Family staff have a responsibility to children or young people for whom the department provides care and protection to ensure that applications for criminal compensation are lodged promptly where applicable.

The Victims Rights Act, 1996 established the Victims of Crime Bureau within the Attorney General's Department. The Bureau's primary goal is to coordinate the delivery of appropriate services to meet the needs of victims of crime.

The Victims Rights Act, 1996 also sets out a Charter to recognise and promote the rights of victims. The Charter establishes standards for the appropriate treatment of victims of crime and is overseen by the Victims Crime Bureau. Under the Charter, a **victim** includes a person who, as a direct result of a criminal offence, suffers physical or emotional harm, or loss or damage to property.

The Charter includes the following rights for victims:

- that a victim is treated with courtesy and compassion and has their rights and dignity respected;
- information about and access to welfare, health, and counselling services;
- privacy and protection;
- information about the investigation of the crime, the prosecution and trial of the accused;
- assistance with the preparation of a victim impact statement; and
- information about the offender's release, escape or eligibility for unescorted absence from custody.

Complaints about a breach of victims' rights can be made to the Victims of Crime Bureau. Where the Bureau is unable to satisfactorily resolve the matter a report will be made to the Attorney General.

Activity: Female Genital Mutilation (FGM) Joint Response Team

Description

Female Genital Mutilation is the collective term for a number of procedures involving cutting or removal of the external female genitalia. It is usually performed on girls or young women. Some people believe that FGM is a religious practice, but there is no evidence in any religious writing which supports this practice.

The Crimes (Female Genital Mutilation) Amendment Act makes the practice of FGM illegal with a penalty of up to 7 years imprisonment for anyone who carries out or assists in carrying out the procedure.

Responding to allegations of FGM requires the assistance of a response team because of the specialised knowledge and high level of coordination required between the Department of Community Services and the NSW Police Service in such matters.

Mandate

Crimes (Female Genital Mutilation) Amendment Act 1994.

Guidelines

Contact is advised with the FGM Team Leader at the CP&FCS when concerns about such practices arise. A team of DCS and Police staff is available on call to assist with advice at intake, with planning field action and conducting investigations. At all times the CSC maintains responsibility for the case and DCS staff team members are available to assist through consultation and support to Child and Family staff in the CSC. Police team members will however conduct any criminal investigation.

Indicators of FGM

In the context of responding to concerns about a particular child, it is important to be alert if the child speaks of the following: having a party, an overseas trip, a celebration and/or receiving lots of gold, receiving lots of presents, becoming a woman, wearing henna, red colouring, washing in the Nile, having a sore bottom, being better protected, becoming a better person, being better than the Australian girls, being better prepared for marriage, having a 'special' operation (cutting).

Physically the child may have a swollen abdomen, sore bottom or genitals, be reluctant to participate in sport when previously interested, spend extended time in the toilet or have increased frequency in the toilet, have many days per month missed from school (periods) and take pain killers frequently.

Emotionally the child maybe withdrawn, may react with acute interest or a strong response to information about human sexuality education, be reluctant to be involved with boys, or have limited involvement in social activities.

Activity: The care and support of young people in out of home placement, including adoption

Description

The substitute care system is targeted to those children and young people who need to be cared for away from their family for a variety of reasons. The system is closely aligned to protective intervention and family support services.

A major goal in providing substitute care is to place each child or young person in a care setting which can best meet their identified needs. A child's family is of paramount significance and a natural source of life long identity. Throughout the substitute care process the maintenance of a child or young persons relationship with his/her family, and involvement of the family, where practicable, in decision making are important.

Substitute care refers to all out of home care services provided by government and community social welfare organisations which operate in accordance with the Children (Care and Protection) Act, 1987. These include a range of fostering and residential services providing short to long term care.

Guidelines

A substitute care service provided to a child or young person should include the following features:

- the service is designed to meet a child's individual needs in the most appropriate manner;
- provides a child with continuity and stability of care, allowing easy access to their families and social networks;
- provides a child and their families with the opportunity to be involved in decisions which affect them;
- respects and recognises a child's privacy and dignity;
- values the child and assists the child to maintain their language and cultural background;
- provides a safe and nurturing environment, which caters for special needs such as disabilities;
- encourages a child/young person to have a say and seeks to resolve complaints when they arise; and
- assists a child/young person to plan for and live independently on leaving care.

Chapter 11 sets out the policies and procedures for working with children and young people in out of home care.

Activity: Planning for and Management of Intensive Investigations: The Special Joint Response

Description

A Special Joint Response is a planned and coordinated intervention by DCS and other agencies in response to allegations of neglect, physical, emotional and sexual abuse of children and young people where there are special circumstances.

Special circumstances include:

1. Where the allegation of abuse occurs in:
 - substitute care (i.e. residential substitute care or disability service, foster care; adoptive placement until finalisation of an order; and respite care);
 - a Child Care Service;
 - an institution or community social welfare agency (i.e. youth centre, school, refuge, club, association or hospital); or
2. Where the allegation involves:
 - an employee, volunteer or contractor (or a member of their immediate family) of a NSW or Commonwealth department or a community social welfare organisation who works in a capacity providing services and care to children, young people and/or their families;
 - multiple victims and/or abusers (including serial sexual assault, pornography and prostitution).

Where there is the possibility that a criminal offence has occurred the matter must be referred to the Child Protection Enforcement Agency (CPEA) who will determine which Police will respond.

Guidelines

‘Special Joint Responses’ aim to provide a comprehensive and collaborative effort that involves the sharing of information and the pooling of expertise to plan and respond to intake information.

Due to the complex nature of these matters they may require:

- pro-active casework and case management intervention prior to investigative interviewing;
- police surveillance prior to any action being taken;
- greater levels of planning;
- additional resources;

- decision making at a more senior management level;
- coordination with other law enforcement agencies;
- management of high level media and political interest; and
- always a coordinated, interagency response.

All intervention must be planned, assessed, investigated and analysed by a team of people brought together because they have specialised knowledge and skills.

When the intake information alleges abuse or neglect but does not detail an allegation of possible criminal offence:

- immediate joint planning with the Police is not necessary;
- the child may be interviewed by DCS staff to assess the immediate degree of risk and take appropriate action to ensure safety and support;
- however as soon as it becomes apparent that an offence has occurred, the interview ceases in a manner sensitive to the child's needs to allow the Joint or Special Joint Response action to take place.

Roles and responsibilities

The CSC Manager needs to be informed immediately information received indicates a need for a special joint response.

The Manager approves immediate contact with the Child Protection Enforcement Agency (CPEA) of the NSW Police Department (Phone: 02 9690 4199) if a possible crime has been committed. The CPEA will decide who in the Police Service will respond.

Where the allegation of abuse involves a non DCS worker or carer, the agency or department responsible must be contacted by the Manager so the agency management can be involved in planning the response. The involvement of other key agencies and professionals is to be discussed with Police prior to taking action so that the Police may put in place actions to secure evidence, without compromising the natural justice rights of the alleged abuser.

The CSC Manager is to ensure that a Briefing Note and report are prepared and forwarded to the Area Manager.

Case Allocation

The CSC Manager ensures that the Area Manager is made aware of the allegations as soon as possible. The Area Manager is to inform the Director Operations DCS using the Critical Incident Advice Form.

The Area Manager will appoint a case manager and/or a key worker, who is a suitably skilled officer. Where there may be a number of victims involved, another skilled worker may be required to coordinate the various actions that are planned.

The CSC Manager in consultation with the Area Manager will allocate additional DCS resources as required.

When information is received after hours, it is the responsibility of the Assistant Manager Child Protection and Family Crisis Service (CP&FCS) to jointly assess with the Police the immediate safety and care needs of the child and to take appropriate action to protect the child and secure evidence. Further action is subject to a special joint response planning meeting involving all relevant agencies and workers.

Allegations of abuse and/or misconduct made against DCS staff are to be dealt with by Managers in accordance with departmental procedures. However, action to investigate and assess the safety and wellbeing of the child remains paramount and is a separate process which is completed through a special joint response.

Planning Meeting

The CSC Manager ensures that a joint planning meeting occurs as soon as possible and may involve the following people:

- Police Child Protection Enforcement Agency;
- DCS staff as deemed appropriate;
- JIT;
- representatives of other Government Departments;
- management of the community social welfare agency/s where the abuse is alleged to have occurred to a child in their care, eg: in foster care or a residential care program;
- departmental case management units where staff misconduct is alleged;
- other relevant professionals as identified.

Key Consideration

It is critical that the planning meeting includes representatives of appropriate organisations to deal sensitively but effectively with the often difficult and sometimes complex issues that arise in such matters.

Investigation and Assessment Plans developed at the Planning Meeting include the rationale for all decisions and recommendations made.

A Protection Planning meeting is necessary to decide:

- what further action is required;
- by and with whom;
- when and where;
- to identify roles and responsibilities and the key worker; and
- determine whether, and what ongoing action is required.

Key Consideration

The jointly approved action and response times need to consider the safety and the particular vulnerability of children abused in substitute care and reflect the urgency of such cases.

Points to be considered in developing the Investigation and Assessment Plan are:

- clarification of the roles and responsibilities of agencies not directly involved in the initial investigation;
- immediate safety issues for the child;
- the roles and tasks of each team member;
- coordination of the initial visits;
- arrangements for the child's interview, medical examination and/or psychological assessment and reviews;
- child's physical and emotional needs;
- allocation of appropriate support person/s for the children;
- protection of the validity of evidence;
- who will inform the family/carer and when;
- support for non offending parent/carer;
- information to be given to the alleged perpetrator, by whom and when;
- the need to institute a review process; and
- debriefing of all staff involved.

Key Consideration

Under no circumstances are the names of the alleged perpetrator of child/young people involved or details of the allegations given out to anyone other than those most directly involved in the investigation or with delegated responsibility.

Special Considerations to be Discussed and Agreed on in the Planning Meeting

- Parents of children who are the subject of notifications but are not implicated in the allegations are to be consulted prior to children being interviewed.
- In matters affecting care arrangements the parents of non-notified children are only to be told that the staff or carers are being investigated or the centre closed or what ever practical information is available.
- Where the notification concerns an employee of a Department, a Community Organisation or a child care service it may be appropriate for the investigation to be undertaken by officers from another area.
- Where the notification refers to alleged abuse in a residential facility, the staff member identified must not have access to the child while the investigation is being conducted.

- When a school situation is involved, the Assistant Director-General (of the relevant Department of Education region) is to be consulted by the DCS Area Manager about the selection of an appropriate representative.
- Where the alleged perpetrator is a person in charge of a service, either the Police or a Department officer should inform the person of the allegations as soon as possible. Under no circumstance is the identity of the notifier or the victim/s to be revealed.
- When there are Multiple Victims and Abusers (ie serial sexual assault, pornography and prostitution), consideration may need to be given to creating a separate administration file to record all aspects of the investigation.
- Where the notification refers to alleged abuse in foster care, any decisions about access between the child and the alleged abuser must take into account the protective needs of the child. This will include assessment of the need to remove the child from the carer's home.
- The Department has a responsibility under the Licensing provisions in the Children (Care and Protection) Act, 1987, to make a decision about the continued operation of licensed services (i.e. substitute care and child care) pending the result of the investigations. Any recommendation to revoke or suspend a licence is made following advice from Legal Branch and is referred for the Minister's consideration.

A joint follow up, review planning meeting and/or debriefing of the assessment and investigation is to be conducted following completion of the initial enquiries and at regular intervals. The review may include briefing and debriefing for workers, evaluation of any outstanding supports required for those notified, practice issues for future work, and any recommendations for the Minister's and the Director-General's information.

Activity: Statutory Legal Action under the Children (Care and Protection) Act, 1987

Description

The Children (Care and Protection) Act, 1987 gives authorised officers of the Department significant statutory powers to intervene to protect the health, safety and wellbeing of children and young people.

Key powers relate to:

- Medical Examinations;
- Removal of Child or Assumption of Care;
- The Bringing of Care Proceedings.

Powers under the Act in relation to removal, assumption of care, and care applications are to be used only when the safety and/or risk issues for a child are significant, when other actions are unable to provide for his/her immediate safety, and when the action will be in the best interests of the child.

Mandate

Children (Care and Protection) Act, 1987.

Guidelines

Special Medical Examinations under section 20(B)

Section 20B states that:

20B (1) A person shall not carry out special medical treatment on a child who is under the age of 16 years otherwise than in accordance with this section.

Penalty on indictment: imprisonment for 7 years.

(2) A registered medical practitioner may carry out special medical treatment on a child who is under 16 years of age if:

(a) the medical practitioner is of the opinion that it is necessary, as a matter of urgency, to carry out the treatment on the child in order to save the child's life or to prevent serious damage to the child's health; or

(b) the Supreme Court consents to the carrying out of the treatment.

(2A) Consent to the carrying out of special medical treatment on a child who is under the age of 16 years shall not be given unless the Supreme Court is satisfied that it is necessary to carry out the treatment on the child to save the child's life or to prevent serious damage to the child's health.

“medical treatment” includes:

- a) any medical procedure, operation or examination; and
- b) any treatment, procedure, operation or examination that is declared by the regulation to be medical treatment for the purposes of this section.

“special medical” means:

- a) any medical treatment that is intended, or is likely, to have effect of rendering permanently infertile the person on whom it is carried out; or
- b) any other medical treatment that is declared by the regulations to be special medical treatment for the purposes of this section. Section 20B states that a person shall not carry out special medical treatment on a child who is under the age of 16 years otherwise than in accordance with this section.

Departmental staff who request a Doctor to carry out special medical treatment, or in acting as the guardian of a ward or protected person, give approval for the special medical treatment, would be open to prosecution as an accessory to the commission of a crime.

Departmental Officers need to be aware of Section 20B of the Children (Care and Protection) Act, 1987, when:

- sterilisation or long acting hormonal substances such as Depro-provera is proposed to be given to a child. Under Section 20B it is **only** the Supreme Court that has the power to consent to the carrying out of such special medical treatment; or
- The child’s life would be threatened without the special medical treatment. For example, a blood transfusion that is necessary to save the life of a child but the child’s parent/guardian will not give consent because of religious reasons.

Under Section 20B (2) (a) treatment can only be carried out by a medical practitioner if he or she is of the opinion that it is necessary to save the child’s life or prevent serious damage to the child’s health.

While Section 20B (2A) establishes a test of “necessary to carry out the treatment...” the Court will not necessarily confine itself to medical issues. There is case law (from the Supreme Court) where the Court has had to consider serious medical issues alongside the social factors for the child and caregiver.

An application must be made to the Supreme Court of NSW under section 20B of the Children (Care and Protection) Act, 1987, for the consent of the Court to carry out what is called “special medical treatment” of any child under 16 years of age.

The Section makes it clear that it is **only** the Supreme Court of NSW that can give consent to special medical treatment. A stringent test is applied.

Clause 14 (2) of the Children (Care and Protection) Regulation, 1996, considerably extends the range of procedures which fall in the category of “special medical treatment”. Clause 14 (2) should be read in conjunction with Section 20B (3) to determine what is the present state of the law constituting “special medical treatment”.

It is also important to note that there are provisions in the Guardianship Act, 1987, which pertains to “special medical treatment” of persons aged 16 years and over and are couched in almost identical terms as Section 20B of the Children (Care and Protection) Act, 1987.

Medical Examination under Section 23

A medical examination under **Section 23** notice requires a child, nominated on the section 23 notice, to be presented forthwith to a medical practitioner for the purpose of the child being medically examined. A **Section 23** notice is issued when, on the information assessed, a child is believed to have been abused, in that they have been assaulted, ill-treated, or exposed to behaviour that psychologically harms them. While the medical examination is being conducted, the child is under the Director-General’s guardianship for the purpose of the examination. A **Section 23** notice ensures the Department receives a report from the doctor. A notice should be issued when this cannot be assured by other means.

The issuing of a **Section 23** notice means that a child must be presented to a hospital/doctor nominated “forthwith” and that the examining doctor provide a report to the Department. **Section 23** requires that the medical practitioner prepare a written report for the Director-General. It does not require the medical practitioner to do anything else, i.e. the notice does not direct the medical practitioner to examine the child.

Note: This section of the Children (Care and Protection) Act 1987 does not apply to a child who is already in care of the Director-General or removed under Section 60, 61 or where care is assumed under 62A. Section 20 of the Act applies if a medical examination is sought on a child in residential care. *See Section on Out of Home Placements - Health.*

Issuing a notice

In a situation where it is believed a child has been abused and the carer is reluctant to, or refuses to take the child for a medical examination, Child and Family staff need to decide whether to issue a **Section 23** notice. This is particularly important when a child has suffered a physical injury, suspicion of internal injury, concern of neglect around failure to thrive, or sexual abuse. A **Section 23** notice should also be considered when a carer agrees to take the child for a medical examination but subsequently fails to do so.

Child and Family staff or a member of the Police can require a child to be medically examined if they believe on reasonable grounds that a child under 16 years has been abused.

The **Section 23** notice is served on the person who appears to have care of the child at that time. The **Section 23** notice must name the child and specify the medical practitioner or describe the hospital or place where the examination will be completed.

Child and Family staff are required to explain to the caregiver and child the meaning of the **Section 23** notice and, wherever possible, ensure the caregiver attends the examination.

In accordance with **Section 114** of the Act, the notice may need to be in another language when it appears that the person on whom it is to be served is not literate in English but is literate in another language.

The effect of a **Section 23** notice is that the child is placed under the Director-General's guardianship to enable the examination to occur. This does not alter the child's placement and relates from the time the child is presented for the examination. This guardianship is only for the period of time it takes for the examination, being for a maximum of 72 hours. (refer **Section 23 (4) (b)**).

Where a **Section 23** notice is not complied with, Child and Family staff or Police can apply for a search warrant, to remove the child for the purposes of a medical examination (**Section 24**).

Responsibility of Child and Family staff in issuing Section 23 Notices:

1. Determine if there are reasonable grounds to believe the child has been abused.
2. Prepare the notice for service on the person (who may or may not be the parent) who appears to have care of the child. (See Form **Section 23**)
3. Serve the notice to the caregiver and give copies to parents (if they were not the caregiver), and to the doctor who will examine the child and/or place of examination. Make prior arrangements with the hospital/doctor in relation to the examination.
4. Take the child immediately to hospital or place of examination, preferably in the company of the child's caregiver.
5. Record on the notice if there is cooperation, and provide information to medical practitioner.
6. Ensure a report is provided by Medical Practitioner.
7. Assess and recommend other follow up action as appropriate, including considering if urgent action, eg. removal or assumption into care, is needed to protect the child from immediate danger of abuse.
8. Record the medical examination details on the CIS.

The Medical Practitioner will prepare a written report concerning the examination and send the report to the Department.

If further treatment of the child is required, parental consent is sought, unless the child is brought under the care of the Director-General. If the child does not attend the treatment, the guardian may then be considered guilty of an offence and/or a police officer may issue a search warrant.

The medical examination will have been planned as part of a Assessment and Investigation Plan. Ongoing assessment and services are determined through a Protection or Care Plan once all the information gathered has been analysed.

Removal and Assumption of Care, under Sections 59, 60, 61, 62A and 94

Removal with a warrant

Section 59 relates to:

- children under 18 years for whom care application proceedings have begun. No orders under Section 72(1)(c) for children 16 years and over.

Section 61 relates to:

- children under 18 years for whom there are reasonable grounds for believing that they are in need of care.

Applications for a search warrant under **section 61** to remove a child in need of care are made by the police or officer to an authorised Justice. Warrants should be obtained where there are indications that a child is in need of care and no lesser options are viable.

Children or young people who are Wards or Protected Persons and who have left their approved placement/carer, may be located, removed and returned to a nominated person with a search warrant issued under **section 94** by an authorised Justice.

Removal without a warrant

Section 60 relates to:

- children under 18 years where they are in immediate danger of abuse (s60(1)).
- children under 16 years who are in need of care and without supervision of a reasonable adult and in a public place (s60(2)).
- children under 18 years who are in need of care and on premises, or participating in, prostitution or pornography (s60(3)).

Removal of a child is a statutory power, authorising Child and Family staff and Police, under **section 60** of the Children (Care and Protection) Act 1987, to remove children, under 18 years, who are in immediate danger of abuse section 60 (1) from any premises or place, or in premises used for prostitution or pornography, section 60 (3) or under 16 years who are in need of care, not subject to supervision and habitually frequenting a public place section 60(2).

Removal without a warrant under **section 60** is invoked where the child is believed to be in immediate danger or a situation described in **subsection (2) and (3)**.

When care proceedings have begun, an application for an order for the child's removal from the family home or any other place, may be made to the Children's Court, (**refer section 59**). Children who are under the Director-General's care and placed with their family do not require an order for change of placement during care proceedings.

Section 62A relates to:

- children who are currently though, temporarily, in a safe place (e.g. hospital etc.), but are believed to be in immediate danger of abuse should they leave without the supervision of the Department.

The Department is able to assume care of children under **section 62A** if the officer suspects on reasonable grounds that the child is in immediate danger of abuse but does not need to be removed from the current premises (eg hospital).

Removal results in the child (under 18 years) being placed in the Director-General's care for 3 days, or if the third is not a working day, until the next working day. If the child is to remain in the Director-General's care, a care application needs to be lodged with the court before the end of the third working day.

Section 94 relates to:

- wards or protected persons who have left, or been removed from their authorised carer or placement without a lawful excuse.

Taking Removal Action

Removal using **Section 60** is related to situations of safety and/or high risk. The assessment and subsequent information would need to indicate that there are reasonable grounds to suspect this, and that the child's safety could not be secured by alternate means (see form *Legal Rights on Removal of a Child...Sections 59, 60, 62 and 63.*)

The search warrant issued under **Section 61** allows a nominated Child and Family officer to search, locate and remove a child who is believed to be in need of care. Once removed, a child is placed in the Director-General's care under **Section 62**.

Removal of a child must be a decision based on the assessment of relevant and timely risk issues for the child. You must actively plan the protective intervention to keep the child safe and reduce risks.

The carer, or person responsible for the child, is to be advised in writing of the reasons for removal in accordance with **Section 61A**.

Parents and carers are to be provided with information as to their legal rights following a child's removal according to **Section 62B** (see Form *Legal Rights*).

Under **Section 62** Child and Family staff need to initiate Court action, or discharge the child from care within 3 days, or where the third day is not a working day the next working day or lodge at Care Application **Section 57**.

The assessment and decision making in relation to discharging a child from the Director-General's care is to be in keeping with the safety and/or risk issues.

When Child and Family staff discharge a child without lodging a care application, undertakings are not legally valid. Case planning needs to incorporate this and develop alternative agreements with the parent, carer or child. Ongoing work is provided within the case coordination framework where the case plans and planning meeting address the ongoing protection and service needs of the child and family.

Care Application

A Care Application is an application to have orders made under **Section 72**. A Care Application to the Children's Court needs to state one or more of the grounds under Section 10 of the Act. The Children's Court will not make a final order under Section 72 (i)(b) or (c) unless it is satisfied that it is very highly probable the child is in need of care.

The Children (Care and Protection) Act, 1987 defines a child as any person under 18, however the Children's Court can only make limited orders for children over 16 years. (See **Section 72**)

Care applications relate to children who are in need of care as defined by **Section 10**. ie

- adequate provision is not being made, or likely not to be made;
- the child is being abused or likely to be abused;
- there is a substantial and presently irretrievable breakdown in the relationship between the child and one or more parent.

A Care Application is to be completed by Child and Family staff and approved by the Assistant Manager. Assistant Managers are the applicant in the Application. (See Form *Care Application*.) Applications can also be made by a parent of the child.

Child and Family staff are required to use the approved Departmental affidavit format to accompany all Care Applications made by the Department, for an order by Children's Court under **section 72**. The affidavit format provides explanatory notes for the affidavit completion (see Form *Initiating Affidavits*).

Key Issues to be considered in bringing Care proceedings:

- safety of the child;
- nature and extent of the abuse/neglect;
- risk of further abuse;
- access of abusing parent/caregivers to the child;
- presence of other responsible adults to ensure child's safety;
- attitude of parents/caregivers to the child;
- pressure on the child to retract statements; and
- child's access and ability to seek help if safety is threatened.

The Child and Family Officer will:

1. Consider alternatives to court action (refer **Section 57(3)**) including:
 - referral action but no legal measures put in place;
 - apprehended violence proceedings;
 - criminal proceedings;
 - Family Court action (if the matter is a custody/access issue);
 - intervention in existing Family Court proceedings.
2. Address placement issues if the child is found to be in need of care.
3. Lodge a care application made by the Assistant Manager and statement of facts if satisfied that care proceedings are appropriate.
4. Serve an application personally on persons responsible for the child (unless their solicitor has indicated he/she is to be served instead).
5. File evidence and documents before it is required at court (minimum one day).
6. Prepare a report (refer **Section 74**) if there is an order under **Section 72**.

The magistrate will consider:

- who the parties are, whether they have been served with papers and whether they are at court;
- findings and possibly orders by consent;
- future of case, eg will the matter be contested and the need for filing of evidence;
- care of the child during adjournment;
- need for psychological or other reports;
- issues of access as well as placement of the child;
- whether it is highly probable that the child is in need of care, and based on evidence, make a finding;
- send contested matters to a hearing;
- complete care proceedings within 42 days of commencement.

Preparing Reports to the Court

Children's Court matters often involve a number of court appearances. Therefore a number of reports may need to be tendered to the court.

Section 74 Assessment Reports for the Children's Court are the major tool for the Magistrate to assess the case and determine if orders should be made under **Section 72**. An order cannot be made unless a **Section 74** report is tendered to the court.

Section 74 Reports must include:

- family details;
- background information about the family including past information that may be relevant;
- concerns (safety and/or high risk) that bring the matter before the court;
- efforts to resolve the safety and risk concerns;
- information relating to the carers and an analysis of how this relates to the current court matter;
- information relating to the child/ren and an analysis of how this relates to the current court matter;
- events during the Court adjournment;
- summary of strengths/issues/concerns and implications for the child;
- options for orders under **Section 72** and analysis of impact on the child;
- where custody or wardship are being recommended, report on these options; and
- an explanation of placement options with extended family and proposed carer.

Whilst preparing a **Section 74** Report for children who are Aboriginal **Section 84** of the Act must be considered. See also section on *Placement of Aboriginal Children in Care*.

The Children's Court must be satisfied that the order made is the least disruptive for the child and will result in a significant improvement in the standard of care being given to the child.

Key References

- Blackmore, R. (1989) *The Children's Court and Community Welfare in NSW*, Longman & Cheshire Pty Ltd Melbourne.
- Cashmore, J., Dolby, G. and Brennan, D. (1994) *Systems Abuse: Problems and Solutions*, NSW Child Protection Council
- Cashmore & Paxman (1996) *Wards Leaving Care A Longitudinal Study* Social Policy Research Centre.
- HMSO (1992) *Child Protection Messages from Research Studies in Child Protection*, London.
- Humphreys, Dr Catherine (1993) *Referrals of Families Associated with Child Sexual Assault* Department of Community Services.
- NSW Child Protection Council (1994) *Systems Abuse: Problems and Solutions*.
- NSW Child Protection Council (1995) *Preventing Child Homicide*.
- NSW Child Protection Council (1996) *Report of the Working Together Working Party on Joint Responses to Child Abuse and Neglect*, for Submission to the Social Justice Committee.
- NSW Child Protection Council (1997) *Interagency Guidelines for Child Protection Intervention* Second Edition.
- NSW Government, (1996) *Fair Go Fair Share Fair Say, NSW Social Justice Directions Statement*.
- NSW Child Protection Council (1994) *Systems Abuse: Problems and Solutions*.
- Reder, Duncan & Gray (1993) *Beyond Blame: Child Abuse Tragedies Revisited*, Routledge London.
- Shier & Sinclair (1995) *Outcomes of Reviewing Child Deaths in the Department of Community Services A Statutory Response Agency*. NSW Department of Community Services
- Family and Children's Services Western Australia (1996) *New Directions in Child Protection and Family Support*, Family and Children's Services Western Australia.

FEEDBACK SHEET - CHAPTER 10

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

.....

Are there any omissions or errors?

.....

.....

Do you have any suggestions about what to include in future editions?

Chapter Reference:

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Any other comments?

.....

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NAME.....POSITION.....

WORK ADDRESS.....

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11

Out of Home Placements, including Adoptions

Practice Manual

Working with Children and Families

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

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11-72	Identifying Legal Status of Children in Care
11-73	Approving Absences for Children in Care
11-75	Arranging Travel for Wards and Protected Persons
11-77	Transferring Guardianship between States
11-78	Death of a Child or Young Person in Care
11-81	Paying Bail for Young People in Care
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- 11-88 **Adoption Responsibilities**
- 11-88 Investigating illegal placements
- 11-90 Counselling a parent considering adoption consent
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- 11-110 Selecting the adoptive placement
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- 11-117 Arranging meetings between adoptive & birth families
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- 11-123 **Leaving Care/After Care Services**
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- 11-131 Planning adoption for a ward
- 11-134 Transitioning a foster placement to adoption
- 11-140 Assisting a young person to consent to adoption
- 11-143 Finalising a consented adoption for a ward
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- 11-151 Aftercare Services

- 11-153 **Post Adoption Responsibilities**
- 11-153 Arranging post order exchange of information/contact
- 11-156 Responding to a request for Prescribed Information
- 11-157 Witnessing an application for Advance Notice
- 11-159 Witnessing an application for a Contact Veto
- 11-161 Assisting applications to the Reunion & Information Register

11. Out of Home Placements, including Adoptions

11.1 Identity and Family Relationships

Activity: Arranging Access and Contact for Children and Young People in Care

Description

It is of primary importance for children and young people in care to be assisted to preserve their own identity. Ensuring frequent contact with the child or young person's family after entry into care helps reduce feelings of abandonment and maximises the potential for reunification as soon as possible.

Access refers to face to face meetings, outings, or time spent with parent(s), relative(s) or significant other(s)-(See Glossary). **Contact** includes correspondence, phone calls, photos and other forms of indirect contact.

Mandate

Children (Care and Protection) Act, 1987, Section 16, 55 (d).

Guidelines

Child and Family staff are responsible for making arrangements for access and contact between children and young people in out-of-home placements and their parents, relatives and significant others.

Arrangements for access and contact are to be addressed in the **case plan as a matter of priority** for each child and young person in out-of-home care. Contact is to be arranged to meet the child or young person's needs, to promote his/her psychological and social development and to support existing attachments. These arrangements are to be regularly reviewed to meet the changing needs of the child or young person.

Access and contact arrangements are required to be consistent with the goals of the **case plan**. Case plans are to address:

- frequency and duration of access;
- who will attend;
- the role of the foster carer;
- the requirements for supervision; and
- the venue.

Plans for access and contact need to be flexible and appropriate to the child's age and stage of development, including their sense of time. The child's wishes regarding access are required to be taken into account.

When planning access and contact arrangements, Court Orders, where applicable, must be observed.

Managers may approve extended periods of access based on the safety and wellbeing of the child or young person.

Financial and personal assistance is available to facilitate access and contact. (See Section on: **Financial Support Arrangements; Contingency Items or Services and Arranging Travel**)

Child and Family staff should attempt to resolve disputes or conflict in access and contact initially by discussion or case conference with the parties. If disputes are not resolved, then the Manager has the delegation to vary the arrangements. Applications to vary arrangements may also be made to the appropriate jurisdiction (eg Family Court) if necessary.

Persons providing supervision on access visits must have the skills and knowledge of the case to enable him/her to supervise adequately to ensure the safety of the child. If the access is supervised by a non-Departmental officer, **his/her suitability must be assessed, including a Police Criminal Records Check and must be approved by the CSC Manager;** the approval must be noted on the case plan.

Special approval from the Manager, or a Court Order, is required if access or contact is to be denied or suspended. Reasons for denial/suspension are required to be documented, noted in the case plan and provided to the parties affected by the decision. The reasons may include:

- professional assessment by the Departmental Psychologist;
- professional assessment by another competent authority;
- a Court Order, eg Apprehended Violence Order.

The progress of access is required to be recorded on the child's or young person's file. Details of whom the access is with, when, where and who supervised access (if at all), and the child's reactions to the access are to be recorded.

Key References

NSW Department of Community Services, Legal Branch, training materials, *The Family Law Act: The new provisions concerning children*, March 1996.

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996

Activity: Arranging Birth Certificates and Religious Affiliation

Description

A certified birth certificate is obtained from the NSW Registry of Births, Deaths and Marriages, or another appropriate authority outside NSW.

Mandate

Children (Care and Protection) Act, 1987, Section 16, Part 6.
Children (Care and Protection) Regulation, 1996, Clauses 31 and 32.

Guidelines

Parents of infants in 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.

Where the Minister or Director-General exercises legal guardianship or custody of a child, excluding a child in temporary care, Child and Family staff are to ensure that the child's birth is registered and a certified birth certificate is obtained.

Where a child has not been given a first name by his/her parents, Child and Family staff are required to take action to lodge a birth registration form to name the child within three months of the child's entry into care.

Where a child has been abandoned, lost or deserted, and/or the whereabouts of the parents are unknown, Child and Family staff are to make every effort and inquiry to locate the parents and to find out any details of the birth which may facilitate registration of the birth. All such enquires are to be recorded on the child's file.

On receipt of a birth certificate for an **unnamed** child, the CSC Assistant Manager is to 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*), requesting a birth certificate in the **acquired name**.

The CSC Assistant Manager has the delegation to request a certified birth certificate and to approve payment of associated costs.

Where a birth has been registered in NSW, an application form and accompanying letter are to be signed by the Assistant Manager and forwarded to the Registrar of Births, Deaths and Marriages, requesting the birth certificate.

Where the birth is registered in another State or Territory in Australia a letter (See Form: *Request for Birth Certificate - Interstate*) requesting the birth certificate, signed by the Assistant Manager and enclosing a cheque for the fee applicable, is to be sent to the relevant authority.

Where the child has been born in another country, the Assistant Manager is to seek advice from the local Consulate or Embassy regarding the procedure and fees required to obtain a certified birth certificate. Advice may also be sought from Adoptions Branch regarding intercountry adoption cases. A form letter (See Form: *Request for Certificate - Overseas*) is to be sent to the relevant Consulate or Embassy. Payments to foreign authorities may be approved by the CSC Manager and are to be made by bank draft.

For verification of birth and personal details of a protected person (non-citizen child), a visa or immigration document is to be obtained from the Department of Immigration.

Registering a Birth

Where it is found that the child's birth has not been registered, an "Information of Birth" form is to be accurately completed by the parents as a matter of urgency, with assistance from Child and Family staff if required. The CSC Manager is to ensure that the form, with accompanying form letter (See Form: *Unregistered Birth*) and fee payable, is forwarded 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 is not known, a form letter (See Form: *Unknown whereabouts of parent*), with an "Information of Birth" form is to be sent to the hospital where the child was born. When the documents are returned from the hospital they are to be forwarded with a covering letter and the fee payable to the Registrar of Births, Deaths and Marriages, requesting a birth certificate.

Where the birth of the child occurred outside NSW and the birth has not been registered, a form letter (See Form: *Letter to Crown Solicitor*) is to be sent to the NSW Crown Solicitor, together with full details of the child's birth, requesting the necessary action for the registration of the birth. Upon advice being received of the registration of the birth, the CSC Assistant Manager is to approve payment of the fees to obtain the birth certificate and send the accompanying form letter .

All birth details held on Departmental files, including the CIS are to be checked against the birth certificate and corrected if necessary.

Birth certificates are to 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 Department and is not to be given to any person.

If foster carers require a birth certificate, this is to be obtained at the Department'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 suffice.

Determining Religious Affiliation

The Department may in accordance with Clause 31 of the Children (Care and Protection) Regulation, 1996, arrange for the religious affiliation of the child to be confirmed through the appropriate ceremony, particularly if the parents of the child or the child themselves express a wish for this to occur.

Key Reference

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 2

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Four: Identity and Family Relationships

Activity: Organising a Change of Name

Description

Children and young people in care are **entitled to be known by their correct name** and are entitled to have their name respected. It is the prerogative of the young person to initiate a **change of name**.

Name includes first name, middle name(s) and surname by which the child/young person is normally known. The child/young person's birth certificate identifies the name to be used in all official documents, including school enrolment.

Mandate

Children (Care and Protection) Act, 1987, Part 6.

Guidelines

Changing the name of children in Departmental care is normally only permitted in cases where adoption has been approved, or if a court order requires it. In cases where the child is **not** under the guardianship of the Minister or Director-General, **written consent from both parents is required to change a name**.

Wards or protected persons may change their name when they want this to occur. Normally approval will only be granted if the young person:

- is over 12 years of age;
- is assessed as competent to make an informed decision;
- has been in a long-term stable placement;
- is unlikely to be restored to birth family;
- is fully aware of his/her identity; and
- is already known at home and school by the proposed name.

The CSC Manager has the delegation to approve a change of name for a ward or protected person. Approval may only be given where the change of name is part of the case plan for the child or young person.

Where another person is the guardian (including parents), and the young person has expressed a wish for a change of name, the written approval of the guardian is required.

If the guardian refuses permission, this is to be communicated to the child. Usually no further action will be taken. However, if the child or young person continues to express a desire to change their name, legal advice may be sought.

Obtaining a change of name

There are currently two ways of obtaining a name change:

1. Registry of Births, Deaths and Marriages -
 - (a) For a child/young person born in NSW, the NSW Registry of Births, Deaths and Marriages may be contacted on (02) 9243 8523 for details of the process to follow and the fees payable;
 - (b) For a child/young person born outside NSW contact the relevant State authority;
2. Name Change by Registration -

This change can be effected with the consent of the registered parents of a child/young person under the age of 18 years, or a Court, and is administered by the Registry of Births, Deaths and Marriages. A fee is charged.

Where the guardian is agreeable to the change of name, the supervising Child and Family staff are required to prepare a report and statutory declarations, signed by the CSC Manager, the supervising District Officer, the child or young person and the foster carers are to be attached. It is the responsibility of the CSC Manager to refer all the declarations, with the covering letter and any other documents to the Principal Registrar of the Registry of Births, Deaths and Marriages.

A ward or protected person may change his/her name through an "Evidence Note" on the birth certificate made by the Principal Registrar of the Registry of Births, Deaths and Marriages.

Amending Records

When the application for change of name is lodged, action must also be taken to request an amended birth certificate. After this is received the supervising CSC is to ensure that the following records are amended:

- the child's or young person's file;
- the files of any siblings in care;
- the files pertaining to birth parents;
- CIS;
- payments system; and
- the file of carers.

In the case of protected persons who are non-citizens, the supervising Child and Family staff will consult with the Commonwealth Department of Immigration, prior to action being taken.

Key Reference

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Schedule 3, Declaration of the Rights of the Child, Principle 3.

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Two: Decision Making and Choice.

Activity: Forwarding Correspondence And Gifts, Including Christmas Gifts, To Children And Young People In Care

Description

Gifts commonly refer to birthday and Christmas presents, but may also refer to money and any other items intended for the child. Correspondence includes letters, photographs and other documents addressed to the child.

Mandate

Children (Care and Protection) Act 1987, Section 16, Part 6.

Guidelines

Key Consideration

Gifts and correspondence are to be forwarded to the child or young person as soon as possible and an acknowledgment returned to the sender. Items are only to be withheld if deemed harmful to the child.

Child and Family staff are to promptly, and personally deliver the gift or correspondence to the child or young person. These items should be opened by the child to whom they are addressed where age appropriate if possible.

Where the Child and Family staff consider that the gifts or correspondence should not be given to the child, a written recommendation, stating the reasons why, is to be referred to the Manager. The Manager, **in declining or endorsing the recommendation must give consideration to the child's best interests in the context of the current case plan.** A copy of the withheld correspondence or a description of the gift should be added to the file.

The coordinating CSC is to be notified of the decision if gifts or correspondence are to be withheld from the child. The case plan is to be reviewed and a case conference may be required in some cases.

The sender of the withheld gifts or correspondence is to be notified of the decision and the reasons why they were withheld from the child. Any correspondence is to be retained on the file, while the items are to be promptly returned to the sender.

Birthday and Christmas Gifts for children and young people in care

Monies are to be provided for the purchase of birthday and Christmas gifts for children and young people in Departmental residential units, including group homes. As a guide, a base of \$55 for Christmas and \$40 for birthdays is to be used. The actual amount is at the discretion of the relevant Assistant Manager, taking into account the age and needs of the child or young person.

The money may go to the purchase of a gift, or if appropriate, directly to the child/young person, so they he/she may make his/her own choices regarding the use of the money.

NB: If the child/young person has been placed for the purpose of adoption, or has been legally adopted, see Section on **Adoption**.

Key Reference

NSW Department of Community Services, *Standards for Substitute Care Services, August, 1996*, Standard Four: Identity and Family Relationships, Standard Five; Care and Environment.

Activity: Informing Children and Young People of the Death of a Relative or other significant person.

Description

Relatives include parents, siblings, grandparents, aunts and uncles, and for Aboriginal children it also extends to members of the tribal group or moiety. Significant others includes foster carers.

Mandate

Children (Care and Protection) Act, 1987, Section 16, Part 6.

Guidelines

The child/young person is to be personally informed of the death of the parent, relative or significant other. The information is best conveyed by a person who knows the child well. Consideration is to be given to informing the child/young person in a way which he/she can understand according to his/her age and maturity.

Every effort is to be made to support the child/young person emotionally to cope with the loss and to respond sensitively to the child/young person's reactions. Specialist grief counselling may be arranged with the approval of the CSC Assistant Manager.

The child/young person is to be assisted to attend the funeral if at all possible. Assistance may include paying for flowers to be sent from the child. The child is to be escorted to the funeral by a person significant to her/him and who is capable of providing the child with the emotional support he/she requires.

The decision as to whether the child/young person is to attend the funeral is to be based on their own wishes and best interests. The CSC Assistant Manager has the delegation to approve the child/young person's attendance and any costs incurred by the child and escort in attending the funeral and/or any other related ceremonies.

All details known about the death are to be obtained. This information is to be recorded and conveyed to the child personally if this is considered appropriate. For example, very young children, or very distressed children, may not be able to understand all the details, but may request more information at a later stage.

Where the child or young person is in Departmental care by way of a voluntary agreement, the CSC Assistant Manager is to ensure, as a matter of urgency, that a determination is reached regarding guardianship of the child and the future care of the child. Advice may be sought from Legal Branch on a case by case basis.

Obtaining a Death Certificate

Where the child's parent has died the Assistant Manager is to write to the Registrar of Births, Deaths and Marriages within one month of the death, to obtain confirmation of the death. When received, the Death Certificate may be given to the child or young person and/or a copy kept on the file. Other Departmental records, including the CIS, are to be amended as appropriate.

The supervising Child and Family staff are to enquire if the child is a beneficiary of the deceased person's estate. Action is then to be taken as deemed necessary to ensure that the child's rights and interests are protected.

Key Reference

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Four: Identity and Family Relationships.

Activity: Life Story Work

Description

Life Story work is essential for all children and young people in long term care and for children who are adopted.

Life Story work involves compiling a book with personal items, such as photos, drawings, stories and documents, about the child's own life experiences. This work is undertaken by the child, or with the active involvement of the child and with assistance from trusted adults. The Life Story book is usually written as a chronological narrative from birth to the present in the child's own words.

Mandate

Children (Care and Protection) Act, 1987, Section 16, Part 6.

Guidelines

Key Consideration

Maintaining relationships between children/young people in care and their families is an essential part of substitute care work. Life Story work is one way to help the child/young person know of their family background, and it also helps to promote a sense of identity. The Life Story book may also record the child/young person's feelings about what has happened to him/her.

Child and Family staff are responsible for ensuring that children and young people in care are assisted to maintain their own Life Story book and other personal documents about their origins, their birth family and their life history.

The adult who assists the child with Life Story work may be the supervising District Officer, the foster carer, a youth worker or any trusted adult who has an ongoing relationship with the child/young person. The adult needs patience, knowledge of child development and an ability to let the child dictate the input to the book.

Sufficient time is to be set aside by the adult to do Life Story work with the child. Flexibility is required to allow for spontaneous sessions and to work at the child's pace.

It is advisable to discuss Life Story work at a case conference, to emphasise the importance of the work and to seek the cooperation and coordination of everyone involved, including the child if possible. The case plan can then nominate:

- the primary person responsible for Life Story work;
- the resources needed and available;
- the expected timeframe to bring the Life Story up to date;
- appropriate supervision for the work; and
- who will continue with the Life Story Book on an ongoing basis.

For children with complex histories and/or those for whom Life Story work may raise difficult emotional material, it is appropriate for the supervising Assistant Manager to regularly review the progress with the supervising District Officer. Such cases may require consultation with specialist professional staff, such as the Departmental Psychologist, the Child Protection Specialist or other professionals that the child may have contact with.

Children and young people in care are to be encouraged to undertake Life Story work. However, if a child is reluctant to undertake his/her own Life Story Book, the supervising Child and Family staff are still required to keep notes, photos, memorabilia and other documents, so that these may be accessed by the child in future.

In addition to the written narrative, examples of items in a Life Story Book include:

- photos;
- drawings;
- school report cards;
- awards and certificates;
- birthday cards;
- letters;
- birth certificate;
- genogram or family tree;
- baby tag.

Resources that may be used to compile a Life Story book include:

- case files;
- hospital records, Department of Health 'Personal Health Record';
- school records;
- family histories;
- Registry of Births, Deaths and Marriages;
- organisations such as Link Up (for Aboriginal children);
- previous carers;
- field visits with the child.

The final design and style of the Life Story Book is dependent on the child. A loose leaf folder which enables items to be inserted easily is often suitable; or a large manilla pouch folder. Departmental resources, such as computers and photo copiers may also be used.

Younger children, children with disabilities and children with literacy deficits will require extra help to maintain their Life Story Books. Children of Aboriginal background require the assistance of an Aboriginal adult, to properly cover their cultural details. They may also require additional assistance (possibly the resources of specialist services, such as Link Up) to investigate 'gaps' in their past history.

Children and young people take their Life Story Book/folder with them when they leave care. If the child/young person wishes, it may be held on the Department's file, so it can be accessed on request at some later time.

Key References

- NSW Department of Community Services, *Info for You*, interactive booklet for children/young people entering Departmental residential units, July 1996.
- NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Four: Identity and Family Relationships.
- Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, 1996.
- Fernandez E, *Significant Harm*, Avebury, 1996.
- Lawder E, Poulin J and Andrews R, 'A Study of 185 Foster Children 5 years after Placement', *Child Welfare*, LXV (3), May-June 1986 .
- Fanshel D and Shinn E B, *Children in Foster Care - A Longitudinal Study*, Columbia University Press, 1978.
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth), Declaration on the Rights of the Child, Principle 2.

Activity: Promoting Abilities and Recognising Achievements of Children and Young People in Care

Description

Achievements include completing secondary and tertiary education, participation in significant sporting and community events, receiving an award and any other achievement for which a child/young person would normally receive recognition.

Children and young people of Aboriginal or non-English speaking background are to receive recognition for achieving certain milestones, or participating in specific events, which are significant in their culture.

When giving recognition for achievement the level of disability or emotional development of the child/young person needs to be considered. Some children and young people will require recognition for what may appear to be a small achievement in adult perception, but which may be of great significance to the child/young person.

Mandate

Children (Care and Protection) Act, 1987, Section 16, Part 6.

Guidelines

Child and Family staff are to encourage children/young people in care and their carers to advise their supervising District Officer of achievements and special events. Where a child/young person has made an achievement in sport, cultural community activity, or educationally, a brief report is to be submitted to the CSC Manager.

The CSC Assistant Manager decides whether local or Ministerial recognition of the achievement is appropriate. The CSC Manager prepares a letter or card to the child/ young person acknowledging the achievement. Child and Family staff are to ensure that the achievement is included in the child/young person's Life Story book.

Educational Achievement

It is the Department's practice that the Minister sends letters of congratulation to wards and protected persons who sit for the School Certificate, the Higher School Certificate and final exams for TAFE courses. The Minister must personally sign the letters.

The Assistant Manager of the supervising CSC is to ensure that a list is prepared in **August each year** of any ward or protected person who will be sitting for the School Certificate, Higher School Certificate, or TAFE exam. The advice is to state (See Form):

- the type of examination the young person will be sitting;
- the name of the young person; and
- the name of the school.

The form(s) are to be sent to the Ministerial Liaison Branch (Ministerial Correspondence Unit) in Central Office. On receipt of a list of results and forms from the CSC, the Ministerial Correspondence Unit, will ensure that a submission is forwarded to the Ministerial Liaison Branch, including draft letters of encouragement and congratulations for the Minister's signature.

Key Reference

Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth),
Declaration on the Rights of the Child, Principles 2 and 7.

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Three: Privacy and Dignity, Standard Four: Identity and Family Relationships and Standard Five: Care Environment.

11.2. Health

Activity: Meeting the health needs of children and young people in care

Description

Child and Family staff must ensure that plans are in place and actions occur so that the health needs of children and young people are met.

Staff need to be familiar with the provisions of the Children (Care and Protection) Act, 1987, in relation to medical treatment and consents for children and young people in care.

Section 20 of the Children (Care and Protection) Act, 1987, describes who is an authorised person to give consent to ordinary medical treatment (non-surgical and surgical) for children in care.

Section 20(A) gives provision for a registered medical practitioner to give treatments without consent in order to save a life or prevent serious damage to a child's and young persons health.

Section 20(B) of the Act, relates to “**special medical treatment**” which is defined in the section as:

- (3) (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; or
- (b) any other medical treatment that is declared by the regulations to be special medical treatment for the purposes of this section [20(b)].

Section 21 relates to special medical examinations for children in facilities or in licensed residential care.

For **Delegations** in relation to consent to medical and dental see **Instrument of Delegation**.

“**Informed consent**”; for consent to be “informed” and therefore valid, a person is entitled to be informed of the advantages and foreseeable disadvantages of what they are being asked to consent to. Informed consent cannot be valid if any information is withheld. Children under fourteen cannot give legal consent (eg. to medical treatment). The consent of both the young person and the parent or guardian should be obtained if the young person is aged from fourteen to sixteen. In the case of a young person over sixteen, it is necessary only to obtain the consent of the individual.

Mandate

Children (Care and Protection) Act, 1987, Sections 20, 20(A), 20(B) and 21.

Children (Care and Protection) Regulation, 1996, Clauses 13, 14, 26, 30.

Adoption of Children Act, 1965, Section 34.

Adoption of Children Regulations, Clause 29.

Minors (Property and Contracts) Act, 1970, Section 49.

Guidelines

The health needs of children in care are to be considered and addressed:

- at the time of entry into care,
- during regular needs assessments,
- when case planning, and
- at case reviews.

Particular attention is to be given to the special health and medical needs of children/young people with disabilities in substitute care.

Personal Health Record for Children

The NSW Department of Health produces a booklet, "Personal Health Record for Children" (known as the 'Blue Book'). The booklet is provided to all parents in NSW when a newborn baby leaves hospital.

The Blue Book

The booklet enables a record to be kept of a child's health examinations, progress, and immunisations from birth throughout their childhood.

When a child enters care, Child and Family staff are to obtain the 'Blue Book' from the parents if possible. If this is not possible, Child and Family staff 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. The 'Blue Book' is to be given back to Child and Family staff when the child leaves the placement, to ensure that it goes with the child to the next placement or to the parents.

Child and Family staff and carers should familiarise themselves with the information on the child in the Blue Book, especially regarding allergies, health progress and the immunisation records.

When 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 Child and Family staff. Child and Family staff have a responsibility to ensure that planning is taking place to address any health concerns and that any action is recorded on the child's file.

Informed Consent to Treatment

Where a child/young person in substitute care is in need of medical treatment, (including surgery), the consent requirements under Section 20 of the Act are to be followed. The Manager, Assistant Manager and Manager Adoptions Branch are delegated officers of the Minister or Director-General, for the purposes of Section 20 of the Act.

Young people aged 14 years and over, who have the ability to understand and properly consider their own medical treatment, have the capacity to give valid, informed consent.

Section 49 of the Minors (Property and Contracts) Act, 1970, provides a doctor, who acts on that consent, with protection from being sued for assault. The only exception to this general rule is treatment which can be regarded as “special medical treatment” within the meaning of Section 20B of the Children (Care and Protection) Act, 1987 (see Definition in this Section).

For a young person aged between 12 and 14 years, there may be some capacity for the young person to give consent to treatment, (except “special medical treatment”). However, as a general rule, a medical practitioner would be reluctant to act on that consent without further consent from the young person’s parent or guardian.

In relation to wards and protected persons, carers and children/young people are to be encouraged to consult the Department before proceeding to give consent to any medical treatment. The reasons for this are:

1. The Department has a responsibility to maintain records on children/young people who are wards. These records may contain information about the child/young person’s medical history, or the medical history of other family members, which, if known to the child/young person or the carers, may lead to a different decision about the proposed medical treatment.
2. For children/young people for whom restoration is a possibility, it might be considered appropriate to consult the natural parent(s) about their views of the proposed treatment, in case they wish to take action to either oppose the treatment and/or to have wardship terminated.
3. Administratively, there may be difficulties and delays in meeting costs of treatment if the Department has not been informed of the proposed treatment beforehand.
4. The Minister, as the child/young person’s guardian, has the right to take action to oppose the treatment, if the Minister considers it is not in the best interests of the child/young person.

If Child and Family staff are considering action to prevent medical or dental treatment, which has been consented to by the young person, they must first consult a Departmental Legal Officer.

In adoption cases, the birth parents are entitled to receive birth details and copies of medical reports and examinations of the child before he/she is placed for adoption.

If a child is in care whilst the parent is considering relinquishment for adoption and requires medical intervention, the consent of the parent or guardian is to be obtained. From the date an adoption consent is signed by the parent until the adoption order is made in the Supreme Court, the Director-General’s consent (delegated to Area Managers, Managers, and the Manager, Assistant Managers and Supervisors in the Adoption Services Branch) is required for:

- immunisations,
- surgical procedures,
- administration of an anaesthetic,
- blood transfusions, and
- other medical interventions, such as HIV testing.

Key consideration

The consent of the Manager, Adoption Services is to 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 notification or suspicion of abuse in relation to children of whom the Director-General is guardian following adoption consent.

Payment for Treatment (See also Section on ; *Contingency Items and Services*)

The cost of treatment is to be borne by the Department, unless the child/young person is in voluntary, temporary care and the parent is able to claim from a medical fund, or the cost is covered by Medicare. In appropriate cases the delegated officer may authorise the payment of the 'gap' between the refund and the cost of medical, dental or pharmaceutical services. The carer must pay the first \$15 of the total treatment not covered by Medicare and health insurance carried by the foster carer.

Key consideration

Following a child's adoptive placement, unless the Department has agreed to the payment of an adoption subsidy to assist the adoptive parent(s) to meet the child's medical expenses, the adoptive parent(s) are responsible for all the child's medical and other costs.

In the case of orthodontic treatment the delegated officer is to accept advice as to the cost based on local quotes received and the convenience to the child.

The cost of the initial medical examination for a child/young person entering care will be borne by the Department, where such costs are not refundable from Medicare or other health cover.

Where a child/young person is in temporary care, the parents/guardian are to provide the Medicare card or number, so claims can be made. Where possible the parents are to be requested to meet the cost of pharmaceutical items. Where this is not possible and the child/young person is in foster care, the cost of pharmaceutical items is to be met as a contingency.

Key consideration

Children/young people with a disability in foster care are eligible to apply for assistance under the Program of Appliances for Disabled People (PADP) Scheme. Applications for assistance under the scheme are made through the Area Health Office.

Medicare Cards

All children/young people in substitute care are to have a Medicare card of their own (except for temporary care and certain pre-adoptive cases outlined below). They are not to be included on the carer's card. At the time when the child/young person enters care the supervising District Officer is to make every effort to obtain the child/young person's card, or if this is not possible, then to obtain the Medicare number. Child and Family staff need to ensure that application is made to Medicare as soon as possible to obtain a Medicare card for the child/young person. Child and Family staff are to assist foster carers if necessary.

Medicare Claims for Pre-Adoptive Foster Care Children

Whilst children are in temporary foster care pending adoption, the Department is responsible for paying their medical bills, but once they are placed with adoptive parents, then the adoptive parents are to arrange to include the child on their own Medicare card.

In adoption cases special care needs to be exercised to ensure that the birth identification of the adopted child is kept totally confidential from the community and from the adoptive parents. For this reason the current single Medicare number remains, but the list of authorised officers includes one person from each CSC.

As most of the children relinquished for adoption will be placed in their adoptive families within 5 - 7 weeks, or returned to their birth parents, Medicare claims are made using the Area Office organisational number.

If a child is likely to remain in pre-adoptive foster care for longer than 3 months and has significant medical expenses, an application is to be made for the child to be issued with his/her own Medicare card. This card will bear the birth family's Medicare number or, if this is not possible, a separate number, but not the carer's number.

Following adoptive placement, the adoptive parents apply for the child to be included on their Medicare card. Any separate card for the child is then to be cancelled with Medicare.

Health Care Cards

Health Care Cards (HCC) are issued through the Commonwealth Department of Social Security. HCC are not issued to a young person where Family Payment is paid in respect of that young person, nor where Family Payment would be paid, but for the application of the Family Payment income test or assets test. **A ward and protected person under the age of 15 years residing in foster care will generally not qualify for a HCC in his/her own right**, because of the Family Payment entitlement of the foster carer. If the foster carer is in receipt of Family Payment for the child/young person and the foster carer also holds a HCC, then the child/young person will be covered by the foster carer's HCC.

Where Family Payment for a Ward or Protected person is paid directly to a residential care service rather than to a foster carer, a HCC may be granted to the ward in his/her own right, subject to the usual income and residency requirements.

Students of any age who are in receipt of AUSTUDY and students who are 16 years of age and in receipt of ABSTUDY, do not qualify for Family Payment. They may, on application, qualify for a HCC in their own right, subject to the usual income and residency requirements.

ABSTUDY students who are 15 years of age may qualify to be included in their foster carers for Family Payment and as such would not be able to receive HCC in their own right. If the foster carer holds a HCC, the ward would be included on the card as the foster carer's dependent.

Key References

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principles 2 and 5.

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Five: Care Environment, Standard Three: Privacy and Dignity.

Activity : Managing medication for children/young people in care

Description

“Medication” refers to tablets, drops, injections, etc prescribed by a medical practitioner, as well as ‘over the counter’ medicines.

Mandate

Children (Care and Protection) Act, 1987, Section 12A, 20B.
Children (Care and Protection) Regulation, 1996, Clauses 26, 30.
Adoption of Children Act, 1965, Section 34.

Guidelines

No medication may be given to children/young people in Departmental care without written orders or a prescription from a medical practitioner, with the exception of the following ‘over the counter’ medicines. For children and young people in residential care use of these medications is to be authorised by the Unit:

- mild analgesics (eg. paracetamol),
- antacids (eg. Mylanta),
- mild laxatives, and
- non-restricted topical agents (eg. calamine lotion).

Administration of medication must be carried out in accord with the manufacturer’s instructions on the container, or in the case of a medicine dispensed by a pharmacist from a prescription, the instructions on the pharmacist’s label.

Injections are only to be administered by medical practitioners or registered nurses. Children/young people with insulin dependent diabetes need to be trained to self administer. Where this is not possible, the carer is to be trained and certified competent by a medical practitioner.

Key Consideration

It is important that a record is kept of all medications that the child/young person is currently taking, to ensure that medications are not being missed or given incorrectly.

Records need to include;

1. the name and strength of the drug,
2. how and when the drug is taken,
3. which doctor prescribed the drug,
4. known drug allergies, and
5. any occasions when medication was missed or accidentally taken.

Medications need to be stored in a safe place.

Psychotropic Medications and Behaviour Management

Proper consideration should be given to the issue of informed consent (see section on **Health and Medical Treatment** above).

The decision to prescribe psychotropic medication should follow a comprehensive assessment of the individual's emotional and behavioural disturbance by a qualified specialist. The comprehensive assessment will 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,
- any precipitating, perpetuating and palliating factors in the presentation of behaviours.

That is, any known factors which trigger, prolong or lessen the behaviour should be considered.

Treatment with psychotropic drugs needs to be an integral part of the management strategies within the context of the individual child or young person's case plan. It is unusual for psychotropic medication to be the sole treatment or management strategy.

Key consideration

Integrating psychotropic medication with other treatments requires good interdisciplinary communication and accurate recording of behaviours and events.

The precise reasons for prescribing the psychotropic medication must be stated in the child/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.

It is important to accurately record any changes in the child/young person's behaviour during the course of treatment. Child and Family staff need to talk to the child/young person and to the direct carer(s) about the child/young person's reaction. You should observe his/her behaviour first hand, to ensure that an accurate account is provided to the specialist/health team on the progress of the treatment.

The purpose and possible side effects of any prescribed medication for a child/young person and the importance of its administration must be explained to the carer. This is particularly important for children/young people with medical conditions (eg. 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/young person and the carer(s). Sudden withdrawal of psychotropic medications, especially when these have been in use for a lengthy period, is usually undesirable and may cause serious complications.

Key References

NSW Department of Community Services, "Procedures for the use of Psychotropic Medications for People with a Disability" (as prepared by Dr Stewart Einfield), Director's Memo, Disability Services, 29 August, 1991.

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principles 2 and 5.

NSW Department of Community Services, *Standards for Substitute Care Services*, August, 1996, Standard Five: Care Environment, Standard Three: Privacy and Dignity.

Activity: Universal Precautions for Infection Control and Meeting the Needs of Children in Care with Infectious Diseases

Description

Universal precautions for infection control reduce the risk of transmission of all blood, body fluids and body substance borne diseases. 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. Universal precautions involve the use of protective barriers and practices to protect service users and providers from exposure to blood (including blood components), body substances (excluding sweat) and body by-products.

Mandate

The NSW Department of Community Services policy on HIV/AIDS, for the Department's Clients and Staff, "Working and Living With HIV/AIDS" - December, 1990.

Guidelines

This policy is constructed around some basic principles which address medical, social, legal and administrative requirements.

1. A healthy and safe environment must be maintained in all Departmental units through the implementation of Universal Infection control measures.

Funded and direct services offer support and accommodation to a wide range of people, some of whom will be infected with HIV (Human Immunodeficiency Virus) and/or other communicable diseases. Appropriate and consistent safety procedures and practices are to be developed and maintained. The following issues must be addressed:

2. Staff, foster carers (including respite carers) and where appropriate, clients must be provided with comprehensive HIV/AIDS and other infectious diseases education and training.

As a key point of contact, services are well placed to provide information and materials (such as condoms), to assist service users and carers to help protect themselves and prevent further spread of infectious diseases. The following principles should underpin all service provision:

- Having in place clear policies on HIV/AIDS, hepatitis (A, B, and C) and other communicable diseases.
- Being aware of and following infection control precautions.
- Providing support and information to staff and service users about preventative practices and available community assistance.

Protection of staff and service users

Appropriate resources are to be available at all times to ensure the safety and wellbeing of clients and carers. Such resources include:

- Workers and carers having access to latex rubber gloves at all times. Gloves are worn when handling or when cleaning up blood and all body fluids.
 - When changing or handling sanitary napkins for clients, gloves are always used.
 - When cleaning a spillage of blood or other body fluids, a solution of one percent (1%)chlorine, cold water (not hot) and detergent is used.
 - Blood and other body substances are disposed of as infectious.
 - All 'sharps' such as needles, razor blades, etc., are disposed of in proper sharps disposal containers (not glass containers).
3. There is no routine testing or screening of staff or clients for HIV/AIDS. When individual testing is indicated because of clinical or lifestyle factors, it may only be conducted with the informed consent of the individual or a legal consent , with the guarantee of professional pre and post test counselling.

'Duty of care' refers to an obligation on everyone to avoid acts or omissions which can be reasonably foreseen to be likely to injure those people who will be affected by those acts or omissions. As an employer, the Department has a duty of care to employees, clients and carers. This liability is extended through Managers and Supervisors and can include liability for actions and failure to act and for giving advice and information" (Tillett, 1989, pp87-88).

Services also have a duty of care to provide appropriate support and accommodation, when clients who are infected with blood borne disease such as HIV. This includes protection of the clients' rights to address HIV/AIDS issues. Essentially, the aim is to protect the rights of people who have HIV/AIDS and to prevent transmission of the virus. Services need to know what these laws are in order to act consistently with them. Discrimination against people who are known or thought to have HIV is unlawful, as is the breaking of confidentiality.

Disclosure of a client's HIV status is to be limited to those responsible for direct care and case management or supervision.

Key References

National HIV/AIDS Strategy: A policy Information Paper - Commonwealth Government, 1993.

National Code of Practice For Health Care Workers and Others At Risk Of Transmission of Blood-Borne Diseases - Worksafe Australia, 1993.

National Consensus Statement On HIV in the Workplace - Worksafe Australia, 1993.

HIV/AIDS Hepatitis B & C Info Kit - NSW Department of Community Services.

11.3. Education

Activity: Pre-school, Child Care and School Enrolment and Assistance

Description

Formal approval is required for **enrolment and payment of fees** for children and young people in out-of-home placements to attend pre-school, child care, private and boarding schools.

Child care includes:

- long-day care,
- family day care,
- out-of-school hours care, and
- vacation care.

Private schools refers to all types of non-government schools.

Boarding schools refers to 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, accommodation (boarding school), or such other fees that are crucial to the child/young persons attendance. Other costs, such as book hire, may be met as Contingency Items. (See Section on: **Financial Support Arrangements Contingency Payments**)

Mandate

Children (Care and Protection) Act, 1987, Sections 16, 91.

Children (Care and Protection) Regulation, 1996, Clauses 26 and 30.

Guidelines

Key Consideration

Children and young people in out-of-home care are to attend the child care or school which best meets their individual needs as identified in their case plan. Decisions about child care and schooling are to involve participation by the child/young person, as well as their family and carer, wherever possible.

Efforts are to be made by Child and Family staff to ensure that children and young people have child care and school experiences which are as similar as possible to that of their peers who are not in out-of-home care or other family members in the out of home placement (ie. aim for 'normalisation'). Staff should ensure that they are in line with the child or young person's religious and cultural identity.

Special consideration is to be given to the choice of child care and schooling for:

- children of Aboriginal background,
- children with disabilities,
- children of non-English speaking background,
- children from rural or remote areas.
- children with special needs

Staff need to ensure that education for the child/young person promotes their culture, religion and general rights and does not disadvantage their development or hinder their opportunity to participate in the activities of their family or community.

Obtaining School Education Program Assistance

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), Telephone (02) 9886-7521, or from the Senior Education Officer (Community Care Programs), NSW Department of School Education, Level 4, 35 Bridge Street, Sydney.

Child and Family staff are encouraged to consult with the District Substitute Care Teachers regarding school enrolments of children or young people in care and to involve them in case planning as appropriate.

Private School Enrolment and Approval

As a general rule, wards and protected persons are to attend Government schools. However, they may be enrolled in private schools in exceptional circumstances, where this has been clearly identified in the case plan as the best way to meet their particular needs, including their cultural and religious requirements.

The Child and Family officer may approve fees and charges up to \$100 per term for wards and protected persons. The A/Manager approves amounts over \$100 per term for wards and protected persons and all amounts for children/young people in temporary care. Delegations for school fees are subject to normal financial delegation ceilings.

Approval for enrolment and payment of fees is for the current school year, and is subject to annual review.

In approving the enrolment, Child and Family staff must be satisfied that the enrolment meets the child'/young person's needs, that it is consistent with the case plan and that the fees charged are average for the area.

For pre-school, child care and private school enrolment the supervising Child and Family officer prepares a report which includes:

- a recommendation on the merits of the enrolment in fulfilling the case plan goals,
- 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.

When approval is given, you should inform the foster carer and make arrangements for payment of fees.

Supervising Child and Family staff are to monitor the child/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. Reviews are to include a recommendation on whether the enrolment should continue or not.

Where the foster carer(s) is in employment and the purpose of the enrolment is to enable the carer(s) to continue in employment, the report on the child/young person's enrolment must focus on the needs of the child. In such circumstances, advice can be sought from the Children's Services Adviser. The recommendation is to indicate the proposed action regarding the payment of fees.

Where it is proposed to place a child/young person with carers who are in employment, the supervising Child and Family staff are to consider the child's possible participation in child care, including before and after school care and vacation care, before the placement is approved. Such consideration should 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. Child and Family staff are to ensure that accounts are sent to the CSC on a regular basis. Accounts are to specify the period and days on which the child attended. (See Section on : **Financial Support Arrangements Contingency Payments**)

Enrolment in a private school shall not occur until approval is received from the CSC Manager. Enrolment in boarding school shall not occur without the Area Manager's approval. Prospective carers are to be informed of the Department's policy regarding enrolment in private schools before the placement.

Examples of exceptional circumstances where enrolment in a private school might be approved include;

- the special needs, including any disability, of the child require it,
- the particular social dynamics of the child's placement justify it (for instance, all other children in the household already attend a private school),
- the enrolment is necessary to maintain stability and continuity in the child's life (for instance, the child was already a private school student before entering care).

The Area Manager also has the discretion to approve enrolment and/or payment of fees in exceptional circumstances. The Area Manager may also approve, on a case by case basis, other fees and costs which are an integral part of the child/young person's participation in school activities.

Approval by the CSC Manager is still required where the foster carer(s) are prepared to meet all costs and the enrolment is not contrary to the case plan.

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.

These procedures also apply to children/young people for whom an Allowance is made under Section 19(2) of the Children (Care and Protection) Act, 1987. However, the decision to enrol the child/young person is the responsibility of the carer or guardian. The CSC Manager has the delegation to approve payment of fees in these cases under the same procedures as applies to wards and protected persons (as above).

Key Reference

Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth), Declaration on the Rights of the Child, Principles 5 and 7.

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard two: Decision Making and Choice and Standard Five: Care Environment.

11.4. Foster Carer Support and Assessment

Activity: Assessment and Approval of Departmental Foster Carers

Description

Assessment is the active, ongoing process of gathering and evaluating information about individuals and families who are applying to foster children or young people.

Any person who is to provide foster care for a child/young person who is either in the care, custody or guardianship of the Minister or Director-General, must first be assessed, and then formally approved.

Mandate

Children (Care and Protection) Act, 1987, Sections 42 (2)(b), 112.
Children (Care and Protection) Regulation, 1996, Clause 22.

Guidelines

These aim to ensure a level of consistency in the assessment and selection of Departmental foster carers across the State.

Uniform, clear information for prospective carers about their role and the Department's role in the process of becoming a foster carers is important. These guidelines apply to all programs, generic, specialised fostering programs and Area needs, eg. Assessment and Selection of:

- Aboriginal carers;
- Carers for children and young people with disabilities; and
- Carers for children and young people of non-English speaking background (NESB);

Initial Contact with Prospective Carers

Foster carers are a valued though scarce resource and prospective carers may lose interest if their initial enquiry is not responded to promptly and positively. It is the intake worker's responsibility to ensure that the initial response is welcoming and positive.

The following information needs to be exchanged at the time of an initial contact with a prospective carer:

- Ask the prospective carer what triggered their interest in fostering, eg. recent media article, media interview or foster carer known to them.
- Ask why they wish to foster, including why have they contacted the Department.
- Explain that **foster care is a short or long term alternative to birth family care for a child or young person.**

- The Department provides care for children and young people, not children for carers.
- Explain what foster care is not (eg. Adoption);
- Ask carers what they believe they can provide for a foster child/young person.
- Explain the fostering selection process.
- Advise that the assessment process is non-discriminatory in relation to age, sex, marital status, sexual preference or disability. However, in addition, advise that certain criteria would exclude applicants from fostering (see; **excluders** in this Section).
- Gain relevant information about the enquirer and record it on the Intake Form.

Information for the assessment begins at the first contact and should include:

- Date, Name, Address and Telephone Number of enquirer
- Who else lives in the enquirer's household
- What triggered interest in fostering (this is useful information for data collection on recruitment methods)
- Explain the next contact that is to occur giving a specific time frame, ie. initial contact action.

Information to be Provided After Initial Contact

Information is to be provided soon after the initial enquiry. This may include sending written material eg. DCS pamphlet to the enquirer or details provided during an interview or both. Details of the visit made and/or information provided must be recorded for inclusion in the Foster Home File.

A home visit is required before inviting an applicant to attend training.

The following standard information is to be provided at the first home visit:

- Why children/adolescents come into care
- Aims of fostering
- Fostering based on children's needs
- Types of fostering
- Who can foster
- An outline of the process of selection, including preparation and training
- Allowances paid
- Indicate that this information will be covered in Stage 3 in detail
- Detail regarding when the Department will contact them again
- Departmental expectations of foster carers
- Departmental process for dealing with allegations of abuse against foster carers
- The State Network of Young People in Care and
- The NSW Foster Care Association.
- Again state the criteria under which any applicant may be excluded (such as unsatisfactory criminal record). Refer to later in this Section.

Child and Family staff are to record the assessment information obtained.

Information and Preparation Programs (Training)

The purpose of providing information and preparation for fostering to enquirers is to allow them the opportunity to make an informed decision about whether they wish to formally apply to become foster carers, and to further assess their capabilities.

Assessment is an ongoing look at multi faceted attitudes, the participants' response to issues raised during training, their values and how they inter-relate with workers and co-participants.

The information can be presented to groups or individual applicants. It is important to remember that not everyone is confident in a group setting. Cultural factors of applicants need to be considered when planning training groups.

Initial Training Topics

All fostering information and preparation provided must include the following;

Overview of the following Departmental services and responsibilities

- Child Protection
- Out-of-Home Care
- Adoption
- Disability Services
- Adolescent Support and Funded Accommodation Services
- Support to vulnerable families.

Overview of what foster care is including:

Aims and types of foster care

Children and young people who may come into care

How placements are made based on the child/young person's needs and the carers approval.

Statutory Responsibilities of the Department of Community Services and related to legal issues including:

Wardship

Other Court Orders

The role of the Community Services Appeals Tribunal

The role of the Community Services Commission

Working with the child/young person, the Department, birth family and significant others

- Involvement in planning for the child/young person
- Foster carers role in implementing case plans
- Attendance and input at Case Conferences and Case Reviews
- Expectations about what information carers and Departmental officers will need to exchange on an ongoing basis
- Procedures and decision making in arranging placements
- Departmental support available to foster carers and how to access this
- Allowances paid
- Placement Breakdown - acknowledge it occurs and the factors that assist in preventing it. eg. ongoing information exchange.

Types of Abuse

Physical Abuse, Neglect, Emotional Abuse, Sexual Assault and Systems Abuse

Emotional and physical impact of abuse on children and adolescents. Include the range of behaviours to be expected from children as a consequence of their abuse experience and special needs.

Issues of Disruption to Bonding and Attachment

How child development is affected by the experience of placement in care including separation and loss.

Health and Behavioural Issues

Children/Adolescents placed in foster care eg. withdrawal, hoarding, tantrums, anxious attachment.

Meeting the health needs of children in care, including medical consents, health records, basic HIV education including 'universal precautions' in the foster care situation', and meeting the specific needs of children and young people with disabilities.

Adjustment Problems of Children and Adolescents Placed in Foster Care

Importance to Children and Young People of Birth Parents, Family/Significant Persons

Identity Formation and Maintenance;
Birth Family/Significant Persons contact and issues of Restoration.

Formal Application to Foster

All foster home applicants must formally apply (Form: *Application to Foster with the Department of Community Services*) . The application is to be recorded on the CIS (see **Chapter 7 of CIS User Guide**). Applicants are to be informed about CIS and foster home records.

The following issues must be considered during the foster carer assessment process:-

Motivation to foster by applicant and household members.

- Why does the applicant/s wish to foster? Why now?
- How does the applicant/s view Departmental expectations that they participate in;
- planning for the child/young person,
- access/contact with birth family?
- What type of care is the applicant interested in and why? eg. short-term or long-term foster care.
- Have household members discussed their individual motivations to foster with each other (ie reasons for interest in fostering)?
- If differences exist, is this likely to affect the care provided? eg. one adult carer assuming all responsibility
- Are the motivations of the applicant balanced with the potential needs of the child or young person?
- Has information provided influenced or altered applicant's original expectations of fostering and motivation to continue? How?
- If applicant has fostered previously, how has this experience influenced the current application?
- Does the applicant have a commitment to assisting children to maintain cultural identity and how?

Knowledge and understanding of fostering

- Does the applicant have knowledge and understanding of the following issues of fostering?
Has the applicant considered how they might respond to the following;
- The importance of natural family contact, communication and access with the child
- The behaviours of children, such as withdrawal, soiling, defiance
- Participation in facilitation of restoration of children to natural families
- Their grief and loss when children are restored
- Specific nature of the abuse to the child/young person and how this will affect their behaviour
- The effect on children who have a history of many placements in care
- Impact of the fostering experience on household members
- If the applicant and/or household members have had negative experiences in childhood eg. child abuse, how do they see their experience impacting on their ability to foster?
- How will the applicant's own views impact on the child/young person?

- Are they able to consider different points of view from their own and resolve differences in a constructive way for the benefit of the child or young person eg. Views regarding religion, culture, sexuality of young person, lifestyle of child's birth family.

Personal resources of applicant/s and household members

- Ability to express feelings eg. tenderness, anger - in what ways?
- Ability to resolve personal and interpersonal conflicts which may arise in the household. eg. issues such as infertility, discipline of children, finances.
- Do members of the household aim to resolve issues?
- If agreement is impossible what happens to the issue?
- Each household member/s self-awareness/insight into their own and other's emotional and social needs. How will fostering impact on these?
- If applicable, does applicant/s acknowledge that fostering may impact on the hierarchy of children in the home?
- Does applicant/s appear to have sufficient flexibility to respond to the varying needs of children requiring care eg. discipline, attachment?
- Does applicant/s have any health concerns or disabilities that may effect their ability to provide care?
- Is applicant/s willing to organise time effectively and establish routines with child eg. attendance at appointments, care conferences, division of labour amongst household?
- Probity checks on applicant/s and all adult household members. Discuss any convictions recorded with the person. Do convictions recorded preclude further assessment of the foster home ie. crimes of a sexual or violent nature, or crimes indicating substance abuse?

External resources of applicant and household members

- Can applicant identify existing support networks they use? Could the support networks have the potential to be used in the care of a child/young person?
- Has applicant communicated the intent to foster with extended family and friends? If so, what was reaction, encouraging or otherwise? Has reaction affected their decision to continue? If not, why not?
- Has applicant considered the financial implications of fostering for the household? How?
- Full time/Part time employment - Do jobs of persons in the household allow for flexibility to attend to child/young person in work-time if necessary?

Excluders to full Assessment

The following criteria would **exclude an applicant**:

- lifestyles detrimental to the ability to care for a child/young person,
- interpersonal behaviour or values which could mean applicants are unable to meet a child/young person's needs in foster care,
- a record or pattern of violence, sexual assault or emotional abuse,
- substance abuse (drugs including alcohol).
- the inability to work with the Department, birth family or significant people in the child/young person's life,

- psychiatric history, where assessment by a competent authority has diagnosed the applicant as inappropriate to provide care for children in substitute care.

Approval Process

Child and Family staff are to complete the foster carer assessment, addressing specifically the strengths of the applicants and any concerns.

The assessment report must state:

- the period of proposed placement,
- type of placement, number of children/young people,
- the age range that you are recommending the applicants be approved for,
- gender,
- cultural type,
- religion of children or young people to be placed,
- the maximum number of children to be placed in the home,
- the type of placement to be provided, (eg. Temporary care, pre-adoption, etc.),
- the skills of the foster carer/s to provide care for children with disabilities, sexually abused children, children with HIV infection,
- any significant health issues that may affect the applicant's ability to care for children/young people,
- review period.

The Assistant Manager is delegated to approve or not approve applicants as Departmental foster carer/s. Applicants are to be advised in writing, as well as verbally, of the decision.

Foster Carers may not be approved to have more than six children placed in their care at any one time. Where placement of more than six children is required eg. sibling group, an out-of-policy approval must be sought from the Management responsible for the Area.

Approval may be given for such period as considered appropriate and subject to regular review.

The Area Manager is delegated to approve any Departmental employee as a Departmental foster carer.

All applicants (approved or not approved) as Departmental foster carers, receive a "Foster Home" File registration on the CIS after a formal application is made. Please refer to the Section on Records Management in the Manual and to the CIS User Guide.

Where a person has been approved to foster for the Department, they are to be advised of the particulars of the approval and a review schedule is to be arranged. A suggested approval format is provided and should be amended as appropriate (see Form: *Advice of Approval*).

Unplanned Placement - Approval of Carer/s

A person may be assessed and approved to provide care (an unplanned placement) for a child/young person in Departmental care, provided:

- the placement is not intended to exceed 3 months,
- the carer is specifically nominated by the child/young person,
- the person agrees to provide care for the child/young person and to follow Departmental direction,
- the person(s) has been assessed as suitable to provide care for the specific child/young person.
- the supervising officer has completed a brief written assessment for the Delegated Officer and
- a probity check has been completed on all adult members of the household, and none is adversely known.

If the placement is to continue beyond a period of three months, the carer/s are to be trained and assessed as specified for Departmental foster carers.

The Area Manager is delegated to approve the carer/s selected for a child/young person in an unplanned placement.

Advice of Placement Procedures

Newly approved Departmental foster carers are to be told which Child and Family officer they should remain in contact with, and when a review of the approval is planned. It is important that the foster carer is aware of the purpose of the review.

Non Approval

Where a person has not been approved to foster, they are to be advised accordingly both verbally and in writing, and given the reason/s for the decision. A suggested letter advising the applicants of the decision is provided, but must be amended appropriately according to the individual situation (see Form: *Advice of Non Approval- General*).

Where the applicant/s has not been approved as a Departmental foster carer/s, they are to be advised that they may appeal against the decision to the Area Manager in the first instance. They should also be told about the role of the Community Services Appeals Tribunal in reviewing decisions.

Withdrawal by Applicant

Any person who withdraws during the training period is also to be formally not approved as a foster carer. Their reasons for their withdrawal must be documented and they are to be advised, verbally and in writing, that as they have withdrawn, they will be formally not approved to foster. (See Form: *Advice of Non Approval - Withdrawal*)

While such action on their part may not necessarily preclude the applicants from re-applying at a later stage, their reasons for withdrawing from the original program must be canvassed before a decision is made about their eligibility for another training program.

Key Reference

Standards for Substitute Care Services, August, 1996.

Activity: Assessment and approval of private foster carers through the Fostering Authority requirements

Definition

A Fostering Authority is the licence issued by the Department to individuals who are approved to foster a child/young person independently, ie neither with the Department nor with an approved agency.

Fostering Authorities are granted to ensure that all children who are fostered independently are provided with appropriate standards of care.

Mandate

Children (Care and Protection) Act, 1987 as follows:

- Sections 43 which states what is specified on the Fostering Authority
- Section 44 which prohibits an unauthorised foster placement being made
- Section 48 & 49
- Section 112; and
- Schedule 1 of the Act which sets out various procedures for authorising of fostering services.

Children (Care and Protection) Regulation, 1996, - Parts 7, 8 and Schedule One.

The Regulation prescribes what is required in relation to application and assessment for Fostering Authorities. It outlines the responsibilities of the person who holds an Authority.

Guidelines

Application

Private carers must be advised to apply for an Authority if a child/young person is currently, or will be, in their care for the purposes of fostering and the length of time in care is likely to exceed 3 months.

Generally the Department issues an authority in relation to a specific child/young person. The applicants may in fact already be providing foster care. There could however be some situations where it is appropriate for the Department to issue a Fostering Authority which does not specify particular child/young person. For example, this may be appropriate in Aboriginal or non-English speaking background (NESB) community groups where a person is able to provide foster care to their community but does not wish to be a Departmental or agency carer.

Having a Fostering Authority does not automatically give a carer custody or guardianship of a child/young person. It only gives them an approval to foster. A Fostering Authority holder can however, seek the support and advice of the Department when required.

The intending carer must be supplied with a copy of the Department's pamphlet on Fostering Authorities (first issued in 1991) or a copy of the Regulation. An 'Application for Fostering Authority' (See Form) must also be supplied and explained to the carer, and the applicant must be informed of the assessment process.

A brief written report should be sent or provided to a proposed referee for their completion (See Form: *Referee report on Fostering Authority Application*).

Assessment

The assessment and approval process for the issuing of authorities differs, in some respects, from Departmental procedures for the assessment of Departmental carers. This is because Clause 72 of the Regulation prescribes what is to be considered when reporting on an application for a Fostering Authority.

Assessment for a fostering authority must involve:

- an assessment of the information on the application form;
- an assessment of any health information provided by the applicant on request where considered necessary;
- visits to the applicant's home and interviews to assess the ability of the applicant and all members of the household, to give quality care to a child/young person placed with them

Visits and interviews should follow the format used for the selection of Departmental carers

During the assessment process the applicant must be given an opportunity to discuss the Code of Conduct (Schedule 1 of the Regulation), having been provided with a copy of the Code.

The willingness of the applicant to comply with the Code of Conduct must be determined since this is a condition of the Authority (See Form: *Code of Conduct Agreement*).

Applicants need to be advised of the requirement for keeping records of the child/young person in care as outlined in the Regulations.

Holders of fostering authorities must ensure that the records described above are only accessible to those persons specified in Clause 16 of the Regulation; ie an authorised officer of the Department or a person authorised by law.

When a foster parent ceases to hold an authority, the fostering records must be provided to the Department for storage in accordance with Clause 18 of the Regulation.

In situations where children or young people that are specified in the application are already being cared for, the details of how the placement occurred, particularly in relation to the custody and guardianship of the children/young people must be considered. When the application does not specify a particular child/young person, the circumstances under which fostering arrangements are to be made must be discussed.

An assessment must determine the length of time for which the authority is granted.

Child and Family staff should encourage applicants to attend foster carer training programs, however, it must be noted that applicants for an authority are not compelled to attend training.

As part of the assessment, a probity check must be undertaken on the applicant, and may be requested on a member of the applicant's household (See Clause 72 of the Regulation).

Report on Assessment

Child and Family staff prepare a report on the application after the assessment process is completed. The report must address the areas outlined in Clause 72 of the Regulations.

Granting of an Authority

The Manager is delegated to approve or refuse a Fostering Authority.

In accordance with Section 43 of the Act, a Fostering Authority **shall**:

- specify the person to whom it is granted,
- specify the maximum number (not exceeding 5) of children or young persons to whom it applies.

It may:

- specify the maximum number of children in any age group to whom it applies,
- specify the maximum period for which the person can act as a foster parent for any children or the children specified on the authority.

Unless a maximum period is specified, the Authority will remain in force until revoked. Therefore it is important for a period of time to be specified as a condition.

The Authority may be granted with or without special conditions being imposed. Any special conditions must be imposed in accordance with Schedule 1, Clause 6 of the Act. Subsequently, conditions may be varied or revoked or additional conditions imposed.

The fact that a carer holds a Fostering Authority issued by the Department does not automatically entitle the foster carer to the payment of an allowance. However, payments may be available to approved carers who are assessed by the Department as suffering financial hardship (See Section on: **Financial Support Arrangements Non Parental Care Allowance**).

Refusal of Application

An assessment decision which recommends that an application be refused must be discussed with the applicant. The grounds for refusal of an authority must be stated on the notice of refusal, since an appeal may be lodged by the applicant.

The Department must give 28 days' notice of the intention to refuse an authority as set out on the form *Notice of Intention to Refuse an Authority* (See Form) . During the 28 day period further submissions may be made in support of the application by the applicant or other persons. If, at the conclusion of the 28 days, the decision to refuse an authority is adhered to, a '*Notice of Refusal of Authority*', will be issued (See Form).

Appeals may be made to the **Community Welfare Appeals Tribunal** in relation to Fostering Authorities.

Changes to an Authority

Schedule 1, Clause 9 of the Act outlines the grounds under which the suspension and/or revocation of an authority can occur.

28 days' notice in writing must be given where the Department intends to suspend, revoke or vary an Authority.

The holder of the authority also has the right to request that a condition of the authority be revoked, varied or further conditions imposed. A notice of the Department's decision relating to this request must be sent in writing to the holder of the authority.

The Area Manager holds delegations in relation to the following powers over fostering authorities:

- Exempt a person in accordance with Section 48 (1) of the Act.
- Revoke exemption granted or give notice of such intention in accordance with Section 49(1) of the Act.
- Require information to accompany an application.
- Require medical examination of applicant on advice of officer.
- Make directions in relation to retention of records of a fostering authority.

Foster Home Files in Relation to Fostering Authorities

The Foster Home File must be prepared following receipt of a written application to be assessed/approved for a Fostering Authority. The applicant is to be entered on the CIS as a Foster Home under classification "A" (see **CIS User Guide Chapter 7**). The Foster Home File is to be used to record:

- details of a fostering authority application,
- assessment, approval or non-approval,
- details of any specific children or young persons in their care, and
- any ongoing matters in relation to the fostering authority holder.

Illegal Fostering

The Manager of a Community Services Centre is required to determine how best to respond to illegal fostering and to gain advice from a Legal Officer on what action to take. The Manager must act according to what is assessed to be in the best interests of the child/young person.

The response to be taken may include giving the person the opportunity to apply for a Fostering Authority if they have not already done so. When it is determined in consultation with legal staff, that prosecution must be initiated, all the information about the breach of the legislation must be compiled. A submission must be prepared to the Director-General seeking approval to prosecute.

Record Management

Fostering Authority and (Private Foster Home which were in use until 1989) files, are to be retained at the local CSC for a period of 12 months after:

- the last child/young person fostered by the carer leaves care or reaches 18 years;
- the date that the application was not approved;
- the Fostering Authority is revoked or expires.

Under no circumstances is the file or any information contained in the file to be destroyed. At the end of the 12 month period the file is to be forwarded to Records Unit, to be retained in accordance with the State Archives Act.

Activity: Providing support to foster carers

Description

Foster carers need to be supported by the Department in various ways and need to be provided with all the information which will help them care for children and young people. The considerable contribution made by foster carers needs to be adequately recognised and acknowledged.

Guidelines

Foster carers and their families provide care to:

- children and young people who may have special needs;
- children and young people who may have difficult behaviour;
- children and young people who are emotionally upset;

All of whom require considerable input in terms of time, attention and understanding. This is particularly so for carers who provide temporary care placements, crisis care and placements for children and young people during adjournment of the Court.

When a child or young person has been in the foster home for an extended period and/or has had special needs, either emotional, behavioural or physical, requiring particular skills of the carer, it is particularly important to acknowledge the carer's contribution.

Foster carers work in partnership with Child and Family staff in the daily management of children and young people in care. They are required to advise Child and Family staff regarding a child's or young person's progress and be responsible for carrying out particular aspects of the case plan.

Child and Family staff are required to provide ongoing support, training, information and advice to foster carers and their families on how to carry out their responsibilities including strategies for the management of children and young people's behaviour.

Child and Family staff are required to advise foster carers of any information which may assist them in understanding the child or young person's behaviour eg. any history of abuse in care or any disturbing behaviour patterns.

Foster carers are at all times to be made aware of:

- the relevant CSC staff to whom they can relate,
- how to contact the Child Protection and Family Crisis Service or in rural areas, a local staff member, after hours,
- how to access peer support, eg Foster Care Association of NSW Inc.
- how to access support and debriefing in critical situations.

Policy On Departmental Employees And Their Household Members As Foster Or Respite Carers

Purpose

The Department has responsibilities to ensure that care and support arrangements made for a child that come about under the Children (Care & Protection) Act, 1987, are assessed to be in the child's best interests. Special duties apply when the arrangement is by, or with, the authority of the Department.

In exceptional circumstances where a child is placed in the home of a Departmental employee, there is potential for a perceived or actual conflict of interest on the part of the employee. The Department has a responsibility to ensure that staff are fully aware of the potential for a conflict of interest and are protected from such situations occurring.

The Department's Code of Conduct and Ethics (September 1997) states:

“Conflict of interest is where the public or staff might think that an official is not acting fairly or impartially.”

The following policy on the assessment, approval and supervision of Departmental employees and their household members as foster or respite carers, has been prepared to address this issue.

Target Group

This policy applies to any situation where an employee of the Department of Community Services applies to foster or care for any child for whom the Department may be directly responsible. This includes:

- a child residing in a Departmental residential service for people with disabilities;
- a child in substitute care, and
- any short term arrangements (eg. outings from Departmental residential services) where a staff member wishes to look after a child, not in their role as employee, but as a out-of-working hours arrangement.

Principle 4 of this policy applies to employees who are approved as foster carers by private fostering agencies.

This policy **does not** apply to the following situations:

A) Employees who apply to adopt a child.

A Practice Direction in relation to employees who are adoption applicants can be accessed from the Manager, Adoption Services.

B) Unpaid respite care, of a child or an adult with disabilities who is not a client of the Department, which is arranged by a non-Departmental service.

Legislative Context

Children (Care and Protection) Act, 1987

Public Sector Management Act 1988

Principles

Principle 1.

Departmental employees and members of their household may apply to foster for the Department. Full consideration needs to be given as to how the Department can ensure that the assessment and approval process is independent from employee supervision responsibilities.

If a Departmental employee or a member of their household applies to foster or care for a child for whom the Department is responsible, the following arrangements apply:

- the Area Manager is to appoint an officer (such as a Community Programme Officer Substitute Care) to conduct an assessment. The officer appointed is to be independent from the Departmental employee's work Unit and from the Unit responsible for the care of the child and is neither related to, nor have a close personal or working relationship with, the applicant;
- a criminal record check must be undertaken on all adult members of the applicant's household, in accordance with the Department's policy on the assessment of foster carers;
- the employee's personal file is to be accessed with the employee's knowledge, only for the purpose of assessing whether in the performance of their duties there has previously been any matters of discipline or breaches of the staff Code of Conduct and Ethics; and
- in addition to the normal referee requests required as part of a foster carer assessment, structured referee comment is to be sought from the employee's current supervisor.

Principle 2

Separate to an assessment of an approval to foster, specific assessment needs to take place at the time of determining a child's placement (or respite care arrangement) as to whether placement (of any duration) with a Departmental employee is in the child's best interests.

There may be certain situations where a Departmental employee has a particular knowledge about the needs of the child which would warrant a foster placement with them. Examples where Departmental staff may be considered as foster carers include:

- the need to place children who are Aboriginal within their own local kinship network, wherever possible. If a Departmental employee is in a child's kinship network, then a request to foster the child should be considered; or

- short term respite placements with Departmental staff who have professional knowledge and skills regarding the direct care of children with disabilities may be appropriate.

Equally, there are situations where the officer and/or the Department would be seen as unduly compromised. For example, where the officer concerned has played a key role in the decision to remove the child from his/her family. Careful consideration must be given to any situation where any direct care worker, District Officer or Manager is being proposed as a carer. This is especially important in situations where a child is known to them, particularly as a result of their employment.

In all situations, placement assessment processes based on the child's needs should take into account the need to address any perceived conflict of interest.

It would be appropriate for the Manager assessing the placement for the child to seek an older child's views on this issue and/or to discuss any such proposed placement with the child's parents.

The Assistant or Unit Manager who supervises the child's District Officer or key worker is to conduct the placement assessment. A recommendation on whether the placement should occur is to be referred to the Area Manager for a determination, as per Principle 5.

Principle 3

When a child is being cared for in the household of a Departmental employee there must be a separation of responsibilities for the employee's supervision, from supervision of the employee as a carer and from the child's case-coordination.

Departmental employees who are carers must receive a similar level of support and supervision to that received by other Departmental foster carers. The staff member who is appointed by the Area Manager to supervise and support the foster or respite care arrangement must be independent from the employee and the employee's work Unit. This could be achieved for example, by supervision of the employee as carer being provided by a worker from another agency.

Similarly, the worker who is responsible for the child's case coordination should be from a different Unit from the employee's work Unit. Where this is considered to be a disruption to the child's case coordination, the Area Manager must determine how the responsibilities can be arranged to fulfil Principle 3.

Principle 4

Staff who are approved to provide foster or respite care, their supervisors and colleagues must ensure the security of any information they have access to and ensure the proper use of any benefits as employees, so as not to compromise their responsibilities with regard to a care arrangement.

Staff must ensure that at all times the Department's commitment to client confidentiality which is expressed in the Department's Principles of Service, is adhered to. For example,

certain aspects of a child's case history may not be appropriate to share with their carer. This is particularly the case in relation to short term and respite placement arrangements.

On the Client Information System (CIS) the Foster Home File records of an employee's household (applicant or approved carer), are to be secured by the Area Manager.

As a Departmental employee, carers must declare any change in circumstance or potential conflict of interest which occurs as a result of an approved care arrangement

A carer's eligibility for fostering allowances or contingencies is determined by Departmental policy on such payments only, regardless of a carer's employee status. Similarly any employee benefits are to be used only for matters related to employment, rather than to fulfil carer responsibilities. For example, employee travel allowances are not to be used to fund travel for an employee in their role as a carer.

Principle 5

Due to the potential for conflict of interest, the delegation for decision making in relation to a Departmental employee as a foster carer requires a higher level of responsibility than is generally the case for foster carer approvals .

The Area Manager is the delegated officer to approve the following:

- a Departmental employee as a Departmental foster carer;
- any placement of a child (of any duration) with a Departmental employee who has been approved as a foster or respite carer (after a recommendation from the Assistant or Unit Manager); and
- the appointment of an officer to supervise and support approved carers;
- recommendations of the review of a carer's approval if they subsequently become an employee; and
- the level of any Allowance to be paid to the Departmental employee for the care of the child.

In the event that the Area Manager is the applicant's supervisor, the recommendation must be referred to the relevant Director (Operations) for a decision.

Key References

Personnel Handbook, Public Service of New South Wales Premier's Department Code of Conduct and Ethics, Department of Community Services, September 1997

Recognising achievements by foster carers

It is recognised that foster carers continually contribute to children and young people in care, achieving remarkable outcomes. However in particular cases special recognition is warranted.

Where it is the opinion of the supervising Child and Family officer that foster carers' achievements warrant formal recognition, a submission is to be prepared and forwarded to the Area Manager before referral to the Minister.

An example of a special achievement would be the care of a child through a terminal illness.

Activity: Responding to the Death of a Foster Carer

Description

The privacy and dignity of each child or young person, their family and carer is recognised and respected. Confidentiality of personal information is not to be compromised.

Guidelines

The Minister's condolences are to be extended personally by the CSC Manager to the surviving spouse and/or family of the foster carer, as soon as it is known that a foster carer of a child/young person in care has died.

The supervising Child and Family staff and other relevant staff are to attend the funeral. 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/young person in the placement.

At an appropriate time the supervising Child and Family staff is to make a visit to the foster home to discuss the support needs of the family and to start an assessment of the feasibility of continuing the placement. Following this, a formal case review is to occur to discuss the placement of the child/young person and any other issues regarding the ongoing welfare of the child/young person. The review is to include discussion with the surviving foster carer in the first instance and then discussion with the child/young person.

Where the child/young person is to remain in the placement, particular attention is to be given to assessing what additional services and support need to be provided to the surviving carer, to ensure that he/she will be able to continue caring for the child/young person.

Where the child/young person is in a voluntary placement the birth parent(s) is to be consulted regarding future arrangements for the child/young person before a review decision is made. Where the child/young person is subject to the guardianship of the Supreme Court or the Family Court, the Court is to be informed of any change of placement.

All Departmental records are to be amended, including the CIS, to record the carer's death and any change in placement arrangements for the child/young person.

Any other agency involved in the case or with parents of the child/young person is to be kept informed.

11.5. Placement Roles and Responsibilities

Activity: Placing Children and Young People in DCS foster care

Description

Child and Family staff are required to consider certain issues and to follow particular procedures when placing children and young people in Departmental out-of-home care.

Special attention is to be given to the Guidelines for placement of Aboriginal children/ young people and children /young people with disabilities.

Mandate

Children (Care and Protection) Act, 1987, Sections 12A, 16, 77, 87, 89, 90, 91.
Children (Care and Protection) Regulation, 1996, Clauses 22, 26.

Guidelines

Placement of children and young people in care is only to occur once an assessment has indicated that this is the most appropriate option. Assessments for entry into care are to follow the procedures outlined in the earlier Sections of this Manual.

Placement arrangements for Aboriginal children and young people in Departmental care shall be made in accordance with Section 87 of the Children (Care and Protection) Act, 1987. (See also the section on Placement of Aboriginal Children and Young People.)

Foster care is to be selected as an option where it will best meet the assessed needs of the child (as set out in the approved case plan). The CSC Assistant Manager has the delegation to approve the placement of a child or young person who is in the care, custody and/or guardianship of the Department, with Departmentally approved foster carers.

Where a child is taken into care in a crisis situation and there has not been time to develop a full case plan, the supervising Child and Family staff are to arrange a case conference for this purpose within one week of the placement.

The selected foster carers need to have the ability to meet the individual child/young person's needs, (especially if the child has a disability), and to be able to provide care, safety, security, stimulation and encouragement for the child/young person's development.

Wherever possible the child or young person is to be placed within their usual, familiar community. Foster carers need to be appropriate role models for the child/young person to maintain the child or young person's links with their own community. This is especially relevant in the selection of foster carers for children or young people with a disability, Aboriginality and for those of non-English speaking background.

Consideration is to be given to the capacity of the carers to facilitate access and contact between the child/young person and his/her family, in the context of the case plan.

The child/young person's health needs, including any diagnosed medical condition, especially any communicable disease/infection (such as HIV/AIDS), is to be discussed with the carer prior to placement.

It is the responsibility of the supervising Child and Family staff to ensure that the carer is aware that health and medical information is not to be given to any person, other than those nominated by the Department.

Child and Family staff are to ensure that the carer understands the nature and details of any treatment the child/young person is having and any dangers to the carer and carer's family which might be posed by the disease/infection. Staff are to ensure that the carer is aware of universal infection control procedures.

For placements which are to be greater than 28 days (ie. where Module B of an Entry into care assessment applies), a "Placement Undertaking" is to be completed and signed by the foster carer as per the Section on **Assessment and Placement Undertakings** (See Form). A copy is to be retained by the carer, another copy is to be kept on the child's file and the original is to be kept on the carer file.

Every effort is to be made to minimise trauma and disruption for the child/young person and every assistance is to be given to help the child/young person settle in the placement. The supervising Child and Family officer is to introduce the child/young person into the foster home and assist the child/young person, the carers and any other children in the household to become acquainted.

Where the child or young person is to be placed in another area supervised by another CSC, the Child and Family staff are to ensure that the new CSC is fully informed and preferably is actively involved in the placement arrangements from the earliest stage.

The supervising CSC is to ensure that all relevant documents are forwarded to the new CSC within 5 days of the placement. The CSC where the parents reside will have the role of the coordinating CSC and will be responsible for convening case conferences.

The supervising Child and Family officer is to maintain frequent contact with the child or young person and the foster carers in the initial stage of the placement, to assist the child or young person adjust to the foster placement.

Contact between the child or young person and any previous carers is to be encouraged and maintained, where it is of benefit. Decisions about continuing contact with former carers are to be made prior to a new placement and noted in the case plan.

At the time of placement the supervising Child and Family officer is required to:

- give a copy of the case plan to the foster carer, advise the foster carer of any special needs of the child and the medical and immunisation history preferably by giving them the child's Department of Health Personal Record Book when available (See Section on **Health**);
- **inform the foster carers of any known behavioural or emotional difficulties the child or young person may have;**
- give the foster carer the child's Medicare number,
- tell the foster carer about planned access arrangements,
- advise of arrangements for any medical treatment or immunisation to be followed up,
- advise the foster carer of approvals required prior to medical treatment,
- assist with enrolment at pre-school, child care, or school as set out in the case plan,
- request the foster carer maintain a record (preferably in the child's Personal Health Record Book) of the child's illnesses, visits to the doctor/hospital/dentist and any injuries,
- advise and assist the foster carer to apply for any Commonwealth and State benefits for which the child/young person may be eligible while in their care; eg. Child Disability Allowance, Family Allowance, Disability Support Pension, Austudy. This may include the provision of a letter to the Department of Social Security. (See Form Letter).
- advise the carer to maintain information to be included in a life story book,
- advise the foster carer of the child's nominated religion and culture and arrangements where necessary for the child's continued religious and cultural upbringing,
- note details of the placement and all advice which has been provided to the carers on the child's file, and note details of placement and payments on the CIS, and local records
- ensure all other departmental units and community welfare organisations supervising members of the child/young person's family are kept informed of any new or relevant information, at all times.

In accordance with the guidelines on Substitute Care Payments , the supervising Child and Family officer is to determine the appropriate payments for the child/young person and obtain approval from the relevant delegated officer. Whenever possible this procedure is to be completed before the placement. (Child and Family staff are to note that an allowance in excess of the Standard rate can only be backdated 6 weeks from the date of application).

The supervising Child and Family officer is not to commit the Department to any costs, including establishment costs, associated with the placement until the delegated officer's written approval is obtained. (See Section on **Financial Support Arrangements; Allowances**)

All children in Departmental substitute care must have their own Medicare card. (See Section on **Health**) with the following exceptions:

- children in voluntary temporary care,
- healthy babies and young children awaiting adoptive placement or
- those in care by way of Court adjournment.

The Child and Family officer is to ensure that action is taken to obtain a Medicare card for the child/young person immediately upon entry to care.

The supervising Child and Family officer is to discuss with the foster carer the clothing and other items the child/young person may need. The CSC Assistant Manager has the delegation to approve provision of these items. (See Section on **Financial Support Arrangements; Contingency Items**).

The supervising Child and Family officer is to arrange, if this has not recently been done, for assessments of the child or young person to be made by the appropriate Departmental or external professional/s:

- a psychological assessment,
- a speech pathologist assessment,
- a pre-school/kindergarten/educational assessment,
- medical and dental check up.

Recommendations in professional assessment reports are to be taken into account in the development and review of the child/young person's case plan.

Key References

DCS Policy on Universal Infection Control.

DCS Policy on HIV/AIDS, Hepatitis B & C (as per SAAP procedures).

Human Rights and Equal Opportunity Commission Act, 1986 (Commonwealth), Declaration on the Rights of the Child, Principles 1,2,5,8,9 and 10.

Activity: Placing Aboriginal Children and Young People in Care

Description

Child and Family staff must consider kinship issues when placing Aboriginal children and young people in Departmental out of home care. Special attention is to be given to the procedures for placement of Aboriginal children and young people to maintain kinship, identity and cultural links.

Mandate

Children (Care and Protection) Act, 1987, Sections 87, 89, 90, 91.
Children (Care and Protection) Regulation 1996, Clauses 26,30, 54.

Guidelines

Wherever possible the Aboriginal child/young person needs are to be assessed by an Aboriginal Child and Family officer to ensure that culturally appropriate principles are applied.

Placement arrangements for Aboriginal children and young people in Departmental care shall be made in accordance with Section 87 of the Children (Care and Protection) Act 1987. Out-of-home placement of Aboriginal children and young people shall be made only after a consultation with members of the child/young person's extended family and other Aboriginal organisations as appropriate.

Throughout the case coordination process, ongoing consultation and involvement with family members, elders and Aboriginal organisations are to take place.

All placement arrangements and case plans for Aboriginal children and young people in Department care are to address how the child or young person will continue to be involved in the community activities whilst in care. Exit from care is to be planned so that any child or young person who has left their community is assisted to reintegrate into their community.

Child and Family officers will be required to implement the Family Conferencing model involving family and community elders to identify and establish cultural links for Aboriginal child/ren or young people requiring out of home placement.

Key References

Cultural Awareness Package by Pat Doolan.
NSW Department of Community Services Standards for Substitute Care Services.
August 1996.
Learning From The Past.
Through Black EYES.
Royal Commission into Aboriginal Deaths in Custody.
Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth). Declaration of the Child.

Activity: Placing children and young people private fostering agency care

Description

The placement of children or young people with a private fostering agency requires special procedures.

In this section **private fostering agency** (previously known as non government or NGO) refers to an organisation which receives funding from the Department to provide substitute care services or which holds a private fostering agency authority approved by the Minister.

Mandate

Children (Care and Protection) Act, 1987, Sections 12A, 91, 92.
Children (Care and Protection) Regulation, 1996, Clause 12.

Guidelines

The choice of placement for a child or young person is based upon their assessed needs and their case plan goals. The service best suited to meet the individual child's needs within their local community is to be used for the placement, regardless of whether it is a Departmental or a private fostering agency.

CSC Managers are to ensure that all Child and Family staff involved in out-of-home placements have up to date information about the private fostering agency in their Area, including the scope of the services available.

Where, in accordance with an approved case plan, a ward or protected person is to be placed with a private fostering agency, **the CSC Assistant Manager is to ensure that a "Placement Agreement" form is completed.** (See Form: *Placement Agreement for Foster Care - Placement of Wards and Protected Persons with Private Fostering Agencies*).

Temporary Care

If parents are referred to an appropriate private fostering agency, Child and Family staff are not to enter into a temporary care agreement with the parents. The parents will sign an agreement directly with the agency. Further Departmental involvement is usually not required as the agency will provide the necessary casework. Agencies will claim both fostering allowances and contingencies for children or young people placed in their care under such voluntary arrangements in their quarterly Section 19(2) claim.

Court Adjournment

Where the child or young person is subject to an adjournment of the Court and referred for placement with a private fostering agency, the supervising CSC continues to be responsible for ongoing casework with the child/young person and their family while the agency is responsible for support to carers. Further, allowances and contingencies are to be paid directly to the carer by the supervising CSC.

Wards or Protected Persons

While the private fostering agency has day to day care of a ward or protected person placed under the terms of a "Placement Agreement", the Department always retains the responsibility to ensure that the care being provided to the ward or protected person is appropriate. No agreement entered into with an agency shall in any way be construed as diminishing the powers, obligations, duties and responsibilities vested in the Minister or Director-General.

Key Consideration

Placement agreements used by the Department and the agencies are not legal documents, but are statements of understanding of the procedures to be followed by the parties concerned. Child and Family staff are to observe professional courtesy in exercising the Department's authority when visits are arranged.

Any placement agreement entered into, including the financial arrangements, must set time limits and be subject to regular review.

Before signing a "Placement Agreement", the Assistant Manager must be satisfied that the following issues have been examined.

A case conference has been, or will be held and a case plan developed that specifies:

- the particular arrangements for the child/young person,
- who is responsible for implementation and supervision of the placement,
- who is responsible for support for carers,
- who is to work with the family,
- approval by the Assistant Manager,
- payment arrangements for the placement have been agreed and approved.
- the agency is a program agency or authorised in accordance with the Children (Care and Protection) Regulation, 1996;

At the time of placement of a ward, protected person or child/young person into the care of the Director-General, the Assistant Manager is to ensure that the private fostering agency will:

- give a copy of the case plan to the foster carer,
- advise the foster carer of any special needs of the child/young person,

- the medical and immunisation history preferably by giving them the child or young person's Department of Health Personal Record Book when available (See Section on **Health; Meeting the health needs of children and young people in care**),
- advise of arrangements for any medical treatment or immunisation to be followed up,
- give the foster carer the child's Medicare number,
- advise the foster carer of approvals required before medical treatment,
- request the foster carer to maintain a record of the child's or young person's illnesses, visits to the doctor/hospital/dentist and any injuries, preferably in the child's Personal Health Record Book,
- **tell the foster carers about any known behavioural or emotional difficulties the child or young person may have,**
- advise the foster carer regarding planned access arrangements,
- assist with enrolment at pre-school, child care, or school as set out in the case plan,
- advise and assist the foster carer to apply for any Commonwealth and State benefits for which the child/young person may be eligible while in their care (eg. Child Disability Allowance, Family Allowance, Disability Support Pension, Austudy),
- advise the carer to record and maintain information to be included in a life story book,
- advise the foster carer of the child's/young person's nominated religion and culture and arrangements where necessary for their continued religious and cultural upbringing,
- note details of the placement and all advice which has been provided to the carers on the child's/young person's file, and note details of placement and payments on the CIS and local records
- ensure all other departmental units and community social welfare organisations supervising members of the child's/young person's family are kept informed at all times.

Financial Arrangements

In substitute care services only foster placements attract a fostering allowance and contingency payments. Residential services funded under the Substitute Care Program, usually receive no per capita payments, as these are covered in the service funding. However, in particular cases (eg. children/young person with intensive supervision needs) approval for special payment may be given. Services funded through SAAP or those that do not receive funding from the Department, will attract a Residential Care Allowance when a child or young person who is a ward, protected person or is in the care of the Director-General is placed in their service. (Refer to Section on **Financial Support Arrangements; Substitute Care Allowances**).

Where approval is given for arrangements and/or payments outside the usual policy, to meet the specific needs of a child or young person, the details are to be attached as an appendix to the "Placement Agreement" and signed by the Assistant Manager. Specific arrangements must not contravene the terms of the "Placement Agreement".

Note that, as all substitute care payments are subject to review, the "Placement Agreement" does not guarantee a particular rate of payment.

A child or young person placed with a private fostering agency is entitled to services which meet the current *Standards for Substitute Care in NSW*. The service provider is required to

submit reports on the care of the child/young person to the Department when requested and as specified in the case plan. It is the responsibility of the Assistant Manager to ensure that communication between the agency and the Department occurs regularly and that reports are submitted as requested .

The supervising Child and Family staff are to enter the details of the placement onto the CIS as soon as possible after the placement starts.

The approved case plan must be reviewed regularly. A change to the case plan may not be made without a case conference and requires the approval of the appropriate Manager.

Key References

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 2.

NSW Department of Community Services, *Strategic Directions for Substitute Care Program*, March, 1996.

Activity: Placing Children and Young People in DCS or CSWO Residential Care

Description

A residential care service is one at which a group of children reside at one location and where the care is provided by direct carers employed by the Department or agency.

Mandate

Children (Care and Protection) Act, 1987, Sections 12A, 16, 77, 89, 91, 92, 97.
Children (Care and Protection) Regulation, 1996, Clauses 10 & 11.

Guidelines

Placement in residential care is only to occur in accordance with the guidelines for Assessment for Entry into Care, (see Section on Case Coordination Activities Considerations for entry into Care).

For the majority of children and young people in substitute care, family based care (such as foster care) is the preferred form of care. Placement in residential care is to occur only where it is assessed that this is the best option to meet the specific needs of the child/young person.

No child/young person is to enter residential care without an approved case plan, which identifies the child/young person's needs, the expected duration of the placement and the expected services that will be required to effect the child/young person's return to the general community.

Residential placement may be with a Departmental service (see; *Referral Protocol for Departmental Intensive Residential Services*) or with a Residential Child Care Centre.

Specific needs of a sibling group may be met by placing them together in residential care, as an interim measure pending recruitment of suitable foster carers. However, Child and Family staff need to exercise judgement as to the needs of all the siblings, to ensure that one child/young person is not disadvantaged to meet the needs of another. The convening of a Placement Panel is advisable in such cases to canvass all possible options.

Children under 12 years of age are not to be placed in residential care, unless as a member of a sibling group or in exceptional circumstances.

Aboriginal children and young people are not to be placed in residential care, unless this is considered in the best interests of the child or young person, following consultation with a CPO or Child and Family officer (Aboriginal) and appropriate representatives from the child's community. Such action must be in accord with section 87 of the Children (Care and Protection) Act, 1987.

Where placement is required in a hospital or facility for psychiatric treatment, the Area Manager is the delegate.

Where the placement is of a temporary nature, it is the responsibility of the supervising Child and Family staff to work in conjunction with the residential staff to obtain a suitable placement for the long-term care of the child/young person.

Residential placements are to be reviewed regularly to ensure that residential care continues to meet the child/young person's needs and to reconsider alternatives. The review is the responsibility of the Assistant Manager of the supervising CSC, in consultation with the Manager of the residential unit and the Manager of any other CSC and agency which may be relevant.

The Child and Family staff in the CSC which arrange the placement are responsible for updating the child's file and the CIS and for providing the residential unit with copies of all relevant information (eg. case plan, medical history, school reports). If ongoing supervision or coordination is then to be undertaken by another CSC or agency, they will require immediate access to all information about the child/young person and the information must be forwarded to that CSC within 5 days of the child/young person's entry to residential care. Child and Family staff are to update any other local files as appropriate (eg. files on siblings).

The transfer and responsibility for further costs must be resolved at the case conference. Wherever possible agreements about existing and future expenses are to be made before the child/young person's entry into residential care. Payment of contingency items (eg. fees for therapy sessions, cost of holidays) are the responsibility of the supervising CSC or the contracted residential service.

It is the responsibility of the Child and Family staff in the supervising CSC to ensure that the child/young person has adequate clothing upon entry to the residential unit. After that contingency items are the responsibility of the residential unit, unless otherwise agreed and approved in the case plan. The child/young person's personal belongings (eg. clothes, books, toys) are to be taken with them to the residential unit as soon as possible.

Child and Family staff in the supervising CSC, or coordinating CSC where this is different, are responsible for facilitating access visits and contact with family and significant others.

Key Reference

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 2.

Activity: Arranging Temporary Care

Description

Temporary care usually refers to placement in substitute care for up to 3 months. Temporary care may be arranged by way of a voluntary agreement between the parent or guardian and the Department, by way of a Court adjournment, or by way of a pre-adoption placement. Temporary care includes 'bridging placements', which refer to care arrangements which form a link with, or help prepare a child or young person for longer term care.

Mandate

Children (Care and Protection) Act, 1987, Sections 12A, 14, 16, 19, 77, 87.

Children (Care and Protection) Regulation, 1996, Clauses 10,11 and 12.

Adoption of Children Act, 1965, Section 34.

Procedures

Key Consideration

Temporary care must serve the best interests of the child/young person and be part of a plan to achieve stability for his/her future care, disrupting the child/young person's life to the least extent possible.

Child and Family staff must pay particular attention to the 'Aboriginal Placement Principle' as set out in Section 87 of the Children (Care and Protection) Act, 1987, in the placement of Aboriginal children and young people.

The Assistant Manager of the supervising CSC has the delegation to approve the placement of a child or young person in temporary care where:

- such placement is part of an approved case plan to support the child or young person in their family,
- the child/young person is the subject of care proceedings during an adjournment, or
- the child/young person has been removed from his/her parents or guardian under Section 62 of the Children (Care and Protection) Act, 1987, or
- a parent is considering adoption of their child/ren but is unable/unwilling to provide for the child/s care,
- an adoption consent has been signed,
- the regular carer has requested temporary care in circumstances where the child may be considered to be in need of temporary care if temporary care does not proceed.

Prior to a child/young person being **voluntarily** placed in temporary care, details must be obtained in writing from the person with parenting responsibility to:

- identify the length of time the child/young person will be in care,
- make the arrangements for access and contact with family and significant others,

- plan the casework and support services for the parent to resolve the problems which necessitated the child/young person's entry into care,
- identify the reason(s) for the placement,
- the information required to complete Module A of the assessment for entry into Care Information.(See Form)

Where the child or young person enters temporary care by the Court, during an adjournment, similar information must be provided in writing to the parents:

- the arrangements for access and contact (unless this is not appropriate in the circumstances of the case);
- the case plan while in care,
- the reason for the placement,
- the likely duration of the placement,
- the whereabouts of the child (unless this is not appropriate for the case plan),
- the information required to complete Module A of the assessment for entry into Care Information, (See Form).

Wherever possible a case conference is to be held prior to the child or young person's entry into temporary care, or as soon as possible afterwards, so that a case plan can be developed. The child or young person, the family and the carers should be encouraged to participate in the planning process.

While the child or young person is in voluntary temporary care, parents are to be kept informed of all matters regarding his or her welfare.

The following principles apply to arranging and approving temporary care and pre-adoptive foster care;

- wherever possible children/young people are to be placed within their local community,
- particular efforts are to be made to find suitable Aboriginal carers for Aboriginal children/young people in accord with Section 87,
- siblings are to be placed together wherever possible,
- the health and special needs of a child/young person are to be carefully assessed,
- the age and maturity of the child/young person is a factor in deciding the period of time for temporary placement away from family.

Where placement is in another community or area, the supervising Child and Family officer **must obtain prior approval from the Assistant Manager of the CSC which supervises the carer.** The supervising CSC continues to be responsible for case work for the child, while the CSC supervising the carer is responsible for support of the carer during the placement.

Temporary carers, where the child or young person is in care voluntarily, are to be made aware that the parent(s) will be informed of the child/young person's whereabouts, unless to do so would prejudice the welfare and interests of the child/young person. In the event of this information being withheld, parents have the right to terminate the arrangement. If the Manager decides that the parents are not to be informed of the child/young person's whereabouts, the parents are to be advised that they may approach the Court to request disclosure of this information.

Placements by the Child Protection and Family Crisis Service

Each CSC is to make at least one foster home available for the after hours crisis service. This requires the CSC to:

1. Assess which foster home would best provide a service to the Child Protection and Family Crisis Service (CP&FCS) and obtain agreement from the carers;
2. Notify the CP&FCS of the carer's name and location, as well as providing them with temporary access to the foster home through the CIS.

Temporary access through the CIS is to be for the period nominated by the CSC Assistant Manager and CP&FCS are to be made aware of this.

Where CP&FCS place a child/young person in the foster home they will, as soon as practical, contact the CSC Assistant Manager and advise of the placement and the particulars of the child.

Key consideration

The need to place a child/young person within their own community and close to the CSC which is most likely to become involved in the case, is an important consideration when making the placement. It is the responsibility of the CSC A/Manager to ensure that foster placements are available **in the local area** to meet the likely demand for out-of-hours placements.

The CSC Manager and the Section Leader Adoptions Branch have the delegation to approve an extension of temporary care beyond three months, for a further three months, subject to review. Requests for extensions of temporary care are to be considered at a case conference wherever possible.

Coercion must not be used to obtain an agreement from the parents/ guardian for the placement of the child/young person in temporary care.

A 'Temporary Care Placement Application' (See Form) must be obtained for any child entering temporary care who is under 16 years of age, unless it is by Court adjournment.

Placement of children/young people in temporary care by way of an agreement is not to occur where:

- a child/young person is at high risk and Court action 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;
- a child is under 16 years of age and the parents/guardian do not consent to the temporary care arrangement.

Except where a child/young person has been placed in temporary care;

- during a Court adjournment by Court order, or
- is a ward or protected person, or
- in accord with Section 62, then

the person(s) having the guardianship of the child/young person must consent in writing to the placement and provide details to complete Module A of the Assessment Information (See Form).

Where the temporary placement is with a private fostering agency, the Departmental Temporary Care Placement Form is not completed. (The placement is by agreement between the parents and the agency, with the Department acting as a referral agent.) The supervising CSC Child and Family staff must be available to consult with the community social welfare fostering agency as required.

Before the child/young person's entry into temporary care, the supervising Child and Family officer must check whether there has been a previous episode in care, or whether the child or young person is already known to the Department for any reason.

The supervising Child and Family officer must take into account the child or young person's views and also the views of certain others with regard to issues in Section 87, where the child/young person is Aboriginal.

Before the parents/guardians sign a consent for temporary care, the conditions of the placement, the 'Temporary Care Placement Application' **must be fully explained** and the supervising Child and Family officer must be satisfied the parents/guardian comprehend the conditions of the agreement.

In accordance with Section 14 of the Act, only one person need consent. Where both parents have the daily care of the child/young person and where both can be located, as a matter of policy **both must sign** the 'Temporary Care Placement Agreement' before the placement. If only one parent has the day to day care of the child/young person only that parent's signature is needed. However all reasonable steps must be taken by the Department to locate the other parent to inform them of the arrangement.

A copy of the 'Temporary Care Placement Application' must be given to each person consenting to the placement and to the person providing the care.

Where the current carer of the child/young person does not have legal custody (or a parenting order from the Family Court), their consent may still be acted upon. However the Child and Family staff taking the 'Temporary Care Placement Agreement' must, as soon as possible, make all reasonable efforts to find a parent and inform them of the arrangements. In accordance with section 14 of the Act, where that parent wishes to resume care, this is to occur when this is considered to be in the child/young person's best interests.

The child/young person is to be returned to the person(s) with whom the Agreement was made, upon their request, as soon as possible.

In any dispute between parents, or others with parenting responsibility, as to where the child/young person is to be returned, and only one person signed the Agreement, the child/young person is to be returned to that person.

Where all efforts to contact a parent or person or guardian are unsuccessful, the child/young person may be returned to the person who had care before the temporary placement, upon that person's request. However where it is considered that the child or young person will be in need of care if returned and the return of the child is unavoidable, the Department may assume care under Section 62A of the Children (Care and Protection) Act, 1987.

In such cases where **after hours assistance** may be required by the carer, or as deemed necessary, the supervising Child and Family officer is to advise the Child Protection and Family Crisis Service (after hours service) of the details of the placement.

The entry into temporary care, together with details of the placement, must be recorded on all relevant files and the CIS as soon as the placement starts. The end of the placement must always be documented.

Arranging temporary foster care for a pre-adoption placement

Key consideration

The Director-General's guardianship of a child relinquished for adoption extends the same benefits to the child and responsibilities as a "protected person" under the Children (Care and Protection) Act, 1987.

Child and Family staff who witness a consent are usually responsible for organising the pre-adoptive foster placement of the child, pending the adoptive placement, or return to the parental care should the parent(s) revoke consent.

In some cases the child may have been placed in temporary foster care already, to allow the parent(s) adequate time to properly consider the adoption decision.

If the child's anonymity is an issue, placement is to be arranged by a neighbouring CSC. However, every effort is to be made for the placement to be accessible to the parent(s), to enable them to exercise their right to have contact with the child during the revocation period and to minimise the number of changes until the adoption plan becomes a certainty.

In preparation for the carers assuming the care of the child, all medical and special care information about the child is to be passed on to the carer(s) before the placement. (See also Sections on **Foster Carer Assessment and placing children and young people in DCS foster care**).

The length of the placement may vary according to individual circumstances such as;

- The average pre-adoptive, temporary placement time for a healthy infant is 5 - 7 weeks.
- The placement time for an older child is usually longer, as the child needs to be prepared for adoptive placement and the adoptive parents have to be assessed for their capacity to meet the child's needs.
- Children with significant medical problems, or disability, may require temporary care for up to 3 months, while the parents consider their adoption decision. The child's continued stay in temporary care may extend to 6 months or more, while the child's medical needs are assessed and followed up and suitable adoptive parents are recruited, assessed and prepared through the Special Placements program.

The Child and Family officer who arranges a temporary placement following adoption consent is responsible for;

- arranging payment of fostering allowance and contingency items (see Section on **Financial Support Arrangements**),
- maintaining regular contact with the carer to ensure the child/young person's progress is satisfactory,
- arranging and, where necessary, supervising access visits and contact with parents/family,
- in adoption cases, informing the Manager, Adoption services of the details and progress of the placement,
- supporting the carer following the child's adoptive placement, return to parents, or move to other permanent placement.

Key References

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principles 1 and 2.

NSW Department of Community Services, *Introduction to Temporary Foster Care Program for Adoptive Children*, copies available from Adoption Services Branch.

Instruments of Delegations under the Adoption of Children Act, 1965.

Activity: Supporting Children and Young People in Care (see also section on supporting adoption placements)

Description

Supporting a placement involves a range of activities, which are the responsibility of field staff over the duration of the placement. These include coordination, monitoring, support and accountability functions to ensure that the child or young person is safe and well cared for and that the placement is consistent with current standards.

Mandate

Children (Care and Protection) Act, 1987, 12(1), (2), 12A(1), (2), 14, s19, 89(1), (2), 62
Children (Care and Protection) Regulation, 1996, Clause 25, 26, 29, 30, 56, 58, 73, 74 and 79.

Guidelines

Key Consideration

Children/young people in care are to be given opportunities to express their views and to participate in decisions about their care arrangements. Good support of placements helps to minimise drift in care.

The A/Manager needs to ensure that the placements of Aboriginal children/young people are supported by Aboriginal Child and Family officers and if this is not possible, then frequent consultation with Gullama, or other Aboriginal staff is to be arranged.

Particular assistance may be needed to ensure that children/young people with disabilities are able to express their views and participate in decisions.

Particular assistance may be needed to ensure that children/young people of non-English speaking background are able to express their views and participate in decisions.

Families of children/young people in care are to be involved in decisions and consulted whenever possible. In the case of Aboriginal children or young people, the extended family, tribal elders and community leaders are also to be involved as appropriate.

The frequency of support visits and phone calls needs to be determined as part of the case plan.

Relative to age and understanding the child or young person is to be given opportunities to speak privately with the supervising Child and Family officer on a regular basis.

The Child and Family officer is responsible for keeping the child/young person informed of decisions and for explaining the reasons for the decisions.

In supporting a placement, Child and Family staff need to address several dimensions of care: health, education, identity, family and social relationships, social presentation, emotional and behavioural development and, particularly for older children and young people, the development of self-care skills. These dimensions can be assessed against the case plan to gauge progress over time and to ensure that both long term and short term goals are being achieved.

All contacts with the child or young person and their carers are to be recorded on their file, so that it is an accurate record of the child/young person's progress in care. The CIS is to be updated as required.

Key References

- Adcock, M "Permanent Placement: A Right", *Adoption and Fostering*, 4(1), 1980
- Aldgate, J "Identification of Factors which Influence Length of Stay in Care", in Tresiliotis, J (Ed) *New Developments in Foster Care and Adoption*, Routledge and Kegan Paul, 1980
- Aldgate, J "Work with Children Experiencing Separation and Loss: A Theoretical Framework", in Aldgate and Simmonds (Ed) *Direct Work with Children: A Guide for Social Work Practitioners*, Batsford, London, 1988
- Boushell and Lebacqz "Towards Empowerment in Child Protection Practice", *Children and Society*, 1992
- Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, NSW Department of Community Services, 1996
- Fernandez, E, *Significant Harm: Unravelling Child Protection Decisions and Substitute Care Careers of Children*, Avebury, 1996
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth), Declaration on the Rights of the Child, Principle 2, Principle 5
- NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard One: Individual Case Planning, Standard Two: Decision Making and Choice

Activity: Responding to placement disruption

Description

Disruption of a placement refers to the threat of breakdown or actual breakdown of a placement, to 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 the child or young person.

Mandate

Children (Care and Protection) Act, 1987, Sections 89, 90, 91

Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 2 and Principle 8

Adoption of Children Act, 1965

Adoption Information Regulation, Clause 4(b)

Immigration (Guardianship of Children) Act, 1946

Guidelines

Service providers and supervising Child and Family staff are to support continuity and stability of placement, so as to minimise the risk of disruption and further moves for the child.

Key consideration

In the event or risk of disruption of a placement, supervising Child and Family staff must make every effort to provide support services to the child/young person and the carers. The support provided is to aim to resolve the issues affecting the relationship between the child and the carers, before removing the child/young person and, where the disruption is unavoidable, to enable a successful and sustainable transition.

Child and Family staff need to be alert to the possibility of disruption, so that a pro-active response may be planned. The removal of a child/young person from his/her placement is not to occur unless an assessment of risk indicates that a move is the least damaging option for the child in the circumstances.

Children and young people are to be prepared for removal to another placement. If the removal occurs in an emergency situation, the reasons for the move are to be explained to the child/young person as soon as possible. **It is essential that the child or young person is given every assistance to come to terms with the disruption of the placement.**

The case plan must be reviewed to cover the disruption and to ensure that it meets the needs of the child/young person in future.

There is a correlation between the age of the child/young person and the likelihood of disruption. The older the child/young person at the time of placement, the greater the risk of placement breakdown. Child and Family staff need to give particular attention to preparation and support for placements of adolescents. Adolescents moved to Foster placements with extended family or people they already know are equally vulnerable to disruption and require as much supervision as any other placement.

Supervising Child and Family staff need to be alert to dynamics of each placement and where contentious issues between the child/young person and the carer are likely to occur. Every effort to resolve issues at the earliest possible stage, before conflict occurs, is to be made.

Adoption Cases

Key Consideration

The disruption of an adoption must be notified to the Manager, Adoption Services Branch. 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 Manager Adoption Services is the delegated legal guardian of children/young people relinquished for adoption in NSW (except wards) and for children born overseas who enter NSW for the purpose of adoption.

When Child and Family staff become aware of the threatened, or actual, breakdown of an adoptive placement the Manager, Adoption Services is to be notified immediately. The Manager, Adoption Services' consent is to be obtained if the child is to be removed from the placement and for any alternative placement.

Where possible, following disruption of a local adoption placement, the child is to be placed with the previous temporary carers.

The Manager, Adoption Services, or his/her nominee is to be included in any case conferences, and consulted in formulating both short-term and long-term case plans.

In adoption cases where several different workers are involved, eg Private Social Worker, Child and Family officer, Community Service Consultant, it is important that a key worker be nominated. The key worker will then keep the Manager, Adoption Services informed of progress, with written reports and other contacts as required.

In the event of a placement disrupting after the making of an adoption order, the Child and Family officer is to notify the Manager, Adoption Services to discuss the involvement of an adoption worker in the assessment of the child and the decision to refer the child/young person to another placement, as another adoptive placement may be possible.

Assessing Placements at Risk

Where identified, unresolved risk factors or where other issues have arisen, the supervising Child and Family officer is to **make a formal assessment of the situation and the issues**. This assessment is to include an analysis of the factors contributing to the risk of disruption and possible placement alternatives. Comments regarding the advantages and disadvantages of the current placement versus available alternatives are appropriate.

In making the assessment the supervising Child and Family officer is to obtain assistance from other professional Departmental staff, such as the Departmental Psychologist, Child Protection Specialist and, in adoption cases, the Private Social Worker, and to have regard to any other specialist assessments concerning the child/young person, which may be relevant. Other CSC's or agencies which have a role with the child/young person are to be consulted.

The CSC A/Manager or, in adoption cases the Manager, Adoption Services, is to 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 assist those involved to come to terms with the disruption are to be provided.

The CSC A/Manager, or in adoption cases the Manager, Adoption Services, has the delegation to approve removal of a ward or protected person from a placement. The carers are to be advised in writing as to why the decision to remove has been made.

The child's file is to remain with the supervising CSC or the Community Service Consultant in the Adoption Services Branch until any new supervisory arrangements are resolved by a case conference. The child's file, with all relevant reports and assessments, is to be forwarded to the new supervising CSC within 5 working days of the placement after resolution of supervision responsibilities.

Where, following disruption, the child is temporarily placed, pending the arrangement of longer term care, the original supervising CSC or the Adoption Services Branch remains responsible for the overall case work, liaison with temporary carers and for the file, until a more permanent place is effected.

The supervising CSC A/Manager/ Manager Adoption Services is to ensure that;

- substitute care payments to the original carer cease from the day the child is removed,
- the CIS/PAS is amended accordingly,
- reports and assessments are brought up to date as a matter of urgency, attached to the child's file and copies distributed to relevant persons,
- a Departmental transfer note is completed if the file is to leave the CSC.

Reviewing the reasons for the disruption

A formal review is to be undertaken 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 to be chaired by the CSC Manager, or the Manager, Adoption Services and will include;

- the circumstances of the child/young person entering care,
- the child's/young persons 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; and
- all aspects of the placement prior to and including disruption.

Key References

Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Seven: Moving in Care, Leaving Care and Aftercare

Fernandez E, *Significant Harm*, Avebury, 1996

Tresiliotis J P (Ed.), *New Developments in Foster Care and Adoption*, Routledge and Kegan Paul, 1980

Aldgate J and Hawley D *Recollections of Disruption*, National Foster Care Association (NFCA), UK, 1986

Mason J 'Foster Care and Permanency: An Analysis of the Context for Practice', *Australian Journal of Social Issues*, 26 (4), November 1991.

Swarc B *Changing Particular Care, A National Survey of Children in Non Government Substitute Care in Australia*, National Children's Bureau of Australia, 1992.

11.6 Guardianship Responsibilities

Activity: Identifying the legal status of children in care

Description

There is a range of types of legal status for children and young people who have entered care under the legislative provisions of the Children (Care and Protection) Act, 1987.

Mandate

Children (Care and Protection) Act, 1987, Sections 3,14,19,62,77 and Part 6.

Guidelines

Children in substitute care have generally entered care under the legislative provisions of the Act. These apply to:

- Children subject to voluntary temporary care arrangements;
- Children who have been placed in the care of the Director-General pending Children's Court action;
- Children placed in the care of the Director-General, following adjournment of the Court proceedings, or in care in accordance with section 62 of the Children (Care and Protection) Act, 1987;
- Children placed in the care of a person by way of an adjournment of the Court;
- Children placed in the custody (Committal to Care) of a person through an order of the Court in accordance with section 72(i)(c)(ii) of the Act;
- Wards of the Minister;
- Protected Persons:
 - Non-citizen (Unattached Refugee) Children and those under the guardianship of the Minister of Immigration
 - (Family Law) whose custody or guardianship of the child is with the Minister or Director-General
 - (Wards of the Supreme Court) whose custody or guardianship of the child is with the Minister or Director-General
 - Children under the guardianship of the Director-General following adoption consent.

Activity: Approving absences for children/young people from care

Description

An **absence from care** is time spent away from the child or young person's usual placement and outside his/her 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 is required to be based on an assessment of the safety of the child/young person and the appropriateness of the activity for the individual child/young person. The child/young person's views regarding opportunities for recreation activities are sought and considered in approving absences from care.

Children/young people in out-of-home care are encouraged and supported to have access visits, holidays and social visits consistent with appropriate child development and with their individual case plan.

Mandate

Children (Care and Protection) Act, 1987, Sections 16, 77, 91(1), 93.
Children (Care and Protection) Regulation, 1996, Clause 23.

Guidelines

Key Consideration

Approval of absences from care takes into consideration the importance of maintaining the child/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.

When a child or young person is in the custody or guardianship of the Minister or Director-General, the approval of the CSC A/Manager or the Manager of the Departmental residential unit must be obtained for holidays, school camps or other extended absences away from the child's usual placement.

Vacation Camps

The child or young person must have a choice about attending any camp. The child or young person must be consulted about and agree to all aspects of the camp. The Department retains a duty of care when children and young people attend camps. (See also Section on **Referrals to other Services- Vacation Camps**)

Children/young people 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 behaviours and/or challenging behaviour;
- any other behaviours that pose serious risks to other children or adults.

Short absences

For short absences, such as overnight or weekend stays, foster carers must inform their supervising Child and Family officer.

Longer absences

Where guardianship is retained by the parent(s) or a relative, the parent or a relative are consulted and their approval obtained for any absences from the usual carer. Interstate or overseas absences must be approved by the delegated officer (See Section on **Arranging Travel**).

Recording an Absence

Details of who will be responsible for the child/young person during the absence are required to be recorded on the child's file and in the CIS on the *Critical Information Screen*. Details of supervision or monitoring of the child/young person during extended absences are also to be recorded.

When the child or young person is to reside for an extended period outside the area of the usual placement, the relevant A/Manager is to negotiate any supervision arrangements with the relevant out-of-home service. (See Section on **Travel**).

Financial assistance is available to facilitate approved absences from care, at the discretion of the delegated officer. Payments to the usual foster carer normally continue for absences up to 21 days. (See Section on **Allowances**).

For longer periods, the financial payments are discussed with all relevant parties prior to seeking approval by the delegated officer. Additional financial assistance may be provided for the child/young person from contingency funds, as necessary (eg. camp fees). Arrangements are made for the child/young person to receive the usual pocket money allowance during extended absences.

Missing children and young people

Foster carers and subsequently Child and Family staff are to report promptly any absences from care without approval and/or when the whereabouts of the child or young person is unknown to the relevant A/Manager. Appropriate action is to be taken to ensure the safety and well being of the child. Child and Family staff are required to report the child/young person as a missing person when it is verified with their carers and family that the child or young person cannot be located. A critical incident report must be forwarded to the Area Manager at the same time as they are reported missing to the Police.

Key Reference

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996

Activity: Arranging travel for wards and protected persons in care

Description

Travel to enable access and contact with family or significant others, or which will benefit the child or young person in care, is to be supported.

Mandate

Children (Care and Protection) Regulation 1966, clause 23.

Australian Citizenship Act, - Section 5

(The Australian Citizenship Act, 1948, provides that a person born after 20.8.86 is an Australian citizen only if a parent was at the time of the child's birth an Australian citizen or a permanent resident.)

Guidelines

Local and Interstate Travel for a Period Not Exceeding Three Months

The Assistant Manager can approve expenses incurred for travel and/or accommodation where it is part of the approved case plan for access and contact by the child in care with family or significant others.

The Assistant Manager also approves expenses incurred for a child or young person in care to attend court hearings, case conferences, psychological or special medical appointments and regular community, sporting or associated activities.

Travel which is considered of benefit to the child or young person may also be approved by the Assistant Manager. Travel which will assist the child or young person to understand and appreciate their cultural heritage is to be supported. Expenses incurred by the foster carer for travel and accommodation while accompanying the child can be reimbursed.

When a child or young person in care is to travel, his or her needs are considered in determining the mode of travel.

Travel for children or young people in care who live in rural and remote communities is to be given special consideration.

In arranging access meetings or case conferences, the child's or young person's needs are to be paramount in decisions as to whether the child should travel to the family or vice versa.

The supervising CSC is responsible for the cost of travel and where necessary accommodation for the child or young person and his/her carer to facilitate access or to fulfil the approved case plan.

If the child's birth family are unable to travel for access, or to attend case conferences due to their financial circumstances, the Assistant Manager of the office supervising the birth parents can approve and pay the costs of travel and accommodation.

Interstate Travel for a Period Exceeding Three Months

Approval from the Area Manager is required for a child to travel interstate for a period exceeding three months.

Approval for interstate and overseas travel in respect of 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.

A child travelling with a carer for a period not exceeding 3 months or where the young person is over 16 years and travelling without his/her carer, may be approved by the Assistant Manager.

The approval of the Manager on the recommendation of the Assistant Manager is required if the proposed absence is between 3 and 12 months.

The approval of the Area Manager is required for all proposed absences in excess of 12 months.

If the parent(s) of a child in care retains guardianship they are required to consent and approve the travel arrangements.

In every case where a request is made for a child in care to travel overseas, the birth parent(s) of the child in care is to 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 him/her when travelling overseas. Documentation establishing Australian citizenship is to be submitted with the passport application.

In situations where 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 is to accompany the passport application.

In certain circumstances the name the child has been using may be entered, but only where 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 who has been in Australia as a permanent resident for 2 years can apply for citizenship.

Activity: Transferring guardianship between States

Description

The Department currently has reciprocal arrangements with other States and Territories for the transfer of children/young people who are under guardianship orders.

Mandate

Children (Care and Protection) Act 1987 Part 6, Section 95

Guidelines

Currently, reciprocal arrangements exist between all States and Territories (except Tasmania) for the transfer of guardianship orders (where vested in the State) in relation to a child or young person.

You must provide accommodation, care and maintenance for any child/young person who is a ward of another State or Territory as if the child/young person was a ward of this State. These arrangements are to be on a temporary basis pending the return of the child/young person to the State or Territory with whom the guardianship is vested.

The cost of returning the child/young person, who is a ward of another State or Territory, shall be met by this Department (1).

Transfer of guardianship of a ward to or from this State shall only occur following the completion of an assessment of the ward and the placement, having consideration as to the duration of the existing order of the court vesting guardianship (wardship) of the child/young person with the State or Territory.

Forms for the acceptance and transfer of guardianship are to be completed by the delegated officer.

Where the guardianship of the ward is transferred to another State or Territory the provision of services by this Department is to cease upon the date transfer is accepted, unless special agreement for the provision of particular services has been agreed to prior to the transfer by the delegated officer. Similar provisions exist where guardianship of a ward is accepted by this Department in which case the child/young person is to be treated as if he/she is a ward of NSW.

NB: The State Social Welfare Ministers' body is developing further policies in this area in 1997.

Key Reference

(1) State Welfare Ministers' agreement of 1985

Activity: Death of a child or young person in care

Description

Responding to the death of a child or young person in care requires formal response.

Mandate

Children (Care and Protection) Act 1987, Section 38.

Children (Care and Protection) Regulation 1996, Clause 61.

Adoption Information Act 1990, Section 8.

Adoption Information Regulation 1996, Clause 4.

Guidelines

In all cases Child and Family staff shall advise their relevant Manager immediately, when they are informed of the death of any child/young person in care.

The Minister and the Director-General are to be informed promptly of the death of any child in care.

In the event of the child's death being accidental, or due to suicide, or where there are reasonable grounds to believe that the death or suspected death would be examinable by the Coroner, the CSC A/Manager must report the death or suspected death to the Police as soon as possible. (See Section on **Critical Incidents and Child Deaths**)

If the child has died in residential care, regardless of the cause, the death **must** be reported to the Coroner.

In all situations, the A/Manager is to ensure that an **Incident Report** is submitted as soon as possible and preferably within 24 hours. The report is to include:

- the cause of death (if known);
- the result of any Departmental enquiries;
- whether police and coroner are involved;
- whether parents, relatives and others have been advised;
- details of any arrangements made for the funeral.

The Manager is to provide support to the CSC or residential unit in dealing with the matter including making arrangements for the funeral and for any counselling required by the child's family and significant others, including Child and Family staff who were involved with the child.

The A/Manager is to advise the parents, and where appropriate, siblings in Departmental care and significant others, of the death of the child and make arrangements for the funeral. If the parents reside outside Australia, the A/Manager is to advise the Department of Immigration to arrange for the parents to be informed.

When the child was under the guardianship of the Supreme Court, the Family Court or the Commonwealth Department of Immigration, the A/Manager is to ensure that the relevant legal guardian is advised.

The parents and, where appropriate, relatives and significant others, are to be given assistance to participate in making the funeral arrangements.

When funeral arrangements are being made, consideration must be given to any expressed wishes of the child and to the child's religious and cultural background and that of the parents. This is particularly to be noted for children/young people of Aboriginal background and children/young people of non-English speaking background.

The wishes of foster carers who have had a long-term involvement with the child are also to be taken into account in making funeral arrangements.

The Department may provide financial assistance to parents and significant others to assist them with travel and associated costs to attend the funeral.

The Department meets the cost of burial/cremation, flowers, commemorative plaque and other funeral expenses of wards and protected persons. The funeral expenses of other children in care are to be met by the parents. The Department is to contribute to flowers. If the parents are in financial hardship, the CSC Manager has the delegation to approve funeral arrangements and payment of funeral costs.

The Manager of the supervising CSC is to attend the funeral as the representative of the Minister.

The CSC A/Manager is to ensure that all Departmental records, including the CIS and the Substitute Care Payment System, are amended to note the child's death. Records of siblings in Departmental care and on the parents are also to be amended.

The CSC A/Manager is to ensure that the following information is to be obtained promptly and compiled in a report:

- date, time and place of death;
- date and place of wardship order, if any;
- reasons why the child entered care;
- placement details;
- place where the child's body is held;
- Death Certificate if available;
- details of any proposed inquest or cause of death;
- requests of parents, foster carers, or others concerning funeral arrangements
- confirmation of advice to siblings in Departmental care;
- details of funeral arrangements, including costs where these are to be met by the Department;
- any observations or conclusions which the Child and Family staff consider relevant.

The Area Manager is to ensure that a **Briefing Note to the Minister which includes all relevant available information is prepared.**

When the deceased child was a protected person, a copy of the report is to be forwarded to the legal guardian of the child, ie.

- to the Supreme Court where the child was a ward of the Court, or
- to the Family Court, or
- to the Secretary of the Department of Immigration, where the child was a non-citizen, or

Where the child was surrendered for adoption, but the order has not been finalised, the parents are to be informed.

Where the child has left legal instructions for the disposal of his/her personal property, those instructions are to be observed. When the child/young person has not left legal instructions, but his/her wishes had been expressed, every effort is to be made to observe the wishes as closely as possible. If the child/young person was in short-term or temporary care, his/her belongings are to be returned to the parents or usual caregiver.

The A/Manager is to check if any monies are held in trust for the child/young person and the Area Manager advised, so that appropriate arrangements can be made for dispersal. Such monies would normally go to the child's next of kin. (See Section on: **Making of Wills.**) Advice may sought from the Public Trustee, if necessary.

When the child was a Ward or Protected Person, the supervising District Officer is to apply for Death Certificate (See Form)

Key Reference

Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth), Schedule 3, Declaration on the Rights of the Child, Principle 1.

Activity: Paying Bail for Young People who are in Care

Description

Payment of bail for a young person who is subject to orders of supervision or detention as a result of committing a criminal offence.

Mandate

Children (Care and Protection) Act, 1987, Section 9.

Guidelines

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 is to be made to prevent young people being detained. Their legal status as a ward is no reason for them to be denied options available others in the community.

Where lodgement of a cash surety is required by the Court, and or a condition calling for an Acceptable Person (Bail Act 1978) to make an acknowledgment or enter an agreement, the matter is to be referred to the Area Manager for the decision to:

- approve of and lodge the bail money imposed by the Court; and/or
- approve of an individual officer acting on behalf of the Department as an Acceptable Person under the provisions of the Bail Act 1978;
- approve any payment of surety if child defaults bail conditions.

The Attorney General has indicated that the lodgement of a Departmental cheque will suffice for cash.

Key Reference

Protocol between the Department of Community Services and the Department of Juvenile Justice.

Activity: Entering an Apprenticeship or Enlisting in the Armed Services

Description

Young people in care may choose to enter an apprenticeship or trade or enlist in the Australian Armed Forces.

Mandate

Children (Care and Protection) Act, 1987, Section 90(1), 92(1).

Guidelines

Any young person in care who seeks to enter an apprenticeship or enlist in the Armed Services is to be encouraged and supported.

As Child and Family staff you are required to do all you can to help the young person in care to complete the application for apprenticeship or enlistment application.

The consent of the Minister is required if the young person is in the custody or guardianship of the Minister or Director-General. The Assistant Manager can give consent as the Minister's delegate by signing the application.

The Assistant Manager may approve expenses for the purchase of tools, safety clothing and other materials considered essential for the particular trade.

The young person is to be assisted in obtaining the consent from his/her guardian(s) if the young person in care is not under the guardianship of the Minister or Director-General.

Child and Family staff are to prepare a report and recommendation on the young person's application for consideration by the Assistant Manager.

On consent being given, the child/young person should be informed in writing and his/her file noted.

Activity: Making of Wills

Description

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.

Mandate

Children (Care and Protection) Act, 1987, Sections 90(1), 92(1).
Wills, Probate and Administration Act

Guidelines

In normal circumstances when a child dies before attaining the age of 18 years, his/her estate is divided equally amongst the next of kin.

In certain circumstances however, 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 would need to be convinced that special circumstances did exist, which warranted 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.

For those children who indicate a desire to make a Will, a “tutor” is required to be appointed to institute proceedings on their behalf. This tutor may be the relevant Area Manager. 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 Branch declaring 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 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 his/her intellectual capacity is not capable of expressing his/her own wishes, application may still be made to the Supreme Court to exclude the perpetrator as an eligible beneficiary.

The matters to be considered before the making of an application to the Supreme Court for a valid Will are:-

- the child has been abused by a close relative (parent or sibling);
- the child has received compensation as a victim of crime;
- the perpetrator would 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?

Activity: Arranging Trust Accounts

Description

Money placed in Trust Accounts for children and young people in care.

Mandate

Children (Care and Protection) Act, 1987, Section 91(1)
Children (Care and Protection) Regulation, 1996, Clause 33
Trustee Act, 1925 .

Guidelines

Property held by the Department on behalf of a ward or protected person is to 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.

The Department is 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 as listed below:

Building Societies - Greater Newcastle Permanent Building Society Limited
Hume Permanent Building Society Limited
Illawarra Mutual Building Society Limited
Newcastle Permanent Building Society Limited

Banks - Advance Bank Australia Limited
Australia and New Zealand Banking Group Limited
Australian Resources Development Bank Limited
Bank of America Australia Limited
Bank of China
Bank of Melbourne Limited
Bank of New Zealand
Bank of New Zealand Savings Bank Limited
Bank of Queensland Savings Bank Limited
Bank of Singapore (Australia) Limited
Bank of Tokyo Australia Limited
Bankers Trust Australia Limited
Banque Nationale De Paris
Barclays Bank Australia Limited
Challenge Bank Limited
Chase Manhattan Bank Australia Limited
Citibank Limited
Citibank Savings Limited
State Bank of New South Wales Limited

Commonwealth Bank of Australia
Commonwealth Development Bank of Australia
Commonwealth Savings Bank of Australia
Deutsche Bank Australia Limited
Hong Kong Bank of Australia Limited
IBJ Australia Bank Limited
Lloyds Bank NZA Limited
Macquarie Bank Limited
Metway Bank Limited
Mitsubishi Bank of Australia Limited
National Australia Bank Limited
NatWest Australia Bank Limited
Primary Industry Bank of Australia Limited
R & I Bank of Western Australia Limited
Standard Chartered Bank Australia Limited
State Bank of South Australia
St. George Bank Limited
Town and Country Bank Limited
Trust Bank Tasmania
Westpac Banking Corporation
Westpac Savings Bank Limited

The above list may not be complete, as there are a number of factors to be considered eg. credit rating. However, it should be more than sufficient for Departmental purposes.

Activity: **Obtaining Consent for Marriage**

Description

Young people in care who wish to marry and who under the age of 18 years are required to obtain a consent to marry.

Mandate

Children (Care and Protection) Act, 1987, Part 6, Section 90.

Guidelines

A young person between the ages of 16 and 18 years can marry but only 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)).

Where 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, otherwise the order ceases to have effect.

In the circumstance where a young person in care and under 18 years of age wishes to marry, he/she is to be told of the need to apply to the Court for permission, as well as the restriction placed on the Court by law as to when it can give its permission.

Child and Family staff are to consult the Legal Branch who will advise which Court can deal with the application (ie. the Local Court, the Supreme Court or the Family Court).

The parents/foster carers/significant others of the young person should be consulted as appropriate.

If the young person and their partner decide to apply to the Court, then the Department will make the application on their behalf. Where an application is made to the Court, a Court report should be prepared by Child and Family staff in consultation with Legal Branch outlining the circumstances of the young person.

If the Court grants consent to marry, the Manager of the Supervising CSC is to personally and in writing congratulate the young person and his/her partner. The parents/foster carers/significant others are to be informed of the Court’s decision.

During this process a **leaving care plan** is to be developed and after the marriage has occurred, Child and Family staff are to plan discharge of wardship.

Key Reference

The Marriage Act, 1961 (Commonwealth)

Activity: Children claiming against foster carers' estates

Description

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.

Mandate

Children (Care and Protection) Act, 1987, Sections 91, 92.

Guidelines

The Family Provisions Act was drafted with the intention of protecting 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.

Key References

The Family Provisions Act, 1982

Supreme Court ruling - Tomkins v. Tomkins

11.7. Adoption Responsibilities

Activity: Investigating the illegal placement of a child for adoption

Description

The placement of a child with a non-relative for the purpose of adoption, except by the Department or a private adoption agency, is an illegal adoption arrangement.

“Relative” as defined in the legislation means the child's grandparent, uncle or aunt either by blood or half-blood or by marriage.

Mandate

Adoption of Children Act, 1965, Sections 50, 51(1), 57 (a).
Children (Care and Protection) Act, 1987, Sections 10(3), 42.

Guidelines

It is an offence under the legislation for anyone, other than the Director-General or the Principal Officer of a private adoption agency, to negotiate or make arrangements for the adoptive placement of a child with an unrelated person.

It is also an offence for anyone to make or receive payments in relation to the proposed adoption of a child, or to induce a parent to offer, or refrain from offering, a child for adoption in accordance with the Act.

Child and Family staff becoming aware of the placement of a child with unrelated persons with the intent of creating an "informal" adoption, are required to notify the Manager, Adoption Services. The need for Departmental intervention is then evaluated.

Departmental action may need to involve another CSC if the parents of the child live in another area. Possible action can include:

According to Section 10(3) of the Children (Care and Protection) Act a child under the age of 6 months in the above circumstances is defined as a child in need of care and can be notified. This notification can give the legal authority for an assessment of the child's and family's circumstances.

For a child over the age of 6 months, unless there are other grounds, notification cannot be made. Assessment can only be conducted by consent, or if the carers apply for a fostering authority. Proceedings for an offence under either the Children (Care and Protection) Act or the Adoption of Children Act could be considered following consultation with the Adoption Branch, a Legal Branch or other Departmental solicitor.

Where possible, contact is to be made with the child's parents to ascertain: their views of the placement; their awareness of the legalities of the situation and its implications; and their awareness of the alternative placement options.

Depending on the views of the parents, the results of any assessment of the carers' circumstances and their capacity to meet the child's psychological, developmental and physical needs, and factors such as the length of time the child has been in the placement, an appropriate case plan can be made from the following options;

- returning the child to the parent(s), placing the child with relatives;
- proceeding with a legal adoptive placement with approved adoptive parents, not the current carers,
- the child remaining with the current carers, and the carers securing the child's placement via a parenting order through the Family Court or a custody/ guardianship order through the Supreme Court,
- taking care proceedings if the child is at risk.

If more than one CSC is involved, the CSC where the child is placed is to organise a case planning meeting with the involvement of the Manager, Adoption Services and/or a departmental solicitor if appropriate.

Key references

Adoption Administrative and Procedural Handbook, Chapter 1.
Draft Standards for Adoption Services

Activity: Counselling a parent considering consent to their child's adoption

Description

Consent is required to meet certain legal standards to be 'informed'. The parent is to be informed of any consequences, advantages or foreseeable disadvantages of their decision. S/he is to give consent voluntarily and have the capacity to reason the decision.

Mandate

Adoption of Children Act, 1965, Sections 26-29, 31, 31A, 57 and Clause 25 of its 1995 Regulation.

Community Welfare Act, 1987, Section 4 (1) (d).

Children (Equality of Status) Act, 1976, Parts 3 & 4

Children(Care and Protection) Act, 1987, Section 87.

Guidelines

Key consideration

Adoption is the most radical form of substitute family care as it permanently severs the child's legal ties with their biological family. Each adoption plan is to be decided individually, based on the best interests and the wishes of the child and taking into account the wishes and views of the biological parents.

Except where the child/young person is already in Departmental care, **all** referrals and inquiries from a birth parent, a hospital social worker or a disability services worker are to be discussed with the Adoption and Permanent Care Section of the Adoption Services Branch to determine how they will be followed up and for completion of the Adoption Counselling Referral Form by the Community Service Consultant at the Adoption Services Branch.

Child and Family officers responding to a parent considering the adoption of their child are required to have a knowledge of the adoption process and the legal and emotional consequences of adoption. Appropriate skills in bereavement counselling would be of benefit.

Key consideration

Child and Family staff are to contact the Adoption Services Branch to discuss the particular requirements or difficulties associated with the child's adoption.

If the child is born with significant medical problems or a disability. It may be in the child's interests to be placed in temporary foster care for a period up to three months to allow the parents sufficient time and information to resolve their feelings about the child and the disability, and to canvass family, medical and community support. Many parents who consider relinquishing a child with a disability are married couples and their first thought of adoption is when they discover the child's disability. Every effort however is to be made to

maintain the parents' involvement with the child during this period and provide the parent(s) with relevant community supports. Adoption may not be the appropriate plan for a child with major disabilities.

If the child/young person is a ward. The parent should not sign consent to adoption until adoption has been approved as the child's case plan.

If either of the parents is Aboriginal or Torres Strait Islander. The adoptive placement of an Aboriginal child is to conform with the Aboriginal Placement Principle. The Draft Policy for the Placement of Aboriginal Children for Adoption requires the involvement of an Aboriginal worker in any decision regarding the relinquishment of an Aboriginal child/young person for adoption, and any decision or case conference or meeting convened to make a decision about the future of the child/young person. The Director-General only can approve the adoption of an Aboriginal child/young person by a non-Aboriginal family

If the parent(s) are not permanent residents or citizens of Australia. The Department has established Protocols with the Commonwealth Departments of Foreign Affairs and of Immigration and Multicultural Affairs to address the difficulties created by the child's status.

If the parent is under the age of 16. Only the parent's consent is required for the adoption. However in view of their age and likely deference to their own parent's authority, the parent's capacity to consent will need to be certified by a registered psychologist or other expert before their consent can be given. (See Form: *Guidelines for a report stating that a person under 16 years is capable of signing consent*)

The interview

The aim of these interviews is to assess with the parent the total family situation and the child's known needs and history, and to empower the parent to make an informed decision about the child. You will need to take particular account of the parent's capacity to give informed consent; eg a parent with an intellectual disability, a parent from a non-English speaking background.

You will be able to assist parents consider adoption as an option for their child's care by:

- Giving the parent the opportunity to ask questions; to speak about their feelings and particular circumstances and reasons for considering the child's adoption.
- Providing information, including written information, about adoption and the alternatives to adoption, including community supports for single parents and those with a child with a disability.
- Explaining the legal process involved with adoption as it applies to the parent's particular circumstances; eg if the child is born with significant medical problems.
- Explaining whose consent is required for the child's adoption; in particular clarifying the consent requirements for fathers and children and their rights.
- Clarifying the legal effects of an adoption order.
- Discussing the known emotional consequences of relinquishment for birth parents.
- Familiarising the parent with the legal documents they would sign.

- Discussing the identity needs of an adopted child and enlisting the parent's involvement in the provision of social and medical information for the child.
- Providing information about the respective rights of adopted people, birth parents and adoptive parents under the Adoption Information Act 1990.

The parent is to be given the Departmental pamphlet *Information about Adoption*. Specific pamphlets are available for parents considering relinquishing their baby, older child or child with special needs for adoption and parents of a ward or a child under some other custody or guardianship order.

This information, together with the pamphlet *The Adoption Information Act and how it affects you* and copies of all the "Consent to Adoption" forms are to be provided to a person giving consent no less than 72 hours before consent is given.

The consent documents can be found as Form: *General Consent to Adoption of a Child*.

Involving the Child's Father in the Decision

It is particularly important that you discuss with a mother the rights of the child's father. The decision not to involve a father may deny him the knowledge that he has fathered a child and the opportunity to exercise his rights in relation to the child. It will deny the adult adopted person and the father the opportunity to trace and know each other.

The birth father's rights are similar to the those of the birth mother. You are to seek to involve the father in the adoption plan wherever possible.

Mothers who are married or have lived with the child's father and the child in a de facto relationship need to involve their spouse in the adoption decision. Where the mother is married but the child is not the natural child of the husband, the mother signs an affidavit providing sufficient details to establish the child's paternity. This affidavit is to be corroborated by her husband and/or the child's father, otherwise the woman's husband will be presumed at law to be the child's father and his consent to the adoption required. This is called a married woman's affidavit. (See Form: *Example of Married Woman's Affidavit*)

Mothers who are single or divorced (for the relevant period of time) may choose to take full responsibility for the adoption decision and choose not to tell the father. However the mother is to be made aware that:

- **A birth father has legal rights.** He can seek to have his paternity acknowledged on the child's birth registration either by entering his details on the Birth Information Form or completing a Paternity Acknowledgment Form under the Children (Equality of Status) Act, 1976, both of which are lodged with the Registrar of Births, Deaths and Marriages. (See Form: *Paternity Acknowledgment*).
- As an acknowledged father **he can apply for custody** of the child himself. In most instances these applications have been successful.

- Although a mother has consented to a child's adoption, **the child can be returned to a father's care** by a successful application for custody in the Supreme Court or a successful application to the Director-General for a decision under Section 34 of the Adoption Of Children Act
- The effect of a father applying for custody after the mother's adoption consent will result in the child **remaining in temporary care** pending the custody decision. If the mother anticipates the father's interest it is preferable he be involved in the adoption discussions as soon as possible.
- Where a father's details are entered on the child's birth certificate or he can be presumed at law to be the child's father, he is to be **served with Notice** under Section 31A of the Adoption of Children Act of the adoption plan or give consent to the adoption.

Mothers who decline to identify the father must sign an affidavit at the time of consent as to their reasons.

Key consideration

A national study, (1984), of single relinquishing mothers found that the effects of relinquishment can be negative and long-lasting. The major factors which made for worst adjustment to the relinquishment were;

- absence of opportunities to talk through their feelings about the relinquishment;
- lack of social supports in dealing with the relinquishment;
- a continuing sense of loss about the child; and
- absence of knowledge of what has happened to the child.

Winkler R. & Van Keppel M. *Relinquishing Mothers in Adoption Their long term adjustment*, 1984.

The loss experienced by the parents of a disabled child will be compounded by their grief for the child's disability.

The adjustment to adoption by the parent of a ward will be affected by their sense of failure and anger arising from the child's removal and their sense of powerlessness arising from any failure of the Department to acknowledge their role in the child's life.

You will assist a birth parent consider their decision and, if they relinquish the child, adjust to the loss of the child by:

- encouraging the relinquishing parent to establish a network of family, friends or counsellors with whom s/he can speak about their feelings before and after their adoption decision;
- knowing as much as possible about the alternatives to adoption and earnestly considering them;
- giving the parent the opportunity to meet another relinquishing parent;
- in the case of a child with a disability, having contact with a parent caring for a child with a similar disability;

- if the child is newly born, encouraging the parent to name the child on the child's Birth Registration Form. The alternative name for the child is "Unnamed male/female". It makes the child more of a reality and will be helpful for the parent in the future to refer to the child by a name, rather than 'the baby' and it may be less distressing for an adopted child to see a name on their original birth certificate. It may also discourage a name change by the adoptive parents;
- encouraging the parent to be involved in selecting the adoptive parents, meeting the adoptive parents and requesting periodic news and information about the child through the Department;
- supporting the parent in arranging for him/her to have mementos of the child;
- encouraging the parent, should they decide to relinquish the child, to write a letter explaining the circumstances of their adoption decision and their feelings. Although this is a difficult task, it can be therapeutic for the parent, and will certainly help the adoptive parents and the child understand the parent's situation. Adolescent adoptees can be vulnerable to feelings of rejection and the letter can help them understand the reasons for the parent's adoption decision realistically.

It can be helpful for a parent to complete the Social and Medical History Form of a Child Relinquished for Adoption (See Form: *Social and Medical History of a child relinquished for adoption*) before the interview in which consent is given. Though some parents may be reluctant to provide this information, they should understand its importance to the emotional wellbeing and the identity needs of their child and to the selection of suitable adoptive parents. The parents are to be given a copy of this completed document.

Permission for Testing for Hep B, HIV and Other Infectious Diseases

The compulsory and/or routine testing of pregnant women and/or children relinquished for adoption could constitute an offence under the Human Tissue Act and is contrary to Government policy. However, if a mother wishes to have testing done, an appropriate referral can be arranged.

Before a parent relinquishes a child, you are required to inform the parent that adopting parents may seek the permission of the Director-General for the child to undergo a medical examination. Such an examination may include testing for inherited disorders or for diseases such as Hepatitis B and HIV. Testing for HIV will necessarily reveal the mother's HIV status. The mother is to be offered the opportunity to access appropriate counselling to ensure she understands the implications of such a test.

Key references

Adoption Administrative and Procedural Handbook Chapter 3 & Chapter 4.10.

The *Information about Adoption* booklets for parents/guardians considering the adoption of their child.

The *Adoption Information Act and how it affects you* pamphlet.

Draft Policy on the Placement of Aboriginal Children for Adoption.

Draft Standards for Adoption Services.

Winkler, R & Van Keppel, M (1984) *Relinquishing mothers in adoption*.

Departmental Policy Statement: *Working and living with HIV AIDS*

Pregnancy Choices. Pamphlet produced by Family Planning NSW

Activity: Witnessing an adoption consent

Description

The qualifications required as a witness to an adoption consent are prescribed in legislation. Only Child and Family officers who have been specifically nominated in the delegations can witness a consent. **District Officer is not sufficient qualification.** (Refer to Adoption of Children Delegations, 1995)

Mandate

Adoption of Children Act 1965,	Section 26/31A - Consents required
	Section 27/29 - Form of consent
	Section 28 - Revocation of consent
	Section 31 - Defective consents
	Section 56 - Forged consents
	Section 57 - Undue influence
	Section 58 - Improper witnessing

and Part 4 and Schedule 1 of the 1995 Regulations.

Guidelines

The witness to an adoption consent fulfils two roles. Firstly, s/he is to be qualified to witness the signature to the consent, ensuring the document has been read, understood and consent freely given by the correct person. Secondly, s/he must be competent to certify the consenting person understood the implications of relinquishment. This competency requires particular theoretical knowledge and counselling skills.

A Child and Family officer who is the caseworker for the proposed adoptive parent(s), eg the long term carers, cannot witness the consent of the child's parent/guardian or the child. If you are the worker involved in investigating allegations that the child is at risk keep your roles separate and organise a separate worker to discuss adoption with the parent and witness the consent.

Your responsibilities as a witness to an adoption consent require you **to be satisfied:**

- of the identity of the person giving consent and that s/he is the parent/guardian of the child;
- the consenting person received written information about the legal effects of an adoption order, alternatives to adoption and their legal rights, including those under the Adoption Information Act, and a copy of the consent documents no less than 72 hours before giving consent;
- the consenting person understands that information particularly the legal effects of signing consent and of the making of an adoption order; eg a person with an intellectual disability or from a NESB background;
- the person is medically fit to sign consent;
- the consenting person has read all the documents;

- the name, place and date of birth given for the child accords with the details on their birth certificate.
- the correct forms are used to sign consent and every section has been completed legibly in black ink/black ball point pen, and that additions, corrections or alterations have been initialled by both the consenting parent and the witness.

If any of the above responsibilities or requirements is not fulfilled, the adoption consent you witness may be considered defective and could be considered invalid.

Delegated Child and Family officers who have not witnessed an adoption consent in the last 12 months are required to contact the Adoption Services Branch to discuss consent and document requirements and read Chapter 5 of the Adoption Administrative and Procedural Handbook before witnessing a consent.

If you feel uncertain about witnessing a consent, eg if you believe the parent is under any pressure or duress to sign consent, the situation is to be discussed with your Assistant Manager and the Adoption Services Branch.

Key consideration

Voluntary temporary care may be of benefit to the parent of a new born child to enable the parent to return to their normal life situation before making their adoption decision, and to the parent of an older child to “test” their separation from the child. Temporary foster care, without adoption consent, is to be used for any parent unable to care for their child and expressing uncertainty in their decision to relinquish their child. (See Section on: **Arranging temporary care**)

There are **particular legal provisions to ensure the competence of a person to give adoption consent**, that is:

- if the child is newborn, a parent is unable to sign consent until the fifth day of the child’s life unless there are exceptional circumstances and a doctor has provided a medical certificate of their fitness;
- if the parent is under the age of 16, a report by a registered psychologist, or another appropriate expert, must be provided to accompany the consent to the Court of the young person’s ability to give informed consent. (See Form: *Guidelines for a report stating that a person under 16 years is capable of signing consent*)
- if the parent suffers from a psychiatric condition, the parent must be seen and a certificate of their competence must be signed by a psychiatrist on the same day as the parent gives consent and as close as possible to the time of consent. (See Form: *Certificate of Fitness - Section 31(4)*).

If you have concerns about the capacity of a person with an intellectual disability to consent, you may need to obtain a report from a registered psychologist similar to that required for a parent aged under 16 years.

The consent documents can be found as Form: *General Consent to Adoption of a Child*.

The consent documents and the Statement of Requests enable the parent to express their wishes about: the religious upbringing of the child; the racial/ethnic background of the adoptive parents; the marital status of the adopters; their involvement in the selection of adoptive parents(s); receiving non-identifying information about the adoptive family; confirmation of the adoption order being made; receiving non-identifying information about the child's progress; meeting the adoptive parents; being informed of the death of the child or the breakdown of the placement.

Of these requests, the Department is required to consider the parent's expression of religious preference in choosing the child's adoptive placement and report to the Court its reasons for not placing the child in accord with the parent's wishes. It may be helpful to explain that if parents nominate a particular religion or denomination, their child's adoptive parents will be attending/practising members of that faith.

The other placement and information requests are recorded on the **Statement of Requests of a Consenting Parent**. The parent should understand that these requests are not conditions on their consent, but rather guidelines for the Department in the selection of the adoptive family and achieving the child's adoption plan. Although the Director-General can authorise a placement outside the parent's wishes, the reasons for doing so are to be discussed with the parent, if practicable, and reported to the Court when the adoption order is being sought. (See Form: *Statement of Requests of Consenting Parent*.)

In addition to the consent documents Child and Family officers are also required to ensure the following documents are completed:

- the **Social and Medical History Form** on the child with a copy forwarded to Adoption Services Branch together with the **Covering Report** to assist with the selection of adopting parents; (See Form: *Social and Medical History Form* and Form: *Guidelines for Covering Report - Local Adoption Surrender*.)
- the child's **birth registration**. This information is to be forwarded to the Registry of Births, Deaths and Marriages if the parent has not already done so and an application made to the Registry for a copy of the Certificate;
- the **Statement of Requests** from the consenting parent;
- copies of all the documents signed and a notice of **Revocation of Adoption Consent** have been given to the parent; (See Form: *Revocation of Adoption Consent*.)
- the **Notice of Expiry of Revocation Period** to be sent to the consenting parent at least 7 days before the expiry of the revocation period for the consent; (See Form: *Notice of Expiry of Revocation Period*.)
- an affidavit from a mother who is unwilling to identify the child's father explaining her reasons;
- an affidavit from a married woman where the child is not the natural child of her husband. For an outline for this affidavit see Form: *Married Woman's Affidavit*).

Key consideration

Relinquishing parents are to be provided with a copy of all the documents they have signed or completed. They are entitled to apply for the child's birth certificate.

The Assistant Manager is required to ensure a consent has been witnessed and accurately completed and that a copy of the consent and birth registration is faxed to the Adoption Services Branch immediately after completion.

The Director-General does not have to accept the guardianship of every child relinquished for adoption. Such advice is to be sent by an Assistant Manager to the Manager Adoption Services Branch to enable the decision to be made **within 21 days** of the consent.

Details of the adoption surrender are to be immediately entered on the PAS at the Adoption Services Branch.

Notice to Putative fathers under S31A

The putative father of an ex-nuptial child is not required to consent to the child's adoption unless the birth parents were living in a de facto relationship and the child formed part of the household.

Where the putative father's consent is not required, he may nevertheless have the right to be notified that consent to adoption has been signed by the mother or of the adoption proceedings, ie. if he is presumed under the Children (Equality of Status) Act 1976 to be the child's father or is registered as the child's father or is a party to a proceeding the consequence of which he may be presumed to be the child's father.

You need to make reasonable enquiries to locate the father and arrange for him to be served with Notice of the consent or the adoption proceedings. (See Form: *Section 31(A) Notice to a Putative Father*). In the Local and Special Placements Programs where the child is awaiting adoptive placement, this Notice is to be served as soon as possible after the mother's consent was signed. In finalising the adoption of a ward by his/her carers, the Notice is usually served as part of the preparation of the adoption application. See Section on: **Finalising a Non-Consented Adoption**.

An Affidavit of Service will need to be completed by the serving District officer. (See Form: *Example of Affidavit of Service*)

The father has 14 days to make an application for the care, custody and guardianship of the child. You are required to contact the Adoption Services Branch immediately you hear from a father that he intends to take action to assume his child's care.

Some fathers may be willing to be involved in the adoption plan and should be counselled regarding their consent.

Key references

Adoption Administrative and Procedural Handbook, Chapter 5

The *Information about Adoption* booklets for parents/guardians considering the adoption of their child. Available from the Adoption Services Branch

The Adoption Information Act and how it affects you pamphlet.

Draft Standards for Adoption Services.

Instrument of Delegations under the Adoption of Children Act.

Activity: Responding to a parent's wish to revoke their adoption consent

Description

A parent or guardian can only revoke their adoption consent by notice in writing to the Supreme Court before the expiration of 30 days from the date of consent, or, the day on which an adoption order is made, whichever is the earlier.

Mandate

The Adoption of Children Act, 1965, Sections 28, 34 (5)(c1)
Adoption of Children Regulation, 1995, Clause 26.

Guidelines

Key consideration

It is a parent's right to revoke their adoption consent, whether the child is the subject of care proceedings, or the child is a ward and adoption is the approved case plan.

The revocation period of 30 days commences from the first day after the adoption consent is signed. If the last day falls on a weekend or public holiday, 4pm (the time of the close of business in the Supreme Court) on the next business day becomes the last day for revocation.

After this date the consent cannot be lawfully revoked by the consenting parent or guardian. In exceptional circumstances however, after this date the Director-General can take certain action to place the child with the parent/guardian either by the Director-General's own decision or by the order of the Supreme Court.

All parents or guardians who have consented to their child's adoption should be aware of the final date for revocation as the witness to the consent is required to: ensure this date is correctly recorded on the consent document; give the parent/guardian a Notice of Revocation Form; and have sent the person a notice reminding them of the final date for revocation at least 7 days before the expiry of the period.

Child and Family officers are required to respond immediately to a parent/guardian who within the 30 day revocation period indicates their wish to revoke their adoption consent to: discuss their plans for the child's return; link them with appropriate community resources; and assist them, if necessary, to complete the formal notice of **Revocation of Adoption Consent** or letter for the Court. (See Form: *Revocation of Adoption Consent*).

The child cannot be returned to the parent until the Child and Family officer has been notified by the Adoption Services Branch that the Supreme Court has received and accepted the revocation.

Only then can the Child and Family officer make arrangements for the appropriate transfer of the child from the temporary carer. The transfer is to take into account the degree of the parent's contact with the child and reasons for adoption consent. All medical and other relevant information such as Early Childhood Clinic records, photos, daily schedules and the

child's possessions are to be given to the parent. The parent will need a letter of authority signed by the CSC Manager to take the child into their care. (See Form: *Letter of Authority for Carer to return child to parent following revocation*). You are to link the parent with necessary community supports and, if you hold concerns for the child's safety and welfare, notify the CSC where the parent resides of these concerns.

If a parent contacts you within the revocation period expressing uncertainty about their adoption decision or undue pressure at the time of consent, and does not take action to revoke their consent, your discussion must be recorded in case at a later date the adoption order is challenged, and the matter brought to the attention of the Assistant Manager. It may be appropriate for the Assistant Manager to separately interview the parent.

If a parent or guardian requests the return of the child after the expiry of the revocation period, you are to immediately contact the Supervisor, Adoption and Permanent Care in the Adoption Services Branch to find out whether the child has been placed with the adoptive family.

If the child has not been placed with the adoptive parents, the Child and Family officer is required to:

- discuss with the parents their reasons for wanting to revoke their consent after the expiry of the 30 day revocation period and the changes to their circumstances since the consent was signed;
- make an assessment of the capacity of the parent to meet the child's needs; and
- prepare a report for forwarding through the CSC Manager to the Manager Adoption Services Branch.

By administrative arrangement the Director-General's delegation to return a child to a parent after the expiry of the revocation period is currently exercised by the Manager Adoption Services Branch.

Where the Director-General decides to return the child to the parent's care, the Child and Family officer is to arrange for the appropriate transfer of the child from the temporary carer. In view of the length of time the child has been out of the parent's care this will be a gradual transfer. The Director-General may set conditions under which the child is returned to the parent(s).

Where a child is to be returned to the parent, the temporary carers are to be counselled to help them accept and positively participate in the transfer.

Where the Director-General decides it is not in the child's interests to be returned to the parent the Child and Family officer is to advise and counsel the child's parent(s).

If the child has been placed with the adoptive parents, you are to advise the parent of this fact and assist them obtain appropriate legal advice and counselling. There would need to be exceptional circumstances to remove a child from an adoptive placement. You are to prepare a report for the Manager, Adoption Services of the parent's reasons for wishing to revoke their consent and any changes to their circumstances since consent. Although the parent is unable

to make an application to the Supreme Court for the child's return, the Court **may** permit the parent to be joined as a party to the proceedings for the purpose of opposing the order **at the time the Department makes an application for the adoption order.**

Key references

Adoption Administrative and Procedural Handbook, Chapter 7.
Instrument of Delegations under the Adoption of Children Act.
Draft Standards for Adoption Services.

Activity: Fulfilling guardianship responsibilities

Description

Unless the child is a ward, the Director-General is the guardian of children relinquished for non-relative adoption in NSW and of children born overseas who enter NSW for the purpose of adoption. The status of the child is protected person.

Mandate

Adoption of Children Act, 1965, Section 34
Immigration (Guardianship of Children) Act, 1946, (Commonwealth)
Children (Care and Protection) Act, 1987, Section 3
Community Welfare Act, 1987, Section 5 (2)(b).

Guidelines

The Director-General's responsibilities are those prescribed for "protected persons" in the Children (Care and Protection) Act, 1987. See also Section on: **Guardianship Responsibilities**.

As the guardian the Director-General's consent is required for the child to receive immunisations, blood transfusions, anaesthetics, to undergo surgical procedures or other medical interventions and to travel out of NSW.

The Director-General can place the child with any suitable person under certain terms and conditions.

Though the Director-General is the child's guardian, other people such as the adoptive parents can be held liable to provide adequate means of support for the child.

Children Relinquished in NSW

When all required consents have been signed, or dispensed with, and the Director-General has been notified in writing that the instrument(s) of consent has been signed, the Director-General becomes the child's exclusive guardian.

The Director-General can decline the guardianship, but must do so within 21 days of receiving notice that the consent was signed. If guardianship is declined, the parent must be notified by registered post.

If the Director-General is still the child's guardian 12 months after consent was given, a report must be provided to the Supreme Court. The Court can then make any order it thinks appropriate for the care and custody of the child, including declaring the child to be a ward under the Children (Care and Protection) Act, 1987 or an order that the Director-General remain the child's guardian for a further 12 months.

The Director-General remains the child's guardian until:

- an adoption order is made;
- the consent is revoked;
- the Court makes another order concerning the child's guardianship;
- the child is placed in the care of one or both of the parents or the child's guardian;
- the child becomes a ward;
- guardianship is refused within the prescribed 21 days;
- the child is transferred to guardianship in another State.

Children Born Overseas

Children who come into Australia for the purpose of adoption are non-citizen children under the guardianship of the Australian Minister for Immigration. This guardianship is delegated under the Immigration (Guardianship of Children) Act, (Commonwealth), to nominated Departmental Officers. For administrative purposes this delegation is exercised by the Manager, Adoption Services Branch.

Children Relinquished in Another State

Through established protocols the Director-General can accept the transfer of the guardianship of a child relinquished for adoption in another State.

Key references

Instruments of Delegations under the Adoption of Children Act, 1965 and the Children (Care and Protection) Act, 1987.

Activity: Collating medical information about children to be placed for adoption

Description

Before their placement for adoption, all children must be medically assessed and their own medical history and that of their family obtained.

Mandate

Adoption of Children Act, 1965, Section 34.
Adoption of Children Regulations, 1995, Clause 29.
Adoption Information Regulation, 1996, Clause 8

Guidelines

The Child and Family officer who witnessed the consent and arranged the temporary foster placement is responsible for establishing the child's health status and providing the necessary approval for medical intervention pending the child's adoptive placement.

The following reports are obtained and will be used in selecting the most suitable prospective adoptive parents, capable of meeting the child's particular medical and developmental needs. The information contained in the reports is to be passed on to the adoptive parents in a written form or they may be given a copy of the reports with all identifying information removed.

- **A Medical Report Following Birth of a Child.** This report is obtained from the hospital where the child was born. Your request should be made to the Medical Superintendent. (See Form: *Medical Report Following Birth of a Child* and Form: *Letter to hospital seeking medical information*.) The hospital Social Worker may be involved with the case and may assist with the completion of this form and the follow up medical assessment.
- **A Medical Report on Child** completed by a registered medical practitioner of the child's current health status. (See Form: *Medical Report on a Child*) For a child other than a new born you are to arrange for this assessment to be completed by a paediatrician.
- **A social, developmental and medical history** of the child, the child's parents and their immediate families. The Social and Medical History Form will assist you to compile most of this information (See Form: *Social and Medical History*).
- If the child is, or has been receiving, treatment by a specialist medical practitioner or therapist, a report from that person is also required.

To avoid unnecessary delays in placing children with their permanent family, these reports are to be obtained within the 30 day revocation period in most cases.

The birth parents of the child are entitled under the Adoption Information Act 1990 to receive birth details of the child and copies of medical reports and examinations of the child before his/her placement for adoption.

Other health related issues and responsibilities are covered in Section on: **Health**.

Key references

Adoption Administrative and Procedural Handbook

Departmental Policy Statement: Working and Living with HIV/AIDS

Activity: Responding to a request to be an adoptive parent

Description

Usually an interested person will visit or telephone a CSC to discuss basic information about the process of becoming an adoptive parent.

The person making the request may be hoping to adopt an unknown child or may already be the foster carer of a child whom they now want to adopt.

Mandate

Adoption of Children Act, 1965, Sections 19, 20, 21 and Part 3 of its 1995 Regulation.

Guidelines

Inquiries about becoming an adoptive parent to an unknown child/young person, NSW born or born overseas

People wanting to be considered as suitable adoptive parents for an unknown child are to be given a copy of the *Adoption Newsletter*. Copies of this publication are sent to CSC's every 6 months. The Newsletter contains eligibility requirements and an outline of the programs which are currently available.

If the person remains interested in becoming an adoptive parent, they should write to the Adoption Services Branch requesting the adoption information package *Considering Adoption* together with a cheque for \$41.00. This package contains a video, written information providing very detailed information about current adoption practices, procedures and an Expression of Interest Form.

Inquiries About Adopting a Ward

The approach to adopt a ward may be initiated by the Child and Family officer in accordance with the Approved Case Plan or it may be initiated by the foster carer/s. You should not assume that foster carer/s who request adoption of a ward are aware of all the legal and social implications that adoption may have on themselves, the child or any other children in the family. (See Sections on: **Planning adoption for a ward, Finalising a consented adoption; and Finalising a non consented adoption.**)

Inquiries About Adopting a Child/Young Person with Special Needs

Persons expressing an interest in adopting a child/young person with special needs should be referred to the Special Placements Section of the Adoption Services Branch (02) 986 5906. Eligibility and the adoption process differ significantly from local and overseas adoption.

Inquiries About Adopting a Relative Child or Young Person

Persons may express interest in adopting a child who is related to them. The most usual form of relative adoption is step parent adoption where the natural parent and the person to whom that parent is married apply to adopt the child. The Adoption of Children Act restricts the other relatives who may apply to adopt a child to only grandparents, aunts or uncles of the child. Grandparent adoption is rarely supported by the Department.

People interested in adopting a relative child should request a copy of the pamphlet *Information About Adoption - for Parents who are Considering adoption of their child within the family* from Adoption Services Branch

Inquiries About Adopting a Non Related But Known Child/Young Person

It is not possible for private adoption arrangements to be made between a birth family and potential carers. (See Section on; **Investigating the illegal placement of a child for adoption.**)

Where a child has been living with carers for a period of time, perhaps under a Family Court guardianship or parenting order and the carers now wish to adopt the child, it may be considered by the Department as a 'special case adoption'. People who are seeking such an adoption should be referred to the Supervisor, Adoption and Permanent Care at Adoption Services Branch.

Key references

Adoption Administrative and Guidelines Handbook

Adoption Newsletter - additional copies available from Adoption Services Branch

Considering Adoption - information package and video (Adoption Services Branch)

Information About Adoption (Intra family) - a pamphlet from Adoption Services Branch.

Activity: Assessing an application to adopt

Description

The assessment of an application to adopt relates to the capacity of the applicant(s) to fulfil the essential tasks of adoptive parenthood. They need to be able to;

- bond with a child born to someone else,
- make the child psychologically their own, yet accept the child's separate social and genetic history,
- explain adoption to the child at an early age,
- share with the child information about his/her genetic and cultural background, and
- permit the adolescent/adult adopted person to seek out the biological family.

Mandate

Adoption of Children Act, 1965, Sections 19, 20 and Part 3 of its 1995 Regulation.
Gazetted Eligibility Criteria to Adopt.
Hague Convention (Intercountry Adoption)

Guidelines

Key consideration

There are significant differences between adoptive and biological parenting. The adoptive parent's capacity to acknowledge these differences will affect their adjustment to the tasks and their attachment to the child.

The assessment of prospective adoptive parents is participatory, involving the applicant in an educative program to enable self assessment and personal interviews.

In general the assessment of Local, Special Needs and Intercountry adoption applicants is the responsibility of the Adoption Services Branch. Preliminary screening of applications against the Gazetted Eligibility Criteria and the preparatory educative programs are conducted by the Branch. Personal interviews for the preparation of an Adoption Assessment Report are usually conducted by contracted social workers or a Community Service Consultant from the Branch. In some country areas a Child and Family officer may be requested to prepare this assessment report. A request will contain a copy of the application form, the applicants' life stories and medical reports, together with guidelines for your assessment.

The Manager, Community Services receives advice of all adoption applications in their area and is required to inform the Manager, Adoption Services Branch of any reason why the applicants should not be approved as adopting parents.

The Department's Gazetted Criteria provide the guidelines on assessment and the decision to approve or decline the application. Assessment covers such areas as: motivation to adopt, the quality of the applicants' relationship (if joint applicants) and the stability of all relationships in the household; the personal resources of the applicant(s) including personality, the history of family of origin, any intergenerational patterns and any risk factors; health (both physical

and mental health); character and repute; the family system; parenting capacity (in particular the ability to meet the needs of an adopted child); readiness to adopt; social support networks; religious affiliation, the physical environment of the home; financial resources and an evaluation of the application. (See Form: *Guidelines for Adoption Assessment Reports*).

The report is to be completed **within 4 months** of the referral.

If your recommendation is to decline or defer an application, or to set conditions on the application that do not accord with the applicants' wishes, you are to discuss your concerns with a program supervisor in the Adoption Services Branch. The applicants are to be given the opportunity to check the factual contents of your **draft** report. Following a decision on their application, your final report will be released to them by the Adoption Services Branch as they have the right to request a review of the decision by the Director-General.

The decision to approve or decline a Local, Intercountry or Special Needs adoption application is made in the Adoption Services Branch. A recommendation to decline an application or set conditions at variance to the applicants' wishes requires consideration of the decision by an Approval Advice and Review Panel which includes an independent adoption worker. The Child and Family officer who prepared the assessment is invited to participate in this panel.

Key references

Gazetted Eligibility Criteria to Adopt

Adoption Administrative and Procedural Handbook, Chapter 13

Draft Standards for Adoption Services

Nicol, M. *The loss of a child*.

Bayliss, J. & Cross, D (1987) *Assessment Guidelines for the selection of adoptive parents*.

Harper, J. (1990) The good enough parent. *Mental Health Australia*, June 1990.

Katz, L. *Adopting Older Children*.

The above articles are available from the Adoption Services Branch.

Activity : Selecting the adoptive placement

Description

The process of selecting the most appropriate adoptive placement for a child in the Local program is based on both an assessment of the child's individual needs and of the capacity of the adoptive applicant to meet the child's long term needs.

Mandate

The Adoption of Children Regulation, 1995, Part 5.

Guidelines

Selection can begin during the 30 day revocation period but **linking and placement will not occur until the consent is irrevocable**. Prospective adoptive parents are initially selected from the 'pool' of approved applicants by the Adoption Services Branch.

Key considerations

The choice of adoptive parents for a child will take particular account of:

- the child's ethnic, cultural, religious and linguistic background and needs;
- the child's existing medical, developmental or behavioural needs;
- information from the child's social and medical background and family history;
- the expressed placement requests of the birth parent(s);
- the views of an age appropriate child;
- geographic location of the adoptive parents and relatives in relation to the birth family;
- physical characteristics;
- the applicants' adoption attitudes including a meeting with the birth parent(s) at the time of placement or the possibility of ongoing contact, the provision of ongoing information for the birth parent(s) and their likely agreement to the expressed wishes of the birth parent(s).

When a parent has indicated on their **Statement of Requests** that accompanies their adoption consent a desire to be involved in the choice of the child's adoptive family, the Child and Family officer who witnessed the consent is required to contact the parent to arrange for him/her to read brief profiles of the selected possible adoptive parents. These profiles have usually been written by the adoptive applicants and may contain a photograph. The parent is to read these profiles in the Child and Family officer's presence. They are not to be given to the parent to take away.

You are to assist the parents express their choice of placement and convey this choice to the Adoption and Permanent Care Section of the Adoption Services Branch and return, as requested, the copies of the profiles to the Branch.

A Child and Family officer is to complete these tasks within 4 days, so as not to delay the child's placement. Applicants under consideration have been removed from the "pool" and are also disadvantaged by delays in a placement decision.

Key consideration

Involving the parent in the selection of the adoptive family has many benefits. Participation may provide a parent with a sense of reality and control. The knowledge of being selected for the child by the birth parent can also be significant to the adoptive parent, and can be important to the child in making sense of the adoption decision.

In the event of the parent's not wishing to place the child with any of the selected applicants, the Child and Family officer is to immediately notify the Adoption Services Branch of the parent's reasons and any further clarifying information that would help the Community Service Consultant select other profiles.

If the parent's do not wish to be involved in selecting adoptive parents, the selection of the most suitable adopters will be made by the Supervisor, Adoption and Permanent Care Section of the Adoption Services Branch.

All selection decisions, whether made by the parent(s) after considering profiles, or by the Supervisor, Adoption and Permanent Care Section are referred for approval to the Manager, Adoption Services.

Key references

Adoption Administrative and Procedural Handbook, Chapter 15.
Draft Standards for Adoption Services.
Instrument of Delegations under the Adoption of Children Act.

Activity: Placing a child with adoptive parents

Description

Placing refers to the formal process of sharing information with prospective applicants about a proposed placement and assisting the applicants' decision whether to accept the placement.

Mandate

Adoption of Children Act, 1965, Section 34 (6) & (7) and Regulations, Part 5, specifically Clause 34 which requires officers to take every precaution to avoid revealing identifying information about an adoptive placement.

Hague Convention (Intercountry Adoptions).

Guidelines

Key consideration

Prospective adoptive parents are provided with sufficient non-identifying information about the proposed child's needs and circumstances to assist their decision to accept the placement.

Only Child and Family officers who have been involved with a local child's relinquishment are required to provide placement interview services to prospective adopters.

The placement of a child with special needs is usually the responsibility of the Adoption Services Branch

Initial Approach

The prospective adoptive parents are initially contacted by a Community Services Consultant of the Adoption Services Branch to determine their readiness to adopt a child before they are referred to the Child and Family officer supervising the birth parent and the child for more detailed information about the proposed placement.

This contact is to be handled sensitively and tactfully. The applicants may have been "in the pool of approved adopters" for several years. Their reactions to the news of a possible placement can range from excitement to "flatness".

During this contact the supervising Child and Family officer is to:

- provide details about the child's history and needs, and the child's first name given by the birth family;
- arrange for the applicants to attend a placement interview;
- provide information about the birth parent's wishes regarding a meeting and elicit the adoptive parents' agreement to the post order contact;
- discuss when, after the placement interview, they wish to take the child into their care or, with an older baby or child, there is a need for a gradual transfer;
- give the applicants, with the carer's permission, the carer's phone number to enable the applicants to obtain further information about the child's care needs.

It is likely the Child and Family officer will need to have at least two phone calls with the prospective adopters. After providing the information and confirming the applicants' decision to proceed with the placement, it is helpful to request the adoptive parents to phone you back to confirm arrangements and their understanding of the placement.

Placement interview

Key consideration

The interview may be emotionally charged. A child's placement may revive the applicants' feelings about their childlessness and arouse their empathy for the birth parents. This can cause them to question their entitlement to the child as the birth parents' details and situation are discussed with them, or they may express some anger and not want to know of the birth parent's sadness.

The aims of this interview are to:

- assist the applicants' interpretation of the child's information;
- allow the applicants to discuss their feelings now that placement is a reality;
- continue preparing the applicants for the reality of adopting; eg changing roles and relationships, how they might share the child's background information and with whom, how they might talk to the child about particular issues in his/her life story;
- ensure the applicants' understanding of the process of adoption: guardianship issues, supervision, finalisation of the order;
- confirm the decision of the applicants to accept the placement;
- assist the applicants with their formal acceptance of the child's placement.

Sharing the information

Key consideration

It is not possible for the Department to have complete information about an adopted person's background. Adoptive parents need to realise that the child's physical, intellectual and emotional development cannot be predicted or guaranteed.

Although some of this information has been given on the phone, all of the following points are to be covered in the interview before the adoptive parents sign their agreement to take the child into their care:

- **non-identifying background information** on the birth parents, as approved for release by the birth parents including social and medical information, reasons for adoption, the name given the child, the birth parents' hopes for the child, the nature of the relationship between the parents (this information will be written up for the child and adoptive parents in the form of a "My Story" book or the child's Life Story Record);
- information from the child's medical assessment reports - the adoptive parents may have a copy of the medical reports however **all information that could identify the birth family is to be deleted**;
- for an older child, the child's social and placement history, reaction to separation from the birth family, behaviours and anticipated behaviours;

- the birth parent's wishes regarding the child's religious upbringing, Statement of Requests with the consent documents and involvement in the selection of the adoptive family (any letters, photos or presents from the birth family should also be passed on and plans for meeting the birth parent(s) and/or exchanging information are to be discussed);
- the child's current legal status and guardianship issues;
- hospital and other photos of the child and the birth family, if available, are to be given to the adoptive parents;
- the adoptive parents may choose names for the child and have him/her baptised or christened if they desire. If the birth parents have given the child a name the adoptive parents often choose to retain the name, if not as the first name then as the second name and this provides continuity for the child. You are to explain any reasons the birth parent gave for selecting the child's name and discuss with the adoptive parents the benefits for the child of retaining the name given by the birth parents;
- the Department's policy not to routinely screen children surrendered for adoption or their parents for a wide variety of disorders and diseases, including those that can be communicated sexually or via shared needles and which may be transmitted to the foetus during pregnancy.

It is the applicants' responsibility to satisfy themselves at their own expense as to the health of the child before the Order of Adoption is made. An authorisation letter for the child to be medically examined is included with the adoptive parents' documentation; eg for Hepatitis B testing.

Agreement and Undertaking

This document explains the child's legal status until the making of the adoption order and its implications. (See Form: *Agreement and Undertaking*)

Although still under the guardianship of the Director-General, the child is in the care and custody of the adoptive parents, who are asked to accept full responsibility for the care and maintenance of the child, including financial responsibility unless the Department has agreed to the payment of an adoption subsidy.

When the adoptive parents have read over the document and agreed to the conditions, they sign the original and a copy. You are to witness both documents, and give the copy to the adoptive parents, **retaining the original for the Adoption File.**

You are also to remind the applicants to forward the **placement fee** cheque of \$700 (Local adoption) payable to the Department of Community Services, to the Adoption Services Branch.

Other Documents

The adoptive parents are then to be provided with the following documents. All the letters of authority are to be signed by the Manager, Community Services.

Letters of authority:

- For immunisation of the child (See Form: *Letter of consent to immunisation*);
- to Social security for a claim by the adoptive parents for DSS Family Payment for the child (See Form: *Letter to Social Security for Family Payment Claim*).
- For the child to be medically examined. (See Form; *Letter of consent for medical examination*); to foster carer, giving permission for adoptive parent(s) to take the child into their care. (See Form: *Letter to authorise adoptive parent(s) to assume child's care.*)
- to Medicare to enable the adoptive parents to include the child on their Medicare card. (See Form: *Letter to Medicare.*)

General Information Sheet re birth certificates, health insurance, immunisation, circumcision, Early Childhood Centres etc, (See Form: *General information for adoptive parents at the time of the child's placement.*)

Draft affidavit to be completed by them and returned to the Adoption Services Branch with the specified legal fee in preparation for the application to the Supreme Court for the adoption order. (See Form: *Draft Affidavit.*)

In a Local placement, the surname of the birth parent(s) and the child is not to appear on any document given to the adoptive parents or to the CSC where the adoptive parents reside.

Transfer of the Child from the Temporary Carers

In planning the child's transfer to the adoptive parents' care, you are to take account of the following:

- the age and length of time the child has been in temporary care;
- the need for the adopters to learn as much as possible about the child's needs, routines and management;
- the right of the adoptive parents to privacy and confidentiality. Meeting their child for the first time is an emotional time and most adopters are not comfortable with "onlookers". Unless problems are anticipated, there is no reason for a Child and Family officer to be present, nor should the carers invite other family or friends;
- the need to prepare the carers for the child's transfer. Carers need to understand their role in the transfer is to pass on to the adoptive parents information about the child and not about the birth parents.

The child's Blue Book or medical record which is held by the carers is to be given to the adopters, with any information that could identify the birth parents deleted. The adoptive parents should be encouraged to use the temporary carers as a resource in the early days of the child's transfer if they need practical assistance with the child's care and routines.

Any ongoing contact between the adoptive parents and the temporary carers is at the adoptive parents' discretion. As a courtesy, they should inform the carers of their safe arrival home and the child's early progress.

Following the Placement

The following tasks are to be completed by the Child and Family officer who conducted the placement interview:

- **Brief report of the placement interview** together with the original of the signed Agreement and Undertaking.
- Completion of the **My Story** information or older child's **Life Story** based on the social and medical information provided by the birth parents. For most children being placed for adoption this information is written into a particular format called My Story. If you are not familiar with this format or would like assistance with writing the My Story you should contact a Community Service Consultant at the Adoption Services Branch. Some helpful phrases can be found in Form: *Helpful phrases when writing My Stories*. You may wish to involve the parent in writing this information and/or arrange for the parent to receive a copy of the booklet. See Section on: **Life story work**.
- Completion of the **Adoption Placement Advice Form** (See Form: *Adoption Placement Advice*).
- Completion of the **Relinquished Child's File** and **File Check List** (See Form: *Relinquished Child - file completion checklist*).
- Provide the necessary support to the pre-adoptive carer after the child leaves.

The report, Adoption Placement Advice Form and My Story are to be sent with the file to the Supervisor Adoption and Permanent Care Section of the Adoption Services Branch.

A Community Service Consultant at the Adoption Services Branch will then forward the Adoption Placement Advice to the Manager CSC where the adoptive parents reside, forward the My Story to the adoptive parents and retain a copy on the file, and contact the private social worker or Child and Family officer who will be supervising the placement to inform them of the placement and arrange the placement supervision.

Key references

Adoption Administrative and Procedural Handbook, Chapter 16
Instrument of Delegations under the Adoption of Children Act.
Draft Standards for Adoption Services.
Departmental pamphlet: *Working and living with HIV AIDS*

Activity: Arranging meetings between adoptive and birth families at the time of placement

Description

Birth parent's may express their wish to meet their child's adoptive parents at the time of, or soon after, the child's adoptive placement.

Mandate

Adoption of Children Regulation, 1995, Schedule 1 - Statement of Requests Form.

Adoption of Children Regulation, 1995, Clause 34 - Confidentiality of adoption proceedings.

Guidelines

Key considerations

Benefits of meetings for the birth parent(s):

- to share their reasons for the adoption decision directly with the adoptive parents and to know they understand and respect that decision;
- to satisfy their curiosity about the family the child will be growing up in;
- to confirm the child has found a permanent family;
- to reassure themselves the child is wanted and will be loved.

Benefits of meetings for the adoptive parents:

- to satisfy their curiosity about the birth parent's of their child and reasons for the adoption decision;
- to have the opportunity to acknowledge the birth parent's as an individual and dispense with their fantasies about them;
- to offer the birth parent's reassurance that the child is wanted and express their commitment to be parents;
- to ease any concern about the ongoing exchange of information;
- to facilitate their later talking with the child about the adoption and birth family, answering the questions from their first hand knowledge.

Meetings have been occurring between adoptive and birth families since the early 1980s. They most commonly occur at the time of placement (especially where distance is an issue) or a few weeks/months after the placement. Further meetings can also be arranged with the agreement of all the parties.

The child may or may not be present at the meeting, depending on the agreement of each of the families.

Meetings have proved to be a positive experience for both the families despite the heightened emotions, anxiety and apprehension of the occasion.

Your Role Includes:

- organising the meeting, liaising with both families;
- arranging the venue. The meeting may be held in Departmental offices or some other neutral comfortable area;
- assisting in preparing the parties emotionally for the meeting;
- being present at the meeting as a sensitive facilitator/mediator and to offer support;
- maintaining confidentiality. As in all aspects of adoption **it is a statutory requirement that confidentiality be maintained**. You are to introduce people by their first names. Other identifying information cannot be disclosed without the permission of the participants. The families may disclose their identities to each other;
- determining when the meeting is to end and coordinating who leaves first etc.;
- contacting both the families after the meeting to give them the opportunity to debrief;
- preparing a report of the meeting for the Adoption File to be forwarded to the Adoption Services Branch.

Planning Future Meetings

If both the families agree, future meetings can be arranged in consultation with the Adoption Services Branch. Ongoing meetings and the exchange of information between the adoptive and birth families until the finalisation of the adoption order are to be discussed with the Post Order Support Service or a Community Service Consultant at the Adoption Services Branch to negotiate the most appropriate procedure for ongoing contact. Reports of post placement exchanges of information/contact are to be forwarded to the Adoption Services Branch for inclusion on the Adoption File. See Section on: **Arranging, supervising and recording contact after an adoption order**.

In a small number of cases families choose to develop an “open adoption” where they exchange information and/or make future contact directly rather than involve the Department.

Key reference

Adoption Administrative and Procedural handbook, chapter 16.

Frattner, J. (1996) *Adoption with Contact. Implications for policy and practice*.

Activity: Supervising an adoptive placement

Description

Placements are supervised for the period from the child's placement with his/her adoptive parents to the making of an order of adoption by the Supreme Court. During this period the legal guardianship of the child rests with the Director-General or the Minister, in the case of a ward.

Mandate

Adoption of Children Act, 1965, Section 34
Immigration (Guardianship of Children) Act, 1946
Children (Care and Protection) Act, 1987, Sections 3 & 91

Guidelines

Key consideration

Local and Intercountry applicants pay a set fee on the placement of the child which relates to the provision of all placement and post placement services except the application to the Court to finalise the adoption order. In addition to the required visits and reports **adoptive parents can access post placement services on a needs basis.**

In general post placement supervision is provided by a contracted private social worker or a Community Service Consultant from the Special Placements Section of the Branch. However Child and Family officers in some country areas may be requested by the Adoption Services Branch to provide post placement services.

If the child is a ward or a special needs placement is made in a family outside the metropolitan area, the respective post placement supervision responsibilities of the CSC and the Adoption Services Branch are clarified at the time of placement. Relevant information about the placement is provided. The initial home contact is a joint visit by the Child and Family officer and the Community Service Consultant/Private Social Worker.

Children who have come into Australia for the purpose of adoption are also "protected persons". Their placement details are provided by the Adoption Services Branch to the CSC where the adoptive parents reside and **are to be entered on the CIS by the CSC.**

Post placement supervision is provided in order to:

- fulfil the Department's statutory responsibility for the child;
- support the family's adjustment to the placement - eg affirming for the adopters their role as adoptive parents;
- monitor the placement - eg the development of emotional bonds between the child, parents and other family members;
- assist the family access necessary resources;
- provide required reports - eg to the overseas agency;
- determine the timing for finalising the adoption order;
- make a report to the Supreme Court to finalise the order.

As the key worker you are to:

- make contact with the adoptive parents **within two weeks** of the placement to introduce yourself, inquire how the placement is progressing and make arrangements to visit the family;
- visit the family in the home **within eight weeks** of the date of placement. The adoptive parent(s), the child and other children of the parent(s) are to be seen;
- provide a report to the Adoption Services Branch **within three months** of the placement; and
- continue to visit the family and report, as a minimum, on a **three monthly** basis or as requested by the Adoption Services Branch, or as the needs of the placement dictate.

Your reports are to cover particular issues which have been identified by adoptive parents to be of value in post placement supervision and to highlight any concerns or problems in the placement. A copy of your report in relation to an overseas born child will be forwarded to the overseas adoption authority/agency. (See Form: *Guidelines for Post Placement Report*).

It is important to talk to the child (aged 3+) directly about his or her adoptive status, experiences and feelings.

If a local infant placement is satisfactory, at about 6 months the Adoption Services Branch will commence finalisation action and will request the Child and Family officer to prepare a report for the Supreme Court. The report must be based on a recent contact with the adoptive family and is to be prepared in duplicate. As this report forms part of the Director-General's confidential application to the Court **it is not to be released to the adoptive parents.** (See Form: *Guidelines for Court Report*)

If you are a Justice of the Peace, you may be requested during this contact to assist the adoptive parents swear their affidavit for the Court. The affidavit will be sent to you by the Adoption Services Branch with the Court Report request.

Finalisation of the adoption of special needs or older children usually starts about ten to twelve months after the placement, when the placement is stable. You receive a request to complete the Court report and assist the adoptive parents to complete their affidavit. If more than 12 months have elapsed since the date of adoption consent, you are required to provide information for a Section 34 report to the Court. This report is prepared by the Adoption Services Branch and explains why the Director-General needs to retain his/her guardianship of the child.

In Intercountry Adoption at least two satisfactory post placement reports must be received before the Supervisor Intercountry Adoption program in the Adoption Services Branch will authorise finalisation action. This work is completed by the adoptive parents' solicitor, however you will be requested to contact the family and prepare a report for the Court.

For guidelines for responding to an adoptive placement at risk of disrupting see Section on:
Responding to placement disruption.

Key references

Adoption Administrative and Procedural Handbook, Chapter 16
Draft Standards for Adoption Services.

Activity: Supporting the birth family after placement

Description

Recent changes to the Adoption of Children Regulation and the Adoption Information Regulation recognise the need for information and counselling services to the birth parents after a child's adoptive placement.

Mandate

Adoption of Children Regulation, 1995, Schedule 1 - Statement of Requests
Adoption Information Regulation, 1996, Clause 8.

Guidelines

Key consideration

Birth parents may need on-going support and counselling after the consent to adoption is signed and beyond the making of the adoption order to assist them with their grief.

The services below are to be provided by the Child and Family officer who witnessed the parent's consent or a Community Service Consultant at the Adoption Services Branch:

- support and assistance in dealing with the expiry of the revocation period;
- appropriate referral to support groups and/or counselling - a list of self help organisations is included in the *Information about Adoption* pamphlet;
- written information about the adoptive family;
- information about how the placement was facilitated and is progressing;
- involvement in the writing of My Story and/or a copy of My Story as provided to the adoptive parents;
- a copy of any medical reports on the child provided up to the time of the child's placement;
- information about the child's health and welfare as provided by the adoptive family;
- provision of any letters, photos and gifts from the adoptive family;
- assistance with writing a letter to the child or to the adoptive family;
- details of any agreement by the adoptive parents for on-going contact/information exchange;
- assistance with registering on the Reunion and Information Register to enable them to be notified if the placement is disrupted or the child dies.

The provision of any of these services is to be recorded on the Adoption File held at the Adoption Services Branch.

Key references

Departmental pamphlet; *Information about Adoption*
Winkler, R & Van Keppel, M (1984), *Relinquishing Mothers in Adoption*.

11.8. Leaving Care and Aftercare Services

Activity: Planning for Restoration to Parents

Description

Restoration means returning the child or young person who has been in an out-of-home placement to the day to day care of the parent(s). Restoration does not automatically absolve the Department of continuing responsibility for the safety and wellbeing of the child or young person.

Restoration to parent(s) occurs in the context of permanency planning through the process of case planning, review and leaving care planning. Where the child or young person is to be restored to the parent(s), a risk assessment and family assessment must be completed and presented to a case conference or review meeting.

Casework support and financial assistance to be given to the child/young person and the parent(s) to facilitate restoration, where this is consistent with the case plan.

Mandate

Children (Care and Protection) Act, 1987, Sections 91, 92
Children (Care and Protection) Regulation, 1996, Clause 27

Guidelines

Key Consideration

Research has identified certain factors which correlate with successful restoration to parents. These factors are listed below;

- frequent contact and access between the child/young person and birth parents,
- children and young people who have a consistent worker are more likely to be restored,
- ongoing support services to parents will facilitate restoration,
- the more experienced the worker, the greater likelihood of restoration,
- greater service inputs during the first year of placement supports the likelihood of restoration.

Parents of wards and/or guardians of protected persons may request restoration, either verbally or in writing. The wishes of the child or young person must be taken into account and he/she may request restoration him/herself. Upon receipt of such a request the CSC Manager is to arrange for a formal case review.

The following issues are to be considered by Child and Family staff in supervising children and young people in care and in preparing for their discharge;

- the child/young person's wishes and views and those of their current carers,
- a full risk assessment,

- circumstances of the child/young person's entry into care,
- significant events concerning the child/young person and the parents during the stay in care,
- any payments or compensation which may have been, or will be received by the child/young person,
- a child and family needs assessment,
- details of services currently provided, or required in future and how these may be facilitated and funded,
- parents' attitudes and intentions regarding maintenance of access and contact with foster carers or significant others,
- current case plan,
- proposed leaving care and aftercare plan.

The CSC Manager is to arrange a case conference to discuss the assessment information and the request for restoration, unless the previous case plan or Court order already ruled out this possibility.

Where a request for restoration has been declined in the previous six months and, following an initial assessment there has been no substantial improvement in the parents' situation, the CSC Manager may decline the request without further reports. The decision to decline the request and the reasons for this decision, are to be noted on the child or young person's file and on any related file. These reasons are always to be given to the parents and the child/young person in writing. The parents **must always** be advised that they can appeal the decision through the Community Welfare Appeals Tribunal.

When either the child or young person or a parent is HIV Positive, has AIDS or another serious, communicable disease, this is not to be a primary factor in preventing restoration.

Where restoration is subject to a Court order, arrangements are to be consistent with the order.

The CSC Manager may approve restoration, where this has been recommended by assessments and where it has been endorsed by a case review process, provided such action does not contravene a Court order. The leaving care plan must state which CSC will be supervising and supporting the child or young person and their family upon discharge. Where there is a dispute between Departmental units about restoration, the matter must be referred to the Area Manager of the coordinating CSC.

When the decision is made to decline the request for restoration, the CSC Manager is to ensure that the supervising Child and Family officer of the parents is to personally discuss with them the basis for declining the request for restoration as well as advising them of the decision in writing. The reasons for declining the request are fully documented on the parents' file and on the child/young person's file.

Before restoration, parents are asked to complete the "Restoration Agreement and Undertaking".(See Form)

It is the responsibility of the supervising Child and Family staff to ensure that the leaving care and aftercare plan is fully understood by the parents. This includes advising parents of their responsibilities to continue any medical, dental or similar treatment taking place before restoration.

Child and Family Staff are to maintain close supervision and support of the family for at least 3 months after restoration.

When the Department receives information which indicates a restored child or young person may be at risk the CSC Manager must see that a protective investigation occurs.

In response to any new information that constitutes a notification under Sect 22, or in accordance with the time frame in the leaving care plan, a case conference is to be convened by the CSC Manager to review the restoration decision.

When a decision is made to terminate the restoration, the supervising Child and Family officer is to ensure that the reasons for the decision are fully discussed and are provided in writing to the child/young person and their family. The possibility of returning the child or young person to the previous carer is to be given every consideration.

It is the responsibility of the CSC Manager to ensure that all decisions regarding restoration, decline or revocation are properly recorded on the relevant files.

Financial Assistance for Restoration

Financial resources **may** be provided after restoration to help the family of a ward or protected person, **where it is considered necessary and is part of the leaving care case plan established in advance.**

After restoration, financial assistance is only provided for a limited period and does not constitute income support. Establishment costs and other financial assistance can be provided on a one-off basis. (See also the Section on **Financial Support Arrangements; Contingency Items**)

The delegation to approve assistance is dependent on the Departmental financial delegations. The level of financial assistance provided to the family on a regular basis is not to exceed the Standard Age-Related Fostering Allowance, or Special Needs (Disability) Allowance, plus pocket money appropriate for the age and assessed special needs of the child/young person.

If continuing financial assistance is to be provided to the family for more than 12 weeks, a report is to be forwarded to the delegated officer, **before restoration.**

As a general guide, a report needs to address;

- income, assets and liabilities of the family,
- the composition of the family
- details of any Commonwealth entitlements the family receives or other assistance.

The purpose of financial assistance for restoration may include;

- assistance to obtain accommodation, where other available resources are not able to assist,
- assistance to pay one-off debts, such as electricity bill, or rent arrears,
- assistance to cover material items considered essential to effect restoration (those items required must be determined and approved before restoration, as establishment costs are not available after restoration) and
- assistance to help the child/young person to continue with particular sporting, recreational or educational activities, provided that he/she was engaged in the activity before restoration and that continued expenditure is part of the case plan.

Where financial assistance has been approved for parents or for the child or young person, the provision of payments is to be a **Contingency Payment**, made only as part of an approved leaving care case plan and reviewed after 12 weeks. Continuation beyond 12 weeks requires further approval.

Key References

- Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, 1996
- NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Seven: Moving in Care, Leaving Care and Aftercare
- Fernandez E, *Significant Harm*, Avebury, 1996
- Lawder E, Poulin J and Andrews R, 'A Study of 185 Foster Child 5 years after Placement', *Child Welfare*, LXV (3), May-June 1986
- Fanshel D and Shinn E B, *Children in Foster Care - A Longitudinal Study*, Columbia University Press, 1978
- Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 6

Activity: Planning Discharge from Guardianship of a Ward or Protected Person

Description

Discharge means the relinquishment or termination of any further legal responsibility for the guardianship of the child or young person by the Minister.

Mandate

Children (Care and Protection) Act, 1987, Sections 88, 90, 92.

Children (Care and Protection) Regulation, 1996, Clause 27.

Adoption of Child/ren Act, 1965, Section 34(5).

Guidelines

Discharge from guardianship is to occur in the context of a leaving care plan which aims to promote the needs of the child or young person.

Discharge of guardianship is automatic when a ward or protected person turns 18 years.

Discharge may also occur upon;

- the Minister terminating guardianship in accordance with section 90 (1) (b) of the Children (Care and Protection) Act, 1987,
 - ⇒ after the child/young person has been successfully restored to the care of a parent, or other family member, or
 - ⇒ after a case review decides that continued guardianship serves neither the needs, nor the best interests of the child/young person.
- the period specified by the Children's Court, which made the order of wardship, terminates,
- the making of an Adoption order,
- the making of a guardianship order in the Family Court.

The Department has a responsibility not only for children and young people while they are in care, but also for developing leaving care and aftercare plans. Children and young people, their families and carers are to be involved in developing the leaving care and aftercare plans, before they exit from care. In the case of Aboriginal children and young people, appropriate Aboriginal staff and significant others, such as their community elders and extended family members, are to be involved in the planning process.

Child and Family staff must ensure that aftercare plans are in place before discharge, that they are being implemented and that the aftercare goals are being achieved.

Discharge from Guardianship after Restoration to Parents.

When restoration has occurred, the final decision to discharge the child/young person from guardianship will usually flow from an assessment report that states that the restoration has been successful. The period required for this assessment would normally be 6 months. Continuation of guardianship is only to occur where there are specific issues to address.

Where the child or young person is subject to an order of the Supreme Court or the Family Court, an assessment report on the request for restoration, together with the delegate's approval, is to be submitted to the Court for information and determination. Restoration may not occur until the Court's formal approval is received.

Leaving care planning

All young people in care who are over the age of fifteen must have a leaving care plan prepared in consultation with the young person, their family and carers.

In planning for discharge the following issues must be discussed with the young person;

- the ongoing support needs of the young person, particularly where they have a disability,
- access to information about his/her identity and family background,
- the support and assistance they are entitled to receive from the Department and/or from a leaving care/aftercare service,
- support and assistance they require on budgeting and financial planning
- medicare card,
- provision of a full birth certificate and all other documentation,
- in the case of a protected person (non-citizen child/young person), obtaining Australian citizenship,
- electoral responsibilities, if being discharged at 18 years,
- information on making a will, if being discharged at 18 years.

Payment of establishment costs for independent living may be approved:

- where establishing the young person in independent living is part of an approved leaving care plan;
- if the young person is able, with or without a Subsidy Allowance, to maintain him/herself on an independent basis;
- where previous assistance of this nature has not been provided. However, where previous establishment costs have been provided, but the particular circumstances of the young person warrant further assistance, a recommendation may be referred to the Area Manager for approval.

(See also Section on Payments to Former Wards and Protected Persons)

The Assistant Manager is to ensure that the agreed leaving care plan includes any casework support which is to be provided to the young person after they leave care.

Not less than 3 months before the young person's planned discharge the supervising Child and Family officer must;

- submit a report on the young person's current circumstances,
- assess the provision of assistance required after discharge,
- discuss the issues listed above with the young person,
- prepare a Request Form for the Ministerial Liaison Branch in Central Office (See Form),
- if the young person is reaching 18 years, select a birthday card to be signed by the Minister and draft the proposed message to accompany the card (See Form),
- prepare the Departmental letter for the CSC Manager's signature (See Form),
- if the young person is reaching 18 years, select and prepare a birthday card to be signed by the CSC Manager, the supervising Child and Family officer and any other local staff who have a significant relationship with the young person (See Form),
- if the young person is reaching 18 years, purchase a birthday gift, if this is considered appropriate.

Discharge at 18 years

The CSC Manager is to ensure that the draft message from the Minister is appropriate for the individual young person.

Copies of the Request Form and the draft message being sent to the Ministerial Liaison Branch (Ministerial Correspondence Unit) are to be retained on the file. On the return of the relevant documents from the Ministerial Correspondence Unit, the documents are to be placed on the young person's file. The CSC Manager is to send the Departmental letter and a birthday card to the young person to coincide with his/her birthday.

If the relevant documents have not been returned to the CSC within 2 weeks of the young person's birthday, the supervising Child and Family officer is to contact the Ministerial Correspondence Unit for advice.

When the young person is a protected person (ie. non citizen child/young person) the CSC Manager is to forward, via the Area Manager, advice to the Commonwealth Department of Immigration that Department supervision of the young person is about to end and they are about to be discharged from care.

Discharge on expiry of a Court order

Where discharge of a ward or protected person is to occur on expiry of a Court order, which placed the child/young person in care, a case conference must occur, **at least three months before** the expiry of the order to allow for trial and review of the leaving care plan.

Upon discharge of a child/young person, all relevant files are to be amended to reflect the new circumstances and the plans for aftercare services.

Key References

Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, NSW Department of Community Services, 1996

NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Seven: Moving in Care, Leaving Care and Aftercare.

Fernandez E, *Significant Harm*, Avebury, 1996

Lawder E, Poulin J and Andrews R, 'A Study of 185 Foster Children 5 years after Placement', *Child Welfare*, LXV (3), May-June 1986

Fanshel D and Shinn E B, *Children in Foster Care - A Longitudinal Study*, Columbia University Press, 1978

Human Rights and Equal Opportunity Commission Act, 1986 (Commonwealth), Declaration on the Rights of the Child, Principle 6

Activity: Planning adoption for a ward

Description

Adoptive placement provides a child with continuity of relationships with nurturing parents or carers and the opportunity to establish positive lifetime relationships.

Mandate

Child and Family Service Principles
Draft Standards for Substitute Care

Guidelines

Key considerations

It is essential for all children's/young persons' development that they experience a sense of permanence in their lives. Where the return of the child/young person to his/her family is not a possibility, adoption is one of a range of case planning options.

As a permanent plan, adoption provides a child/young person with the opportunity for:

- a foundation to develop their identity, values and relationships, not only in childhood but also into adulthood,
- integral equal membership of the adoptive family,
- an unambiguous legal status,
- a family of resource past the age of independence.

Given the current openness of adoption arrangements, the child or young person will also have the possibility of retaining their links with the past and their family of birth.

Assessing the suitability of adoption as a permanent plan for a ward may occur either at the time a child or young person is committed to care or when restoration is no longer the approved case plan.

Adoption may be appropriate for a ward (of any age) whose birth parents agree to the adoption and the child/young person wishes to be adopted. However it may also be the most appropriate permanency case plan for a ward whose parents do not agree to the adoption but:

- restoration has been tried and failed, or would be demonstrably unsafe to attempt, and continued access is not envisaged, or
- the ward was an infant at the time of the placement, and has developed a significant attachment to the carer over a period of at least 2 years during which concerted efforts have been made to restore the child/young person without success, or
- the ward's experiences in terms of instability, disruptions, trauma or deprivation are such that the child/young person's need for permanence and stability outweighs all other considerations, or
- access with the birth parent has ceased or is not in the ward's interests eg due to the ward's past experiences or the nature of his/her previous attachment.

Any action for a ward to be adopted is to result from an approved case plan.

The child/young person's parents, the carers, the child/young person (unless there are sufficient reasons to exclude), supervising Child and Family officers, and an Aboriginal or Multicultural Child and Family officer (as the case requires) are to participate in determining an adoption case plan.

Case planning takes account of;

- the child/young person's age and developmental needs,
- an assessment of the situation of the child/young person's family and their views,
- the views of the carers,
- if the child/young person is in long term out-of-home care, the carers' suitability as adoptive parents,
- the views and placement issues of the child/young person's siblings,
- access issues,
- adoption subsidy issues,
- and any tasks that need to be completed before adoption action could begin.

Key consideration

Not all carers are willing to adopt the child/young person in their longterm care, nor are temporary carers necessarily suitable or ready to adopt.

The Department does not routinely support the adoption of a ward by carers who are relatives, preferring other orders (if necessary) to ensure the child/young person's permanent placement; eg the use of parenting orders through the Family Court. Because adoption severs the child/young person's legal relationship with the biological parents, it distorts the family's relationships and may change its generational history. For example the amended birth certificate of a child/young person adopted by his/her maternal grandparent will show the child/young person as the brother/sister of his/her mother. These arrangements can create additional tensions within the family and dilemmas for talking with the adopted person openly about his/her origins.

Referring a ward for adoptive placement

If case planning has determined that the ward is in need of adoptive placement, the supervising Child and Family officer is to refer the ward to the Adoption Services Branch or a licensed private adoption agency for placement with applicants who have been approved as suitable to adopt. Whether or not the parents have consented to the adoption, Adoption Services Branch has a "pool" of potential adopters willing to accept this type of placement.

If concerted media and police efforts fail to locate the parents of an abandoned child, they may be referred to the Adoption Services Branch for adoptive placement after care action has been completed. Any memorabilia such as a blanket or the box the child was left in are to be safeguarded for the child and copies of any media coverage should be kept for inclusion in the Life Story Book. Concise records of the search by the police and the Department must be kept for the Supreme Court to be able to dispense with the parents' consents.

The procedures of the Local Adoption or Special Placement programs for selection of adoptive parents, placement and post placement supervision and finalisation of the adoption order will then be followed.

Referring a ward for adoption finalisation action

Once all the tasks identified in the case plan have been completed, the supervising Child and Family officer will prepare a **Study of a ward being considered for adoption** and a submission seeking **approval to commence adoption action** from the Area Manager or the Manager, Adoption Services. (See Form: *Study of a Ward Being Considered for Adoption*)

The submission will cover the following points;

- reasons for the adoption proposal and why adoption is considered the appropriate action at this time,
- the benefits of adoption to the child/young person, including the views of the child/young person,
- the birth family's situation and response to the adoption proposal, if consents are held, or there exists any likely opposition to making of the order,
- the carer's suitability to adopt,
- any proposal for contact (either face-to-face or an exchange of information) after the order,
- any recommendation for the payment of an adoption subsidy.

For Aboriginal wards being adopted by non-Aboriginal carers approval must be obtained from the Director-General.

The adoption of an Aboriginal ward by non-Aboriginal carers is contrary to Departmental policy. The Director-General may give written approval for the adoption if satisfied the specific needs of the ward would benefit by the adoption. Your submission needs to include;

- the stated wishes of the birth parents and other members of the kinship group,
- the wishes and views of the child/young person,
- the involvement and views of Aboriginal worker(s) in the case plan,
- the capacity of the proposed adopter(s) to assist the child/young person to develop a positive cultural identity.

Key references

Draft Policy on the Placement of Aboriginal Child for Adoption.

Adoption Administrative and Procedural Handbook, Chapters 1 & 4.

Instrument of Delegations under the Adoption of Children Act and Children (Care and Protection) Act.

Draft Standards for Substitute Care.

Maluccio, A., Fein, E. & Olmstead, K. (1986), *Permanency Planning for Children*

Activity: Transitioning a foster placement to adoption

Description

The rights and legal relationships of each of the parties to an adoption differ significantly from those of foster care. Child and Family officers are not to regard the transition from a foster placement to adoption as simply an administrative or legal task, but rather as an opportunity to prepare each of the parties for their different roles, relationships and rights.

Mandate

Adoption of Children Act, 1965, Section 68A - Adoption subsidy.

Guidelines

Key consideration

Children/young persons and their respective families are to be prepared for the different legal rights, responsibilities and relationships that will exist following the making of an adoption order.

The success of adoptive placements in part depends on the preparatory work with the various parties, assisting them to understand such issues as:

- **the child/young person:** the reasons for their out-of-home care and their continuing linkages with their birth family;
- **the birth families:** the child's/young person's identity needs, their changed legal relationship with their child and rights and, if they have not consented to the adoption, their acceptance of the adoption case plan;
- **the adoptive parents:** the child's/young person's need for contact, or at least a knowledge of his/her birth family; provision of this information and strategies for helping the child understand and accept this information.

Preparing a Ward to be Adopted

Making or completing the ward's Life Story is a means for helping him/her understand their past. See Section on: **Life Story Work**.

It is essential that a ward has a Life Story Book completed before the adoption as a tangible documentation of their family of origin, their past, and their reasons for being in care. A copy of this record is to be placed on the Adoption File.

The ward is to have an age-appropriate understanding of the adoption process and the consequences of the adoption order. An information pamphlet is available to assist a child/young person's understanding of adoption. While this pamphlet must be given to a child over 12 consenting to the adoption, it will also be of use to most children aged 8 and over.

A ward aged 12 and over is to be prepared to give his/her own consent to the adoption. See Section on: **Assisting a child to consent to adoption.**

Preparation of the Birth Parents

Although this task will be carried out by the Child and Family officer supervising the birth parent, it is the responsibility of the Child and Family officer supervising the ward to ensure these tasks are completed before finalising the adoption action.

There are 4 steps to preparing the birth parent(s); - counselling, providing information, obtaining consent, and negotiating future contact.

- **Counselling about the adoption plan**

Key consideration

The more parents can be engaged and involved in the adoption case plan, the less likely they are to contest the adoption order. In discussing the ward's adoption with his/her parents you are to be mindful of the residual anger, guilt and loss of self esteem the parent may carry from their changed relationship with the child/young person, the care proceedings, their own family history and the history of their involvement with the Department. Some may view the relinquishment of their child as further admission of their failure as the child's parent and fear their child's negative interpretation of their decision. Time spent resolving these concerns may result in the parent's acceptance of their new role, short term and long term acceptance of the adoption case plan and forestall expensive, lengthy and adversarial court proceedings. (See Section on; **Counselling a parent considering consent to their child's adoption.**)

The pamphlet *Information about Adoption for parents considering the adoption of their child who is a ward or is under some other custody or guardianship order* will help parents understand their rights.

- **Providing Information**

Parents are to be encouraged, even if they are having access, to complete a Social and Medical History Form about their family, to provide photos of members of the family if these are not already included in the ward's Life Story, and to write a letter to the child/young person or prepare a video explaining their circumstances and the adoption decision. (See Form: *Social and Medical History*)

This task is also important for parents who are opposed to the adoption. Acknowledging their continuing importance to the child/young person may reassure them, and the letter may help the child/young person interpret their parents' lack of consent.

- **Obtaining Adoption Consent**

For guidelines for assisting a parent consent to their child's adoption see Section on **Witnessing an Adoption Consent.**

Even when the ward is over the age of 12 and is required to consent to his/her own adoption, there are a number of benefits to trying to achieve the consent of the birth parents to the adoption. By "blessing" the adoption, their agreement may permit the child/young person to be a member of the adoptive family and so free the child/young person from possible feelings of disloyalty towards the birth family. Any contest over the child/young person will certainly affect the success of any ongoing or future contact with the birth family and may compound the adopted ward's developmental tasks during adolescence.

Parents of wards over the age of 12, who are opposed to the adoption, are to be advised of the present legislation and of the Department's intention to make the application to the Court. Though they may have no right to contest the application, their views will be made known to the Court.

• **Negotiating the Post Adoption Contact Arrangements**

The parents are able to express their desire for continued contact with their child, however they cannot make this a condition of their adoption consent. See Section on: **Arranging, supervising and recording contact between an adopted child and the adoptive and birth families after the adoption order.**

In mediating this contact agreement you may need to address with the parents;

- the history of the parents' relationship with the Department and with the child/young person's carers,
- the history of the parents' contact with the child/young person while in care,
- the negotiable and non-negotiable aspects of the contact agreement.

Whether an agreement is reached for face-to-face contact, telephone contact or an exchange of information, this arrangement is to be included in a written agreement and signed by all the parties, including the child/young person if appropriate. (See Form: *Post Adoption Contact Agreement*)

Preparation of the Adoptive Parents

A significant factor in the breakdown of "foster care adoptions" is the inability of the adoptive parents to assist the adopted person's adolescent identity development. The adoptive parents are to be helped to:

- understand the child/young person's need for access to knowledge of his/her birth family in a non-judgemental setting,
- develop an empathy for the needs of the relinquishing parent's,
- understand the adoption process and the consequences of the adoption for the whole family; eg implications for other children in the family, inheritance issues,
- negotiate and commit themselves to the post order contact agreement,
- understand their rights and those of their adopted person and the birth family under the Adoption Information Act, 1990.

The Adoption of Children Regulation enables you to require prospective adoptive parents to attend an education or training course.

Some families may be unable to consider adopting a ward or a sibling group in their care without continuation of some form of financial assistance either because of the cost of the child/young person's medical, educational or therapeutic needs or because the foster allowance has become an integral part of the family's budget. The giving of assistance to an adoptive parent is not to be seen as incompatible with their assumption of full parental rights and responsibilities, but part of the Department's coherent strategy for family support and post adoption services.

The necessity for the payment of an adoption subsidy is to be discussed with the carers at an early stage of the adoption case plan. The basis for an adoption subsidy will usually be the special needs of the child/young person, but may include the financial circumstances of the carers.

For further eligibility, forms of assistance, process and review information about adoption subsidy (see Section on **Financial Support Arrangements**).

The Manager, Community Services is the authority to determine a carer's eligibility for an adoption subsidy. Delegation to approve the level of the allowance and contingency items is similar to those for the payment of a foster allowance.

Administrative tasks

The Child and Family officer supervising the ward is responsible for the preparation of the adoption application.

Following the Area Manager's approval to start adoption action, a separate Adoption File is created and all documents relating to the adoption are kept on this file. Future access to the adoption documents is determined by the Adoption Information Act 1990 and not solely under the Freedom of Information Act.

A copy of the submission with the Area Manager's approval and the **Study of the Ward** to be adopted is to be sent to the Adoption Services Branch for registration and the creation of the file. A reply memo from the Adoption Services Branch will set out the specific tasks you are required to complete. All adoption consents regarding the ward are to be sent to the Adoption Services Branch where they are kept with the other documentation for the application to the Court.

Adoption application papers are provided to and completed by the carers:

- Application to Adopt (See Form: *Application for Adoption [Child/ren in the care of applicants]*)
- Medical Statement (See Form: *Statement as to health of applicant*)
- Blank draft affidavit (See Form: *Draft affidavit*)

The carers will have nominated 3 referees on their application form. You need to prepare letters requesting the referees to complete the enclosed referee certificate and accompanying affidavit. The referees are not to be related to the applicant(s) in any way or to each other, will have known the applicant(s) for at least two years and regularly visit them in their home. The certificate and the affidavit are to be completed by one person only and not a couple. (See Forms: *Referee's Certificate*, *Covering letter to nominated referee*, and *Covering Affidavit for Referee's Certificate*)

The application to Court requires a current NSW Police Records check on each applicant.

Minister's Consent

The Minister, as the child/young person's legal guardian, must consent to the adoption of all wards aged under 12 years and to those over 12 who have not been in the applicant's care for at least 5 years or are unable to consent to their own adoption.

The Minister's delegate to give consent is the Manager, Adoption Services Branch.

Adoption Services Branch will prepare the Minister's Consent and a brief submission. The Consent Form is prescribed by Regulation.

At this point in the process the Child and Family officer will be requested to forward the "B" file to the Adoption Services Branch together with the consent documents, the submission approving the adoption action and the draft delegate's affidavit for the consideration of the Manager, Adoption Services.

Agency Involvement

Another agency may be the primary worker with the ward and the carers. If this agency is linked with a licensed adoption agency (Anglican Adoption Agency, Centacare Adoption Services or Barnardo's Australia) it may prepare and lodge the application with the Supreme Court through that adoption agency. The role of the CSC will be to:

- submit the agency's report and the **Study of a Ward being considered for adoption** to the Area Manager for approval to start adoption action;
- forward the "B" file to Adoption Services Branch when the agency is ready to seek the Minister's consent to the ward's adoption;
- notify the Adoption Services Branch when the Adoption Order is made.

In all other cases the Department prepares and lodges the application. However, the CSC may negotiate with the agency to prepare the **Study of a ward being considered for adoption**, work with the ward, carers and/or birth parents in the preparation for the adoption; assist the applicants complete their application and documentation; prepare a submission for adoption subsidy; serve any Notice required on the birth parent; and prepare the Court Report.

Key references

Adoption Administrative and Procedural Handbook, Chapter 4.

Information pamphlets:

- *Information about adoption for parents considering the adoption of their child who is a ward...*

- *Information about adoption for children, teenagers and young adults who are thinking about being adopted.* These pamphlets are available from Adoption Services Branch.

Fahlberg V. (1995), *A Child's Journey Through Placement*

Melina, L. (1986), *Raising adopted children. A manual for adoptive parents*

Jewett, C (1982), *Helping children cope with separation and loss.*

Harper, J. (1986), An individual at risk? The adopted adolescent and family *Australian Social Work*, Vol. 39 No. 1.

Triseliotis, J. Identity and security in adoption and longterm fostering. *Adoption and Fostering* (available from the Adoption Services Branch)

Activity: Assisting a young person to consent to his/her own adoption

Description

A young person who is 12 years or older is required to consent to his/her own adoption. For some children/young persons this consent is really an expression of their agreement to the adoption. For others, their consent is an expression of their right of self-determination as the legislation only requires the consent of a young person 12 years and over (and under 18) who has been brought up, maintained and educated as a child of the applicants for a period of at least 5 years before the adoption application.

Mandate

Adoption of Children Act, 1965, Sections 26 (4a) & 33 - Requirements
Adoption of Children Regulations, 1995, Clause 29, Schedule 1

Guidelines

Key consideration

All children/young persons of an appropriate age and maturity have a right to express their views about their adoption and participate in case planning.

For an adoption order to be made for a young person aged over 12, these views are expressed to the Court by the young person signing a separate instrument of consent.

Most children/young persons considering consent to their own adoption are wards in long term out-of-home care. Child and Family officers are required to interview the ward on his/her own to ensure s/he understands the significance of the adoption and the adoption process and to assess whether the ward wants to be adopted, or whether undue pressure has been placed on him/her.

There are two steps to assisting a young person sign an adoption consent: - preparing the young person and witnessing the young person's consent.

Preparing the Young person

For informed consent the young person will have some knowledge of :

- the process of adoption (consents, the role of the Supreme Court, the order, issue of the amended birth certificate) and the effects of an adoption order on their name, status and on their rights This information is contained in the pamphlet *Information about Adoption: a pamphlet for children, teenagers and young adults who are thinking about being adopted, perhaps by their foster parents or within their family.*
 - the reasons for their being in care and not returning to their birth family;
 - the “pros” and “cons” of being adopted;
 - their birth family tree and their social history;
 - their original names and have a copy of their original birth certificate;
 - the attitude of the birth family to the proposed adoption, including their siblings.
- (See Section on: **Life Story Work.**)

A young person over the age of 12 must approve a change in their first name(s) following the adoption order, and may request the Court to allow them to retain their original surname if they have always been known by that name.

Witnessing the young person's consent

Not all wards will decide to proceed to consent to their own adoption.

A Child and Family officer who is the caseworker for the foster placement may prepare the ward for adoption but is not qualified to witness the consent.

The format for a young person's consent is prescribed by regulation. (See Form: *Consent by a child who has attained the age of 12 years to his/her adoption.*)

In general, the responsibilities of a witness to a child's consent are similar to those outlined for a witness to a parent's consent. However under the legislation **there is no provision for the young person to revoke his/her consent and consent should not be taken if you are aware of any ambivalence.** The ward is to be interviewed on his/her own .

The young person is required to have the *Information on Adoption* pamphlet and a copy of the consent document **at least 72 hours** before giving their consent.

The young person is required to understand that information, particularly the effects of the making of the order, the cessation of the Minister's guardianship and their rights under the Adoption Information Act, and must have read the documents.

The young person needs to be capable of giving consent. **If you have any doubt about the ward's capacity to consent, an assessment is to be conducted by a Departmental psychologist.** If the assessment confirms the ward is incapable of consent, the report will be tendered to the Court as the required evidence under Section 33 of the Adoption of Child/ren Act.

The young person is identified on the consent by the name on their birth certificate, as well as any other name s/he may be known by; eg John Brown known as Smith or John Smith correctly Brown. Their wishes regarding their choice of names, both first and surname are to be correctly recorded.

The correct form is to be used and every section is to be completed legibly in black ink or black ball point pen, with the additions or amendments initialled by both the consenting young person and the witness. The ward is to be given a copy of the signed consent document. The Assistant Manager is required to ensure the consent has been correctly witnessed and accurately completed.

Key references

Adoption Administrative and Procedural Handbook, Chapters 3, 4 and 5.

Information about Adoption, a pamphlet for children, teenagers and young adults who are thinking about being adopted by their foster parents. Available from the Adoption Services Branch.

Draft Standards for Adoption Services

Activity: Finalising a consented adoption for a ward

Description

A consented adoption refers to those applications where all the required consents are held. The Supreme Court is unable to make an order for the adoption of a child/young person unless consent to the adoption has been given by all the appropriate persons or the Court has accepted evidence that has allowed it to dispense with a consent.

Mandate

Adoption of Children Act, 1965, Sections 8, 17, 18, 19, 20, 21, 21A, 26, 31A, 61, 62, 64, 65, 66.

Supreme Court Rules

Guidelines

Key considerations

The preparation and presentation of an application to the Supreme Court for the making of an adoption order is prescribed under legislation and the Supreme Court Rules.

Under the Case Planning and Management Strategy, additional resources are located in the Adoption Services Branch to facilitate the implementation of a ward adoption case plan. The following are interim guidelines while these resources are available.

Only the Director-General or the Principal Officer of a licensed private adoption agency can lodge an adoption application with the Supreme Court, unless the application relates to a step-parent or close relative of the child/young person who is not in the care of the Department.

The Area Manager, the Manager, Community Services, and the Manager and Assistant Managers and Supervisors of the Adoption Services Branch are the delegated officers to sign an adoption application in relation to a ward.

Documents to be prepared

Memorandum (Currently prepared by the Adoption Services Branch)

This document will be sent from the Court to the Registry of Births, Deaths and Marriages to assist the Registry issue the ward with an amended birth certificate.

Summons (Currently prepared by the Adoption Services Branch)

All the orders the application is seeking are included on the summons; eg the adoption order, an access order.

Draft Order of Adoption (Currently prepared by the Adoption Services Branch)

This Schedule of all the orders being sought is prepared in duplicate for the Judge's signature and the Court's seal.

Certificates from the Registry of Births, Deaths and Marriages

The Child and Family officer is required to obtain a certified copy of the ward's birth certificate and of the death certificate of any person whose consent would have been required.

Applicants' affidavit. (Currently prepared by the Child and Family officer or a contracted private social worker)

This is prepared from the carers' draft affidavit and is usually taken to them for swearing at the time the Child and Family officer is preparing the Court Report. Additional paragraphs may be needed if either of the applicants is a non-citizen, or if the ward has special needs and you wish to demonstrate to the Court at the time of the order the applicants' awareness of the child/young person's medical/ developmental history or problem. (See Form: *Example of Applicants' Affidavit*).

The adoption application must be filed at the Court within **60 days** of the swearing of this affidavit. For this reason it is one of the last documents to be signed. If the 60-day period elapses before the application is lodged, the applicant(s) will need to swear a supplementary affidavit to bring the application back "into time". This affidavit will state that the applicant(s) are still resident/domiciled in NSW and the child/young person is still in their care and custody. (See Form: *Affidavit of Personal Circumstance*)

Affidavits of Reference (Currently prepared by the Child and Family officers or contracted private social workers)

Referees are not to be related to the applicant(s) in any way or to each other, and must have known the applicant(s) for at least 2 years and regularly visit them in their home. (See Forms *Referees Certificate* and *Covering Affidavit for Referee's Certificate*)

A minimum of two affidavits of reference must be lodged. They need to be lodged within 12 months of being sworn.

Delegate's Affidavit (Currently prepared by the Adoption Services Branch)

This affidavit and its annexures constitute the Director-General's report to the Court. Most of the paragraphs in the affidavit will remain standard for all applications.

The Court Report

In preparing this report the Child and Family officer needs to sight:

- a certified copy of the birth registration relating to the applicant and proof of any amendment to the registration of birth;
- a certified copy of every marriage registration (if any) relating to the applicant issued by the Registry of Births, Deaths and Marriages;
- a copy of every decree absolute in divorce (if any) relating to the applicant.

You should refer to your verification of these details in the report.

A copy of the report is not to be given to the applicants. The release of this report is controlled by Section 66 of the Act. The report follows a particular format. (See Form: *Court Report*).

Access Orders

There are no specific provisions in the Adoption of Children Act relating to access orders in final orders, but the Supreme Court may deal with the question of access either by:

- noting an agreement by the parties as to any informal arrangement regarding continued contact; the agreement is annexed to the Delegate's affidavit;
- making an order granting access, under its inherent powers; the orders are included in the Draft Orders.

After an adoption order questions of access can be dealt with in the Family Court.

Finalisation Procedures

Because of the prescriptive nature of these documents, the Adoption Services Branch is available to advise and guide your preparation. Draft documents can be faxed to the Branch for checking. Common mistakes include spelling errors, differing dates of events, omissions of signature, no annexure stamps on annexures, and different dates on the annexures from the affidavit.

Once the papers are collated, the CP & MS Supervisor Ward Adoptions in the Adoption Services Branch/ the Manager/ another delegated officer will sign the Delegate's Affidavit and the Summons and refer the application to the Court, or if specifically requested by the Child and Family officer, return the documents for the Manager, Community Services to sign as the Director-General's delegate.

To avoid overpayment the carers' foster payments are suspended, unless the applicants have been approved for a similar adoption subsidy and will be inconvenienced by a "hold pay".

The application is lodged at the Supreme Court via DX. The Department is exempted from paying a fee for the lodgement of documents with the Court.

Applications are usually referred to one of the Judges in Equity for consideration in private chambers. As far as possible, matters requiring further evidence or matters of dispute are dealt with by way of requisition (written request) from the Court.

It is unusual for the parties to attend the Court at the time a "consented" adoption order is made, but a request can be made if there are particular circumstances when the ward would benefit from attending the Court. This request is made by the Adoption Services Branch at the time of lodging the application. A Departmental Officer must be present if the request is allowed. These "hearings" usually take place before or after the Court's usual sittings and in the Judge's chambers.

Post Finalisation Procedures

The Supreme Court usually notifies Adoption Services Branch within a week of the making of the order. This information is faxed through to the CSC.

The making of the adoption order is confirmed in writing to the adoptive and birth families.

The Adoption Services Branch will prepare and send the letters. A copy of the letter to the adoptive parents will be sent to the supervising CSC. The letter to the birth parents will be sent to the supervising CSC for delivery to the birth parents. Some parents will have specifically requested this notification.

Adjustments to the adoptive parents' foster payments can now be made, and the adoption subsidy commenced (if approved) from the date of the adoption order.

The Adoption File and the ward's "B" File remain in the Adoption Services Branch to be filed with State Archives.

If case work with the birth family has ceased, the "C" File will also be filed.

Where some form of contact will continue after the adoption order between the child/young person, adoptive family and a member of the birth family, a Post Order Support File is established through the Adoption Services Branch. (See Section on: **Arranging, supervising and recording exchanges of information and contact between an adopted child, his/her adoptive family and birth family after an adoption order**).

Details of the ward's leaving care and the finalisation of the ward's adoption order are to be entered on the CIS and PAS.

Key references

Supreme Court Rules

Adoption Administrative and Procedural Handbook, chapters 4 and 17.

Activity: Finalising a ward's adoption where the order may be opposed

Description

Three categories of people can oppose the making of an adoption order:

- a person whose consent is required, but has not been given;
- the putative father of an ex-nuptial child;
- other persons whom the Court has agreed to "join as a party". (This situation is rare).

These applications are referred to as non-consented adoptions and, in addition to the documents to be prepared for a consented adoption, require further evidence for the Court to consider the application. (See Section on: **Finalising a consented adoption for a ward**).

Mandate

Adoption of Children Act, 1965, Sections 22, 23, 31(A-E), 32.

Guidelines

Key considerations

In the event of an application for adoption being opposed at the Supreme Court:

- the Department's case planning, case work and decision making will be open to legal scrutiny;
- the ward and carer(s) may be submitted to independent assessment, and
- may experience anxiety and uncertainty during the proceedings.

Dispensing with Consent

In applications where the Department applies to the Court to dispense with a parent's consent, a separate Delegate's affidavit containing the argument and evidence to dispense with the consent is prepared. The legislation provides 7 grounds for an application to dispense with the consent of a parent where the child/young person is a ward in long term foster care. Some of these are more commonly used than others and advice is to be sought from the Adoption Services Branch of the grounds that best suit the circumstances of your particular case.

The affidavit is prepared by the Adoption Services Branch. In preparation for the writing of this affidavit the Child and Family officer supervising the ward is required to:

- prepare a case file summary of significant events and dates;
- collate the evidence necessary to support the argument eg search action to locate the parent;
- refer the "B" and "C" files to the Adoption Services Branch.

For example, **standard search action** includes;

- police checks;
- letters to last known addresses,
- enquiries of other family members,
- employments,
- contact agencies,
- electoral rolls,
- telephone directories,
- attempting letter contact through the Department of Social Security,
- the RTA.

For example: **medical evidence of a parent's capacity to properly consider whether s/he should give consent** requires the parent's attending psychiatrist to provide details of the diagnosis, medical history, reason for incapacity to consider consent and whether the person would be detrimentally affected by service of notice about the adoption application.

For example: a psychological assessment of the child/young person's attachment to the carers is used to establish the child/young person has a "**stable relationship**" with the carers.

When the evidentiary affidavit is prepared, the Child and Family officer supervising the parent is required to serve the required notice on the parent of the intended application and complete an Affidavit of Service. (See Form: *Example of Affidavit of Service*). The Notice will be prepared by the Adoption Services Branch. The parent has 14 days to respond to this notice. This Notice also advises the parent to seek independent legal advice.

In cases where notice does not need to be served or where the parent fails to respond to the notice, the final documents for the application are completed and the two Delegate's Affidavits signed either by a delegated officer in the Adoption Services Branch or the Manager, Community Services.

Putative Fathers under Section 31(A)

A definition of these fathers and their rights, and the action that needs to be taken is outlined in the Section on **Witnessing an adoption consent**.

Where the father's whereabouts are known, a Child and Family officer is to contact him and assist him to understand his child's needs and the adoption case plan. If he is willing to be involved in the case plan he may sign adoption consent. Otherwise he is to be served with Notice of the adoption proceedings. The Notice is prepared by the Adoption Services Branch. The serving Child and Family officer is required to complete an Affidavit of Service (See Form: *Example of Affidavit of Service*).

Where the father's whereabouts are not known the Child and Family officer supervising the ward is to undertake search action. If the father's whereabouts remain unknown, evidence of the search will be used to dispense with the need to serve notice on the father.

Contested Cases

When a parent formally notifies the Court of their intention to oppose the making of the order, or a putative father notifies his intention to apply for the ward's care, custody and guardianship, the Adoption Services Branch will liaise with the Crown Solicitor's Office to represent the Department and prepare the case. The supervising Child and Family officer will be involved in this preparation as his/her evidence will be central to the case. As the case manager, the Manager, Community Services will be the Director-General's delegate at the Court.

Key reference

Adoption Administrative and Procedural Handbook, Chapters 4 & 17.

Taking a Stand. Child psychiatrists in custody, access and disputed adoption cases. BAAF, (1984).

Activity: Finalising the adoption of an ex-ward

Description

Although the ward has left Departmental care, on request the Department provides the service of preparing and lodging an application for the adult ex-ward to be adopted by his/her long term carers.

Mandate

Adoption of Children Act, 1965, Sections 18, 26.

Guidelines

Although the adoption of persons over the age of 18 is rare, the legislation provides specifically for the adoption of an adult who had been placed in the care or custody of the applicants as a ward and is not yet married. An adoption order made in respect of an adult must confirm the existence of a significant parent-child relationship when the ex-ward was under the age of 18. Precedent at the Court suggests the ward should have been placed before the age of 15.

Consent

Only the consent of the person aged over 18 is required for the adoption, however the case plan is to include notifying the birth parents, and other siblings because of the legal effects of the adoption order.

The consent documents are those for a child/young person over the age of 12. (See Form: *Consent by child who has attained the age of 12 years to his/her adoption*). The requirements and responsibilities of the witness are outlined in Section on: **Assisting a child/young person to consent to his/her adoption**.

Application

The application is prepared following the same process as a "consented" adoption. (See Section on: **Finalising a consented adoption for a ward**)

The carers may bring their own application before the Supreme Court through their own solicitor, however they will be responsible for all legal costs, including the fee to lodge the application at the Court. As in all non relative applications, except those of a licensed private adoption agency, the Director-General must consent to the application being made and provide a report for the Court.

This report must outline the particular circumstances why the Court should consider the adoption of an adult person.

Key reference

Adoption Administrative and Procedural Handbook, Chapters 4 and 17.

Activity: Providing Aftercare Services

Description

The Department has a responsibility to ensure that child/young person receive appropriate support and services after they leave their substitute care placement.

Aftercare Services for wards, protected persons and Section 19(2) recipients are an integral component of the substitute care service.

Child and Family staff are to ensure that aftercare plans are implemented and the goals of the plans are achieved.

Mandate

Children (Care and Protection) Act, 1987, Sections 19(2), 19(3), 88, 90, 92.

Children (Care and Protection) Regulation, 1996, Clauses 27, 28.

Guidelines

The Department has an obligation to assist young people who are, or were, wards or protected persons to live independently, or to re-establish links with their family or community, where this has been identified as the most appropriate option in the leaving care plan.

If an individual, who was previously in care, approaches the Department directly (via their local Community Services Centre or through contact with their former District Officer), or through a funded leaving care and after care service, Child and Family Officers have a responsibility to respond to their request for a service by assessing their need and planning with the individual, how this can be met.

Assistance and support may not only be of a financial nature. The individual has an entitlement to receive ongoing services from the Department if this is assessed as being appropriate. In many instances the service required may relate to assisting the individual to understand their personal history.

(For guidelines on providing payments to former wards and protected persons see Section on Assistance to Former Wards and Protected persons in the Chapter on Financial Assistance)

Newly funded Leaving Care and Aftercare Services are available to provide advice to staff on strategies to assist young people.

Specialist leaving care and after care services have been established to provide a range of practical and counselling services, directly and indirectly (through substitute care service providers) to young people who are leaving care and those who have left care. These specialist leaving care and after care services are intended to supplement existing service provision by departmental and private agency fostering service providers.

The Disability Services Priority of Access and Intake Procedures policy states:

1. The provision of services to individuals previously under guardianship within the provisions of PART IX (of the Child Welfare Act, 1939 {to 1987}) are to continue irrespective of whether a guardian is appointed under the provisions of the NSW Guardianship Act, 1987.
2. Reduction of services for these individuals can only occur when;
 - i. the person has no further need, or demonstrated lower need, for service, or
 - ii. the person specifically requests the service be reduced or concluded.

Staff need to carefully coordinate support and assistance to reflect any responsibility which is shared between programs, for the benefit of clients.

Key References

- Cashmore J and Paxman, M, *Longitudinal Study of Wards Leaving Care*, NSW Department of Community Services, NSW Department of Community Services, 1996.
- NSW Department of Community Services, *Standards for Substitute Care Services*, August 1996, Standard Seven: Moving in Care, Leaving Care and Aftercare.
- Fernandez E, *Significant Harm*, Avebury, 1996.
- Lawder E, Poulin J and Andrews R, 'A Study of 185 Foster Child 5 years after Placement', *Child Welfare*, LXV (3), May-June 1986.
- Fanshel D and Shinn E B, *Children in Foster Care - A Longitudinal Study*, Columbia University Press, 1978.
- Human Rights and Equal Opportunity Commission Act, 1986, (Commonwealth), Declaration on the Rights of the Child, Principle 6

11.9. Post Adoption Responsibilities

Activity: Arranging, supervising and recording exchanges of information and contact between an adopted child, his/her adoptive family and birth family after an adoption order.

Description

A range of communications between a child/young person's adoptive and birth families now characterise "open" adoption arrangements. These communications may involve the exchange of information - by letters, cards, photos or videos - or face-to-face contact.

Contact (rather than 'access') reflects the relationships and rights between a birth family and the adopted child/young person, and implies the spirit of cooperation and collaboration required for such arrangements to succeed.

Mandate

Current legislation does not provide the mandate for post adoption order exchange of information and contact arrangements.

The Adoption of Children Regulation, 1995, (clause 34 & Schedule 1) enables a birth parent, in conjunction with their adoption consent, to express their particular wishes about contact with their child, however Section 49A of the Act prohibits the birth parent attempting to communicate with the child/young person after the adoption order without the consent of the adoptive parent(s).

The Adoption Information Regulation, 1996, (clause 8) entitles a birth parent to receive non-identifying information about their child's health and welfare held by the Department or an adoption agency. This legislation also enables adoptive parents and birth parents to exchange messages and request reunion by registration on the Reunion and Information Register.

Guidelines

Key considerations

Each child/young person's specific post adoption exchange of information or contact plan is to be determined and approved as part of their adoption case planning or placement process.

These arrangements should centre on the child/young person's needs rather than meeting the needs of the adults involved or being prescribed by a particular professional view.

An arrangement for post adoption exchange of information or contact is included in a written agreement signed by the parties, including the child if of an appropriate age/young person. (See Form: *Post Adoption Contact Agreement*)

Negotiation of the agreement includes;

- agreement as to the purpose of the exchange of information or contact and its frequency,
- designating and recording roles and responsibilities in maintaining, arranging, supervising, resourcing and following up a contact,
- communicating roles and responsibilities to all the parties,
- agreed method for any later renegotiation of the arrangement,
- obtaining approval for any resources necessary to facilitate a contact,
- the handover of responsibilities if the primary worker is on leave or changes.

A copy of a contact agreement and/or details of a proposal to exchange information are to be included in the application to the Court for the adoption order.

Contact Arrangements

Contact must be appropriate to the child/young person's individual and developmental needs, taking into account;

- his/her age, maturity and views,
- the past history of access,
- the expressed wishes of the birth parent's and the adoptive parents and
- the mutual acceptance by both the birth and adoptive families of their respective roles in the child/young person's life.

Contact arrangements will change in response to the views and circumstances of the child/young person and the adoptive and birth families. Renegotiation of an agreement is to be collaborative, including all the parties.

Face-to-face contact is not to occur when safety issues remain active; eg the threat of abduction or re-abuse, or without the informed consent of an age appropriate child or young person.

If mediation or supervision of contact is necessary, the mediator or supervisor must have the appropriate skills and knowledge of the case. If contact is supervised by a non-Departmental person, his/her suitability must be approved as part of the case plan or case review.

Financial and personal assistance is to be available to facilitate a contact agreement. Cost may involve travel and accommodation costs for the birth relative. Both birth and adoptive families have the right to request preparation and support throughout and following face-to-face contact.

Exchange of Information Arrangements

At times the agreement may need to vary; eg contact being replaced by information exchange or vice versa.

In most infant adoptions this exchange of information is likely to be the preferred option of adoptive and birth families. However families are to be encouraged to have a flexible attitude to other forms of contact as the child/young person's needs change.

Files and Recording

All post adoption exchange of information/contact agreements are to be registered as a Post Order Support File through the Adoption Services Branch. Post adoption contact records are maintained separately from the Adoption File.

Each contact is to be recorded. Details will include;

- the nature and date of the contact,
- who was involved and their reactions,
- if face to face contact-where was the venue,
- how the parties related to each other and the child/young person,
- any particular concerns/ strengths of the contact,
- proposals for future contact including reasons to change the current arrangement and
- any preparation or post contact support required. (See Form: *Post Adoption Order Contact and Exchange of Information Report Form*)

Requests for information or contact enquiries from adoptees under the age of 18, adoptive parents and birth parents are to be referred to the Post Order Support Section within the Adoption Services Branch.

A Post Order Support File will be filed down through the Adoption Services Branch when the youngest child in the contact arrangement reaches the age of 18.

Key references

Draft Standards for Adoption Services

Melina, L. & Roszia, S (1993), *The Open Adoption Experience*

McRoy R.G. et al. (1988), *Openness in Adoption. New Practices, New Issues*

Fratter, J. (1996), *Adoption with Contact. Implications for policy and practice*. BAAF

Activity: Responding to a request from an adult for information from adoption records (Prescribed Information)

Description

Adult adopted persons and birth parents of adopted children who are now adult are entitled to apply for information and documents from files held by the Department, private adoption agencies, the Supreme Court or the hospital where the adopted person was born. The type of information which can be released is prescribed by the legislation and known as “prescribed information”.

Mandate

Adoption Information Act, 1990, Sections 6-15 and Clauses 5-17 of its 1996 Regulation.

Guidelines

Adult adopted persons and their birth parents (whose name appears on the original birth certificate of the adopted person) can obtain a copy of the original or amended birth certificate of the adopted person and thus identify one another. Obtaining the certificate entitles the person to further information from files held by the Department, private adoption agencies, the Supreme Court or hospitals.

Persons wishing to apply for the original/amended birth certificate should be referred to the **Family Information Service at Adoption Services Branch (02)9865 5964 or 1800 049 956.**

Persons who have already obtained the original/amended birth certificate are able to apply to the Family Information Service for further information from Departmental files, (including B files if the adopted person was previously a ward).

Fees are payable for accessing adoption information and for obtaining original or amended birth certificates.

Key references

Adoption: The Adoption Information Act and how it affects you - an information booklet prepared by Adoption Services Branch, (1996).

Fact Sheets: Applying for Original or Amended Birth Certificates in person
Applying for Original or Amended Birth Certificates by Mail

available from Adoption Services Branch

Activity: Witnessing an application for Advance Notice prior to the release of adoption information

Description

Adult adopted persons, their birth parents and their adoptive parents may apply to be given 2 months notice of the release of identifying information about them to another party to their adoption. An Advance Notice may be lodged in person at a CSC.

Mandate

Adoption Information Act, 1990, Sections 16 - 28 and Clauses 18,19 of its 1996 Regulation.

Guidelines

Applications are to be made using the *Advance Notice Register Application form* (purple forms). Managers, Assistant Managers and District Officers are able to witness applications for advance notice made at a CSC. (See Forms: *Advance Notice Register Application - Adopted Person, Birth Parent, & Adoptive Parent.*)

Counselling is **not** a requirement in New South Wales and for some clients it will just be a matter of completing the form. However, the registration process at a CSC enables:

- *applicants to receive a clear understanding of the functions and conditions of the Advance Notice*, namely:
 - no information recorded on the form can be released to the other party, if they make an application for information, except for any message or letter specifically left for them with the advance notice application.
 - an acknowledgment that the Advance Notice request has been registered will be sent to the applicant at the correspondence address given on the Advance Notice Application form.
 - the applicant will be informed if the birth certificate covered by the Advance Notice has been requested and the date the certificate will be issued.
 - the Advance Notice remains in force for a period of 2 months from the date of application by the other party for the birth certificate. Under exceptional circumstances it is possible for the Director-General to extend the period to a total of 4 months.
- *all mandated requirements to be fulfilled* by accurate completion of all compulsory questions. Provision of a contact address is essential to enable the Department to inform the applicant if access to the certificate or identifying information has been sought and will be released at the end of a specified period. It is the applicant's responsibility to advise the Department of any change of address.
- *the applicant to articulate and explore their fears of contact* and so clarify their reasons for registering the advance notice request.
- *encouragement to be given for the applicant to record the reasons for requesting Advance Notice* and leave information eg a letter or photos which may serve to reassure or satisfy the other party if and when they seek identifying information about the applicant. Hurtful messages are discouraged. The Director-General can delay the delivery of a message if the contents are likely to be distressing.

Applicants cannot be forced to leave messages however it is helpful if applicants leave a message explaining the reason the advance notice has been requested, eg the adopted person is about to sit the Higher School Certificate.

The Department is required to notify the applicant in writing if access to the birth certificate or identifying information has been sought and the date on which such information will be released. Should the other party leave a return message the applicant will be advised at this time.

- *use of the Reunion and Information Register* in association with the Advance Notice Request. The person seeking to place the Advance Notice may be doing so to avoid unplanned or unannounced contact by the other party and may be willing to consider contact or an exchange of information in certain circumstances. If this is the case the appropriate course is to register an Advance Notice and simultaneously register on the Reunion and Information Register. This provides the opportunity for both parties to have control of the timing and nature of the contact.

Duties of the Witness;

- ensure *completion of all compulsory sections* of the form by the applicant
- sight and record *proof of identity* - if the required proof as noted on the form is not obtainable the Manager, Community Services Centre may, following inquiry, certify that he/she is satisfied as to the proof of identity of the applicant
- read the Declaration on the form to the applicant and *ensure that both you and the applicant sign the declaration.*
- *record any message*, letter or other document provided by the applicant to be given to the other party, if and when that other party should seek information about the applicant under the provisions of the *Adoption Information Act 1990*
- *offer the applicant a copy* of the completed application form
- **send the completed Advance Notice Register Application form to Adoption Services Branch (Family Information Service) DX 8250 Parramatta on the same day as the application is signed. There is 5 day limit from the date of signing for the verification and registration process to be completed.**

Key references

CSC Administration Procedures for Advanced Notice

- This contains -
- Advanced Notice Register - Fact Sheet
 - copies of application forms
 - outline of the issues surrounding contact
 - answers for most frequently asked questions

Adoption: The Adoption Information Act and how it affects you - an information booklet prepared by Adoption Services Branch, (1996).

Activity: Witnessing an application for a Contact Veto

Description

Adult adopted persons and their birth parents may lodge a veto against being contacted by another party to their adoption. The contact veto application may be lodged at CSCs.

A contact veto may only be lodged if the adoption order was made before 26 October 1990.

Mandate

Adoption Information Act, 1990, Sections 16 - 28 and Clauses 18,19 of its 1996 Regulation.

Guidelines

Contact vetoes can be lodged by birth mothers, birth fathers and adopted persons from the age of 17 years 6 months.

The *Contact Veto Register Application Form* (yellow form) must be witnessed by either a Manager, Assistant Manager or District Officer in a CSC. (See Forms: *Contact Veto Register Application - Adopted Person, Birth Parent*).

Pre veto counselling is **not** a requirement in New South Wales and for some clients it will just be a matter of completing a form. However, the registration process at a CSC enables:

- *applicants to receive a clear understanding of the functions and conditions of the veto, namely*
 - the veto provides a strong deterrent to contact by the person/s designated in the veto form but does not prevent the release of existing identifying information about the person making the application if the other party signs an undertaking not to contact.
 - no information recorded on the form can be released to the other party, should they make an application for information, except for any message or letter specifically left for them with the contact veto application.
 - an acknowledgment that the veto has been registered will be sent to the applicant at the correspondence address given on the veto application form.
 - the veto can be lifted or varied at any time by an application in writing to Adoption Services Branch, Family Information Service.
- *all mandated requirements to be fulfilled by accurate completion of all compulsory questions.* Provision of a contact address is essential. This can be a postal box address. Some applicants will require reassurance that the information provided on the form is "protected information" and will not be provided to the other party. It is the applicant's responsibility to advise the Department of any change of address.
- *the applicant to articulate and explore their fears of contact* in order to clarify their reasons for registering the veto.
- *encouragement to be given to the applicant to record the reasons for registering the veto and leave information, eg. a letter or photos which may service to reassure or satisfy the other party if and when they seek information about the applicant in the future.* The information provided by the applicant may further assure the honouring of the contact veto.

It is helpful to the other party to know the reason for the veto, if the applicant is well and perhaps if there is any hope of the veto being lifted. Hurtful messages are discouraged and the Director-General can delay the delivery of a message if the contents are likely to be distressing.

Applicants cannot be forced to leave messages; however, you may be able to help the applicant understand how difficult the lack of a message is to the other party. It is good practice to avoid the situation where the applicant indicates a message will be sent later. On prior occasions the letter has typically not been sent, much to the distress of the other party in these instances. It would be better to say nothing.

The applicant will be informed in writing if the birth certificate covered by the veto is released. If the other party leaves a return message, the applicant is also advised in this letter.

- *an explanation of the alternate use of the Advance Notice Request and Reunion and Information Register.* Not all persons seeking to make an application to register a contact veto are averse to having contact in all circumstances. Some apply to avoid unplanned or unannounced contact by the other party, but may be willing to consider contact or an exchange of information in certain circumstances. If this is the case the appropriate course is to register an Advance Notice Request and simultaneously make a registration on the Reunion and Information Register.

Duties of the Witness;

- ensure *completion of all compulsory sections* of the form by the applicant.
- sight and record *proof of identity* - if the required proof as noted on the form is not obtainable the Manager, Community Services Centre may, following inquiry, certify that he/she is satisfied as to the proof of identity of the applicant.
- read the Declaration on the form to the applicant and *ensure that both you and the applicant sign the declaration.*
- *record any message, letter or other document* provided by the applicant to be given to the other party, if and when that other party should seek information about the veto applicant under the provisions of the *Adoption Information Act 1990.*
- *offer the applicant a copy* of the completed application form.
- **send the completed Contact Veto Register Application form to Adoption Services Branch (Family Information Service) DX 8250 Parramatta on the same day as the veto is signed. There is 5 day limit from the date of signing for the verification and registration process to be completed.**

Key references

CSC Administration Procedures for Contact Vetoes

- This contains -
- Contact Veto Register - Fact Sheet
 - copies of application forms
 - outline of the issues surrounding contact
 - answers for most frequently asked questions

Adoption: The Adoption Information Act and how it affects you - an information booklet prepared by Adoption Services Branch, (1996).

Activity: Applications for the Reunion and Information Register (previously the Adopted Persons Contact Register)

Description

The Reunion and Information Register has been established to assist people who have been separated by an adoption to make contact with one another.

Adopted persons, birth parents and adoptive parents are eligible to have their name recorded on the Register and/or to leave a message for the person from whom they have been separated. Other persons, including relatives, who have an interest in an adopted person or birth parent may be registered on the register if the Director-General or delegate is of the opinion that they ought to be.

If two persons are 'matched' through the Register the Family Information Service will contact them both in order to make arrangements for contact. Exchange of information or meeting may not be possible in every case, depending on the feelings and wishes of each person.

Mandate

Adoption Information Act, 1990, Sections 30-34 and Clauses 24-29 of its 1996 Regulation.

Guidelines

The Reunion and Information Register is a passive register - it relies on people separated by adoption each placing their names on the Register. Active outreach to locate persons is not undertaken, except where specific application is made and the Director-General, or delegate, approves the action. Such action is limited to medical, physical or psychological grounds or other unusual or extreme circumstances affecting the interests or welfare of a party to the adoption.

Applications are made on the Reunion and Information Register using the blue *Reunion and Information Register Application* form. It does not have to be witnessed at a CSC and can be mailed by applicants directly to Family Information Service, Adoption Services Branch, PO Box 3485, Parramatta 2124. (See Form: *Reunion and Information Register Application*)

A fee of \$65.00 is payable if the applicant has **not** paid the fee at the time of application for an original or amended birth certificate under the provisions of the Adoption Information Act. A reduced fee is available in certain circumstances.

Key references

Adoption: The Adoption Information Act and how it affects you - an information booklet prepared by Adoption Services Branch, (1996). *Fact Sheet: Reunion and Information Register* available from Family Information Service, Adoption Services Branch, PO Box 3485 Parramatta 2124.

FEEDBACK SHEET - CHAPTER 11

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

.....

Are there any omissions or errors?

.....

.....

Do you have any suggestions about what to include in future editions?

Chapter Reference:

.....

Any other comments?

.....

.....

NAME.....POSITION.....

WORK ADDRESS.....

.....TELEPHONE.....

Please send to:

Project Officer

Working with Children and Families Practice Manual

Department of Community Services

Locked Bag 28

Ashfield NSW 2131

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Death of a Client

Practice Manual

Working with Children and Families

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- 2 Using this Manual
- 3 NSW Government Policy Framework
- 4 Services for Children, Young People, their Families and Carers
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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

12. Death of a Client

This chapter will be issued in November 1997.

For operational guidelines in the event of the death of a child in out of home care see Chapter 11.5 Guardianship Responsibilities - Death of a Child or Young Person in Care (pages 11-78).

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Information Management

Practice Manual

Working with Children and Families

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

13-1 Information and Records Management

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13. Information and Records Management

Departmental records management policy and procedures are currently being reviewed and a draft *Records Management Procedures Manual* has been developed. The Manual will cover all aspects of information and records management.

On completion of the *Records Management Procedures Manual* this Information and Records Management Activity will be reviewed and updated to ensure it aligns with the policies and practice guidelines in that Manual. In the interim there are some essential aspects of Information Management that particularly impact on delivery of Child and Family Services and our ability to monitor and report on it.

The following guidelines briefly outline responsibilities and guidelines pending the completion of the *Records Management Procedures Manual*.

Information and records management is a major responsibility of all staff employed in the Department. Records relate to clients and case management, human resources, training and development financial transactions, budgeting and property and asset management are some of the areas for which records are kept and information gathered and stored.

Records are referred to in both the Archives Act 1960 and the Public Finance and Audit Act, 1983 which state particular requirements for the maintenance, recording, preservation and destruction of records.

Information and actions are not valid unless they are formally documented. All staff are responsible for ensuring information is accurate, current and clearly documented.

Information recorded about particular cases is used for the management of the case, in Court and Tribunals and is a history for the client of the Department's involvement with them.

The aggregation of information and data is used for reporting to management, the community and Government. Assessment of the Department's performance is based on information and data recorded and is therefore dependent on its accuracy and currency.

Activity: Gathering, maintenance, sharing and recording of information in regard to Departmental clients

Description

The Department of Community Services delivers services to the most vulnerable members of the community. Effective service delivery depends on accurate, relevant and confidential information.

As the Department faces increased public demand to be fully accountable, it is imperative that all staff maintain high levels of professionalism, integrity and confidentiality in all aspects of their work. Planning meetings, decisions and intervention relating to clients are not valid unless they are formally documented.

Clients of the Department often rely on their involvement with the Department to be recorded to maintain the history of events of their life and their relationships. For many this is the sole record of such information, so accuracy is vital. Issues of privacy, dignity and freedom of information also need to be borne in mind. Information must be recorded as objectively as possible with analysis of issues based on recorded fact and professional judgement.

Child and Family staff are required to complete a variety of reports during their work with children and families. Staff need to be conscious of the purpose and audience of reports to ensure that only relevant information is included and that it is made available appropriately. All clients are entitled to access and read information kept by the Department about them.

Mandate

Children (Care and Protection) Act, 1987. (Section 22 (7B) and 115)

Community Welfare Act, 1987 Section 38 & 38A

Adoption Information Act, 1990

NSW Archives Act, 1960

Freedom of Information Act, 1989

Commonwealth Privacy Act, 1988

Independent Commission Against Corruption Act (1988) section 8(1) disclosure or misuse of confidential information held in official records, including client files is illegal.

Child Protection Protocol Between NSW Department of Community Services, Family Court of Australia, NSW Local Court and NSW Children's Court. (1997) NSW.

Guidelines

Casework activities need to be accurately documented to ensure continuity of service and accountability to clients, courts, the community and the Department. Where a S22 notification is confirmed or a child is subject to a Court order or enters substitute care all records, including running notes, relating to that child are subject to the Archives Act 1960 and are to be dealt with according to that Act. All records must be signed and dated with the authors' name, position and unit printed next to or under the signature. Documented information forms the basis for action taken or not taken at the time and details why these decisions were made.

Reports

Reports need to be concise and to include analysis of the information where this is relevant. An important aspect in preparing a report is to ensure the information you include is valid and correct. Validating information is an essential component of completing a needs, risk or placement assessment.

The expertise of staff at intake provides the opportunity for gathering relevant information to better identify the family's needs so that services, appropriate referrals or advice can be offered when more intrusive DCS intervention is not required. The Case Coordination Policy and Practice Guidelines allow Child and Family staff to identify and assess the risks and needs of children and families and plan for any assistance they might need.

The NSW Archives Act, 1960 section 2 (1) states that "A public record means papers, documents, records, registers, books, maps, drawings, photographs, cinematograph films and sound recordings of any kind made or received in the course of (her/his) official duties by any person employed in a public office and includes copies of public records".

Records are vital to the way the Department conducts its business. Records provide essential continuity to inform 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 management.

Records are evidence of the actions and decisions taken by Child and Family staff and managers. It is important that records are created about what you see and hear in the field; telephone conversations with clients and associates; e-mail and faxes; verbal discussions and meetings of any kind, including agreed decisions; and observations, outcomes and decisions made. Such information, once captured on a registered file, can be managed and protected.

Records are unique to the Department, and if lost or damaged, usually cannot be replaced from any other source.

Access, privacy and security

Anyone who has information collected about them by the Department will be able to access this as described in the Freedom of Information Act 1989. Child and Family staff are to provide clients with information regarding their rights to access information.

All information about clients is to be protected and handled confidentially and is only available to other staff on a need to know basis. Child and Family staff are responsible for the client information they record and manage. Staff are required to observe confidentiality requirements in maintaining files and communicating with clients, other Departmental staff, workers in other agencies and the public.

Managers are required to ensure that all staff are aware of the policy and procedures regarding confidentiality and ensure that facilities/equipment are available for the secure storage of all confidential material held by the unit.

Where there is child protection material on a file access to and exchange of information needs to be in accordance with various legislation:

- Section 115 of the Children (Care and Protection) Act, 1987 which allows disclosure of information for particular purposes.
- Section 22 (7B) of the Children (Care and Protection) Act, 1987 which allows for the exchange of information to and from prescribed bodies for the purpose of investigation and actions arising from investigations as a result of a notification under section 22 of this Act. The legislation only applies to notifications made after 6 December 1996 or to notifications made prior to that date where the investigation was current after that date.
- Section 316 of the Crimes Act 1900 which requires that Police be informed of any serious crime.
- Section 22 (8) protects the notifier from civil proceedings and contents of the notification record. It is the Department's policy not to disclose the identity of the notifier to the notified child and family. In matters where the person requesting access to a file has been identified as the alleged perpetrator of abuse, under no circumstances are details of the notifier or the allegation to be released to that person.

Staff need to be aware of potential security issues when using the CIS. Departmental procedures regarding access to the Client Information System (CIS) must be observed by all staff with strict adherence to passwords. Access to CIS is only to be given to employees of the Department following criminal record checking procedures.

The safe custody of Departmental information is the responsibility of the local manager. All data, files, records and correspondence remain the property and the responsibility of the Department.

Client files are not to be taken out of the office. Client files should be in locked records storage or in lockable office drawers at all times they are not being worked on. 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, clients or customers. Files are the responsibility of the supervising officer. The officer the file is marked to on the system is solely responsible for the safety of the file.

From time to time it is appropriate for non authorised people to access Departmental files, including CIS records. Students, researchers and contractors fall into this category. In such circumstances a 'Declaration of Confidentiality' must be signed by the applicant, the supporting person and the approving person. These persons must also undergo criminal record check.

Access to Client Files (other than adoption information)

The pamphlet “Your Information, Your Right to Know” has been produced by the Department to inform clients of their rights. This should be on view in CSCs.

Clients, ex-clients and others to whom the case specifically relates may have access to client files and information. They may have access to material on the file that relates to them and does not infringe the right to privacy of others. The guidelines for access are strict to protect individuals and their privacy.

Client files are the responsibility and property of the Department of Community Services and although clients have the right of access, the file may not be taken with them when they exit the service. Clients may request or give consent to a synopsis of the file, life story record or summary of relevant details relating to services provided by the department when they exit the service.

Clients seeking access to their own files should contact a CSC in the area where they are currently living or the Community Liaison Unit (CLU) if they are interstate or overseas. The CSC or CLU should then obtain the file by submitting a Person Inquiry Form to the Central Office Records Branch.

Where there is a notification of child abuse or neglect on the file, in accordance with section 22 and 115 of the Children (Care and Protection) Act, 1987 details of the notifier are not to be released.

Other interested parties may access the file with the written consent of the client, within the same guidelines of protecting privacy above. The consent must include specifically what information may be given to the enquirer.

A person other than the client requesting information must indicate the purpose of the request. It should be explained to the interested party that the Department cannot disclose any information without the consent, in writing of the client, and every endeavour will be made to locate the client and seek consent. The letter of consent is put on file.

Other interested parties are not permitted access under the guidelines (eg without written consent of the client) but may submit a request under the FOI 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 the Act.

When the file is obtained by the CSC or CLU a mutually convenient time to view the information is made. The file should then be screened to ensure that confidential information about third parties is not inadvertently released. The simple delivery of information is not enough to discharge the Department’s obligations. Disclosure of information must be accompanied by appropriate counselling.

Before file is released for viewing, staff must:

- review the file and acquaint themselves with any stressful information (eg death of a sibling) and determine the appropriate response
- ensure all third party and information disallowed under section 115 is masked
- arrange for an appropriate staff member to be present while the person or advocate that the person has chosen is perusing or copying the client files. Temporary or administrative staff or students on placement are not to be given this task under any circumstances
- accommodate any requests for an independent support person to assist the person to read their history.

The person is to be informed 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, that the file can be retained at the CSC or CLU for a period of three months and that the period can be extended on application
- can photocopy, or have photocopied by CSC staff, appropriate information (eg, birth certificate, school reports, medical reports, correspondence addressed to the client and other personal information contained on the file) at no charge
- will be required to sign an undertaking to not knowingly cause pain or embarrassment to any other person.

If the 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 FOI Act.

If clients are seeking copies of a voluminous number of documents, or are seeking information about other persons, it is appropriate to request that they submit a formal FOI application.

Where the person perusing the file feels the information is inaccurate, incomplete or misleading, he or she may submit a signed statement conveying their concerns. This notation is attached to the top of the file.

Other agencies

Other agencies may have access to peruse and copy client files, subject to authorisation by the relevant CSC Manager, Area Manager or Program Director. The same privacy considerations apply to all interested parties.

Written consent from the client is also required and must be placed on file. The client or ex-client needs to be made aware before giving consent of the variety of ways the information

could be used if requested by the Police or Probation and Parole which may not always be in the interests of the client.

Access to Adoption files including Requests by former wards who have subsequently been adopted to review their B 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 Departmental pamphlet *Adoption: The Adoption Information Act and how it affects you* (1996) explains the requirements of the Act and procedures for implementation of the Act and should be given to people who request access to adoption information.

Such requests are to be referred to the Family Information Service (FIS) Adoptions Services Branch. Phone (02) 9865 5992 or 9865 5973 or Free call 1800 04 9956. FIS staff will prepare the B file in accordance with the Adoption Information Act 1990 and either forward the B file to the CSC for the file to be viewed by the ex-ward or arrange for the file to be viewed at the FIS.

Freedom of Information

All requests for information under the Freedom of Information Act (1989) are coordinated by the Central Office Community Liaison Unit (CLU) phone (02) 9716 2996). Application forms are available at each CSC. Refer: *Department of Community Services Freedom of Information Procedure* (1994).

A Departmental pamphlet *Your Information: Your right to know* (1996) explains what records the Department keeps about clients and how to access the information.

Key Activity: The Media

Description

Guidelines

All media enquiries must be referred to the Central Office Media Unit (02) 9716 2804. Do not speak to the media “on” or “off” the record under any circumstances.

Members of the Senior Executive are authorised to speak with the media and can also give permission, when appropriate for other staff to do interviews. The journalists from the Media Unit are available to assist you with handling media enquiries involving the Department. In all circumstances the Media Unit needs to be kept informed and consulted.

Even though not all staff will be authorised to give media interviews, all staff are required to understand the role they can play in fostering good relations with the media. The Department’s *Working with the Media* (1996) is a guide to assist staff in this.

If you are not authorised to be interviewed by media, tell the journalist you will have the appropriate person contact them.

If you receive an FOI request from a newspaper, radio or TV station, or even a verbal inquiry from a journalist wanting to make an FOI application, immediately inform your manager and make sure it is passed on to the Community Liaison Unit.

Departmental staff are required at all times to respect the confidentiality of clients. In many cases this is a legal requirement, in others a moral responsibility. While it may limit the department’s ability to respond to media contact or criticism, client confidentiality is paramount and overrides all other concerns.

Journalists often ask for specific information or permission for photographs, film footage or to use the name or otherwise identify (eg, by publishing the names of their parents) children who are State Wards. These enquiries may be perceived as beneficial to a child (eg, finding them a suitable placement through publicity of their circumstances or promoting their success in a sporting team). However, there are explicit guidelines to protect our clients from unwanted and unwelcome publicity.

Section 68 of the Children (Care and Protection) Act 1987 states that it is an offence to publish or broadcast the name of any child who is involved in any way in Children’s Court proceedings or is a Ward of the State. In special circumstances, where it is not considered detrimental to the child or his or her future, there are methods of obtaining permission, either from the court, a guardian or in the case of older children, the child directly, to provide information and photographs. Senior management, in conjunction with the Media Unit are in a position to make such judgements and can seek legal advice.

Section 22 of the Act protects the identity of people making a notification. To disclose such information is an offence.

Key Activity: Client Information System (CIS)

Description

The CIS is the primary management information system for the executive management team. It is an important accountability tool that enables the Director-General to account to the Minister and Parliament, on the activities of the Department in relation to Child and Family Services.

The Department of Community Services' **Client Information System (CIS)** is a tool which supports practice for Child and Family staff. The CIS allows quick access to historical information about a family or individual and can provide valuable insight into new information.

The CIS allows child protection trends to be identified in protective intervention, care and support. This information is an essential tool in planning services for Areas and CSCs.

The CIS allows for analysis of trends in service provision.

Guidelines

Support tool for Child and Family staff

Immediate access to accurate and historical information about clients allows for better informed decision making and planning when responding to the identified needs of a child or family. Information about relationships, particularly new parental figures and persons believed to be responsible for abuse may provide vital information to staff in preventing future abuse to children.

The information recorded at intake, including intake only, assessment reports, assessed issues, outcome decisions, case plans, meetings, comments on placement, entry and exit from care , all add detail to the strengths, concerns, issues and risks that may be relevant for this child or family.

The exchange of information in relation to a notification under section 22 enables intake officers to seek further information at intake as part of the investigation and in many instances complete the investigation at the Intake Phase (Intake Only). In other circumstances it enables better information on which to base case planning and case allocation decisions. Exchange of information can occur as part of the investigation or of any actions arising out of that investigation.

Matters that do not constitute a section 22 notification but where the family have requested or agreed to a DCS service may require ongoing action by field staff. These matters require assessment reports and outcome decisions on the CIS. Confirmed registered matters indicate the need for ongoing DCS involvement and the assessed issues indicate abuse/neglect or family/carer concerns.

There are circumstances when an incident or event attracts the attention of the media, eg when a child dies or is missing under suspicious circumstances or a parent, agency, tribunal or commission makes a complaint about the Department. CIS records about clients identified under such circumstances should only be accessed on a need to know basis. Managers are required to consider the need to immediately restrict access to the CIS records of such clients (refer CIS User Guide).

Child Protection trends

Identifying constant or changing trends in our work allows managers and field staff the opportunity to better plan and provide services in their community.

The data available from the CIS is vital to local and area planning in both direct and funded service provision.

The various coded information on the CIS allows the generation of reports that highlight specific issues for the CSC and Area; eg analysis of notifier status, where the reported issues are under estimated or over estimated, may indicate a need for additional education and training of particular agencies, or, suburbs or towns where assessed issues relate to similar family or carer concerns, may indicate a need for additional support for targeted activities.

External Reporting requirements

Child abuse and neglect statistics for NSW are primarily based on information recorded on the CIS.

Accurate recording on the CIS of assessed issues, particularly:

- the risk of and actual harm and injury action code (T) and,
- the resulting harm and injury code (V),

will allow, for the first time, for a more accurate figures of harm, abuse and neglect of children in NSW.

The combination of all the information on issues and needs of families is fundamental in reflecting the needs and concerns for communities at Local, Area and State levels.

Undertaking work to support and strengthen families to prevent abuse and neglect has been greatly assisted through data collection.

Key Activity: Information management for the finalisation of departmental involvement in the Child and Family Services program

Guidelines

The Department of Community Services has a responsibility to manage all client records with sensitivity, confidentiality and in accordance with the law. When records are no longer required by the Department they are either archived or destroyed according to the following schedules.

1. Confirmed Section 22 Children (Care And Protection) Act 1987 Notifications:

Electronic Documents (Client Information System)

Where a S22 notification has been confirmed (the allegation is substantiated), and/or where the Department has an ongoing involvement with the child/family (a registered case), the computer document will remain on the Client Information System (CIS) until the child attains 18 (eighteen) years. The documents will then be archived directly through Information Systems Branch.

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

Paper Documents

All paper child protection documents for confirmed notifications are to be retained by the local Community Services Centre for a period of 5 (five) years after case closure. After this period all documents are to be sent to the NSW Government Records Repository for permanent storage in accordance with current Departmental instructions. Where a subsequent notification has been made concerning a child who has a file located in the Repository, the records are to be retrieved immediately.

The Department of Community Services has no power under the State Archives Act 1960 to delete or destroy confirmed cases. It is therefore important that these child protection case documents are not absorbed or filed with any other type of document to ensure achievability.

All child protection files where there is a S22 notification must, at closure, be stamped either 'confirmed' or 'not confirmed' to ensure ease of separation for destruction or storage.

2. Requests For A Service

Where there is a Request For A Service (no harm, injury or high risk) and no service is to be provided the matter is not entered on the CIS as a notification. Where a service is to be

provided the matter is entered on the CIS in the same way as a notification and will be removed after the child has turned five years of age or twelve months from case closure.

3. Unconfirmed Section 22 Children (Care And Protection) Act 1987 Notifications,

Electronic documents (Client Information System)

Where a single child protection allegation has not been confirmed by the Department of Community Services, the record will remain on the CIS for a period of 5 (five) years only and will then be deleted by Information Systems Branch.

Where there has been a subsequent child protection allegation concerning the particular child or of a sibling, during the five year period the following schedule will be adhered to:

- where the subsequent notification is unconfirmed for the child or sibling, all notifications concerning the child will be deleted after 5 (five) years has elapsed, dated from the most recent notification.
- where any subsequent notification is confirmed and/or registered within the 5 years, all previous recorded unconfirmed notifications and all subsequent recorded notifications for the child will be retained until the child attains 18 years.

Paper documents

Where an unconfirmed notification is the only record held on the child or sibling by the Department, this record is to be retained by the local Community Services Centre for a period of 5 (five) years and then destroyed locally.

Where other client files exist, such as Family Work or 'C' Files, then all related Intake matters and/or requests for service by those clients are to be included on those files and retained in accordance with current Departmental instructions.

Unconfirmed notifications are to be attached to any confirmed notifications which may exist for the child or siblings. These records are to be retained in accordance with the above instructions for confirmed notifications. Where subsequent unconfirmed notifications have been made concerning the child or sibling within five years all records will be retained for 5 (five) years from the date of the most recent notification and then destroyed locally.

4. Registered Cases

When a case, either S22 notification or request for a Child and Family service, requires ongoing action by the department to keep a child or young person safe and provide support for their family, the case is registered.

Any case registered for more than twelve months where there is no case plan or has been no review in the past six months, will be added to a locally generated management report of 'inactive cases'. All cases on the 'inactive cases' report must be reviewed by CSC management and either allocated for action where there are possible risk factors or closed.

Key Activity: Requests for Deletion of Electronic Documents And/Or Destruction of Paper Documents

Description

Information is received and recorded by the Department can be found to be malicious or wrong. In such cases there is provision for review of the circumstances to ensure that where applicable such information can be removed or destroyed.

Guidelines

Where child protection allegations have been received and recorded by the Department of Community Services and are subsequently revealed to be:

- grossly inaccurate, that is where the information is substantially wrong or inaccurate, or
- where on assessment by the Department of Community Services the information was deemed to have a malicious intent, or
- the initial information did not meet the criteria for being accepted as a notification,

application can be made by either the Manager of the Community Services Centre where the information is located, the client or the client's nominated representative to have all computer records and paper files deleted/destroyed.

Applications will be considered by the Standing Committee on the Deletion of Records. The Committee consists of the Director-General (or nominee), the Assistant Director-General (Policy and Planning) and an external representative from the Audit Office.

Requests from clients will be in writing to the Assistant Director-General (Policy and Planning), the Committee's decision and rationale will be in writing and both the request and decision will be held on a secure file in Central Office Records Branch.

All decisions made by the Committee will be in writing and all relevant persons will be advised of the decision, with a 28 day period for review of the determination prior to deletion of the records.

Key References

Kennedy, J. & Schauder, C. (1994) *Records Management: A Guide for Students and Practitioners*, Longman Cheshire, Melbourne.

IESC Electronic Data Management Subcommittee, (1993) *Management of Electronic Documents in the Australian Public Service*, AGPS.

Standards Australia, (1996) *AS 4390 Records Management Standard*.

Employee Related Policies

1. Code of ethics
2. Employee Assistance Program
3. Policy for the Effective Management of Client Behaviour to Prevent Injury and Illness to Staff
4. Trauma Support Guidelines
5. Alcohol and Other Drugs
6. Infectious Diseases Policy

Corporate Policies

1. Complaints Procedures
2. FOI Guidelines
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4. Child and Family Client Information System

FEEDBACK SHEET - CHAPTER 13

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

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Are there any omissions or errors?

.....

.....

Do you have any suggestions about what to include in future editions?

Chapter Reference:

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Any other comments?

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Financial Support Arrangements

Practice Manual

Working with Children and Families

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

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14. Financial Support Arrangements

Activity: Use of Family Initiative Fund

Description

The Family Initiative Fund (FIF) was introduced in 1996 and from the 1st of August 1997 will be amalgamated with and, fully replace the Community Welfare Assistance Program (CWAP).

The purpose of the Family Initiative Fund is to assist children, young people and their families, within the context of an approved case plan to;

- overcome crises that present a threat to the well-being and safety of children,
- promote continued care of children and young people within their usual supports,
- respond to problems in a way that effects lasting improvements to care,
- provide innovative, flexible and individualised assistance,
- maximise the use of informal and formal resources.

Mandate

Community Welfare Act, 1987, Section 36(1)(a).

Guidelines

Family Initiative Funds can be used to assist clients of the Child and Family Program in circumstances where there is an identifiable risk to a child or young person's well-being or safety.

The funds should be used to implement an approved case plan which has been negotiated with the client and other relevant support services and/or agencies.

Assistance provided must contribute to the achievement of specific casework outcomes identified after the Investigation and Assessment Plan has been implemented, and a Protection or Care Plan is approved.

In exceptional circumstances FIF may be used (with Assistant Manager approval) before an Intake or Field Action plan has been developed and approved. For instance, when there are unavoidable costs involved for a client to participate in decision-making or specialist assessment.

Who Is Eligible

Families of children and young people under 16 years

Families of children under 16 years who are dependent on their family, and where there is an identifiable risk to the child's ongoing well-being and/or safety within the family.

Young people under 18 years

Young people under 18 years who are living independently from their family as a consequence of an identified threat to their well-being and/or safety.

Types of Assistance

Material assistance - Funds may be used to purchase goods or equipment where a case plan has identified that provision will support achievement of the identified case plan outcomes eg purchase of a washing machine to obviate the need for the parent to travel two hours to and from a laundromat, provision of beds and mattresses etc.

Financial Assistance - Funds may be provided directly to the client to enable them to purchase a specific service eg, when a fee is required at point of service or fares for travel.

Fee for Service - Goods or services may be purchased in response to a specific case plan strategy. To purchase services it is required that Child and Family staff, the client and any other service provider agree on:

- the nature of the problem, the desired outcome and casework strategies,
- which people have the relationship, skill and preparedness to provide the service identified in the casework strategy,
- the nature of the service, service provider, frequency and duration of service, and monitoring arrangements,
- any additional support or resources needed to assist the service provider.

Purchase of Existing Services

Fee for service - existing

In exceptional circumstances Family Initiative Funds may be used to purchase existing mainstream or specialist services, such as practical assistance, tutoring or counselling, provided as a core service by a government agency, or by a community social welfare organisation which receives operational funding from the government. Existing services may be purchased when;

- a client is **not** eligible to receive the service cost free, or
- when it would not otherwise be available within the location or time frame needed to achieve the casework goals.

Child Care Placements

The FIF may be used to as part of case planning to purchase time in child care for children who are notified or who request a service as a major form of assistance in supporting families that are assessed as “at risk”.

Use of the fund in relation to other agencies

The FIF should **NOT** be used to obtain assistance for clients when it is available through mainstream or specialist services provided by other agencies, such as;

- Commonwealth benefits
eg Department of Social Security
- Commonwealth funded programs
eg Cash, food or clothing relief administered by charitable agencies
- Mainstream Commonwealth, State or Local Government services
eg Payment of electricity accounts where it is possible to negotiate an alternative arrangement with the provider
- Specialist or mainstream services provided by government or government-funded agencies for which the client is eligible without the payment of a fee.

Use of the Family Initiative Fund in relation to other services of the Department of Community Services

In each instance that use of the Family Initiative Fund is being recommended, Child and Family staff and supervisors must be satisfied that the appropriate provision has been identified. For example it should not be used to assist Wards or Protected Persons, or any client for whom the Substitute Care Program can provide Non-parental Care or Foster Care Allowances, Individual Service Plans or Contingency Items.

Referrals from other agencies

Other government and community social welfare organisations may refer their clients to the Department with a view to obtaining access to the Family Initiative Fund. The process and time frame for decision making by the Child and Family staff in the case of referrals from these organisations should align with the Case Coordination Policy and Practice Guidelines.

Referral of people who are not currently clients of the Department

When the referral involves a client who is not known to the Department, or for whom Departmental intervention ended six months prior to the time of the referral, the Child and Family staff who conducts the Intake function must establish that Departmental involvement is warranted and an Investigation and Assessment plan is completed.

Referral of people who are currently clients of the Department

When the referral involves an existing client of the Department, or a client accepted on the basis of Intake assessment, consideration can be given to accessing the Family Initiative Fund to assist the implementation of a Protection or Care Plan.

Approval mechanisms

The Manager of the Community Services Centre, is the responsible for the allocation of Family Initiative Funds when it is a recommendation of a casework plan that is approved by the Assistant Manager.

Out of guideline approval

Area Manager (or delegate) approval is required to use the Family Initiative Fund when;

- the intended beneficiary is not a client of the Child and Family Program,
- the provision is not linked to an approved Protection and Care Plan or Investigation and Assessment Plan within the Case Coordination framework,
- the amount exceeds the financial delegations of the Manager and Assistant Manager at the Community Services Centre,
- if approved, the amount will result in the Community Services Centre exceeding its allocation for the Family Initiative Fund account.

Expenditure under Family Initiative Fund must be debited to the following accounts:

550910	Fees for Service (FIF),
550920	Material Assistance (FIF),
550930	Cash Assistance (FIF),
550940	Child Care Costs program 1.2 (FIF).

Child and Family staff are to submit the recommendation on the existing CWAP form. (This will be replaced by a new form following the Review being conducted by the Policy and Planning Directorate, commencing in June, 1997.)

Activity: Assessing and reviewing the eligibility of a child or young person for a substitute care allowance

Description

Financial assistance is provided for children and young people in approved out of home care, irrespective of legal status.

Children and young people, who are/or were wards and protected persons, are entitled to receive financial assistance when living in a range of placement types.

The different payments which may be provided for children and young people in out-of-home care are:

- Standard Age-Related Fostering Allowance,
- Special Needs (Disability) Allowance,
- Pocket Money,
- Subsidy Allowance,
- Contingency Item Payments or Refunds,
- Residential Care Allowance or Comfort Allowance,
- Pre-adoption Fostering Allowance,
- Adoption Subsidy,
- Non-Parental Care Allowance,
- Group Home Allowance (NB not covered in this manual).

(A Residential Care Allowance, Comfort Allowance, or Adoption Subsidy is only paid for children and young people who are or were wards, protected persons or under the care of the Director-General by way of a court adjournment.)

Mandate

Children (Care and Protection) Regulation, 1996, - Part 3 applies to payments for wards and protected persons.

Children (Care and Protection) Act, 1987, - Sections 19(2) or 19(3) applies to payments for children or young people other than wards or protected persons.

Children (Care and Protection) Act, 1987, - Section 92 applies to former wards and protected persons.

Adoption of Children Act, 1965, Sections 68A refers to the payment of financial assistance to adoptive parents.

Guidelines

Eligibility

A Standard Age-Related Fostering Allowance or Special Needs (Disability) Allowance and Pocket Money is paid for a child or young person who is in foster care.

The placement is deemed to be **foster care** when the child or young person has been placed in care under a legislative provision of the Children (Care and Protection) Act, 1987:

- by the Department,
- by an authorised fostering agency,
- as a result of a custody order under Section 72(1)(c)(ii) of the Act **and** where active case coordination, case planning and regular supervision is required,
- placed in the temporary care of the Director-General by agreement with parents, or
- remanded in care of Director-General.

Children and young people who are placed in foster care by a funded or authorised community social welfare organisation **are** eligible to receive a fostering allowance in accordance with Section 19(2) of the Act, when active case coordination, case planning and regular case supervision is occurring. In situations where a child or young person is placed with family or kinship carers, or as a result of a Children's Court Order and this is **not** considered to be supervised foster care, the agency may refer the carers to the Department, to be assessed by a Child and Family Officer, for eligibility for a Non-Parental Care Allowance.

A **Subsidy Allowance** may be payable to a young person in foster care who is 15 years or over, and who is employed or eligible for a Commonwealth income payment. A review of the allowances paid (eg., Standard Age-Related Fostering Allowance, Group Home Allowance,) for the young person is to take place at the same time as a Subsidy Allowance assessment (see Section on: **Subsidy Allowance**)

A **Residential Care Allowance** is to be paid to a residential care service to provide for the needs of a ward, protected person or a child in the care of the Director-General where the child or young person is considered to be in out-of-home care, and when that service does not receive substitute (alternate) care funding to specifically provide for the needs of the ward or protected person. Examples of such services would be a youth refuge or a medium term youth accommodation service. (See Section on **Residential Care Allowance**)

A **Comfort Allowance** is to be paid to provide for the needs of a ward or protected person or a child in the care of the Director-General where the child or young person is living in a hospital or nursing home (See Section on **Comfort Allowance**)

An **Adoption Subsidy** may be provided to an adoptive parent where a child or young person is in an established long-term placement, and a legal order or Departmental administrative procedure, has deemed it to be an adoptive placement. (see Section on **Adoption Subsidy**).

A **Non-Parental Care Allowance** may be provided to a relative or kinship or Court committed carer when a child or young person is placed in their care, but this is not considered to be a supervised foster placement. (See Section on: **Non-Parental Care Allowance**)

When determining eligibility for an allowance, (except Adoptions Subsidy and Non-Parental Care Allowance) the following incomes are **not** to be taken into consideration.

- Income received by the carer
- Family Payment
- Remote Area Allowance
- Double Orphans Pension
- Child Disability Allowance
- Abstudy Educational Allowance
- Any part of the carer's pension, benefit or allowance that is paid for the child.

Where a child or young person is in receipt of any of the following allowances, the following **are** to be assessed when determining eligibility for a substitute care allowance:

- Austudy/Abstudy (living allowance only, not educational allowance)
- Commonwealth Youth Allowance
- Disability Support Pension
- Sickness Benefit
- Special Benefit
- Wages and Annuities
- Maintenance Allowance (Commonwealth Department of Immigration, Local Government and Ethnic Affairs)
- Any other payment which is to provide a living allowance.

Commencement Date for Payment of an Allowance

A substitute care payment is to commence from:

- the date the child was placed in approved care or with an adoptive parent
- the date the child was placed in care by an Authorised Fostering Agency; or
- the date on which an Order of the Court was made in accordance with Section 72 (1) (c) (ii), Children (Care and Protection) Act, 1987; or
- the date on which the Order of the Court was made for a ward, or protected person (ward of the Supreme or Family Law Court); or
- the date on which the Department accepted responsibility of a protected person (Non-citizen child);
- the date child entered temporary care of the Director-General.

There is no provision to back-date allowances beyond the above mentioned commencement dates. Where an application is lodged by an agency or an individual who has earlier assumed care of a child, payment of an allowance may only be backdated **6 weeks** prior to the lodgement of the application. Backdating of payments beyond that period is subject to out of policy approval.

Assessment and Review of Allowances

At the time of a child's entry into care, the Child and Family officer is required to enter the details of the child's placement into the Client Information System and the Substitute Care Payment System, to generate a Payment Recommendation Report for submission to the Manager.

The child or young person's primary caseworker remains responsible for ensuring all payments, contingency reports and reviews are prepared promptly when these are required.

When a child for whom an allowance is being paid moves from one Centre to another, the supervising Community Service Centre remains responsible for payment until formal transfer is finalised. The receipt of all relevant documents, including the File, by the receiving Centre is recognised as the formal transfer of responsibility for payment.

Where a child is in Departmental Temporary Care, or in the Director-General's care (by way of adjournment of the Court), the Community Service Centre initially responsible for the child remains responsible for the payment of the allowance, even if the child resides elsewhere. Following adoption consent however, the CSC where the child resides becomes responsible for the payment of the allowance.

Substitute Care payments for children in agency care other than for ward or protected person where the allowance is paid direct to the carer, are normally paid by way of a bulk claim which is approved at the Area Office. Assessments conducted by Agency workers are to be endorsed by the Principal Officer of the Agency before being approved by the delegated Departmental officer.

It is the case worker's responsibility to discuss with carers the nature and purpose of the allowance(s) to be paid (including pocket money) and any appropriate review date.

Carers must be informed that a review may result in the allowance being increased, decreased, or ceased.

Key References

The Client Information System User Guide Chapter Six.

Current Rates of Allowances

Standard Age-Related Fostering Allowances (SARFA), Pocket Money and Special Needs (Disability) Allowance - Fortnightly Payments

RATES PAYABLE FROM 1 JULY, 1996

CATEGORY	AGE 0-4	AGE 5-7	AGE 8-11	AGE 12-14	AGE 15	AGE 16+
Pocket Money	0	8.6	12	20	20	30
STD	129	142	146	198	242	242
CAT1	207	220.6	224.6	276.6	320.6	320.6
CAT2	259.9	272.9	276.9	328.9	372.9	372.9
CAT3	338.5	351.5	355.5	407.5	451.5	451.5
CAT3A	369.7	382.7	386.7	438.7	482.7	482.7
CAT3B	400.9	413.9	417.9	469.9	513.9	513.9
CAT3C	432.1	445.1	449.1	501.1	545.1	545.1
CAT3D	463.3	476.3	480.3	532.3	576.3	576.3
CAT3E	494.55	507.5	511.5	563.5	607.5	607.5
CAT3F	525.4	538.7	542.7	594.7	638.7	638.7
CAT3G	556.9	569.9	573.9	625.9	669.9	669.9
CAT3H	588.1	601.1	605.1	657.1	701.1	701.1
CAT3I	619.3	632.3	636.3	688.3	732.3	732.3

Activity: Payment of the Standard Age Related Fostering Allowance (SARFA)

Description

The Standard Age Related Fostering Allowance is payable to foster carers for each child or young person who is eligible (See Section: **Assessing and Reviewing Eligibility**).

The age related categories are:

- 0 - 4 yrs
- 5 - 7 yrs
- 8 - 11 yrs
- 12 - 14 yrs
- 15 - 17 yrs

The standard allowance is to cover the day to day expenses, such as food, shelter, clothing and footwear, household provisions, haircuts, leisure and outing costs, daily travel, general hygiene and incidentals.

Mandate

Children (Care and Protection) Act, 1987 - Sections 19(2), 19(3) and 91.

Children (Care and Protection) Regulation, 1996 - Part 3 and Schedule 5.

Guidelines

When a child or young person, who is eligible, enters care, information to initiate payment must be entered by their caseworker, onto the Client Information System (CIS) and the Substitute Care Payments System.

Where the placement of a child in foster-care is short-term temporary care, or of an intermittent nature, ie., respite or shared care, etc, the Standard Age-Related Fostering Allowance paid to the carer is calculated on a **daily** basis. Care provided for 1 full day, **or any part thereof**, is to be calculated as **one (1) day**. Final payment calculations include the first day of placement, but the last day is not included.

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/s unless the absence exceeds 21 days. (See Section on: **Approved absences from care**).

Where it is the opinion of the supervising caseworker that an allowance should be paid for a child whose circumstances do not ordinarily qualify, Out-of-policy approval may be sought from the Area Manager.

Review

The payment of a standard allowance to a ward or protected person is not subject to specific review, until the young person commences employment or becomes eligible for Commonwealth income support. This currently occurs at age 15 years when the young person's eligibility for a Subsidy Allowance must be determined (See Section on: **Subsidy Allowance**).

However, during the regular review of a child's case plan, consideration is to be given to whether any other form of allowance is appropriate, eg. Special Need.

For children in Departmental temporary care, or in the Director-General's care subject to the adjournment of the Court, a **three (3) monthly** review of the child's circumstances **must include** a review of the allowances paid.

For children being paid an allowance under Section 19(2) or 19(3) a review is to occur at **three (3) months** (minimum) or up to **six (6) months** (maximum). Area Managers are given the discretion to extend the review to six months for long term placements where the previous review indicates that no significant change in the child's circumstances is likely to occur in the next six months. The requirement of three monthly reviews always applies where the child is in short term care.

If a review date has been specified on the Substitute Care Payment System, a review must be done prior to that date for payment to continue.

Although paid with an allowance, age related pocket money is not part of any fostering allowance and is for the exclusive use of the child or young person.

The SARFA and the Special Needs Allowance is currently not treated by the Commissioner of Taxation as assessable for income tax purposes since these allowances are provided only for the care of the child or young person.

See Table on Current Rates in the previous section.

Activity: Payment of Special Needs Allowance

Description

For the purpose of this Allowance, “Special Needs” refers to a child or young person who:

- has an intellectual, physical, psychological, psychiatric or sensory disability; and
- by virtue of his/her special or intensive needs, requires supervision, care, accommodation and maintenance other than that which would be provided by the payment of the Standard Age-Related Fostering Allowance; or
- otherwise has Special Needs, in the opinion of the approving delegated officer.

The rates of pay are age related and are determined according to specified categories of need.

Mandate

The maximum Special Needs Allowance rate is in accordance with Schedule 5, Clause 1 of the Children (Care and Protection) Regulation, 1996.

Guidelines

The Special Needs Allowance is separate to, and not to be paid in conjunction with the Standard Age-Related Fostering Allowance.

When a child or young person enters care a Standard Age-Related Fostering Allowance can be paid initially until an assessment occurs and approval is given to pay a Special Needs Allowance.

A young person, 15 years or over, who is eligible for a Commonwealth benefit, pension or allowance, or other income, is not eligible for this allowance. Assistance may be provided by way of a Subsidy Allowance so that their special needs may be met.

Assessment for Allowance

Eligibility for this allowance needs to be considered for all children or young people prior to, or upon entry into care. A full assessment and recommendation should be made by the Child and Family officer as soon as is practicable after the child or young person’s entry into care. Relevant supporting documentation (eg., medical reports, psychologist report, etc.) must be included with a recommendation.

When placements are being negotiated, no commitment should be given to the carer until formal assessment and approval have been given for payment of this allowance.

Assessments are to be completed on the required form.(See Form: *Special Needs Assessment Report*).

These Special Needs Assessments should include the following;

- Those extra and/or unusual physical care services that must be provided by the foster carer to meet the special needs of the child
- The additional housework and domestic services created for the foster carer as a result of the special needs or actions of the child
- Extra and/or unusual supervision/support necessary because of the child's disabilities and/or behaviour.
- The stress and the restriction of activities which are created by the child's behaviour or disability.
- Where other conditions and circumstances of the placement exist which places extra stresses upon the foster carers and constitute grounds for consideration.

The Rating Calculation Form (See Form: *Rating Calculation*) must be completed and attached to the completed Assessment Report.

Rating - Special Needs (Disability) Allowance

The rating value as shown must be applied to each of the five areas mentioned above to determine the total rating value for the category.

Normal = 0 points	ie. The child requires care supervision and/or support which is not outside that which may be normally required for a child of his/her age in care
Minor = 2 points	ie. The child requires care, supervision and/or support which is above the norm, but not demanding
Intermediate = 5 points	ie. The child requires care, supervision and/or support which is demanding but not excessive.
Major = 8 points	ie. The child requires care, supervision and/or support which is excessive, demanding, but does not restrict the placement of other children.
Severe = 12 points	ie. The child requires care, supervision and support which while excessive and demanding, does not require exclusive care, but does limit the caregiver's capacity to provide for other children.
Extreme = 15 points	ie. The child requires care, supervision and/or support which is overwhelmingly demanding, requiring total care, supervision and/or support. The care, support and supervision is extreme, requiring virtually all the caregiver's time and energy, and therefore preventing the placement of other children.

Guide for Calculating Disability Allowance

The level of payment of the Special Needs (Disability) Allowance is determined by calculating the total rating given to each of the five designated areas:

Total Rating	Allowance Rate
0-7 points	Nil - Payment of Standard Age-Related Foster Allowance appropriate
8-26 points	Category I (Standard Age-Related Foster Allowance) plus \$30 per week
27-38 points	Category II (Standard Age-Related Foster Allowance) plus \$50 per week.
39-50 points	Category III (Standard Age-Related Foster Allowance) plus \$80 per week
50 + points	Excess Category III (Standard Age-Related Foster Allowance) plus a rate as determined.

Backdating Payments

Where eligibility is assessed at the time of entry into care, payment may only be backdated if approval for the payment is given within six (6) weeks of the child or young person entering care. Otherwise the allowance may be backdated to the date of the application for the allowance.

Where an assessment for this allowance is made at any subsequent time after the child's entry into care, the allowance may be backdated to the date of application only.

Review

A review of the allowance is to occur at **six (6) months** (minimum) or **twelve (12) months** (maximum). The allowance can only be approved for a period not exceeding twelve months. Area Managers are given the discretion to extend the review to twelve months for long term placement. This also includes an Adoption placement where the previous full review indicates that no significant change in circumstances is likely to occur

The frequency of the review is determined by the delegated officer, and entered in the SPS, with consideration being given to the expected length of time in care.

Unless a review has been completed by the caseworker and approved by the review date, payment on the Substitute Care Payment System will automatically revert to the Standard Age-Related Fostering Allowance.

A Full review using the Special Needs Assessment Report must be completed every twelve months.

An Interim Assessment Report may be used for the six monthly reviews provided there has been no significant change in the circumstances of the child or young people (See Form: *Interim Assessment Report*).

The CSC Manager is delegated to approve interim and full reports for both DCS and agency circumstances.

Whenever there has been a significant change in the circumstances of the child or young people, a full review must be completed using the Special Needs Assessment Report, at the time the change becomes evident.

Where the child's special needs are not expected to change significantly over time, the original professional assessments are acceptable, if still relevant. Where a child's special needs might reasonably be expected to vary, progress reports supporting the recommendation should not be more than 12 months old.

The child's carer has the responsibility to provide information to the caseworker on the progress and needs of the child, so that the appropriate allowance rate is paid.

In circumstances where a change in the rate has been approved, Child and Family staff must advise the foster carer that payment of the new rate will commence at the beginning of the first pay period following the decision.

Where the assessment review recommends an increase, but the new rate is beyond the delegation of the Manager, approval is to be given to continue the Allowance within the Managers' delegation, pending approval to pay at the new rate.

Activity: Payment of Pocket Money

Description

Age-Related Pocket Money is the money paid with an allowance which is for the personal use of the child or young person in care.

Mandate

Children (Care and Protection) Regulation, 1996 - Part 3, Clause 18, Schedule 5. Clause 3 of the Regulation prescribes the minimum amount to be paid.

Guidelines

Age related Pocket Money is to be paid for any child or young person aged over 5 years in Substitute Care in the following circumstances:

- Children or young people in foster care whose carers receive Standard Age-Related Fostering Allowance or Special Needs Allowance,
- Children in Departmental Residential Care facilities or Group Homes,
- Wards or protected persons in community social welfare residential care which is **not** substitute (alternate) care funded by the Department to provide for the needs of the child or young person,
- Wards or protected persons in Disability Services residential care or group home facilities,
- Wards or protected persons in Boarding School,
- Wards or protected persons in Detention Centres are eligible for pocket money, however, this is paid by the Department of Juvenile Justice (refer to DCS/DJJ Joint Protocol).

Age-Related pocket money is paid to children in temporary care on a daily rate. The date of placement is counted, the day of departure is not.

The Substitute Care Payment System generates pocket money payments for children who are eligible and who are in foster care. For wards or protected persons living in the other arrangements listed above, caseworkers must ensure payment action is initiated on the CIS or via the Residential Unit or Detention Centre.

Activity: Payment of Subsidy Allowance

Description

Subsidy Allowance is paid to assist a young person in care to be able to meet the essential daily living expenses. The allowance recognises that the income or allowance received by the young person may be inadequate, thus requiring additional assistance. For example the Commonwealth income support payment may be below the fostering allowance rate for the young person's age.

For young people other than wards or protected persons, the Subsidy Allowance applies only to those in approved foster-care (see Section on **Eligibility for Allowances**).

Mandate

Children (Care and Protection) Act, 1987 - Sections 19(2),19(3) and 91.

Children (Care and Protection) Regulation, 1996 - Part 3 and Schedule 5.

Part 3 Clause 21 of the Regulation requires that a carer advise the Department on becoming aware of a ward or protected person receiving another income payment.

Guidelines

Any young person in substitute care who is 15 yrs or over, is to be assessed to determine their eligibility for a Subsidy Allowance. At age 15, the young person may become eligible for Commonwealth income support such as Austudy, Abstudy Youth Allowance, or may commence employment. For these reasons, the fostering allowance that has been paid to the carers is to be reviewed at this time and payments automatically cease.

There is no set formula for the calculation of the Subsidy. The Subsidy Allowance recommended should be calculated to include the costs of recurring contingency items such as clothing, medical expenses etc.

The level of the Allowance is dependent on the assessable income of the young person, as set out in Section, **Eligibility for Allowances**, and the demonstrated needs of the young person.

The assessment is to be completed and a recommendation is to be made regarding the level of allowance payable.

There may be circumstances where identified costs can be met by the payment of one off major Contingency Items, eg., assistance in establishing the young person in an independent placement. This may be considered as an alternative, or in addition to a subsidy allowance.

Subsidy Allowances cannot be paid by way of a foster care agency bulk claim, but must be processed on an individual basis. For this reason, agency caseworkers must submit an Assessment which has been endorsed by their Principal Officer.

Dividing Payments

The Subsidy Allowance is normally paid direct to the young person. However, it may be appropriate to pay the Allowance, either in part or whole, to another person, eg., the carer, landlord etc. Where the Allowance is divided, it is the responsibility of the case worker to assist in negotiating the manner of payment with the parties involved, and in ensuring that the agreement is recorded and that copies are provided to all parties.

Review

The assessment must include a recommended date for review. The Subsidy Allowance must be reviewed every **three months**.

Activity: Payment of Contingency Items or Services

Description

Recipients of Standard Age-Related Fostering Allowance, the Special Needs Allowance or the Residential Care Allowance are required to meet all general goods, services and fees related to the child in their care.

Payment of contingency items and services recognises that carers incur costs associated with the care of a child or young person which are over and above that which may reasonably expected to be met from a regular payment.

In other circumstances, the purchase of items, services or fees are essential to the wellbeing of the child or young person, but it is not possible for their carers to meet them. Costs and expenses in these circumstances can be met by the Department.

It is important to note however, that for a child in **voluntary** temporary care, the parent(s)/guardian of the child remain responsible for the payment of any extra costs above those that are considered day to day expenses.

The areas associated with the care of a child or young person for which expenses may be paid are:-

- establishing a placement
- family contact
- counselling and therapy
- dental and orthodontic
- medical and pharmaceutical
- recreation
- respite
- schooling
- damage to property (ex gratia payments for which a Deed of Release occurs. See Form: Deed of Release)
- birthday or Christmas gifts for children and young people who are in DCS residential or group home care
- Other expenses associated with meeting the specific needs of the child can be met if this need is detailed in the child or young person's approved case plan.

Mandate

Children (Care and Protection) Act, 1987, Section 91.

Children (Care and Protection) Regulation, 1996, Part 3, Clauses 18(2)(b) and 19(2).

Guidelines

Child and Family staff are required to process claims for contingency items and seek approval from the delegated officer.

Applicants for Contingency Items, fees or services are:

- in receipt of either the Standard Age-Related Fostering Allowance, Special Needs Allowance, Residential Care Allowance, Subsidy Allowance or the Comfort Allowance or,
- in receipt of an Adoption Subsidy
- wards or protected persons who reside in a department residential care unit or group home,
- former wards or protected persons.
- Where the child receives a Subsidy Allowance, approval of Contingency allowance payments are to be decided after careful consideration of the particular item costs, necessity, and the applicants income and circumstance.

Several quotes are to be obtained in situations where significant costs are involved eg. furniture, damage to property costs.

Field Staff must advise carers or clients that reimbursement of expenses cannot be assumed without prior approval by the delegated officer for any expenses.

Accumulation of small items of expenditure is **not** to be regarded as a major contingency outlay solely because of the total amount reached.

The payment of approved contingency items or services (including refunds to carers) can be made to the person or business nominated (eg. orthodontist). Where the payment is to be made to the carer or residential service, this will be added to the next fortnightly allowance payment (see **Chapter Six of the CIS User Guide**).

Where it is determined to be appropriate, payment for a contingency item can be made to more than one person. Urgent matters can be made via a cheque from the Area Office or through petty cash at the CSC.

Agency Claims

Community social welfare fostering agencies are to submit Contingency Claims to the Area Office. The agency's Principal Officer is to declare on the form that all the contingencies claimed are within Departmental policy. The Administrative Officer at the Area Office is delegated for approving contingencies claimed that are within their financial delegation and are to refer the remainder for the Area Manager's consideration. Agencies are to contact Community Services Centres for advice regarding whether a payment or contingency item is within these guidelines.

- Young people who are placed in contracted residential care placements are not eligible for Contingency Items and services, except to pay for services such as the following;
- the cost of travel and accommodation for the parents or young person to attend access visits,
- the cost of travel and accommodation for a worker to accompany the child,
- support to parents of a child who has been restored.(what might be described as establishment costs eg school uniforms, household items for the child/ young person,
- where the young person has been selected to participate in a sporting or cultural activity and this will require significant costs,
- legal costs for the young person should there be a Court appeal by the parents,
- private school fees where the case plan supports this.

The above are examples and each request should be considered on its merits.

SCHEDULE OF CONTINGENCIES

Establishing a placement - Long Term	Initial clothing outfits Initial school clothing and materials Car seats and/or safety equipment Strollers Cots/beds/desks or other items of essential furniture Fencing where there is a special need by the child
Establishing a placement - Temporary Care	Specific items of equipment according to child's needs. Initial baby needs eg. formula and disposable nappies.
Family Contact	Travel expenses associated with the access or contact for a child/young person in care with his/her parents, family or significant person provided such access is part of the approved case plan
Counselling and therapy	The Department will meet all costs associated with counselling or therapy where it is identified in the case plan after Medicare rebates.

Medical, pharmaceutical, dental, orthodontic and spectacles

The Department will meet the costs of all surgical and dental appliances and aids as recommended by appropriate medical or dental specialists.

The carer must pay the first \$15 of the total treatment not covered by Medicare and health insurance carried by foster carer.

Carers will also be responsible for meeting the costs of non-recurrent, non-prescription pharmaceutical items. Refer to Section on Health Needs of Children in Care in Chapter 11.

Recreation

Where it is felt that a particular sport/activity has special benefits to the child/young person the Department may meet the costs and fees associated with that sport or activity.

Respite

For a child/young person with special needs /disability and where respite is included in the case plan the Department will meet the costs.

Schooling including school fees

The carer will be responsible for such items as writing materials, exercise books, P & C fees and overnight excursion costs where the cost is less than \$30. The Department will meet the cost of full winter and summer uniforms every 2 years

Payment for damage to property

A carer or other party may make an ex-gratia claim for loss or damage to property caused by a Ward, Protected Person or Child/Young Person under the guardianship of the Director General. Such claims are initiated by the claimant, not staff of the Department.

The claim is subject to the conditions outlined in Departmental Circular 91/81. A claim under \$2,000 may be approved for payment by the Manager, CSC. A claim over this amount must be referred to the Finance Manager, Central Office. This assistance is provided without

admission of liability and is finalised by the signing of a Deed of Release by the person receiving the payment (see Form: Deed of Release).

Other expenses

Any other expenses as set out in the case plan eg. specific training for foster carer to meet particular needs of child or young person. eg. HIV awareness.

Activity: Payments to Former Wards and Protected Persons

Description

The Department has an ongoing responsibility to assist certain children, young people and adults who have left care.

This responsibility includes for wards and protected persons (no matter what age) certain financial assistance.

See also Section on Aftercare Services in Chapter 11

Mandate

Children (Care and Protection) Act, 1987 Section 92(1) and 92(2)

Children (Care and Protection) Regulation, 1996 Clause 28.

Guidelines

Child and Family staff must assess all requests for financial assistance from former wards and protected persons. **Staff need to respond to requests by planning at intake or in an ongoing way, how financial assistance is to be provided in the context of an aftercare support plan.** This assessment must take into account the individual circumstances of the case.

Factors to consider include whether the assistance:-

- will assist them to pay for educational or vocational training (having regard to their capabilities and interests). The Regulation requires that the education or training must be commenced before the young person turns 21 years of age;
- could be provided by their parent or carer in the case of a restored or adopted ward or protected person;
- will help them to secure counselling or support to resolve any abuse or neglect of them whilst in care (prior to any approval of significant amounts, professional advice may need to be sought in relation to whether the frequency and planned duration of any counselling is appropriate);
- will assist them in resolving issues of identity which were not addressed during their time in care eg. fees for access to records or Certificates;
- will assist them in securing of stable, affordable and where necessary supported accommodation, (particularly when this will assist in preventing detention). This may include payment of bond money and establishment costs (eg. beds and essential furniture);
- will assist them in maintaining contact with key support people eg. purchase of a travel phone card.

Any payment to a former ward or protected person shall be an ex gratia payment without admission of liability. (see form Deed of Release)

Financial assistance is not excluded when the person requests assistance to pay for a specific item which, due to their level of income, they could not otherwise afford.

Assistance for the purpose of securing full time educational or vocational training is in accordance with Section 92(2) of the Act and Clause 28 of the Regulation. Section 19(3) of the Act provides for financial assistance only for education and training of young people whose carers were formally in receipt of foster care payments under Section 19(2) of the Act. When the assistance requested is for a course of education or training the assessing Child and Family Officer is to identify:

- the name, location and duration of the course,
- the reasons why the person is enrolling,
- income from any Commonwealth Allowance or any other source,
- the amount of Subsidy Allowance which will be required by the young person.

Former Wards and Protected Persons with a Disability

The primary responsibility for funding of services to adults with disabilities is with the Ageing and Disability Department.

Through the Disability Services program DCS provides support and accommodation, to adults with a disability, including former wards or protected persons. The Disability Services Priority of Access and Intake Procedures policy states:

1. The provision of services to individuals previously under guardianship within the provisions of PART IX (of the Child Welfare Act ,1939 {to 1987}) are to continue irrespective of whether a guardian is appointed under the provisions of the NSW Guardianship Act ,1987.
2. Reduction of services for these individuals can only occur when;
 - i. the person has no further need, or demonstrated lower need, for service, or
 - ii. the person specifically requests the service be reduced or concluded.

There may also be circumstances which warrant support and assistance being provided under Section 92 of the Children (Care and Protection) Act, 1987, for former wards and protected people with disabilities, through substitute care contingency funds (eg. costs associated with vocational training programs).

Staff need to carefully coordinate support and assistance to reflect any responsibility which is shared between programs, for the benefit of clients.

All individuals who are referred for financial assistance from funded Leaving Care/After Care services must be assessed promptly through liaison with the referring service.

The delegated officer may approve assistance to former wards, protected persons and Section 19(2) recipients. The Area Manager may approve assistance within their financial delegations. Approvals may not exceed six months without review.

Prior to assistance being provided, when the young person is not known to staff, their identity must be confirmed.

Making Payments

Payments made to former wards or protected persons are to be processed by field staff on the Substitute Care Payment System as a Contingency Item. If the young person is still recorded on the CIS, a manual payment can be generated using their last recorded placement. They do not need to 're-enter' care for this to occur. If however the young person is not on the CIS, or is not recorded as having been in a substitute care placement, they would need to be entered onto the CIS and/or entered into care according to their current placement (eg. independent living), for a substitute care payment to be made.

Activity: Payment of a Residential Care Allowance

Description

Residential Care Allowance is paid to provide for the care needs of wards, protected persons and children or young people in the care of the Director-General, who reside in a community social welfare residential service, such as a refuge or youth accommodation service.

The Allowance is not provided when:

- a residential care service or group home, receives funding specifically to provide services for wards or protected persons, ie, community social welfare organisation substitute (alternate) care funded organisations (see of services list at the end of this Section) or when,
- wards or protected persons are residing in a facility operated by a Government Department, eg. Health (see Section on **Comfort Allowance Eligibility**).

Mandate

Children (Care and Protection) Act, 1987, Section 91.

Children (Care and Protection) Regulation, 1996 - Part 3

Guidelines

When a child or young person who is a ward, protected person or in the care of the Director-General (through an adjournment of a Court Order) enters residential care which is not funded under the substitute (alternate) care program, the District Officer, must in consultation with the services staff, assess the level of Residential Care Allowance to be paid.

There is no set formula for the calculation of the rate of allowance paid. However, several factors require consideration;

- the age of the child/young person and the equivalent Standard Age Related rate,
- the assessed special needs of the child, covering all aspects found in the Special Needs Assessment Report,
- appropriate Pocket Money rate,
- any allowances, benefits or other forms of income which the unit receives in caring for the child, by, or on behalf of the child.

Contingency items can be paid in addition to a Residential Care Allowance. However, as an alternative, the Residential Care Allowance may **include** an additional amount to cover contingency costs. As a basis for calculating that additional amount, 20% of the Standard Age-related Allowance can be added to the calculations.

The payment of this allowance may be divided between two or more parties, where it is determined as appropriate, agreed to by all and approved by the delegated officer. For example, the service may receive one amount for 'board' whilst the remainder is paid to the young person for personal needs. In all such cases, the child or young person, and carers, are to be aware of the division of the allowance, the amount involved, and the purpose to which the money is allocated to each party.

The Allowance is to be reviewed, by the Child and Family officer, at least **six (6) monthly** and a review date which takes into account the planned length of placement, must be determined when the allowance is approved.

List of Substitute (Alternate) Residential Care Program Funded Services (1996/97)

Residential Care Allowance is **NOT** paid for residents of these services:

<u>ORGANISATION</u>	<u>PROGRAM</u>
BAPTIST HOMES TRUST	Pathways
BAPTIST HOMES TRUST	Cumberland Prospect Residential
BARNARDO'S AUSTRALIA	Kingston House
BARNARDO'S AUSTRALIA	Stansfield Program
BOY'S TOWN	Residential Care
BURNSIDE	Byrnes
BURNSIDE	Dunkeld
BURNSIDE	Gordon
BURNSIDE	Minnamurra
BURNSIDE	Ross
BURNSIDE	Macarthur Residential
BURNSIDE	Mid North Coast Residential
CAREFORCE	Cornwell
CAREFORCE	Kingsleigh
CAREFORCE	Lisgar House
CAREFORCE	Marella
CENTACARE - BROKEN BAY	Sherbrooke Group Home
CENTACARE - SYDNEY	South West Sydney Residential Services
CENTACARE - WAGGA	Riverina/Murray Residential
CENTACARE, NEWCASTLE	Lawson Street Group Home
CENTACARE, NEWCASTLE	Bank Street Group Home
CHURCH OF ENGLAND CHILDREN'S HOMES	Wyatt Lodge
DALMAR CHILD AND FAMILY CARE	Gateway
DALMAR CHILD AND FAMILY CARE	Northern Sydney Residential
DALMAR CHILD AND FAMILY CARE	South East Sydney Residential
DALMAR CHILD AND FAMILY CARE	Orana Far West Residential

EDDY'S PLACE	Eddy's Place
GREAT LAKES/MANNING CHILDREN'S SERVICE	Group Home
HUNTER MISSION	Hunter Residential
KOOLYANGARRA ABORIGINAL CORPORATION	Family Group Home
LUTANDA CHILDREN'S HOME	Castle Hill
LUTANDA CHILDREN'S HOME	West Pennant Hills
MARIST COMMUNITY SERVICES	Cumberland Prospect Residential
MISSIONARY SISTERS of MARY, QUE.	St Therese House
NORTH COAST CHILDREN'S HOME	Residential Care
PRESBYTERIAN SOCIAL SERVICES	Kyle Williams Group Home
ST ANTHONY'S HOME	Residential Care
ST JOHN OF GOD	Residential Care
ST JOSEPH'S COWPER	Residential Care
ST SAVIOURS NEIGHBOURHOOD CENTRE	Southern Highlands Residential Services
ST VINCENT'S BOYS HOME	Residential Care
STRETCH-A-FAMILY	Inner West Residential
U.P.A. - MAITLAND	Fryar Cottage

Activity: Payment of Comfort Allowance

Description

A Comfort Allowance is paid to provide for the personal day to day needs of a ward or protected person **only** who lives in a Registered Nursing Home, Health Department Service or Private Hospital.

Mandate

Children (Care and Protection) Regulation, 1996 - Part 3

Guidelines

When a ward or protected person is placed in a nursing home or hospital, the field worker must, in consultation with the manager of the Unit in which they live, assess the level of allowance to be paid.

There is no set formula for the calculation of the rate of allowance. The factors to consider are:

- the toiletries needed by the child or young person;
- toys or craft materials;
- TV rental;
- excursion costs.

Age-Related Pocket Money is to be incorporated in the calculation and payment of this Allowance.

The payment of this Allowance may be made directly to the child. However, if the child is unable to manage his/her affairs, the money may be managed by the staff of the Unit.

The Comfort Allowance is to be reviewed at least **six (6) monthly** and a review date must be determined at the time the allowance is approved.

Activity: Payment of Pre-Adoption Foster Care Allowance

Description

The Department provides financial assistance to carers of a child in care prior to the child's adoptive placement. The assistance provided is determined by the child's legal status.

Mandate

Children (Care and Protection) Regulation, 1996 - Part 3 and Schedule 5.
Children (Care and Protection) Act, 1987 - Sections 19(2), 19(3) and 90.

Guidelines

Prior to Adoption Consents being signed, a child in Departmental care is to be paid in accordance with temporary care procedures. A child in agency care is to be paid through a Section 19(2) Allowance.

When a consent **has** been signed the child in foster care is a protected person (Pre-adoption).

In all cases the rate of allowance is equivalent to a Standard Age Related Fostering Allowance or to a Special Needs Allowance.

Eligibility for contingency items occurs once the Adoption Consent is signed.

Where the child is placed in pre-adoptive foster care the Agency or Departmental caseworker who made the initial replacement is responsible for ensuring that a payment is initiated through the payment system by the local Community Service Centre. The caseworker must advise the supervising CSC whether the expected duration of the placement is thirty (30) days, or longer than this period.

Payment will automatically cease at the conclusion of the 30 days. Continuation of payment is dependent upon advice from the caseworker, who is then to provide three (3) monthly reviews for the duration of the placement.

Prior to the placement of the child with the adoptive parent/s, the caseworker must advise the relevant Community Service Centre in writing, of the decision and of the proposed date that the pre-adoptive placement will end.

The caseworker must advise the Community Service Centre of any change in the child's legal status, and placement details so that the type of Allowance paid is recorded correctly on the Payment System.

Where it is determined that the payment of a Special Needs (Disability) Allowance is appropriate for the protected person (Pre-adoption) then a Special Needs Allowance Assessment is to be completed and submitted for approval.

Review

The Agency or Departmental Unit is to provide a review, **three (3) monthly**, confirming current placement, or indicating changes to either placement or legal status of the child, and including a review of the appropriateness of the allowance paid.

Where the allowance paid for the child is other than at the Standard Age-Related Fostering Allowance rate, the review of the allowance shall be in accordance with the procedures and guidelines applicable for a Special Needs Allowance.

Where the child has been placed by Adoptions Branch (not including Special Placements), the supervising Community Services Centre is responsible for the review of placement and allowance. Special Placements Unit is responsible for the reviews of children placed by them.

The payment of the allowance is to be **suspended** when:

- any required assessment reviews have not been received by the supervising community Service Centre within five (5) working days of the due date.
- the child is placed with the adoptive parents.
- the end of the 30 day period (other than special needs cases).

The payment of the allowance **ceases** when the child returns to the birth parent, or when the child is placed with the adoptive parent(s).

Activity: Payment of a Non-Parental Care Allowance

Description

A Non-Parental Care Allowance may be paid to a family or kinship or Court committed carer, where they would experience hardship in meeting the child's needs **and** where the child or young person is at risk of entering out-of-home care or homelessness if the assistance is not provided.

The carers may be eligible where the child is under sixteen (16) years old, is no longer living with their usual caregiver and the placement is not considered to be supervised foster care, (that is foster care requiring regular case coordination activities and support).

Mandate

Community Welfare Act, 1987, Section 36(1)(a).

There is no specific legislative base for this payment, however, the Department has a responsibility to ensure that all children are not at risk of neglect including material needs, especially when they are no longer living with their legal guardian.

Guidelines

Assessment and Eligibility

Child and Family staff who are working with carers who may be eligible are to complete an Application Form (See Form: *Non Parental Care Allowance Application*)

The calculation of this is to be formatted by identifying the appropriate Standard Age Related Fostering Allowance and deducting:

- any Child Support or maintenance payments made by the parent(s); and
- any Commonwealth Allowance(s) that directly provide care for the child being assessed. These are:
 - ⇒ Child Disability Allowance
 - ⇒ Double Orphan Pension
 - ⇒ Remote Area Allowance
 - ⇒ Abstudy - Education Supplement and Fee Assistance
 - ⇒ Mobility Allowance
 - ⇒ Additional Family Payment

Out of policy approval can be sought if it is considered that the calculated Non-Parental Care Allowance will be inadequate.

Recipients of the Non-Parental Care Allowances are not eligible for any other Substitute Care Allowance, nor are they normally eligible for a Family Initiative Fund payment.

Young persons aged 16 and 17 do not qualify for the Non-parental Care Allowance. They ought to receive the appropriate Commonwealth income support. However, in exceptional circumstances, the delegated officer may approve assistance through the Family Initiative Fund.

The Allowance is normally reviewed **three (3) monthly**, but may with the approval of the delegated officer be reviewed **six (6) monthly**.

Where payments will extend beyond **two years**, the case is to be referred to the appropriate delegated officer for approval to continue payments. Approval may be given by that officer for a further period of up to 2 years.

A case plan must be included at the time of initial approval, and for all subsequent reviews. However, supervision of the placement is not required for the payment of the Allowance.

Child and Family staff must advise carers to inform the Department of any alteration in income received for the child, and a review of the current circumstances should then taken place.

A review date must be determined at the time the Allowance is approved.

When assessing carers for the allowance they should be asked whether they have sought maintenance from the parents through:

- the enforcement of any existing Court Orders for the child(ren);
- an application to the Court where separation occurred prior to 1 October 1989, or all children who were born before that date;
- the use of the Child Support Scheme where separation occurred or the child(ren) were born after 1 October 1989, including where the relative has been given the care of the child through a Children's Court order; or
- a voluntary agreement.

No deductions should be made from the Allowance in the intervening period between the application for, and enforcement of, the maintenance order.

Activity: Payment of Adoption Subsidy

Description

The Department may enter into an agreement with adoptive parents to provide financial or other assistance for an adopted child or young person, in circumstances where, without the financial assistance;

- adoption of the child would not proceed due to the particular needs of the child,
and/or
- the applicant's financial situation would preclude them from adopting the child,
and/or
- the other dependants of the family would be unreasonably disadvantaged,
and/or
- following the making of an Order of Adoption, the viability of the placement is threatened.

Mandate

Adoption of Children Act, 1965, Section 68A and Clause 42 of the Regulations

Guidelines

Eligibility

Payment of an adoption subsidy should be discussed with families as a legitimate entitlement. Eligibility and type of assistance is to be discussed with prospective adopters at an early stage of a placement or of an adoption case plan proposal.

There is no defined formula for determining the type of Subsidy, or the level of assistance. Each case is to be comprehensively assessed, having consideration of the cost of meeting the needs of the child, and the ability of the family to meet those costs.

Assessment must include:

- the views of the adoptive parent(s),
- a summary of the adoptive parent(s) financial situation,
- an outline of what assistance currently being provided,
- the estimated amount and estimated duration of the subsidy
- the planned review process

It is the responsibility of the Assistant Manager to determine eligibility and approve the Adoption Subsidy, including rate of payment if applicable, following the placement of the child with the adoptive parent(s). The basis of the decision shall be an assessment report provided by the Adoption Agency, Adoption Services Branch or Community Services Centre.

Adoption Subsidy-Assistance Options

Assistance may be provided on a regular fortnightly basis(Allowance), and/or by the purchase of specific items/service when required (contingency).

The type of assistance, should be feasible and matched to the child or young person's needs and the family's circumstances.

If an Allowance is to be paid, the rate may be equivalent to the Standard Age-related Fostering Allowance or an assessed level of Special Needs Allowance. The rate, and method of determining the appropriate rate is to be in accordance with current guidelines for each allowance. **Pocket money is not to be included.**

Contingency Items or Services may be paid for the purchase of specific items (.eg., wheelchairs), services, or to assist in the purchase of regular items like medication.

All payments will be made by the Community Service Centre in whose area the adoptive parents reside.

Commencement/Continuation Of Adoption Subsidy

Where an Adoption Agency or Departmental Unit has identified during case planning that financial assistance might be required to facilitate a child's adoptive placement, an assessment must be prepared and submitted as soon as possible after the placement decision is made. Ideally this should occur 2 to 4 weeks prior to the placement.

The assessment and recommendation for the Adoption Subsidy is to be submitted by the Agency or Departmental Unit to the appropriate Community Service Centre for consideration and approval by the delegated officer. The delegated officer is to ensure that the family is advised of the outcome of the decision in writing as soon as possible and if applicable, how the Subsidy will be paid and the review date.

Wards who are being adopted would continue to be paid a fostering allowance until an Adoption order is finalised and the Adoption Subsidy then commences. Children who are protected persons (Pre-Adoption) would receive a Pre Adoption Subsidy prior to the making of the Adoption Order. The supervising Community Service Centre is to ensure that a decision on the assessment and recommendation has been made prior to the Adoption Order being finalised.

Where an Adoption Subsidy has been approved following the lodgement of the final documents with the Court, the Agency or Departmental Unit is to advise the Community Service Centre as soon as practicable following the finalisation of the Order of Adoption so that the child can formally be exited from care on the CIS and the appropriate information to commence the Adoption Subsidy be included.

The Adoption Subsidy **may** be continued after the young person has attained the age of 15 years:

- for educational or vocational training on a full time basis,
- where in the opinion of the delegated officer, the needs and circumstances of the young person warrant assistance,
- where the young person lacks personal finances, and the required services/items are not provided or available elsewhere, leaving the young person restricted in participating in a day programme designed to assist with specific needs or, disability, **and/or** the ability to obtain essential treatment, medication or surgical equipment/aids.

Out-Of-Policy Application

In certain circumstances a child or young person may have a specific need for services, equipment, or an allowance, but may fall outside the eligibility criteria. A request may be made for an out-of-policy approval to the delegated officer.

In order to pay the subsidy the child/young person and the adoptive family's details must be entered onto the CIS

Only those adopted children for whom an Adoption Subsidy is provided are to be inserted on the CIS

To ensure confidentiality is maintained for both the adoptive parent(s) and the adopted child(ren), the following procedures are to be followed;

The Child

On finalisation of an Adoption Order or placement of the child or young person, protected person (pre-Adoption)] with the adoptive parent/s, the child is to be exited from care on the CIS. To be re-entered, the child's name is **not** be inserted; instead of the child's surname, **Adoptee (Adoption File Number)** is to be inserted, and their date of birth and address.

The **Adoption File Number** will be made available through Adoptions Branch.

Adopting Parent

Details of adopting parent/s are to be inserted in the Foster Home File, with the carer code (X) to apply. Records Unit will provide a Foster Home File registration number, but **no** paper file is to be created.

The identifying details of the Adoptive Home and Adoptive Parent/s are to be entered sufficiently only to identify and permit payment to be made. The information required for the CIS is the surname, given name, date of birth, sex, address, phone number and approval date.

Adoptive parent/s are only to be included where an Adoption Subsidy is provided for a child placed with them.

Review Of Adoption Subsidy

Adoption Subsidy Allowances are reviewed for administrative rather than casework purposes.

The Adoption Subsidy is to be reviewed twelve (12) monthly. The review will include a full Special Needs Allowance assessment if applicable, plus an Adoption Subsidy assessment. Where the allowance paid for the child prior to the Adoption Order being made, is other than at Standard Age-related Fostering Allowance rate, the review of the allowance will be in accordance with the procedures and guidelines applicable for the Special Needs Allowance.

The **review date** is determined from the anniversary of the placement of the child with the adopting parent(s), or the date upon which the Adoption Subsidy was approved, whichever is the later. The CIS will automatically generate a reminder.

The Manager Community Service Centre must ensure that a review report is prepared by the Adoption Agency or Community Service Centre at least 4 weeks prior to the due date. Where the child has been placed by Adoption Service Branch, the Community Service Centre is responsible for completing the review. However, where Adoption Services Branch continues supervision of the case, the Branch will remain responsible to complete the review.

The payment of the subsidy is to be **suspended** when the required assessment review is not received by the supervising Community Service Centre within five (5) working days of the due date. The Assistant Manager is responsible for making contact with the Agency or with the family to explain the reason for the suspension and to ensure that prompt follow up occurs to recommence payment if necessary.

The payment of the subsidy **ceases** when:

- the review indicates that the subsidy is no longer warranted,
- the adoptive parent(s) request the allowance ceases,
- one day before the date the Order of Adoption is made, when no approval for payment to continue exists, or when
- the child moves interstate permanently,
- the adopted child becomes eligible for a Commonwealth benefit, unless approval has been given for continuation of the Adoption Subsidy,
- in all these circumstances the Assistant Manager is to ensure that written advice is sent to the family to confirm the reason why the Adoption Subsidy has ceased.

Activity: Individual Service Plan (ISP) Funding.

Description

The purpose of Individual Service Plan (ISP) Funding is to provide funds, **on an interim basis, to purchase placement and associated support services**, as approved in a case plan, and not already available from a Departmental or community social welfare substitute care service.

ISP funds are available to purchase short term, time limited services for children and young people, as identified in a case plan, that is based on thorough assessment, including a case conference where appropriate and approved by an appropriately delegated officer.

ISP funds are not intended to pay for services which should be funded from other Departmental programs or is the core business of another Government Department.

ISP services should be provided by community social welfare organisations (CSWOs), unless such an organisation is not available, in which case the Department can provide the service. The same criteria and processes should apply regardless of whether the provider is the Department or a CSWO. It is expected that intensive efforts will be made to develop agreements with CSWO's and that Departmental provision will only occur in very limited circumstances, eg rural and remote areas.

Guidelines

Eligibility

To be eligible for an ISP the child/young person must meet the following criteria;

- aged 0 to 18 years, who is in substitute care and for whom the legal responsibility for care rests with the Department of Community Services or an authorised service provider in accordance with the Children (Care and Protection) Act, 1987,
- for whom an alternative suitable placement and associated supports must be found and
- for whom such placement and associated supports are not available from current substitute care service providers.

Priority

Priority for ISP funding, subject to the eligibility criteria above, is to be given to children/young people who:

- require intensive support to be diverted from Minali and Ormond where appropriate, and/or
- if admitted to Minali and Ormond are exited in a timely and appropriate manner.

Limits and Conditions

The limits and conditions for which ISP funding can be approved are as follows:

Time frame

- A maximum of 12 weeks ISP funding can be approved by the Area Manager. This is to be reviewed on a monthly basis.
- In unusual circumstances, if an extension of the ISP funding is required past the 12 week period, approval must be sought from the Assistant Director Operations, prior to the final monthly review.

Costs

- The upper weekly limit for ISP funding for a child/young person, as approved by Area Managers, must not exceed \$1,500.
- In exceptional circumstances, if an amount in excess of \$1,500 per week is required, approval must be sought from the Assistant Director General.

Payments

- For placements which are anticipated to be for less than four weeks, the full amount of the funding can be paid at the commencement of the placement.
- For placements which are anticipated to be for a period of time in excess of four weeks, one half of the total cost is to be advanced at the commencement of the placement. The remainder of the funds are to be paid midway through the negotiated placement.

Staff Issues

When approving ISP funds which involve the contracting or subcontracting of Youth or Support Workers, Area Managers must be mindful of the industrial issues if a Youth Worker is already a permanent, temporary or casual employee of the Department.

For all staff employed by the Department, regardless of their employment status, Award conditions apply. It is therefore not considered to be appropriate for any Departmental employees to be contracted or subcontracted to undertake ISP arrangements.

All agreements between the Department and a contractor for provision of services utilising ISP funding must be subject to a Letter of Agreement for Purchase of Services

Prior to a service agreement being let to a contractor, the Area Manager should do an assessment that ensures that the service provider has the capacity, technical support and commercial ability to fulfil the terms of the agreement. Assessment should cover the following issues;

- Capacity and qualifications of key personnel who will operate the contract, including capability of the contractor to work within relevant policy frameworks of the Department and Government,
- Establishing that the contractor has the essential technical support including management/supervisory backup, equipment and personnel to meet the workload,
- Establishing that the contractor has the commercial and financial capacity to fulfil their employer obligations should they be engaging persons to operate the contract and
- Establishing that the contractor has a policy and subsequent practice which ensures that all staff are subject to criminal record checks as part of the staff selection process.

Deed of Agreement

The “Deed of Funding, Advance of Funds User Guide” is the reference for preparation of Agreements and payment of accounts. The following criteria must be detailed in the Deed:

- cost of service components;
- casework outcomes;
- time frame;
- progress reporting and review processes and dates.

Variation of Service Agreement

The needs of the child/young person, and therefore the service being provided, may change during the time of the agreement.

Where funding is not affected, the Manager/Assistant Manager of the Community Service Centre is delegated to approve changes to the case plan and negotiate changes with the Service Provider. They must then have the changes confirmed by exchanging letters between the parties (ie Area Manager and Agency).

Where the change does affect funding, the matter must be referred, in writing, to the Area Manager for approval. The submission must be clearly titled “**Adjustment to Existing Substitute Care Purchase of Service Deed of Agreement**” and the existing agreement attached. Variation changes are to be confirmed by exchanging letters between the parties.

Non compliance with the agreement must be reported to the Area Manager immediately and a plan for resolution developed with the agency for Area Manager approval. Early termination of the agreement must be reported to the Area Manager and the Area Administration Officer so that records may be adjusted.

FEEDBACK SHEET - CHAPTER 14

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

Does the Chapter meet your need for clear, up-to-date information about policies and procedures for working with children and families?

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Performance Planning and Review

Practice Manual

Working with Children and Families

- Context for Supervision, Planning and Review
- Planning Workloads
- Evaluating Child & Family Teams
- Ensuring Child and Family Staff Safety & Support

BACKGROUND AND POLICIES

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NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

15. Performance Planning and Review

Activity: Context for supervision, planning and review

Description

Performance, planning and review (PPR) is a strategy which links individual performance to strategic directions. Planning of work, supervision and review are key elements to improving and supporting service delivery outcomes.

Staff skills and knowledge are the basis for professional outcomes and services for clients. Identification of competencies and training provides the opportunity for personal development and enhancement of career options.

Guidelines

PPR is designed to:

- promote high standards and performances,
- enhance efficiency and effectiveness, accountability and continual learning,
- ensure identification of staff responsibilities,
- promote continuous improvement in quality service provision,
- provide a framework for a fair and objective review system,
- ensure priorities are understood for the organisation, unit and individual,
- improve individual performance and career development.

To effectively develop and utilise PPR there needs to be an understanding of the skills and knowledge necessary to undertake the work. These skills and knowledge and the ability to critically and creatively use them in a range of contexts provide the basis for identifying competencies.

There are some key competencies that have been identified as being important for people to participate effectively in society. These key competencies provide a broad basis for individuals to contribute in society, training, and in all forms of work and organisations.

The key competencies include:

- collecting, analysing and organising information
- communicating ideas and information
- planning and organising activities
- working with others and in a team
- using mathematical ideas and techniques
- solving problems
- using technology, and
- using cultural understanding.

A National Training Agenda has been developed to provide a supportive framework for workers in response to the changes in organisations, jobs and technology during the last decade. The National Training Agenda has been agreed to by all governments, unions and peak industries, and covers government policy, reforms and initiatives which have formed the basis of the change to Vocation Education and Training (VET).

Competency Based Training is based on standards set by industry and endorsed by the Standards and Curriculum Council. The competencies describe the skills and knowledge that are vital to the roles, functions and classifications in a particular industry. Competencies for District Officers have been completed.

It is recognised that learning can occur in a variety of forums and the training reform of the national framework provides for the recognition of credit transfer, advanced standing, standard and non-standard exemptions and recognition of prior learning.

Training provided by the Department of Community Services has a number of principles which underpin it. The principles are:

- meaningful learning - for employees duties and work practices
- understanding of work processes - to reflect current work practices which are flexible for future experiences
- development of the ability to apply learning to new situations
- learn broader principles rather than specific facts
- making the learning familiar, integrating theory and practice
- flexible teaching practices being authentic to current and changing work practices.

The activities and tools available to Child and Family staff including case supervision, workload planning for the individual and unit, Child and Family teams evaluation (Towards Better Service) and support to staff. These activities provide a variety of strategies that promote high standards and performances, continuous improvement in quality service provision and improve individual performance and career development.

Activity: Planning Workloads

Description

Workload planning is the efficient and effective planning to allocate resources required at CSCs, in view of changing work demands experienced at CSCs. The Workload Planner is a management and field tool to assist in setting work priorities for individual Child and Family staff and teams.

Mandate

Child and Family Service Performance Planning and Review Policy 1996 see Chapter 7.

Procedures

Key consideration

Consistent and clear workload planning management practices allow Child and Family staff and management to:

- identify and respond to priority tasks;
- plan and control individual and unit workload;
- prevent burnout of Child and Family staff;
- continually improve work and management practices.

Managers and Assistant Managers are required to be aware of the competencies and skills of Child and Family staff to ensure they can make best use of resources within CSCs.

The Workload Planner (see form *Workload Planner*) is a tool for use by individual Child and Family staff, supervisors of Child and Family Service teams or the unit to plan and measure individual and unit workloads.

As a flexible management tool, the Workload Planner assists in the management of workloads for specified periods of time. It assists in planning and measuring the unit's workload. It is used to provide an accurate and appropriate allocation of work and allows for regular updating of any variations in case plan tasks and priorities. The Workload Planner records those tasks identified in case plans requiring action within the specified time period and those tasks that are optional or not required.

The Workload Planner is linked to the regular case planning and case review processes. Child and Family staff and supervisors are required to establish case plan priorities within defined time frames. This provides the basis for planning within the Workload Planner.

Child and Family staff are responsible for ensuring all cases under their responsibility have approved case plans. The case plans for all current clients are required to identify the tasks for achieving identified outcomes for clients. Each case and tasks identified in case plans, are prioritised eg. High/Medium/Low, and includes known dates such as court dates, case conferences.

Allocation of time and the priorities assigned for tasks are to be completed by Child and Family staff and approved by supervisors. Casework and non casework tasks are recognised in the Workload Planner. Child and Family staff are responsible for keeping their supervisors advised of any changes in their casework and non casework tasks.

Supervisors use this information about case plans and priorities to negotiate allocation of new work within the unit and with individual Child and Family staff. Supervisors use the information to assess the uncommitted time available in the Child and Family Service team.

The Workload Planner allows Child and Family staff and supervisors to recognise the skills and experience of Child and Family staff. Timeframes allocated for tasks are based on realistic estimates which accounts for the skill and experience of Child and Family staff. This is particularly important when trainee Child and Family staff require additional support and regular supervision.

The Workload Planner allows rural CSCs to identified and record travel time separately.

The current case list of individual Child and Family staff is available from the CIS or is to be handwritten.

Changes in identified tasks for the period should be included in a Variation, +/-, column for unplanned, additional, cancelled or other variations in tasks or activities. Field staff are required to keep their supervisor advised of any changes.

Key References

Working Party Report on Workload Planning
Towards Better Service: Evaluating Child and Family Teams

Activity: Evaluating Child and Family Teams

Description

Providing quality services and achieving positive outcomes for clients is at times difficult, and requires a sophisticated approach by Managers and Child and Family staff. *Towards Better Service: Evaluating Child and Family Teams* describes a continuous improvement process and provides tools for Child and Family staff to evaluate their team performance.

Evaluation of Child and Family teams by Child and Family staff provides a regular and formal process of evaluation to improve the quality of services to clients.

Mandate

Child and Family Service Performance Planning and Review Policy (see Chapter 7)

Procedures

Key Consideration

Evaluation of Child and Family Service teams provides opportunities for all Child and Family staff to:

- evaluate the processes of service provision
- contribute to improving our effectiveness
- reflect on the extent to which responses lead to optimal outcomes for clients
- recognise the needs of the local community
- plan responses that incorporate interagency expertise.

Implementing *Towards Better Service: Evaluating Child and Family Teams* (the evaluation manual) is occurring in 3 phases, progressively involving all CSCs during 1997.

The evaluation manual provides:

- minimum standards for evaluation of services provided by Child and Family Services staff;
- practical steps for improving the performance of the Child and Family Services staff;
- an action learning approach which focuses on using evaluation results in daily work and provides opportunities to develop practice improvement plans that promote responsiveness;
- a methodology which is easy for local Child and Family staff to use, assisted by information and advice from central office;
- a statewide approach to evaluation of Child and Family Services staff;
- a methodology which encourages comparisons with community service partner organisations.

Thorough evaluation of the complexity of delivery and managing services for children, young people, their families and vulnerable adults, will require a range of approaches including:

- multi-functional analysis, looking at various dimensions of operating Child and Family services;
- quantitative and qualitative evaluation techniques such as social science research methods, best practice benchmarking and client research;
- longitudinal research and monitoring changes over time where appropriate.

This multi-dimensional approach shares tools and ensures that the dynamics of service delivery is considered at all points in the evaluation.

Key Reference

Towards Better Service: Evaluating Child and Family Teams

Activity: Ensuring Child and Family Staff Safety and Support

Description

Child and Family staff need to work in an environment which minimises stress and maximises support in their work given that staff are the Department's most critical resource.

Mandate

Occupational Health and Safety Act, 1985.

Procedures for the Management of Threats to Staff , 1995

Procedures

Managers, CSCs have the responsibility to ensure the work environment provides for staff and client safety. This includes ensuring that staff have the required competencies, support, briefings and debriefings to complete work allocated to them.

All Child and Family staff are responsible for alerting their supervisors of situations in which they feel at risk, or tasks they feel would potentially jeopardise their safety if they were required to undertake them.

Work practices are required to be supportive and promote the safety of all Child and Family staff. There are a number of strategies which contribute to safe practices, including:

- regular and structured casework supervision which maximises professional development, support and autonomy of Child and Family staff
- case allocation that acknowledges and maximise staff skills and learning opportunities
- ongoing training for staff to acquire, maintain and upgrade skills and knowledge
- encouraging staff to involve Child Protection (Casework) Specialists in complex casework issues as well as the use of additional expert advice and assistance where appropriate
- providing debriefing sessions for staff involved in difficult situations, including the provision of professional, independent debriefings in cases of serious abuse, death of a child or other critical incidents and recognising the effects of our own personal experiences in our responses to clients
- encouraging the development of supportive team relationships, and interagency team relationships
- having mechanisms in place to ensure quick resolution of disputes between interagency workers
- involving a secondary worker or referral to police in any situation where there are concerns for the safety of Child and Family staff.

Key References

Procedures for the Management of Threats to Staff , 1995

Risk Assessment Policy Guidelines & Procedures, 1996

Employee Assistance Policy, 1996

FEEDBACK SHEET - CHAPTER 15

We welcome your comments and suggestions on this Manual. Feedback from users will guide the preparation of the next edition.

(Please feel free to attach further pages as required)

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NSW DEPARTMENT OF
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Practice Manual

**Working with Children
and Families**



Self-Paced Orientation for

Practice Manual

**Working with Children
and Families**



Introduction

You now have a copy of the Practice Manual *Working with Children and Families*. The Manual has been distributed to all district officers in NSW. The purpose of the Manual is to provide a comprehensive Manual for staff working with child and family services. The Manual has brought together a number of documents, and field staff will recognise many policies and practices which they are already familiar with. The Manual is not a change to existing policy and procedures but a reorganisation and clarification of existing ones.

This is the first version of the Manual and as such you are asked to give feedback about how useful you found the Manual, what information is missing, what suggestions you have to improve the Manual and any comments you have. You will find a feedback sheet in the Manual after each chapter.

The purpose of these self-paced orientation materials is to help you understand the layout, and use, of the Manual.

This self-paced package is designed to be a working document. It will help you gain an overview of the contents of the Manual, and to begin working with it. It contains two discrete parts:

- Part 1. Overview** is a fifteen minute tour of the Manual which will give you an overview of the content and an understanding of how the Manual has been organised.
- Part 2. Orientation** considers each chapter of the Manual and is designed as loose leaf sheets so you can put the sheets in front of the relevant chapters as a way of seeing at a glance what is in each of the chapters.

Guide to Orientation Package - Symbols



Time Icon

Time Icon gives you an indication of how long you will need to spend on this chapter.



Key Questions

Key Questions In this section we list the key questions that this chapter of the Manual addresses.

You could use these questions to test your understanding and knowledge before you begin reading the chapter.



Content

Content In this section we list the main headings in the Manual and the purpose of this chapter of the Manual.

You could use this to scan for content that will be most useful for you.



What you need to know

What you need to know This section identifies what you need to know in each chapter. You could use this as a self test, and ask yourself if you have met the requirements of this chapter of the Manual.



Activity

Activity In this section we have provided some activities which you could use to familiarise yourself with the content of the Manual.

You do not need to complete all of the activities, some of them ask you to do things you are very familiar with. They are provided as one of a number of strategies you could use to assist you in using the manual.

Part One

Overview



The fifteen minute tour

This section of the self paced package is a brief overview to familiarise you with the content of the Manual. Take fifteen minutes, put your phone on diversion, and sit down with a highlighter pen and a packet of Post It™ notes.

You may wish to highlight those chapters of particular interest to you, or use the Post It™ notes to note chapters which you will need often. Remember this is your copy of the Manual, and you will need to become very familiar with it, so you know exactly where to go when you want a piece of information, or directions on policy or practice.

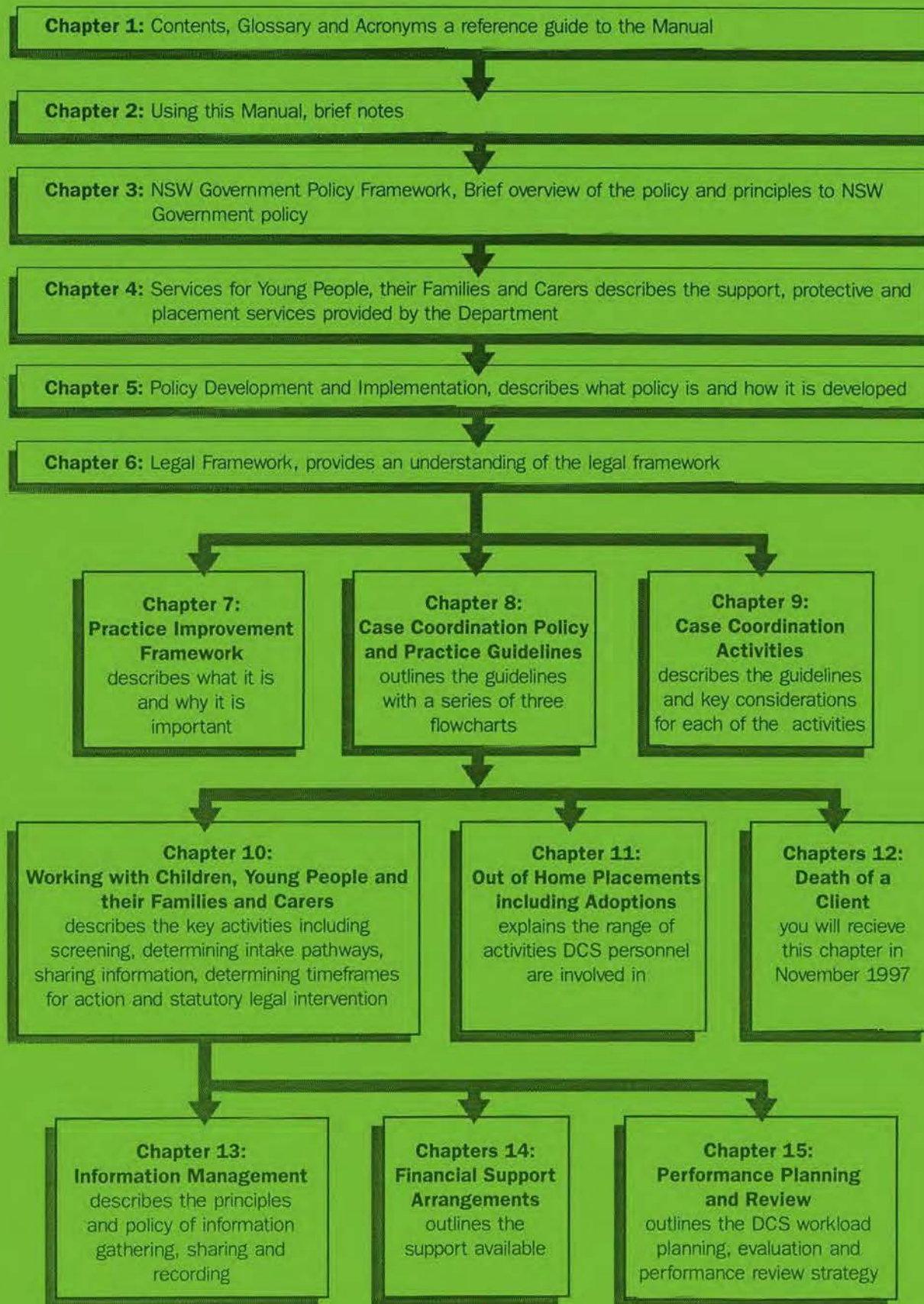
It is useful to think of the Manual in two distinct parts.

The first part – Chapters 1 – 8 – is concerned with the background and policies which underpin the Department's work.

The second part – Chapters 9 – 17 – is concerned with operational procedures.

Practice Manual Working with Children and Families

Flowchart of Chapters



Note the first page of the Manual which has the titles of all the chapters down the left hand side, and the title *1. Contents and Glossary* on the right hand side.

You will find that each of the chapters is tabbed and on the tab cover you will find a graphic which will demonstrate where this chapter fits into the overall Manual.



Read through the flowchart of the chapters and check through the content as noted on the content page of the chapter. You could highlight the chapters in the flowchart which you feel will be most use to you. This may be where you would like to begin when you start to work with the content in more depth.



A key statement in the Manual is that the policies and procedures contained in the Manual establish the fundamental requirements for Child and Family staff in CSCs. In your review of the Manual it would be useful for your own professional development if you could identify those aspects of your own practice you feel need further development. You may wish to note them down and identify those chapters of the Manual which can help you with your own development program.

Part Two

Orientation

How this section is organised

Now that you have completed the fifteen minute tour we would like you to spend a little more time in becoming familiar with the content of key areas of this Manual.

In this section you have been provided with some activities that will assist you in familiarising yourself with the content and purpose of each of the chapters of the Manual.

A guide to the time each will take has been provided to enable you to negotiate time with your supervisor.

This part of the materials has been designed so that you can insert the relevant pages into the Manual after the tabbed sheet in each chapter. The pages will then provide you with a quick guide to the content and purpose of the materials, and a strategy for using them.

Each chapter of the Manual is addressed in these materials. The materials are set out in the same way in each chapter. These are self paced materials because you will be in charge of your learning here. You can choose when to learn, how to use the materials, and in which order you work through each of the chapters.

We have tried to present the information, structure and activities in these materials in such a way that you will have some choices. You may want to write your responses to the activities or you may choose to reflect on what your answers would be. Think about your preferred learning style – do you like to write things down to remember them? Or do you prefer to have time to think about your answers? Choose the one that suits you best.

1. Contents and Glossary



15 minutes



Key Questions

This chapter of the Manual answers the following questions:

- What is in this Manual?
- What terms are used in the Manual?
- What do the commonly used acronyms mean?



Content

The purpose of this chapter is to give you an overview of the content of the manual. You will probably use this chapter best as a reference source. This chapter has 3 parts.

- a list of each of the chapters of the Manual, with the first and second order headings listed
- a glossary of terms, here you should find any words you are unsure of
- a list of commonly used acronyms (or CUAs!)



What you need to know:

- The acronyms used in the Manual and your practice
- the terms used in the Manual



Activity

If you are unsure that you have met the **need to know** requirements, you should answer the following questions.

Review the list of headings in the contents sheet. What chapters would be most useful to you in your practice?

Scan the glossary. Are there any words that you do not understand. Read the definition.

Scan the list of acronyms. Are there any acronyms that you are not familiar with? Read them and make a note of them.

2. Using this Manual

15 minutes

Key Questions

- Who is the Manual for?
- How will policy and practice be linked?
- Where will the Manual be kept?

Content

The purpose of this chapter of the manual is to give you some background information about the manual and some strategies for using it. This chapter has 8 parts.

- Putting this Manual into practice
- Format
- What to do on receiving the Manual
- Why the Manual was produced
- Who the Manual is for
- Where the Manual is to be kept
- Linking Policy and Practice
- Further information

Write icon

If you are non DCS staff please send Sheet A to the project officer acknowledging your receipt of the Manual. You will find this sheet in chapter 2 of the Manual.

What you need to know

- How this Manual fits into the *Better Practice Package*
- How policy and practice will be linked, and what to do in the case of non-compliance

Activity

This Manual provides you with operational, policy and procedural guidelines for your work, it is one of a set of resources referred to as the *Better Practice Package*. List the other documents that make up this package. Are you familiar with their contents?

Review the text on *Linking Policy and Practice*. Are you familiar with the procedure you should use in the case of non-compliance?

Review the chapter *Who the Manual is for*. Make a note of what the Manual covers.



3. NSW Government Policy Framework

15 minutes

Key questions

The purpose of this chapter is to give you an brief overview of the informing policy and principles to NSW Government policy.

- What is the NSW Government policy on child protection?
- What is the NSW Government policy on youth?
- What are the values of the Department of Community Service?
- What are the Community and Family Services principles?
- What is the Department of Community Services Youth Policy?
- What is the Department of Community Services Domestic Violence Policy?
- What are the Key Directions of the Department of Community Services?

Content

This chapter has 7 parts. It outlines the policies on which Child and Family Services are based.

- Introduction
- NSW Government Child Protection Policy
- NSW Government Youth Policy
- NSW Department of Community Services Key Directions, Values, and Child and Family Services Principles
- The Department of Community Services Youth Policy
- The Department of Community Services Domestic Violence Policy

What you need to know

You should be familiar with the policies and principles outlined in this chapter.

Activity

Use the following questions to guide your reading.

- What is the difference between the terms 'children' and 'young people'?
- What are the five principles which underpin the NSW Government child protection, care and support policy?
- What are the three NSW DCS Values?
- What are the four C & FS Principles?
- What are the eight main principles and three supporting principles that underpin the DCS response to domestic violence?



4. Services for Children, Young People, their Families and Carers



15 minutes



Key questions

What are the range of services provided by the Department in terms of: support services, protective services and placement services?



Content

This chapter has 7 parts. It contains an overview of, and briefly outlines, the services provided from CSCs, Departmental Statewide services and those funded by the Department. It should be remembered that casework is fundamental to all our work with clients, whatever type of service is provided.

- Introduction
- Types of Services for Clients of Community Services Centres
- Joint Investigation Teams
- DCS Local Support Services
- DCS Statewide Services
- Funded Child and Family Services



What you need to know

You should be familiar with the contents of this chapter. You could use the following questions to identify what you need to know.

- Are you familiar with the terms used in this chapter of the Manual?
- What are the two main reasons why children and young people may require placement services?
- Are you familiar with the range of DCS local support services available to clients?
- Are you familiar with the range of statewide services available to clients?
- Are you familiar with the range of funded child and family services available to clients?



Activity

Review the services outlined in the chapter. Identify those you use most commonly. How do you access those services?

How do you store this information?

Are there other services listed here that would be useful to you and your clients?

5. Policy Development and Implementation

10 minutes

Key Questions

The purpose of this chapter is to explain how policy is developed and implemented. It addresses two key questions:

- What is policy and why is it important?
- How is policy developed?

Content

The chapter explains what policy is and the four stages of the policy development cycle. This chapter has two parts.

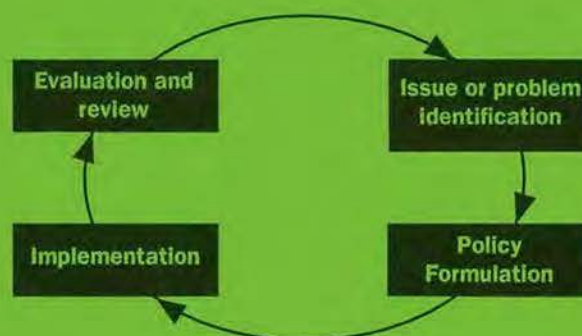
- What is policy?
- A Policy Development Cycle

What you need to know

You should be aware of what policy is and how it is developed.

Activity

A good overview of the contents of this chapter is provided by the policy development cycle, which has been reproduced below. Identify the points in the process at which you can participate in policy development.



It is important to your understanding of how the policies and procedures in this Manual have been developed.

6. Legal Framework

10 minutes

Key questions

The purpose of this chapter is to provide you with an understanding of the legal framework in which you are working. It addresses the following questions:

- What are the key terms?
- What is the relevant legislation?
- What legislation supports services available to specific groups?
- What is the legislation which protects people accessing services?
- What legislation is relevant to Public Administration?
- What is the common law and other relevant legislation?
- Which international conventions cover this field?
- What Charters are relevant to the work of the DCS?

Content

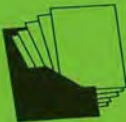
This chapter surveys the major pieces of legislation that underpin the role and functions of the Department.

What you need to know

You should be aware of the key pieces of legislation that affect your work. You need to know the general outline and intention of the legislation, not the particular points of law.

Activity

Are you familiar with the key pieces of legislation, and can you list them? Can you briefly describe the intention of each?



The following three chapters are essential to your understanding the practice.

7. Practice Improvement Framework



20 minutes



Key question

This chapter of the Manual answers the following question:

- What is the practice improvement framework and why is it important?



Content

The practice improvement framework describes best practice. In this chapter we look at the five key practices in the practice improvement framework.

- meeting client need
- standards of practice
- case coordination
- performance planning and review
- managing information



What you need to know

The five elements of the practice improvement framework and how it impacts and informs your work practices.



Activity

Can you list from memory the five key practices?

Meeting Client Need: What are the key issues here?

Standards of Practice: Six principles of applying standards to case work are listed here. What are the six principles?

Case Coordination: What are the three phases of the framework? What are the principles of case coordination?

Performance planning and review: What is the purpose of performance planning and review? What are the steps in the process?

What do you think the advantages or benefits of using the practice improvement framework would be for you? Can you list them?

Take a few minutes to reflect and note what you would need to do in your practice to improve it in line with the practice improvement framework.

8. Case Coordination Policy and Practices Guidelines



20 minutes



Key questions

- What are the important elements of the interagency approach?
- What is involved in each of the three stages of the Case Coordination Policy and Practice Guidelines?
- What will happen at the end of each of the three stages?



Content

This chapter outlines the case coordination policy and practice guidelines. Three key flowcharts are provided in the Manual that show graphically the operation of the guidelines. This chapter has 9 parts.

- prevention is the keynote
- the interagency approach
- working with child, young people their families and carers
- benefits of the new process
- the mandate for action
- description of the Case Coordination Policy and Practice Guidelines
- phase 1 intake action by intake staff
- phase 2 field action by field staff
- phase 3 ongoing action by field staff



What you need to know

You should be familiar with the three flowcharts and the supporting information contained in this chapter.



Activity

What are the benefits of working with the Case Coordination process? Use the following three flowcharts to reflect on your own practice.

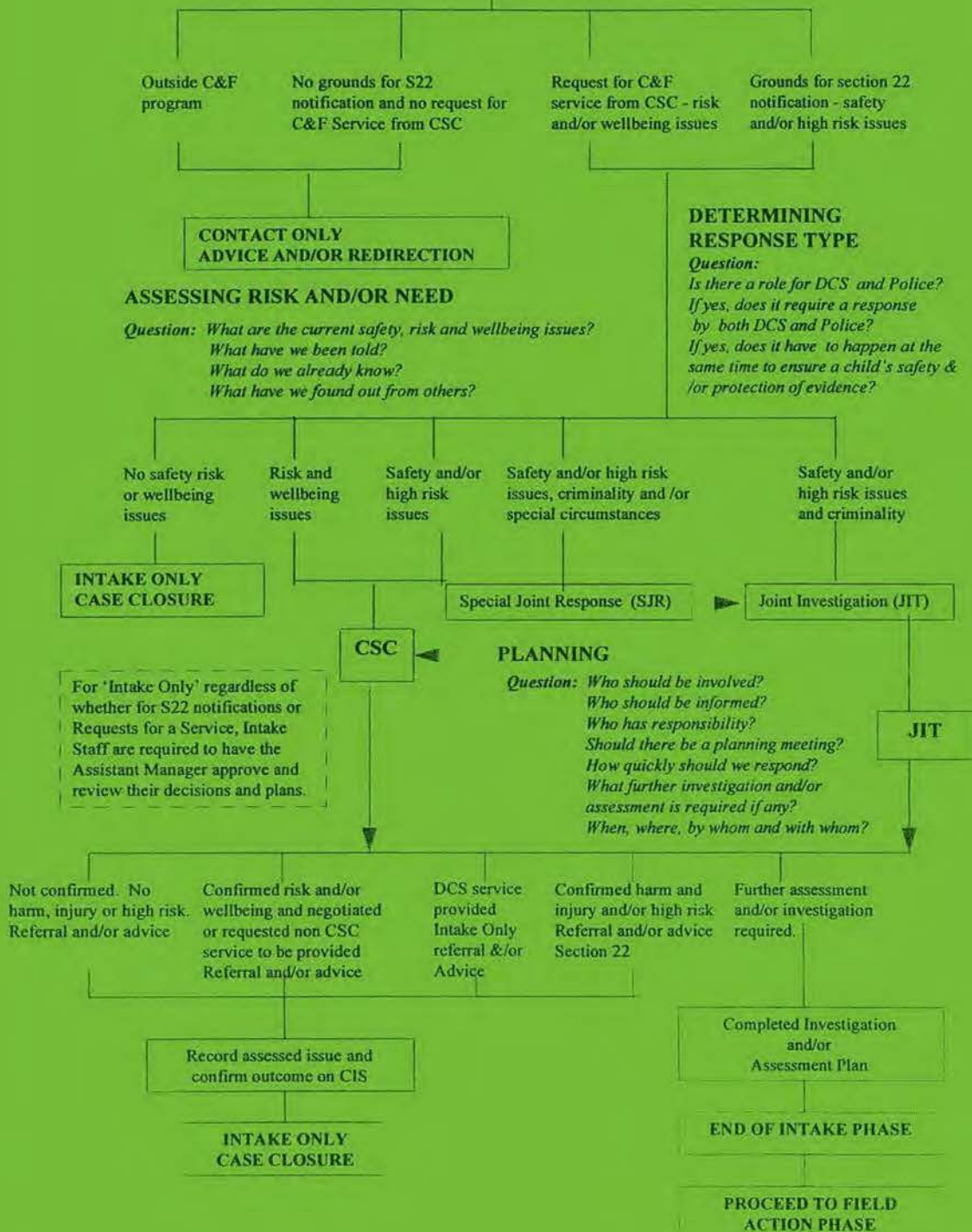
Case Management

Phase One - Intake Action by Intake staff

• Screening

Phase One

Is it child and family service business?



Case Management

Phase Two - Action by Field staff

- Implementing the Investigation and/or assessment plan
- Further assessment of risk and/or need

Phase Two

What has the needs and/or risk assessment identified?

Not confirmed
No harm/injury/risk
No request for service

Confirmed risk and/or
wellbeing and negotiated
or requested C&F service
to be provided

Confirmed actual harm
and injury and/or high risk

**ADVICE AND/OR REFERRAL
CASE CLOSURE**

PLANNING

*Question: Is on-going DCS involvement required?
If so what services are required?*

Outside C&F
program

Non CSC
C&F service
only required

Coordination
of services
required

In home care
and support
required

Out of
home care
and support
required

Protective
action required

**ADVICE AND/OR REFERRAL
CASE CLOSURE**

Register case for
ongoing action

*Question: Who should be involved?
Who should be informed?
Who has responsibility?
Should there be a Protective Planning meeting?
What protective action and/or care
and support services are required?
When, where, by whom and with whom?*

Protective
action

and/or

Care and
support

Completed Protection
and/or
Care Plan

END OF FIELD ACTION PHASE

**PROCEED TO ONGOING
ACTION PHASE**

Phase Three - Ongoing Action by Field Staff

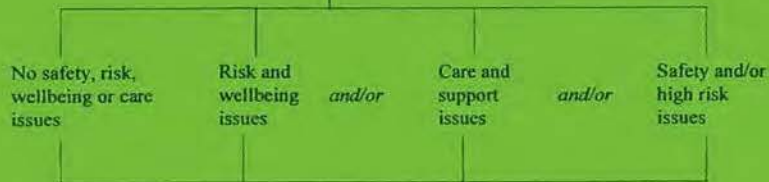
• Implementation of the protection and/or care plan or case plan

Phase Three

What are the current safety, risk, wellbeing and care issues?

▶ PLANNED RE-ASSESSMENT OF RISK AND/OR NEED

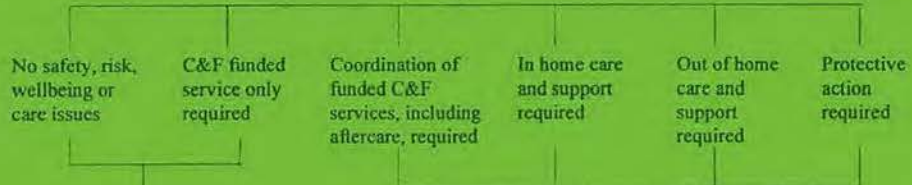
Question: What are the current safety, risk, wellbeing and care issues?



PLANNING & REVIEW

*Question: Is on-going DCS involvement required?
Is the service still valid for and required by the family? If so what services are required?
Does any information gathered constitute new grounds for a S22 notification?*

Re-notification at Intake Phase



ADVICE AND/OR REFERRAL
CASE CLOSURE

*Question: Who should be involved?
Who should be informed?
Who has responsibility?
Should there be a case conference?
What is the plan for permanency?
What further protective services and/or care and support services are required?
When, where, by whom and with whom?*



Completed Protection and/or Care Plan

PROCEED TO IMPLEMENTATION OF CASE PLAN

9. Case Coordination Activities

15 mins.

Key questions

The purpose of this chapter of the Manual is to describe the case coordination activities. It focuses on the following questions:

- How do the activities of assessment, case planning, case meeting, case review, referral and case closure function together?
- What are the guidelines for each of the activities?
- What are the key considerations for each of the activities?

Content

This chapter has 12 parts.

- assessment
 - risk assessment
 - child and family need assessment
 - entry into care assessment
 - specialist assessment by departmental psychologists
 - specialist assessment by Montrose
- planning services for clients
- case meetings
- case review
- referrals to other services including vacation camps
- closing a case

What you need to know

The information is presented in the format outlined in chapter 2.

You will need to be familiar with the activities listed in this chapter, the key considerations and the guidelines for personnel.

Activity

Select one of the activities you are most familiar with. Read through the section, and keep in mind the following questions as you read through it. You may wish to make a note on separate paper of your answers to the questions or highlight key points.

- What are the key issues involved in this activity?
- What is the mandate for this activity?
- What are the guidelines?
- What are the key considerations that should inform practice?

When you have worked through an activity you are most familiar with, then choose another you are less familiar with and answer the questions for that one.



The following chapters in the Manual describe the operational procedures.

10. Working with Children, Young People their Families and Carers

15 minutes

Key questions

The purpose of this chapter of the Manual is to describe key activities on this topic including: screening, intake, sharing information, determining timeframes, determining if a possible crime has been committed, special joint responses and statutory legal action. This chapter of the Manual answers the following question:

- What are the key activities, responsibilities and roles of DCS personnel?

Content

This chapter is concerned with:

- overview
- intake screening
- determining the intake pathway
- sharing information
- planning intervention
- determining time frames for action
- determining if a possible crime has been committed
- the relationship between protective intervention when provided by JIT and where care and support is provided from a CSC
- determining case management/coordination responsibility when more than one DCS service is involved
- responding to domestic violence
- assisting victims of crime
- female genital mutilation (FGM) joint response team
- the care and support of young people in out of home placement, including adoption
- planning for and management of intensive investigations: the special joint response
- statutory legal action under the Children(Care and Protection) Act 1987 including preparing reports for court

Continued overleaf

10. Working with Children, Young People their Families and Carers (continued)



What you need to know

The information is presented in the format outlined in chapter 2. You will need to be familiar with the procedures for the activities outlined in the chapter and be confident that you can access the information when you need it.



Activity

You will need to be familiar with most of the sections of this chapter, although some of the activities you will be involved in more often than others. We suggest that you work through the sections that you are most familiar with first and then explore those you have less familiarity with. Use the following questions to guide your reading. You may wish to make notes, or think about your responses.

- What is the key activity being described here?
- What are the key points in the guidelines?
- What are the benefits of using these guidelines?
- What are the specific issues that apply to this activity?
- If you were asked to identify the critical activities involved here, and the points which are most challenging to DCS personnel, what would you identify?
- What parts of your practice would you need to review in the light of your answers?

11. Out of Home Placements, including Adoptions

30 minutes

Key questions

The purpose of this chapter of the Manual is to explain the range of activities DCS personnel are involved in with children in out of home placements. It addresses the following questions:

- What are the responsibilities of DCS personnel for children in out of home placements?

Content

This chapter is concerned with:

- identity and family relationships
- health
- education
- foster care support and assessment
- placement roles and responsibilities
- guardianship responsibilities
- adoption responsibilities
- leaving care and aftercare services
- post adoption responsibilities

What you need to know

The information is presented in the format outlined in chapter 2.

You will need to be familiar with the range of topics contained in this chapter and be confident you can easily access the information when required.

Activity

You will need to be familiar with most of the sections of this chapter, although some of the activities you will be involved in more often than others. We suggest that you work through the sections that you are most familiar with first and then explore those you have less familiarity with. Use the following questions to guide your reading. You may wish to make notes, or think about your responses.

- What is the key activity being described here?
- What are the key points in the guidelines?
- What are the specific issues that apply to this activity?
- If you were asked to identify the critical activities involved here, and the points which are most challenging to DCS personnel, what would you identify?
- What aspects of your practice would you need to review in the light of your answers?



12. Death of a Client



Key questions

The purpose of this chapter of the Manual is explain what to do on the death of a client.

Content

You will receive this chapter of the Manual in November 1997.

Refer to Chapter 11 for procedures re:

- Death of a child in care and
- Responding to the death of a Foster Carer

13. Information Management

20 Minutes

Key questions

The purpose of this chapter of the Manual is to describe the information management policy and procedures. This chapter of the Manual answers the following questions:

- What are the principles and policy of information gathering, sharing and recording?
- How do you handle media questions?

Content

This chapter briefly outlines responsibilities and guidelines for information and records management, pending the completion of the *Records Management Procedures Manual*. It is presented in 5 sections:

- gathering, maintenance, sharing and recording of information in regard to Departmental clients
- the media
- the client information system (CIS)
- information management for the finalisation of departmental involvement in the Child and Family Services program
- requests for delegation of electronic documents and/or destruction of paper documents

What you need to know

The information is presented in the format outlined in chapter 2.

You will need to be familiar with the activities listed in this chapter, the key considerations and the guidelines.

Activity

We suggest that you work through the sections that you are most familiar with first and then explore those you have less familiarity with. Use the following questions to guide your reading. You may wish to make notes, or think about your responses.

- What is the key activity being described here?
- What are the key points in the guidelines?
- What are the specific issues that apply to this activity?



14. Financial Support Arrangements



15 minutes



Key questions

The purpose of this chapter of the Manual is to outline the financial support arrangements available to families, children and young people and their carers. This chapter of the Manual answers the following questions:

- what are the sources of financial support available to families, children and young people and their carers?
- What is the eligibility for each of the sources of financial support?
- What are the guidelines for this support to be reviewed?



Content

This chapter is concerned with the sources of financial support available.

- Family Initiative Fund
- assessing and reviewing eligibility for substitute care allowances
- payment of standard age related fostering allowance (SARFA)
- payment of special needs allowance
- payment of pocket money
- payment of subsidy allowance
- payment of contingency items or services
- payments to former wards and protected persons
- payment of residential care allowance
- payment of comfort allowance
- payment of pre-adoption foster care allowance
- payment of non-parental care allowance
- payment of adoption subsidy
- Individual Service Plan (ISP) funding

Continued overleaf

14. Financial Support Arrangements (continued)



What you need to know

The information is presented in the format outlined in chapter 2. As this chapter is a resource you will need to become familiar with the types of payments but not necessarily know the details of each payment.



Activity

You will need to be familiar with most of the sections of this chapter, although some of the activities you will be involved in more often than others. We suggest that you work through the sections that you are most familiar with first and then explore those you have less familiarity with. Use the following questions to guide your reading. You may wish to make notes, or think about your responses.

- What is the key activity being described here?
- What are the key points in the guidelines?
- What are the specific issues that apply to this activity?
- What is the review strategy for this financial support?

15. Performance Planning and Review

15 minutes

Key questions

This chapter addresses the following questions:

- What is performance planning and review?
- What are the key competencies that support it?
- How do we undertake workload planning?
- What is the evaluation strategy promulgated by *Towards Better Services: Evaluating Child and Family Teams*?
- How do we minimise stress and maximise support in our work practices?

Content

This chapter is presented in four sections.

- context for supervision, planning and review
- planning workloads
- evaluating child and family teams
- ensuring child and family staff safety and support

What you need to know

- the context for supervision, planning and review
- the workload planner and how is it used for planning workloads
- child and family teams evaluation
- strategies and work practices in place to ensure child and family staff safety and support

Activity

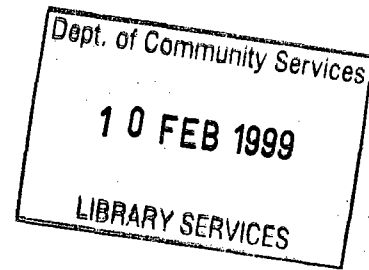
- supervision, planning and review: What are the 7 aims of performance planning and review?
- What is the workload planner and how is it used for planning workloads? What are the key considerations?
- How are child and family teams evaluated? What are the key considerations?
- What strategies and work practices are in place to ensure child and family staff safety and support? Eight are listed in the text.



*Working with Children and Families
Practice Manual*

Director-General's Message

Contents



BACKGROUND AND POLICY

	Chapter Manual File Name	Forms referred to as listed
1. Contents, Glossary, List of Acronyms	CH-001.DOC	
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3. NSW Government Policy Framework Introduction NSW Government Child Protection Policy NSW Government Youth Policy NSW Department of Community Services Key Directions NSW Department of Community Services Values NSW Department of Community Services Principles of Child and Family Services DCS Youth Policy DCS Domestic Violence Policy	CH-003.DOC	
4. Services for Children, Young People and their Families and Carers Introduction Types of Services for Clients	CH-004.DOC	

Community Service Centre Services
Joint Investigation Team Services
DCS Local Support Services
DCS Statewide Services
Funded Child & Family Services

5. Policy Development & Implementation CH-005.DOC

6. Legal Framework CH-006.DOC

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Key Legislation
Support and Services to Specific Groups
Legislation which Protects People Accessing
Services
Legislation about Public Administration
Common Law and Other Relevant Legislation
International Conventions
Charters
Future Directions

7. Practice Improvement Framework CH-007.DOC

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Meeting Client Need
Standards of Practice
Case Coordination
Performance Planning and Review
Managing Information

8. Case Coordination Policy and Practice Guidelines CH.008.DOC

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The Interagency Approach
Working with Child/ Young People, their
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The Mandate for Action
Description of the Policy & Practice
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10-26	The Care and Support of Young People in out of Home Placement, including Adoptions		
10-27	Planning for and Management of Intensive Investigations: The Special Joint Response		
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11-28 - Pre-school, Child Care, School Enrolment & Assistance		
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- 12. Death of a client** **CH-012.DOC**

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- 14. Financial Support Arrangements** **CH-014.DOC**
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Supervising Casework
Planning Workloads
Evaluating Child & Family Teams
Ensuring Child and Family staff Safety & Support

16. Bibliography

(To be issued with Version 2)

17. Index

(To be issued with Version 2)

The forms and formats referred to in the *Manual* are all in current usage in Community Service Centres. Adoption Forms and Formats are in the *Adoption Policy and Procedures Handbook*.



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FORMS AND FORMATS

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FORMS AND FORMATS

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FORMS AND FORMATS

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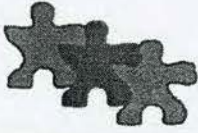


DEPARTMENT OF COMMUNITY SERVICES
FAR NORTH COAST

INDUCTION MANUAL

DCS
362.733
FOST
1

DCS 362.733 FOST 1
Smith, Jennie & Broad, Christine
Foster carer's induction manual



NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

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Training for Foster Carers

The purpose of providing information and preparation for fostering to enquirers is to allow them the opportunity to make an informed decision about whether they wish to formally apply to become foster carers, and to further assess their capabilities.

Information is provided soon after the initial enquiry. This may include sending written material e.g. pamphlets, or details provided during an interview or both.

Training is provided in all Community Services Centres for prospective foster carers.

It is usually held over five training sessions and covers many topics. Handouts are given at each session to carers for future reference.

Foster training provides the following:

Overview of the following Departmental services and responsibilities:

- Child Protection
- Out-of-Home Care
- Adoption
- Disability Services
- Adolescent Support and Funded Accommodation Services
- Support to vulnerable families

Overview of what foster care is including:

- Aims and types of foster care
- Children and young people who may come into care
- How placements are made based on the child/young person's needs and the carers approval.

Statutory Responsibilities of the Department of Community Services and related to legal issues including:

- Wardship
- Other Court Orders
- The role of the Community Services Appeals Tribunal
- The role of the Community Services Commission

Working with the child/young person, the Department, birth family and significant others

- Involvement in planning for the child/young person
- Foster carers role in implementing case plans
- Attendance and input at Case Conferences and Case Reviews

- Expectations about what information carers and Departmental officers will need to exchange on an ongoing basis.
- Procedures and decision making in arranging placements
- Departmental support available to foster carers and how to access this
- Allowances paid
- Placement Breakdown

Types of Abuse

Physical Abuse, Neglect, Emotional Abuse, Sexual Assault and Systems Abuse.

Emotional and physical impact of abuse on children and adolescents. The range of behaviours to be expected from children as a consequence of their abuse experience and special needs.

Issues of Disruption to Bonding and Attachment

How child development is affected by the experience of placement in care including separation and loss.

Health and Behavioural Issues

Children/Adolescents placed in foster care e.g. withdrawal, hoarding, tantrums, anxious attachment.

Meeting the health needs of children in care, including medical consents, health records, basic HIV education including "universal precautions" in the foster care situation, and meeting the specific needs of children and young people with disabilities.

Adjustment Problems of Children and Adolescents Placed in Foster Care

Importance to Children and Young People of Birth Parents, Family/Significant Persons

Identity Formation and Maintenance;
Birth Family/Significant Persons contact and issues of Restoration.

Assessment of Carers

Assessment is the active, ongoing process of gathering and evaluating information about individuals and families who are applying to foster children or young people.

Any person who is to provide foster care for a child/young person who is either in the care, custody or guardianship of the Minister or Director-General, must first be assessed, and then formally approved.

A home visit is required before inviting an applicant to attend training.

All foster home applicants must formally apply. Details from the application are recorded on the Department's Client Information (computer) system within the Foster Home Module.

The following issues are considered during the foster carer assessment process:

Motivation to foster by applicant and household members

Knowledge and understanding of fostering

Personal resources of applicant/s and household members

External resources of applicant and household members

The following criteria would **exclude an applicant**:

- lifestyles detrimental to the ability to care for a child/young person,
- interpersonal behaviour or values which could mean applicants are unable to meet a child/young person's needs in foster care,
- a record or pattern of violence, sexual assault or emotional abuse,
- substance abuse (drugs including alcohol).
- the inability to work with the Department, birth family or significant people in the child/young person's life.
- psychiatric history, where assessment by a competent authority has diagnosed the applicant as inappropriate to provide care for children in substitute care.

Department of Community Services staff will complete the foster carer assessment, addressing specifically the strengths of the applicants and any concerns.

The assessment report states:

- the period of proposed placement,
- type of placement, number of children/young people,
- the age range that the applicants will be approved for,
- gender,

- cultural type,
- religion of children or young people to be placed,
- the maximum number of children to be placed in the home,
- the type of placement to be provided, (e.g. temporary care, pre-adoption, etc.).
- the skills of the foster carer/s to provide care for children with disabilities, sexually abused children, children with HIV infection,
- any significant health issues
- review period.

Applicants will be advised in writing, as well as verbally, of the decision of the Department to approve applicants as Departmental foster carers. Foster carers will not be approved to have more than six children placed in their care at any one time.

Where a person is not approved to foster, they will be advised accordingly both verbally and in writing, and given the reason for the decision. Where the applicant/s have not been approved as a Departmental foster carer/s, they may appeal against the decision to the Area Manager in the first instance. The Community Services Appeals Tribunal may be approached in reviewing decisions.

Attachments

Application to Foster
Example of Foster Carer Assessment Form

How Children May Come Into Your Care

(i) Temporary Care

Temporary care refers to placement in substitute care for up to three (3) months. At the expiration of 3 months after the making of a temporary care arrangement in respect of a child, the Director-General may, renew the arrangement for a further period of 3 months.

Temporary care may be arranged

- by way of a Voluntary Agreement between the parent or guardian and the Department,
- by way of a Court Adjournment, or
- by way of a Pre-Adoption placement.

Temporary care includes “bridging placements” which refer to care arrangements which form a link with, or help prepare a child or young person for longer term care.

Temporary care must serve the best interests of the child/young person and be part of a plan to achieve stability for his/her future care, disrupting the child/young person’s life to the least extent possible.

While the child or young person is in voluntary temporary care, parents are kept informed of all matters regarding his or her welfare.

The Assistant Manager of the Community Services Centre has the delegation to approve the placement of a child or young person in temporary care where:

- such placement is part of an approved case plan to support the child or young person in their family.
- the regular carer has requested temporary care in circumstances where the child may be considered to be in need of temporary care if temporary care does not proceed.
- a parent is considering adoption of their child/children but is unable/unwilling to provide for the child/s care.
- an adoption consent has been signed.

Children in substitute care have generally entered care under the legislative provisions of the Children (Care & Protection) Act, 1987. This applies to children subject to voluntary temporary care arrangements.

(ii) Children Before the Court

The Assistant Manager of the Community Services Centre has the delegation to approve the placement of a child or young person in temporary care where:

- the child/young person is the subject of care proceedings during an adjournment or
- the child/young person has been removed from his/her parents or guardian under Section 62 of the Children (Care and Protection) Act, 1987.
- Children who have been placed in the care of the Director General pending Children's Court action.

A child or young person may enter temporary care by the Court during an adjournment. A case conference is held prior to the child or young person's entry into temporary care, or as soon as possible afterwards, so that a case plan can be developed. The child or young person, the family and the carers are encouraged to participate in the planning process.

Children in substitute care have generally entered care under the legislative provisions of the Act. These apply to:

- Children who have been placed in the care of the Director General pending Children's Court action.
- Children placed in the care of the Director General, following adjournment of the Court.
- Protected Persons - Children under the guardianship of the Director General following adoption consent.

(iii) Children in Care re Court Order

Children in Substitute Care have generally entered care under the legislative provisions of the Act. These apply to:

- Wards of the Minister
- Protected Persons - (Wards of the Supreme Court) whose custody or guardianship of the child is with the Minister or Director General.
- Protected Persons - (Family Law) whose custody or guardianship is with the Minister or Director General.

Commonly Asked Question about Foster Parents Legal Status

- **When a child in long term care is no longer legally a Ward what happens to them? Because they are living with carers, what is their status at that time?**

Answer: This depends on the age of the child. If over 18 the child is considered an adult with rights and obligations of an adult. Talk to your District Officer.

- **Can parents appeal once a child is made a Ward?**

Answer: Yes. An appeal can be made to the District Court within 21 days of a decision. A Children's Court rescission application is made under Section 75(3)(a) of the Children (Care and Protection) Act 1987 which states:

"If the Children's Court is satisfied, on an application made to it with respect to a child, that it is appropriate to do so:

(a) it may, by order, vary or rescind any order under section 72(1)(b) or (c)."

An appeal can also be made to the Community Welfare Appeals Tribunal under Section 112 of the Children (Care and Protection) Act 1987.

- **Do I have a right to appeal the termination of a placement?**

Answer: Yes under Section 112 of the Children (Care and Protection) Act 1987 an appeal can be made to the Community Welfare Appeals Tribunal.

- **Are foster parents able to sign forms for anaesthetic consents? What if it is an emergency?**

Answer: No. Section 20(4)(ii) of the Act makes the Minister responsible for anaesthetic consents.

Section 20(A) of the Act gives provision for a registered medical practitioner to give treatments without consent in order to save a life or prevent serious damage to a child's health.

- **Can foster parents sign forms for school excursions etc.?**

Answer: Yes

- **What if a child in my care is involved in an accident? What sort of insurance should I have?**

Answer: Foster Parents should have Household Insurance with Public Liability cover and Comprehensive Motor Vehicle insurance.

- **Can an ex Ward make a claim on my estate?**

- *Answer: Possibly; 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. The Family Provisions Act was drafted with the intention of protecting 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.

Commonly Asked Questions

- **What do Carers do when unforeseen circumstances arise during a weekend?**

Answer: The Child Protection and Family Crisis Service after hours telephone number is 1800 066777. Officers will assess your circumstances, give advice or contact the on call officer at your local office.

- **At what age is a Ward or child in my care eligible for Youth Allowance? (This allowance replaces the Austudy, Abstudy and New Start Allowance).**

Answer: Children in Departmental substitute care are eligible for Austudy (soon to become Youth Allowance) at the maximum rate (under Austudy regulation 92) once the child attains the minimum school leaving age, which in this State is 15 years. A letter confirming that the child has been in substitute care should be obtained from the Department of Community Services and attached to the Youth Allowance Application.

- **When a long term foster child is taken out of the care of a long-term carer, what support is available to the carer?**

Answer: The Supervising District Officer would follow up with a home visit.

- **What information should foster carers be given about the child who is to be placed in their care?**

Answer: See attachment 3 - Information for Foster Parents in Relation to Child Placement.

- **How do foster parents deal with uncontrollable and violent children or with challenging behaviours?**

Answer: Each case is different. Any problems or questions should be discussed with your Supervising District Officer, who together with the child and yourself will work out strategies to handle difficult situations.

- **Do I need to get authorisation for informal baby sitting for short periods as long as the sitter is known to and trusted by the foster parent?**

Answer: For short absences, such as overnight or weekend stays, foster carers must inform their Supervising District Officer.

- **What if the Natural Parent demands access?**

Answer: If the child in your care is a Ward he/she is under the guardianship of the Minister. The Department has the discretion about access. This should be discussed with your Supervising District Officer and varies with each child's needs. If the child in your care is under a temporary care agreement then access should be arranged between the Parent and the Department not the Parent and the Foster Carer.

- **What if the Child in your care runs away?**

Answer: Foster carers and Department of Community Services staff are to report promptly any absences from care without approval and/or when the whereabouts of the child or young person is unknown. Appropriate action is to be taken to ensure the safety and well being of the child. Department of Community Services staff are required to report the child/young person as a missing person when it is verified with their carers and family that the child or young person cannot be located.

- **What if the Carer is contacted by a child who has been in care previously and is now considered in moral danger?**

Answer: You should contact your Supervising District Officer as soon as possible to discuss the situation.

PAYMENT OF STANDARD AGE-RELATED FOSTERING ALLOWANCE (SARFA)

A Standard Age-Related Fostering Allowance or Special Needs (Disability) Allowance and Pocket Money is paid for a child or young person who is in foster care.

The placement is deemed to be **foster care** when the child or young person has been placed in care under a legislative provision of the Children (Care & Protection) Act, 1987:

- by the Department,
- by an authorised fostering agency,
- as a result of a custody order under Section 72(1)(c)(ii) of the act **and** where active case co-ordination, case planning and regular supervision is required,
- placed in the temporary care of the Director-General by agreement with parents, or
- remanded in care of the Director-General.

A **Subsidy Allowance** may be payable to a young person in foster care who is 15 years or over, and who is employed or eligible for a Commonwealth income payment. A review of the allowances paid for the young person will take place at the same time as a Subsidy Allowance assessment.

The Standard Age-Related Fostering Allowance is payable to foster carers for each child or young person who is eligible.

The age related categories are:

0 - 4	years
5 - 7	years
8 - 11	years
12 - 14	years
15 - 17	years

The standard allowance is to cover the day-to-day expenses, such as food, shelter, clothing and footwear, household provisions, haircuts, leisure and outing costs, daily travel, general hygiene and incidentals.

Where the placement of a child in foster-care is short-term temporary care, or of an intermittent nature, i.e. respite or shared care, etc., the Standard Age-Related Fostering Allowance paid to the carer is calculated on a **daily** basis. Care provided for 1 full day, **or any part thereof**, is to be calculated as **one (1) day**. Final payment calculations include the first day of placement, but the last day is not included.

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/s unless the absence exceeds 21 days.

The payment of a standard allowance to a ward or protected person is not subject to specific review, until the young person commences employment or becomes eligible for Commonwealth income support. This currently occurs at age 15 years when the young person's eligibility for a Subsidy Allowance must be determined. (See **Subsidy Allowance**).

During the regular review of a child's case plan, consideration is given to whether any other form of allowance is appropriate, e.g. Special Needs.

Although paid with an allowance, age related pocket money is not part of any fostering allowance and is for the exclusive use of the child or young person.

The Standard Age Related Fostering Allowance and the Special Needs Allowance is currently not treated by the Commissioner of Taxation as assessable for income tax purposes since these allowances are provided only for the care of the child or young person.

PAYMENT OF POCKET MONEY

Age-Related Pocket Money is money paid with an allowance (usually to the carer) which is for the *personal use* of the child or young person in care.

Age-Related Pocket Money is to be paid for any child or young person aged over 5 years in Substitute Care in the following circumstances:

- Children or young people in foster care whose carers receive Standard Age-Related Fostering Allowance or Special Needs Allowance
- Children in Departmental Residential Care facilities or Group Homes
- Wards or protected persons in community social welfare residential care which is *not* substitute (alternate) care funded by the Department to provide for the needs of the child or young person
- Wards or protected persons in Disability Services Residential Care of Group Home facilities
- Wards or protected persons in Boarding School
- Wards or protected persons in Detention Centres are eligible for pocket money, however, this is paid by the Department of Juvenile Justice

Age-Related pocket money is paid to children in temporary care on a daily rate. The date of placement *is* counted, the day of departure *is not*.

PAYMENT OF SPECIAL NEEDS ALLOWANCE

For the purpose of this Allowance, "Special Needs" refers to a child or young person who:

- has an intellectual, physical, psychological, psychiatric or sensory disability; and
- by virtue of his/her special or intensive needs, requires supervision, care, accommodation and maintenance other than that which would be provided by the payment of the Standard Age-Related Fostering Allowance; or
- otherwise has Special Needs, in the opinion of the approving delegated officer.

The rates of pay are age-related and are determined according to specified categories of need.

The Special Needs Allowance is separate to, and not paid in conjunction with the Standard Age-Related Fostering Allowance.

When a child or young person enters care a Standard Age-Related Fostering Allowance can be paid initially until an assessment occurs and approval is given to pay a Special Needs Allowance.

A young person, 15 years or over, who is eligible for a Commonwealth benefit, pension or allowance, or other income, is not eligible for this allowance. Assistance may be provided by way of a Subsidy Allowance so that their special needs may be met.

Eligibility for this allowance is considered for all children or young people prior to, or upon entry into care. A full assessment and recommendation is made by a Department of Community Services officer as soon as is practicable after the child or young person's entry into care. Relevant supporting documentation (e.g. medical reports, psychologist report, etc) are included with a recommendation.

When placements are being negotiated, no commitment is given to the carer until formal assessment and approval have been given for payment of this allowance.

These Special Needs Assessments include the following:

- Those extra and/or unusual physical care services that must be provided by the foster carer to meet the special needs of the child.
- The additional housework and domestic services created for the foster carer as a result of the special needs or actions of the child
- Extra and/or unusual supervision/support necessary because of the child's disabilities and/or behaviour
- The stress and the restriction of activities which are created by the child's behaviour or disability

- Where other conditions and circumstances of the placement exist which places extra stresses upon the foster carers and constitute grounds for consideration.

The level of payment of the Special Needs (Disability) Allowance is determined by calculating the total rating given to each of the five designated areas mentioned above:

Total Rating	Allowance Rate
0-7 points	Nil- Payment of Standard Age-Related Foster Allowance appropriate.
8-26 points	Category I (SARFA) plus \$30 per week
27-38 points	Category II (SARFA) plus \$50 per week
39-50 points	Category III (SARFA) plus \$80 per week
50 + points	Category III (SARFA) plus a rate as determined

A review of the allowance occurs at **six (6) months** (minimum) or **twelve (12) months** (maximum). Unless a review has been completed by the caseworker and approved by the review date, payment will automatically revert to the Standard Age-Related Fostering Allowance

Whenever there has been a significant change in the circumstances of the child or young person, a full review must be completed at the time the change becomes evident.

The child's carer has the responsibility to provide information to the caseworker on the progress and needs of the child, so that the appropriate allowance rate is paid. In circumstances where a change in the rate is approved by the Department of Community Services, staff will advise the foster carer that payment of the new rate will commence at the beginning of the first pay period following the decision.

CURRENT RATES OF ALLOWANCES

Standard Age-Related Fostering Allowances (SARFA), Pocket Money and Special Needs (Disability) Allowance - Fortnightly Payments

RATES PAYABLE FROM 1 JULY, 1996

CATEGORY	AGE 0-4	AGE 5-7	AGE 8-11	AGE 12-14	AGE 15	AGE 16+
	\$	\$	\$	\$	\$	\$
Pocket Money	0	8.60	12.00	20.00	20.00	30.00
STD	129.00	142.00	146.00	198.00	242.00	242.00
CAT 1	207.00	220.60	224.60	276.60	320.60	320.60
CAT 2	259.90	272.90	276.90	328.90	372.90	372.90
CAT 3	338.50	351.50	355.50	407.50	451.50	451.50
CAT 3A	369.70	382.70	386.70	438.70	482.70	482.70
CAT 3B	400.90	413.90	417.90	469.90	513.90	513.90
CAT 3C	432.10	445.10	449.10	501.10	545.10	545.10
CAT 3D	463.30	476.30	480.30	532.30	576.30	576.30
CAT 3E	494.55	507.50	511.50	563.50	607.50	607.50
CAT 3F	525.40	538.70	542.70	594.70	638.70	638.70
CAT 3G	556.90	569.90	573.90	625.90	669.90	669.90
CAT 3H	588.10	601.10	605.10	657.10	701.10	701.10
CAT 3I	619.30	632.30	636.30	688.30	732.30	732.30

PAYMENT OF SUBSIDY ALLOWANCE

Subsidy Allowance is paid to assist a young person in care to be able to meet the essential daily living expenses. The allowance recognises that the income or allowance received by the young person may be inadequate, thus requiring additional assistance. For example the Commonwealth income support payment may be below the fostering allowance rate for the young person's age.

For young people other than wards or protected persons, the Subsidy Allowance applies only to those in approved foster care.

Any young person in substitute care who is 15 years or over is to be assessed to determine their eligibility for a Subsidy Allowance. At age 15, the young person may become eligible for Commonwealth income support such as Youth Allowance, or may commence employment. For these reasons, the fostering allowance that has been paid to the carers is to be reviewed at this time and payments automatically cease.

There is no set formula for the calculation of the Subsidy. The Subsidy Allowance recommended should be calculated to include the costs of recurring contingency items such as clothing, medical expenses etc.

The level of the Allowance is dependent on the assessable income of the young person and the demonstrated needs of the young person.

There may be circumstances where identified costs can be met by the payment of one off major Contingency Items e.g. assistance in establishing the young person in an independent placement. This may be considered as an alternative, or in addition to a Subsidy Allowance.

The Subsidy Allowance is normally paid direct to the young person. However, it may be appropriate to pay the Allowance, either in part or whole, to another person e.g., the carer, landlord etc. Where the Allowance is divided, it is the responsibility of the case worker to assist in negotiating the manner of payment with the parties involved, and in ensuring that the agreement is recorded and that copies are provided to all parties. The Subsidy Allowance is reviewed every three months.

PAYMENT OF CONTINGENCY ITEMS OR SERVICES

Recipients of Standard Age-Related Fostering Allowance, the Special Needs Allowance or the Residential Care Allowance *are required* to meet all general goods, services and fees related to the child in their care.

Payment of contingency items and services recognises that carers incur costs associated with the care of a child or young person which are over and above that which may reasonably expected to be met from a regular payment.

In other circumstances, the purchase of items, services or fees are essential to the wellbeing of the child or young person, but it is not possible for their carers to meet them. Costs and expenses in these circumstances can be met by the Department.

It is important to note however, that for a child in *voluntary* temporary care, the parent(s)/guardian of the child remain responsible for the payment of any *extra* costs above those that are considered day-to-day expenses.

The areas associated with the care of a child or young person for which expenses may be paid are:

- establishing a placement
- family contact
- counselling and therapy
- dental and orthodontic
- medical and pharmaceutical
- recreation
- respite
- schooling
- damage to property (ex gratia payments for which a Deed of Release occurs).
- Other expenses associated with meeting the specific needs of the child can be met if this need is detailed in the child or young person's approved case plan.

Applicants for Contingency items, fees or services are:

- in receipt of either the Standard Age-Related Fostering Allowance, Special Needs Allowance, Residential Care Allowance, Subsidy Allowance or Comfort Allowance,
- in receipt of an Adoption Subsidy,
- wards or protected persons who reside in a department residential care unit or group home,
- former wards or protected persons,

- where the child receives a Subsidy Allowance, **approval** of Contingency allowance payments are to be decided after careful consideration of the particular item costs, necessity and the applicants income and circumstance.

Several quotes are to be obtained in situations where significant costs are involved e.g. furniture, damage to property costs.

Carers or clients should not assume that reimbursement of expenses will occur without prior approval by the delegated officer for any expenses.

Accumulation of small items of expenditure *is not* to be regarded as a major contingency outlay solely because of the total amount reached.

The payment of approved contingency items or services (including refunds to carers) can be made to the person or business nominated (eg orthodontist). Where the payment is to be made to the carer or residential service, this will be added to the next fortnightly allowance payment. Where it is determined to be appropriate, payment can be made to more than one person. Urgent matters can be made via a cheque or through petty cash.

SCHEDULE OF CONTINGENCIES

Establishing a placement - Long Term	<ul style="list-style-type: none"> Initial clothing outfits Initial school clothing and materials Car seats and/or safety equipment Strollers Cots/beds/desks or other items of essential furniture Fencing where there is a special need by the child
Establishing a placement - Temporary Care	Specific items of equipment according to child's needs. Initial baby needs e.g. formula and disposable nappies
Family Contact	Travel expenses associated with the access or contact for a child/young person in care with his/her parents, family or significant person provided such access is part of the approved case plan
Counselling and Therapy	The Department will meet all costs associated with counselling or therapy where it is identified in the case plan <i>after</i> Medicare rebates

Medical, pharmaceutical, dental	<p>The Department will meet the costs of all orthodontic and spectacle surgical and dental appliances and aids as recommended by appropriate medical or dental specialists</p> <p>The carer <i>must</i> pay the first \$15.00 of the total treatment not covered by Medicare and health insurance carried by foster carer.</p> <p>Carers will also be responsible for meeting the costs of non-current, non-prescription pharmaceutical items. (See section on <i>Health Issues</i>).</p>
Recreation	<p>Where it is felt that a particular sport/ activity has special benefits to the child/young person the Department may meet the costs and fees associated with that sport or activity.</p>
Respite	<p>For a child/young person with special needs/disability and where respite is included in the case plan the Department will meet the costs.</p>
Schooling including school fees	<p>The carer will be responsible for such items as writing materials, exercise books, P & C fees and overnight excursion costs where the cost is less than \$30.00. The Department will meet the cost of full winter and summer uniforms every 2 years</p>
Payment for damage to property	<p>A carer or other party may make an ex gratia claim for loss or damage to property caused by a Ward, Protected Person or Child/Young Person under the guardianship of the Director General. A claim under \$2,000.00 may be approved for payment by the Manager, Community Services Centre.</p> <p>This assistance is provided without admission of liability and is finalised by the signing of a Deed of Release by the person receiving the payment</p>

Other expenses

Any other expenses as set out in the case plan e.g. specific training for foster carer to meet particular needs of child or young person e.g. HIV awareness

HEALTH ISSUES

Department of Community Services staff ensure that the health needs of children and young people are met.

Section 20 of the Children (Care and Protection) Act, 1987 describes that in relation to a child who has been placed in the care of the Director General -

in respect of medical or dental treatment **not** involving surgery - either the Director-General or any person in whose care the child has been placed is authorised to give consent,

in respect of medical or dental treatment **involving** surgery either the Minister or the Director General (or his delegate) is authorised to give consent.

Section 20 (A) gives provision for a registered medical practitioner to give treatments without consent in order to save a life or prevent serious damage to a child's/young person's health.

The health needs of children in care are to be considered and addressed:

- at the time of entry into care,
- during regular needs assessments,
- when case planning, and
- at case reviews.

Particular attention is given to the special health and medical needs of children/young people with disabilities in substitute care.

The NSW Department of Health produces a booklet "Personal Health Record for Children" (known as the 'Blue Book'). The booklet is provided to all parents in NSW when a newborn baby leaves hospital.

The booklet enables a record to be kept of a child's health examinations, progress, and immunisations from birth throughout their childhood.

When a child enters care, Department of Community Services staff try to obtain the 'Blue Book' from the parents. If this is not possible Department of Community Services staff 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. The 'Blue Book' is to be given back to Department of Community Services staff when the child leaves the placement, to ensure that it goes with the child to the next placement or to the parents.

Department of Community Services staff and carers should familiarise themselves with the information on the child in the Blue Book, especially regarding allergies, health progress and the immunisation records.

When 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 Department of Community Services staff.

Young people aged 14 years and over, who have the ability to understand and properly consider their own medical treatment, have the capacity to give valid, informed consent. However, if the child is in care of the Department, advice should be sought from their Supervising District Officer.

For a young person aged between 12 and 14 years, there may be some capacity for the young person to give consent to treatment. However, as a general rule, a medical practitioner would be reluctant to act on that consent without further consent from the young person's parent or guardian.

In the case of a young person over 16 years it is necessary only to obtain the consent of the individual.

Payment for Treatment

The cost of treatment is to be borne by the Department, unless the child/young person is in voluntary, temporary care and the parent is able to claim from a medical fund, or the cost is covered by Medicare.

In appropriate cases the delegated officer may authorise the payment of the 'gap' between the refund and the cost of medical, dental or pharmaceutical services.

The carer must pay the first \$15 of the total treatment not covered by Medicare and health insurance carried by the foster carer.

In the case of orthodontic treatment the delegated officer is to accept advice as to the cost based on local quotes received and the convenience to the child.

The cost of the initial medical examination for a child entering care will be borne by the Department, where such costs are not refundable from Medicare or other health cover.

Where a child is in temporary care, the parents/guardian are to provide the Medicare card or number, so claims can be made. Where possible the parents will meet the cost of pharmaceutical items. Where this is not possible and the child is in foster care, the cost of pharmaceutical items is to be met as a contingency.

Medicare Cards

All children/young people in substitute care are to have a Medicare card of their own (except for temporary care). They are not to be included on the carer's card. At the time when the child enters care the supervising District Officer is to make every effort to obtain the child's card, or if this is not possible then to obtain the Medicare number. Applications are made to Medicare as soon as possible to obtain a Medicare card for the child.

Health Care Cards

Health Care Cards are not issued to a young person where Family Payment is paid in respect of that young person, nor where Family Payment would be paid, but for the application of the Family Payment income test or assets test. **A ward or protected person under the age of 15 years residing in foster care will generally not qualify for a HCC in his/her own right**, because of the Family Payment entitlement of the foster carer. If the foster carer is in receipt of Family Payment for the child and the foster carer also holds a HCC, then the child will be covered by the foster carer's HCC.

Managing 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 in Departmental care without written orders or a prescription from a medical practitioner, with the exception of the following 'over the counter' medicines,

- mild analgesics (eg. paracetamol),
- antacids (eg. Mylanta),
- mild laxatives, and
- non-restricted topical agents (eg. Calamine lotion).

Administration of medication must be carried out in accord with the manufacturer's instructions on the container, or in the case of a medicine dispensed by a pharmacist from a prescription, the instructions on the pharmacist's label.

Injections are only to be administered by medical practitioners or registered nurses. Children/young people with insulin dependent diabetes need to be trained to self administer. Where this is not possible, the carer will be trained and certified competent by a medical practitioner.

It is important that a record is kept of all medications that the child/young person is currently taking, to ensure that medications are not being missed or given incorrectly.

Records need to include;

1. the name and strength of the drug,
2. how and when the drug is taken,
3. which doctor prescribed the drug,
4. known drug allergies, and
5. any occasions when medication was missed or accidentally taken.

Medications need to be stored in a safe place.

Psychotropic Medications and Behaviour Management

The decision to prescribe psychotropic medication should follow a comprehensive assessment of the individual's emotional and behavioural disturbance by a qualified specialist. The comprehensive assessment will 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 problem,
- any precipitating, perpetuating and palliating factors in the presentation of behaviours.

That is, any known factors which trigger, prolong or lessen the behaviour should be considered.

Treatment with psychotropic drugs needs to be an integral part of the management strategies within the context of the individual child or young person's case plan. It is unusual for psychotropic medication to be the sole treatment or management strategy.

It is important to accurately record any changes in the child/young person's behaviour during the course of treatment. Department of Community Services staff need to talk to the child/young person and to the direct carer(s) about the child's reaction.

The purpose and possible side effects of any prescribed medication for a child/young person and the importance of its administration must be explained to the carer. This is particularly important for children/young people with medical conditions (eg 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/young person and the carer(s). Sudden withdrawal of psychotropic medications, especially when these have been in use for a lengthy period, is usually undesirable and may cause serious complications.

FOSTER CARE ASSOCIATION OF NSW (INC.)

This information is supplied from the Foster Carers Association pamphlet "Ensuring Quality Care by Supporting Foster Carers".

The Foster Care Association NSW (Inc.) is the peak body in New South Wales to provide peer support and information services to foster carers and their families. It is an organisation for foster carers run by foster parents.

Foster carers provide an unique service in the community. They are people who share their lives, homes and families with children who require the temporary love and care of a substitute family.

While one of the functions of this Association is to share experiences, support one another in times of difficulty, increase parenting skills and broaden the capacity for sensitive care, it is also necessary to educate the community slowly but surely and to be united, to be a collective voice on policy and practice issues that concern foster carers.

This Association opens a clear channel of communication between foster carers and the staff of any fostering authority as well as the Department of Community Services.

This happens in a number of ways. Firstly, in addition to foster carer membership, the Association welcomes the active participation of Community Service Officer, from the Department and others interested in child welfare issues. Thus we also ensure that there is dialogue within our organisation between foster carers and others involved in the care of children.

There are support groups in many areas providing various social activities and there is a telephone network providing peer support, information and advice.

Foster Care "New and Views" - a bi-monthly newsletter, is distributed to people who have registered on the Foster Care Association data base. Financial Members receive many extra benefits e.g. priority to attend the Annual Conference and any other functions funded by the Foster Care Association NSW (Inc.)

Basic Expectations for Foster Caring

Requirements

Warm, loving accepting people with the capacity to give much and expect little in return and with a desire to help a child fulfil his/her needs, not their own.

General Responsibilities

To provide good substitute parenting by meeting the physical, emotional and social needs of children placed in the home; to perform the nurturing functions normally

performed by a child's natural parent; to present identification models of positive adult functioning by which children may pattern their own lives constructively; to continue to develop foster parenting skills; to assist the Departmental Fostering Authority and natural parents in developing the best future plan for children placed in the home.

Specific Responsibilities

Provide an atmosphere within the home conducive to each child's social, emotional and intellectual growth:

- Help each child accept and understand foster care;
- Communicate acceptance of a child's natural family and support plans made for contacts between them;
- Encourage and help each child in his/her school work;
- Invest personal interest in each child placed in the home;
- Maintain firm but kind discipline for children placed in the home;
- Broaden each child's life experiences through appropriate exposure to events and resources in the community and through creative use of leisure time;
- Present a positive attitude about the child's next placement, whether it be his own home, an adoptive home, another foster home or independence, this should be done even if the foster carers do not agree with the plan;
- If the foster carers are requesting a child's removal, allow reasonable time for a plan to be developed;
- Promote the relationship between child and worker by what the foster carer says and what they do in reference to this relationship;
- Maintain open and frequent communication with the child's social worker.
- Relate pertinent information on the child's behaviour patterns and other information relevant to the child's adjustment;
- Ensure that planned activities are consistent with Departmental policies and procedures

LOCAL SUPPORT

From the Department

Foster Carers are supported by the Department in various ways and are provided with all the information which will help them care for children and young people. The considerable contribution made by foster carers is recognised and acknowledged.

Foster carers and their families provide care to:

- children and young people who may have special needs;
- children and young people who may have difficult behaviour;
- children and young people who are emotionally upset;

All of whom require considerable input in terms of time, attention and understanding. This is particularly so for carers who provide temporary care placements, crisis care and placements for children and young people during adjournment of the Court.

Foster carers work in partnership with Department of Community Services staff in the daily management of children and young people in care. They are required to advise Department of Community Services staff regarding a child's progress and be responsible for carrying out particular aspects of the case plan.

Your local Substitute Care Team can assist and support you with any problems, complaints and enquiries. Department of Community Services substitute care support staff to contact in the Far North Coast Area are as follows:

Tweed Heads	Laraine Hughes/Sharon Power	telephone 07 55991255
Lismore	Graham Farrelly	telephone 02 66218099
Ballina	Gwen Balchin	telephone 02 66861999
Grafton	Kim Whitney	telephone 02 66432526

From Other Carers

Foster Carers' Support Groups - Far North Coast

Area Support Person - Alan Bugeja telephone 02 66637166

Area Representative - Kim Hawkens telephone 02 66541618

Some offices have a local support network set up and run by foster carers.

Tweed Heads:

The local Support Group for foster carers in the Tweed Heads area has two representatives who assist in co-ordinating meetings, luncheons etc. The representatives are:

Kay Newman Member of Foster Care Association NSW (Inc.)
Phone: 07-5524 7148

Cathy Heffernan Phone: 02-6672 1753

The Support Group hold a luncheon every two (2) months for all foster carers. Social gatherings (picnics, barbeques etc) are also held on a regular basis.

The Tweed Heads local group is currently making plans to hold meetings with Department of Community Services and the local support group's representatives every six to eight weeks to provide the opportunity to raise any questions/concerns that carers may have and to relay vital information back to carers on a regular basis.

The Tweed Heads support group is still in its "infancy" and no formal office bearers or guidelines have been finalised at this point in time.

LISMORE:

The current President for the Lismore Foster Parent Support Group is:

Leonie Parmentar Phone: 02-6622 7335.

The Lismore Foster Carers Support Group meet on Fridays once a month at the Community Service Centre at 31 Carrington Street, Lismore.

Money raising activities are held to assist with functions for the support group, i.e. Xmas parties and social gatherings etc.

Carers access support groups in Sydney e.g. Foster Care Association of NSW (Inc.) and attend their annual conferences. FCA (NSW) is the funded agency for peer support in NSW.

Carers attend Foster Parent Training Programmes through Lismore CSC on a regular basis.

Experienced carers are used in the training and recruitment of new carers; they attend training nights; participate in group work and give expert advice during training. They support new carers by offering services e.g. cots, car seats etc. They are available during working hours and after hours to discuss issues that may arise that concern new carers.

Ballina and Grafton

Foster Parent Support Groups do not formally exist in Grafton and Ballina areas.

YOUR FOSTER CHILD AT SCHOOL

Pre-School, Child Care and School Enrolment and Assistance

Formal approval is required for **enrolment and payment of fees** for children and young people in out-of-home placements to attend pre-school, child care, private and boarding schools.

Child care includes:

- long-day care,
- family day care,
- out-of-school hours care, and
- vacation care.

Private schools refers to all types of non-government schools.

Boarding schools refers to 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, accommodation (boarding school), or such other fees that are crucial to the child/young persons attendance. Other costs, such as book hire, may be met as Contingency Items.

Children and young people in out-of-home care are to attend the child care or school which best meets their individual needs as identified in their case plan. Decisions about child care and schooling are to involve participation by the child/young person, as well as their family and carer, wherever possible.

Efforts are made by Department of Community Services staff to ensure that children and young people have child care and school experiences which are as similar as possible to that of their peers who are not in out-of-home placement. Staff will ensure that they are in line with the child or young person's religious and cultural identity.

Special consideration is to be given to the choice of child care and schooling for:

- children of Aboriginal background,
- children with disabilities,
- children of non-English speaking background,
- children from rural or remote areas,
- children with special needs.

Staff will ensure that education for the child/young person promotes their culture, religion and general rights and does not disadvantage their development or hinder their opportunity to participate in the activities of their family or community.

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 are available from your local Department of School Education office.

Department of Community Services staff consult with the District Substitute Care Teachers regarding school enrolments of children or young people in care and to involve them in case planning as appropriate.

Private School Enrolment and Approval

As a general rule, wards and protected persons are to attend Government schools. However, they may be enrolled in private schools in exceptional circumstances, where this has been clearly identified in the case plan as the best way to meet their particular needs, including their cultural and religious requirements.

Approval for enrolment and payment of fees is for the current school year, and is subject to annual review. When approval is given the foster carer will be informed and arrangements will be made for payment of fees.

In approving the enrolment, Department of Community Services staff must ensure that the enrolment meets the child/young person's needs, that it is consistent with the case plan and that the fees charged are average for the area.

Where the foster carer(s) is in employment and the purpose of enrolment for pre-school or child care is to enable the carer(s) to continue in employment a report on the child/young person's enrolment must focus on the needs of the child.

Where it is proposed to place a child/young person with carers who are in employment the supervising Department of Community Services staff are to consider the child's possible participation in child care, including before and after school care and vacation care, before the placement is approved. Such consideration shall focus on the child's emotional and developmental needs at the time of placement.

Payment of child care and pre-school fees is only made after approval and for the period of approval. Accounts are to be sent to the Community Services Centre on a regular basis and are to specify the period and days on which the child attended.

Enrolment in a private school shall not occur until approval is received from the Community Services Centre Manager. Approval by the CSC Manager is still required where the foster carer(s) are prepared to meet all costs and the enrolment is not contrary to the case plan.

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 will be made to school building funds as part of the fee structure or to any separate levy.

LEAVING CARE AND AFTER CARE SERVICES

The *Leaving Care and After Care Services* provide somewhere for young people to turn for information, advice, support and referral. This free service is available to young people who have left or are about to leave foster care or residential care.

The *Leaving Care and After Care Services* provide:

- counselling, support and assistance to young people leaving care or who have left care;
- support in finding employment, health care, legal advice and education;
- assistance with accessing personal history records;
- information and advice about financial assistance; and
- advocacy on behalf of young people.

The Department of Community Services funds Relationships Australia, Centacare and Burnside to run the *Leaving Care and After Care Services*

To find out more contact:

- your current or previous agency/carer; or
- your current or previous District Officer (DO) at Department of Community Services; or
- the ARC, ACE or Alive programs (listed below)

State Wide Services

After Care Resource Centre and After Care

Helpline

The ARC (run by Relationships Australia) has been set up to help young people and their care providers work out the transition from living in care to living independently. The ARC aims to ensure that young people leaving care or who have left care have a clear, helpful, support and accessible after care plan with ongoing supports.

The ARC provides the following services to young people throughout the state:

- A state-wide resource centre where young people can drop-in or phone up and get information and support.
- A freecall helpline service for people who were abused in care.

After Care Resource Centre and Helpline Freecall 1800 656 884.

The ARC

The ARC provides leaving care and after care services to young people living in the Nepean, Cumberland prospect, Northern Sydney and Central Coast area.

The ARC is about a 10 minute walk from Parramatta train station and there are plenty of buses that go past the door. Staff at the ARC can help to organise a ride or may be able to see you in your own area if you are unable to get there yourself.

The ARC is open from 9 am to 5 pm. After hours appointments are also available.

The ARC is located at Suite 103, Level 1, 18-20 Ross Street North Parramatta 2150 (opposite McDonalds) Phone: 02 9890 3899

ACE

ACE (run by Burnside) provides leaving care and after care services to young people living in South West Sydney, Illawarra, Macarthur and Southern Highlands.

ACE is located next to the Drum in Iolanthe Street, Campbelltown. It's about a 10 minute walk from Campbelltown station. Telephone (02) 4629 5145 or 02 4628 3199 (switch).

Youth workers are in the office between 9 am and 5 pm Monday to Friday. If you don't live in the Campbelltown area, workers from ACE can meet with you in your area.

ALIVE

ALIVE (run by Centacare) is located in Glebe and provides leaving care and after care services to young people living in Sydney's east, southern, inner west and inner city areas.

ALIVE is located in Woolley Street, just off Pyrmont Bridge Road and is open 9 am to 5 pm Monday to Friday. After hours appointments are available.

ALIVE is located at 2A Woolley Street Glebe Telephone (02) 9552 6355.

SNYPIC

THE NSW STATE NETWORK OF YOUNG PEOPLE IN CARE

SNYPIC is the consumer group of children and young people who are or have been in care in NSW. The group is made up of and run by children and young people with care experiences.

SNYPIC's mission is to ensure that children and young people in and ex-care are afforded the same life opportunities as all young Australians.

SNYPIC's aim is to ensure that all young people in care can take a more active role in decisions made about their lives. It is about creating opportunities for children and young people in care.

What does "In Care" Mean?

"In Care" refers to any young person who cannot live with their birth parents through no fault of their own. They may be living in **foster care, a residential care unit, a refuge, homeless, a group home or with relatives.**

Why was SNYPIC Developed?

- to make services, carers, workers and the Government more aware of the needs and issues for young people in care;
- to work with services, carers, workers to make sure they are positively responding to the issues of young people in care;
- to work with services to develop models of participation in service planning, provision and review;
- to make sure that young people who are or have been in care know their rights;
- to support young people in finding services that meet their needs;
- so that young people have the opportunity to get together and support each other;
- to provide young people with the opportunities to gain valuable skills and experiences and to be pro-active about their care experience;

What Can Be Achieved By Being Involved With SNYPIC

SNYPIC carries out projects that are decided upon by young people and run by young people with support from SNYPIC workers.

Young people can become involved in SNYPIC and have their say about what they think SNYPIC should do. They will also get to know other young people who are or were in care and make a difference in the care system and in their own lives.

Some of the projects young people have done in the past and that are currently running are:

- the organisation of and holding of a two night conference in Sydney for young people in care from all around the State;
- designing and building of a website that will be on the internet;
- decorating the SNYPIC office to make it young person friendly;
- organising a dance party to raise money for young people in care.

Young people in SNYPIC also do presentations to various groups including the Department of Community Services and non government child welfare agencies on issues for young people in care and ex-care so that these groups can better respond to the needs of young people in care.

Young people involved in SNYPIC in the past have gained a range of skills, had many different experiences and made new friends.

Phone: 1800 655 105.

PROBLEMS/COMPLAINTS

If you have a problem or a complaint about a service or an officer of the Department of Community Services, you should take that complaint in the first instance to your local Community Services Centre. Discuss any concerns you may have with your Supervising District Officer or the Manager or Assistant Manager of your local office. It is better for everyone if problems are sorted out quickly and informally between you and the department. You should ask for the reasons for the decision in writing. If you are not satisfied with the response at the local level you should contact the Area Manager.

If you do not wish to discuss the matter further with any of these people or if you cannot obtain assistance from them, you have 28 days from being told of the decision to lodge an appeal with the Community Services Appeals Tribunal. The Tribunal is an independent body which has the power to hear appeals against certain decisions made in the area of community services and ageing and disability services. The Tribunal's decisions are legally binding.

Some of the decisions you can challenge include:

- To take a child who is a ward from the care of foster parents.
- Not to give back guardianship of a child who is a ward to his/her parents.
- Not to provide certain information or assistance under the Adoption Information Act.
- To hold back, cancel or demand conditions on the licence of a child care or children's service or adoption agency.
- To provide or fund a disability service in a way that does not follow the Disability Services Act.
- To adopt a transition plan that does not follow the Disability Services Act or not adopt a plan that does follow the Act.
- To stop the funding of a disability service without giving the service a hearing.

The Tribunal can decide that the decision made by the Minister or service provider is wrong and put its own decision in its place. It can also tell the Minister or service provider to take a fresh look at its decision. A decision of the Tribunal can only be challenged by the Supreme Court.

In addition, the Tribunal can make suggestions to the Minister.

The Tribunal runs its hearings informally and tries to avoid legal technicalities. The Tribunal members ask questions and discuss the issues with the parties and other people with things to say.

You have 28 days from being told of the decision to apply to challenge it. You can ask the Tribunal to make this time longer. You apply to challenge the decision by

filling in a simple form which is available from the Tribunal. Tribunal staff will answer any questions about the form.

Often a problem can be sorted out without a Tribunal hearing. There might be a quicker and easier way. You should talk to a Tribunal staff member before sending in your appeal. You can ask for reasons for the decision you are thinking of challenging. In many situations, you have a legal right to written reason.

The Community Services Appeals Tribunal is located at Level 4 128 Chalmers Street Surry Hills 2010. Their postal address is Locked Bag 17 Strawberry Hills 2012. Telephone 02 9384 4900.

TELEPHONE NUMBERS

Aboriginal Children's Service (Redfern)	02 9698 2222	
ACE	02 4629 5145	
Adoption Family Information Service	02 9865 5992	1800 049956
After Care Resource Centre & Helpline	1800 656884	
ALIVE	02 9552 6355	
ARC	02 9890 3899	
A.C.W.A. (Aust Community Welfare Assoc).	02 9281 8822	
Family Matters		
Child Protection & Family Crisis Service	1800 066777	
Community Services Tribunal	02 9384 4900	
D.O.C.S. - Grafton	02 6643 2526	
D.O.C.S. - Ballina	02 6686 1999	
D.O.C.S. - Lismore	02 6621 8099	
D.O.C.S. - Tweed Heads	07 5599 1255	
D.O.C.S. - Central Office	02 9716 2222	
Drug & Alcohol Information & Counselling Service	1800 422599	
Foster Care Association of NSW (Inc.)	02 9633 5816	or 02 9633 3824 fax 02 9633 4914
Foster Care Information Line	1800 629628	
Homeless Persons Information Service	02 9265 9081	
Kid's Helpline	1800 551800	
Kings Cross Adolescent Unit	02 9381 0360	
Legal Helpline (Youth)	1800 806913	
Lifeline	131114	
Parent Line (Centacare)	132055	
SNYPIC	02 9635 8833	1800 655105
Welfare Rights Centre	02 92115300	
Youth Accommodation Association	02 9267 5918	
Youthline	02 9633 3666	

ATTACHMENTS

1. Application to Foster
2. Example of Foster Carer Assessment Form
3. Information for Foster Parents in Relation to Child Placement

APPLICATION TO FOSTER

Applicant (1)

Family Name Surname):			
First Name/s:			
Previous Names if any:			
Date of Birth:		Place of Birth:	
Occupation:		Employer	

Applicant (2)

Family Name Surname):			
First Name/s:			
Previous Names if any:			
Date of Birth:		Place of Birth:	
Occupation:		Employer	

Home Address:		Suburb:	
Post Code:		Home Phone Number:	
Business Home:	<i>Applicant 1:</i> _____ <i>Applicant 2:</i> _____		

HOUSE OCCUPANTS

Please identify all occupants living in your home including children.

Name	Date of Birth	Relationship

PREVIOUS APPLICATIONS

If you have applied or been a Foster Carer previously, please provide the following details:

Date:	
With Whom:	
Address:	

REFEREES

I/We provide the following names and addresses of two responsible persons to act as referees to our application. These persons have known us/me and our/my family for at least two years, and are not directly related to us/me, and have indicated their willingness to provide a reference to the Department if requested.

Referee 1 Name:			
Address:		Post Code:	
Telephone:	<i>Home:</i>	<i>Business:</i>	

Referee 2 Name:			
Address:		Post Code:	
Telephone:	<i>Home:</i>	<i>Business:</i>	

APPLICATION

I/We hereby apply to be foster carers for the Department of Community Services.

I/We understand that the Department will make a criminal record check in respect of myself/ourselves and any adult member of our household.

I/We state that the information contained in this application, together with any appendices, is correct to the best of our/my knowledge.

I/We agree to abide by the requirements of the Department of Community Services for departmental foster carers.

I/We understand that the Department may check its own records in respect of ourselves/myself and members of our/my household.

Signed:

Applicant 1

Date:

Applicant 2

Date:

Confidential

Lismore Community Service Centre
Foster Carer Assessment

COVER SHEET

FAMILY NAME:

FIRST NAMES:

ADDRESS:

TELEPHONE:

DISTRICT CENTRE

PERSON DOING ASSESSMENT:

DISTRICT OFFICER RECOMMENDATION RE APPROVAL YES / NO (CIRCLE)

IF YES

AGE RANGE:

SEX:

NO. OF CHILDREN:

TYPE OF FOSTERING:

(CIRCLE)

SHORT-TERM

LONG-TERM

EMERGENCY

PRE-ADOPTION

RESPITE

REMAND (CRIMINAL OFFENCES)

SPECIAL FOSTERING:

C.S.A

ADOLESCENT

DISABILITIES

DISTRICT MANAGER APPROVAL: YES / NO (CIRCLE)

DATE OF APPROVAL: -----/-----/-----

SIGNED: (DISTRICT MANAGER)

DATE: -----/-----/-----

FOSTER CARER ASSESSMENT INTERVIEW

1

1.1 INTRODUCTION AND EXPLANATION OF THE ASSESSMENT PROCESS

- 1.1.1 * Aim is to better understand your capacity as a carer, your family strengths and weaknesses.
- * Aim of this interview is to cover your understanding of the reason for the assessment, understanding the involvement of the department and obtain information of your understanding in relation to the needs of children in foster care.
- * The assessment will be carried out by a District Officer and the outcome will be made known to you.
- * Sometimes cases may end up in Court. This report could therefore be submitted in evidence. We need to make you aware of this possibility.
- * You also need to be made aware that a police check will be carried out.
- * We usually have two people at assessments, one generally records while the other asks questions. The reasons for this are a) it helps the interview flow and is therefore quicker for you and b) it is important that we record accurately what you tell us in order that we understand your perspective better.

1.2 FAMILY DETAILS

1.2.1 Names, dates of birth of all children living at home or away, any deaths and children from previous relationships.

Name: _____

D.O.B: _____

Address: (if living away from home)

Name: _____

D.O.B: _____

Address: (if living away from home)

Name:-----
D.O.B:-----
Address (if living away from home)

Name:-----
D.O.B:-----
Address: (If living away from home)

Name:-----
D.O.B:-----
Address: (if living away from home)

Name:-----
D.O.B:-----
Address: (if living away from home)

1.2.2 Other people living in your household

Name:-----
D.O.B:-----
Relationship to applicant:

Occupation (if applicable)

Name:-----
D.O.B:-----
Relationship to applicant:

Occupation (if applicable)

1.2.3 What is the attitude of all the members in this household to the proposed foster placement ?

1.2.4 Extended family (including also friends, neighbours, godparents)

Indicate the most significant relationships in the wider family , the frequency and form of contact and their attitudes to the proposed foster caring

Indicate the most significant relationships in the wider community network, the frequency and form of contact and their attitudes to the proposed foster caring.

- 1.2.5 Has any member of the household or extended family a physical, mental, emotional handicap or difficulty (eg; senility, asthma, bad heart, etc..) If so, please name the person and give brief details, including significance for any children of the household.

- 1.2.6 Have you or your family had any previous contact with this department?

If so please explain?

- 1.2.7 Current Housing and Financial Circumstances

- a) Source of income -----
b) Major debts/ mortgage -----
c) Description of current housing

- d) Are there any practical, financial and accommodation issues you would like to discuss in relation to fostering ?

1.3 DESCRIPTION OF FAMILY LIFESTYLE

1.3.1 How comfortable is your family in sharing affection ?

1.3.2 How open or controlled is your family in expressing feelings ?
For example : Do you yell when you're angry or do you go of by yourself?

1.3.4 How do you deal with family problems ?
For example : arguments, conflicts, family crisis?

1.3.5 How important is school work and achievement in your family ?
Do you set aside time for homework, or is it more important for your children to develop their own strengths?

1.3.6 What is your attitude to health or ill-health ?

1.3.7 What are the household rules, how strict are they and who is involved in the decision making about rules.

1.3.8 Who is responsible for the discipline in your household ? and why ?

1.3.9 How is, or will, discipline be carried out ?

1.3.10 What would you repeat of your own childhood experience with your own and / or foster children and what would you change ?

1.4 UNDERSTANDING OF THE PURPOSE OF ASSESSMENT

1.4.1 What do you understand to be the purpose of this assessment ?

1.5 UNDERSTANDING OF WHY CHILDREN NEED CARE

1.5.1 Why do you think the department takes action to remove children from their parents?

1.5.2 How would you feel about a child coming into care because of abuse ?

1.5.2 Under what circumstances do you believe children should be removed from their parents care?

1.5.3 What are your views regarding access between children in care and parents and extended family ?

1.5.4 What issues are likely to arise for a child following access ?

How would you deal with them ?

1.6 PAST CONTACT AND RELATIONSHIP WITH CHILDREN AND MOTIVATION

1.6.1 What has been your experience with children ?

1.6.2 Why have you decided to offer yourself as a carer ?

When and how did you first think of offering care for a child ?

With whom did you discuss this ?

1.6.3 What do you think you will get out of having children in your care ?
What are the positives ?

1.6.4 What do you think may be some disadvantages for you or your family
of having foster children in your care ?

1.6.5 If you became aware of a problem with a child what would you do about it ?

1.6.6 Have you considered any future involvement with children aside from fostering ?

1.7 UNDERSTANDING OF THE NEEDS OF CHILDREN

1.7.1 What is your knowledge of child development in the age group you are interested in fostering ?

1.7.2 For families interested in fostering adolescents. What is your understanding and attitude to emerging independence, peer-group pressures, mood swings, sexual development, regression etc....

1.7.3 What is your knowledge of child abuse and what behavioural difficulties might you encounter with a child who suffered abuse?

1.7.4 What is your knowledge of child sexual abuse and what behavioural difficulties might you encounter with a child who has suffered abuse ?

1.8 INTENTIONS WITH REGARDS TO NATURAL FAMILY CONTACT

1.8.1 What do you think your relationship will be with the parents of a child in your care ?

1.8.2 What do you think is your capacity to be directive with parents (perhaps against their wishes) if there is a need to protect a child ?

1.8.3 What are your expectations of contacts with natural parents and other relatives of children in your care ?

1.8.4 How far are you prepared to maintain a child's links with natural parents, relatives, or other people from his or her past ?

1.8.5 Describe any parental behaviour you would find particularly difficult to deal with ?

Foster Carer Assessment

Part 2

2.1 INDIVIDUAL HISTORY OF EACH CAREGIVER

2.1.1 Date and place at birth -----

2.1.2 Name at birth (adopted ?) -----

2.1.3 How would you describe yourself in:

(a) appearance -----

(b) personality -----

(c) feelings about yourself -----

2.1.4 What do you think are your strengths and weaknesses as

(a) a person ?

(b) a partner ?

(c) as a parent ?

2.1.5 What is your religious background ?

What is your cultural background ?

2.2 FAMILY DETAILS

2.2.1 Parents names and ages ? (a) Father

(b) Mother

2.2.2 Names of siblings ?

Name -----
D.O.B -----
Married -----
Address -----

Name -----
D.O.B -----
Married -----
Address -----

Name -----
D.O.B -----
Married -----
Address -----

Name -----
D.O.B -----
Married -----
Address -----

Name -----
D.O.B -----
Married -----
Address -----

Name -----
D.O.B -----
Married -----
Address -----

Are they still living ?

How would you describe your relationship with each of your siblings ?

2.3 RELATIONSHIP WITH PARENTS

2.3.1 How would you describe your childhood ?

Who did you mainly live with ?

Were there times when either of your parents left home or you were sent away ?

Did your parents ever threaten to leave or send you away ?

2.3.2 How would you describe each of your parents ?

(a) Mother ? -----

(b) Father ? -----

What did you do as a child when you were upset ?

Can you remember being held by your mother or father to comfort you?

Did you ever feel rejected by your mother or father ?

Have there been any major changes in your relationships with your parents since you were a child ?

2.3.3 When you were a child were you ever abused and by whom ?

(a) neglected

(b) physically

(c) emotionally

(d) sexually

2.3.4 How would you describe your relationship with each of your parents today ?

(a) Mother

(b) Father

2.3.5 What other people were important to you in your childhood ?

2.4 QUALITY OF PARENT'S RELATIONSHIP

2.4.1 How would you describe the relationship between your parents ?

2.4.2 Can you recall any serious or violent arguments in their relationship /

2.4.3 Did you parents ever separate ?

If so, when, for how long ?

What caused the separation ?

How did they reunite ?

Were things different after their reconciliation ?

2.4.4 How are the household tasks divided ?

Who was the main person providing care for the children ?

2.4.5 Who was responsible for the discipline ?

How was discipline carried out ?

Was this consistent for each of the children ?

Were any children favoured ? If so, why ?

2.4.6 To which parent did you generally turn if you were sad, in trouble, needed money, needed anything else ?

2.5 EDUCATIONAL EXPERIENCE

2.5.1 How far did you go with your school education ?

What was your experience of school life ?

2.5.2 What things, if any, did you find difficult at school ?

How did you cope with exams ?

Did you ever truant from school ?

2.5.3 When and Why did you leave school ?

How do you currently feel about this decision ?

2.5.4 (If they were asked now) what would your teachers say about you, your behaviour, your achievements, your social network ?

2.6 WORK HISTORY

2.6.1 Describe your work experiences since leaving school ? How long, on average, did you stay at a job?

2.6.2 How would your employers and colleagues describe your working time with them ?

2.7 ADULT RELATIONSHIP / CURRENT RELATIONSHIP

2.7.1 Describe your first marriage, de facto or long-term relationship.

How did you meet this person and what attracted you to this person ?

What difficulties did you experience in this relationship ?

How did the relationship end ?

If there were children of this relationship, what present contact is there between you and the children ?

Describe any other (If any) major relationship (s) and refer to the same questions (as above)

2.8 RELATIONSHIP OF THE COUPLE (CURRENT)

2.8.1 How would you describe your relationship now ?

How long has this relationship been going?

If married, how long have you been married?

How much time do you spend doing things as a couple ?

Do you have interests or hobbies that you do together ?

Do you have interests or hobbies that you do separately ?

How are the household tasks divided ?

2.8.2 Can you recall any violence / serious arguments in your relationship ?

If so, how did you resolve it ?

2.8.3 How do you cope with stress ?

How do you usually deal with conflict in your relationship?

2.8.4 Did you ever separate ?

If so, for how long ?

What caused the separation?

How did you reunite ?

Were things different after the reconciliation ?

2.9 RELATIONSHIP OF THE FAMILY

2.9.1 Who is the main person providing care for the child / children ?

Who is responsible for discipline ?

How is discipline carried out ?

Is this consistent for each of the children ?

Are any of the children favoured ? If so, why ?

2.9.2 To which parent do the children generally turn if they are sad, in trouble, need money, need anything else.

3.1 HEALTH / DRUG / ALCOHOL / POLICE / PSYCHIATRIC HISTORY

3.1.1 How would you describe your health ?

Have you ever had any serious illnesses ? If yes please describe.

3.1.2 Have you ever had an alcohol problem ?

Do you think you now have a problem with alcohol ?

If yes does drinking happen at:

- (a) home -----
(b) away -----

Who looks after you if you have been drinking ?

3.1.3 Have you ever been involved with drugs ?

Do you think you now have a problem with drugs ?

If yes, does drug taking happen at:

(a) home -----
(b) away -----

Who looks after you if you have been taking drugs ?

3.1.4 Do other people involved with drugs or alcohol problems come into your house ?

Are they invited or otherwise ?

3.1.5 If there is a problem with drugs or alcohol in your home, who looks after the children (if any) ?

What effect (s) do you think this has upon the children ?

3.1.6 Have you ever been in trouble with the police or Courts ?
(if yes, please give details)

Do you have any convictions ? (please give details)

Are you currently waiting to go to court on any matter ?

Are you currently subject to a court order /parole ?

Are you currently on probation ? (If yes, please give details)

3.1.7 Have you ever been to prison ? (if yes, please give details)

3.1.8 Have you ever had any psychiatric treatment ?

3.1.9 If any of the above section applies to you, what effect do you think this has upon the children ?

Are each of the children affected the same way ? (give details)

3.2 ATTITUDES TO INTERVENTION

3.2.1 Are there any concerns you have in relation to becoming a foster carer ?

3.2.2 What is your attitude / feelings about continuing involvement with the department ? (Do you have any concerns)

3.2.3 Have you or other family members had previous involvement with the department ? (please explain)

3.3 CONCLUSION

3.3.1 Are there any comments or questions you wish to add ?

3.3.1 Thank you for your assistance with this report.



NSW DEPARTMENT OF
COMMUNITY SERVICES

Linking families, individuals, communities.

COMMUNITY
SERVICES CENTRE

INFORMATION for FOSTER PARENTS
in RELATION to CHILD PLACEMENT

CHILD'S NAME: _____ D.O.B.: ___ / ___ / 19___

EXPECTED DURATION OF PLACEMENT: _____

LEGAL STATUS OF CHILD: _____

DEPARTMENTAL CONTACT INFORMATION

OFFICE HOURS: _____ Community Services Centre

District
Officer: _____

Assistant
Manager: _____

After Hours Emergency: 1800 066 777 or (02) _____

FAMILIAL INFORMATION

FATHER: _____ Ph. No.: _____

MOTHER: _____ Ph. No.: _____

SIBLINGS	DATES OF BIRTH

SIGNIFICANT
OTHERS: _____ ... Ph. No.: _____

_____ Ph. No.: _____

_____ Ph. No.: _____

ACCESS ARRANGEMENTS: (tick appropriate boxes)

Yes No

Access will be required during the placement

Planned Frequency of Access: _____

Yes No

The parent(s) are permitted to take the child out unsupervised.

1st Access due: ___ : ___ am/pm Day: _____ Date: ___ / ___ / 19___

Other Restrictions/Stipulation's: _____

PREVIOUS FOSTER CARE

(Give year, circumstance of entry into care, contact number if applicable and any significant traits/problems/behaviour patterns noted at the time.)

SCHOOL / PRE-SCHOOL / DAY CARE

CHILD ATTENDS:

Name: _____ Ph. No.: _____

Address: _____

Teacher/Carer: _____ Due to attend: ___ / ___ /19___

MEDICAL INFORMATION

DOCTOR: _____ Ph. No.: _____

Address: _____

MEDICARE No.: _____

KNOWN ILLNESSES / ALLERGIES / HOSPITALISATIONS:

CURRENT MEDICATIONS: (Drug Name : Dosage : Frequency/times for dosage)

_____ : _____ : _____
_____ : _____ : _____
_____ : _____ : _____

DISABILITIES: (tick appropriate boxes)

Physical Intellectual Sensory Emotional (includes psych./behave./phobias)

Details: _____

NSW OUT-OF-HOME CARE STANDARDS



NSW Out-of-Home Care Standards

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SECTION 1 CASEWORK PRACTICE

Standard 1.1 Initial assessment, access and referral

Children and young people in need of care and support will have timely access to appropriate services based on a thorough assessment of their needs and family situation.

1.1.1 There are detailed up to date policies and procedures for initial assessment, referral and placement.

1.1.2 Initial assessments are carried out prior to placement, or in emergencies, immediately after placement.

1.1.3 The initial assessment is comprehensive.

1.1.4 There is an investigation of alternative options to out-of-home care for the child or young person.

1.1.5 All avenues for family care placements are explored prior to placing a child in residential care.

1.1.6 Where siblings are being assessed and placed, the collective needs of siblings are considered, as well as the individual needs of each child and young person.

1.1.7 The assessment and referral of Aboriginal and Torres Strait Islander children and young people is done in accordance with the Aboriginal and Torres Strait Islander placement principle.

1.1.8 Where placement of a child is referred to another agency, there should be a written agreement about each agency's agreed responsibilities.

1.1.9 There are clear protocols for referrals between this and other agencies that assist positive referral outcomes.

1.1.10 Where a child or young person has asked for a referral to a placement that has not eventuated, an explanation is given.

1.1.11 The period of time between initial assessment, referral and placement is recorded and monitored.

Standard 1.2 Case planning

The applicant for accreditation will ensure that work with children, young people and their families is based upon an ongoing assessment of their needs and case planning to address these needs.

1.2.1 Detailed policies and procedures exist for conducting and recording case planning.

1.2.2 Up-to-date documented case plans exist for each child and young person in the agency's care.

1.2.3 The case plan is based on a thorough assessment of needs that have been gained from all relevant parties.

1.2.4 The case plan is comprehensive.

1.2.5 Case planning involves all key people including the child or young person.

1.2.6 A caseworker from the agency is assigned to each child and young person before their admission to a service and their responsibilities are recorded in the plan.

1.2.7 Indigenous children and young people have access to a caseworker from the same indigenous background.

1.2.8 Case planning meetings are prepared and well run.

1.2.9 The goal of permanency is discussed and how to achieve it.

1.2.10 Where restoration is the goal, those at the meeting discuss how this will occur.

1.2.11 Where achieving a permanent out-of-home placement is the goal, those at the meeting discuss options to achieve this goal.

1.2.12 Arrangements for support services to maintain any proposed adoptive or other permanent legal placement are discussed.

1.2.13 The case plan is documented including participant's names, the views of the child or young person and any dissenting views.

1.2.14 All parties involved in the planning process receive a copy of the plan and any updates.

Standard 1.3 Placement in care

The applicant for accreditation will provide placements, which are planned to meet the child or young person's needs as identified in the case planning process.

1.3.1 There is close matching of the needs of the child or young person identified in the case plan to the placement type. The child or young person is given information about the authorised carer before entering their care.

1.3.2 The entry to a placement is planned, so that the child or young person is best able to adapt to the new environment.

1.3.3 Where a child or young person is placed as a result of an emergency, the caseworker or a significant person accompanies them to the placement and stays for a period of time.

1.3.4 All children and young people are to be telephoned by their caseworker within 24 hours of the start of a placement and have face to face contact within one week.

1.3.5 All children and young people in care meet their caseworkers face to face as soon as possible after the caseworker is appointed.

1.3.6 Children and young people are provided with contact numbers for their caseworker and who to contact in an emergency.

1.3.7 When a caseworker is away on holiday or extended leave, children and young people are given another caseworker to contact.

1.3.8 The carer is given all the information needed to care for the child or young person.

1.3.9 Arrangements are in place to provide emergency services to children, young people and their current authorised carers out of hours.

Standard 1.4 Casework to support permanency

The applicant for accreditation will provide casework and other services, which aim to provide stable, permanent care that best meets the individual needs of children and young people.

- 1.4.1 Restoration services are provided and resources allocated to assist the process.
- 1.4.2 Where restoration is the goal there are planned strategies for the gradual supervised transfer of responsibility for the care of the child or young person to their family.
- 1.4.3 Caseworkers work with the child, young person and family to make restoration an easier process.
- 1.4.4 Caseworkers work with authorised carers to assist them to positively support the restoration process.
- 1.4.5 Families whose children and young people have returned to live with them are encouraged to establish contact arrangements (where appropriate) to the previous authorised carer.
- 1.4.6 Ongoing support and contact for a period of time is provided to the child, young person and their family where restoration has occurred.
- 1.4.7 All relevant information is explained verbally and in writing to children and young people, authorised carers and parents, in the process of establishing a permanent out-of-home placement. This includes each party's rights and responsibilities.
- 1.4.8 Children and young people are given access to an independent person with whom they can discuss their views in relation to adoption or other permanent orders.
- 1.4.9 An accurate record of the child or young person's life is provided to the permanent family.
- 1.4.10 The permanent family has been involved in discussion about the importance of access to information about, or contact with, the original family.

Standard 1.5 Relative placements

Support is offered to carers who have children or young people in their care as a result of relative ties. The agency monitors the care of these children.

1.5.1 Where financial assistance is provided to relative carers, support services are also made available.

1.5.2 A caseworker is appointed who monitors the quality of care.

1.5.3 The caseworker assesses the placement through regular contact with the carer and child or young person.

1.5.4 There are documented procedures for intervention if the care environment is inadequate.

1.5.5 Casework with these placements mirror, as far as possible, the practices expected in other placements.

Standard 1.6 Monitoring placements and reviewing case plans

There is regular monitoring of the placement and review of the case plans for all children and young people in care to ensure placements meet their individual needs.

- 1.6.1 Formal reviews and monitoring ensures the case plan and placement strategies remain relevant.
- 1.6.2 There is a thorough assessment of the child or young person's individual circumstances.
- 1.6.3 Regular monitoring includes consultation with the child or young person.
- 1.6.4 The review process draws information from key people in the life of the child or young person to inform the understanding about their current needs.
- 1.6.5 Records relating to all casework activities are maintained and complete.
- 1.6.6 Care reviews cover outcomes of the goals set in the case plan and what has occurred in the placement.
- 1.6.7 Case plans are varied as a result of case plan reviews and the reason for changes is documented.
- 1.6.8 Case plans identify how monitoring will be undertaken between formal case reviews.
- 1.6.9 Participants in the case review process, including the child and young person, receive a written record of the outcomes.

Standard 1.7 Participation in decision making

Participation of children and young people in decisions relating to their own care is actively promoted. Families will be involved in decision making about their children's care where possible.

1.7.1 Policies and practices maximise participation by children, young people and families in decision-making.

1.7.2 There are strategies to support the direct involvement of children, young people and their families in case planning.

1.7.3 It is ensured that the child or young person and their families understand the case plan.

1.7.4 Children and young people are consulted when there is a change in a caseworker, direct care worker, authorised carer or designated agency.

1.7.5 Interpreters are used and where appropriate include Aboriginal and Torres Strait Islander interpreters and/or community representatives.

1.7.6 Policies and procedures require that children and young people give informed consent about specific issues.

1.7.7 Children and young people with special needs, their families and carers/staff are trained and supported in specialist communication techniques that meet the needs of the children and young people.

Standard 1.8 Work in relation to courts

The agency works to help court decisions to occur quickly and in the best interests of the child or young person involved. The agency provides appropriate support to those concerned.

1.8.1 Relevant documentation for court processes is kept.

1.8.2 When placements are with non-government organisations there are clear communication systems for court purposes.

1.8.3 Information that is easy to understand is provided to the child, young person, families and carers about the court process.

1.8.4. An independent person is found who can act as an advocate through the court process for children or young people.

1.8.5 Families are informed of how to obtain legal representation and access advocacy services.

1.8.6 There are guidelines on how to minimise any conflict of interest in relation to caseworkers informing and supporting children, young people, their families and carers during court proceedings.

SECTION 2 MANAGEMENT OF AUTHORISED (FOSTER) CARERS

Standard 2.1 Recruitment and selection of authorised (foster) carers

Only people best able to meet the individual needs of children and young people are recruited as authorised foster carers.

2.1.1 There are written policies and procedures about the recruitment and approval of carers.

2.1.2 There are strategies to recruit carers from a variety of ethnic, indigenous and religious backgrounds where this is identified as appropriate.

2.1.3 There is a planned approach to the recruitment of carers from a range of backgrounds or with the ability to meet special needs.

2.1.4 Written information in plain English is used in the recruitment process that covers the realities, benefits and challenges of out-of-home care.

2.1.5 There are general criteria for the selection of carers.

2.1.6 There is a range of specific criteria for the approval of carers.

2.1.7 A range of assessment processes is used to select and approve carers including group and individual interviews.

2.1.8 There is a formal system for the approval of carers after assessment, including an assessment report and written approval.

2.1.9 Successful applicants are provided with a detailed written agreement stating the conditions of approval, agency expectations, delegations and carer responsibilities.

2.1.10 Unsuccessful applicants are given reasons for non-approval and informed how to appeal the decision.

Standard 2.2 Authorised (foster) carer training

All authorised (foster) carers receive appropriate training for their role, including initial and ongoing training.

- 2.2.1 There is a policy on the training of carers that includes the attendance and participation requirements of the carers and other household members.
- 2.2.2 All carers have initial training before a child or young person is placed with them.
- 2.2.3 There are methods for identifying the ongoing training needs of carers.
- 2.2.4 Training provided to carers is based on the age and developmental needs of children and young people in out-of-home care.
- 2.2.5 Carers are given regular training opportunities that are documented and monitored.
- 2.2.6 Specialised training is given to carers of children and young people with special needs.
- 2.2.7 Records are kept about all training courses provided, along with evaluations from the participants.
- 2.2.8 There are strategies to encourage carers to gain ongoing training and reduce potential barriers to training.

Standard 2.3 Supervision and support

All authorised (foster) carers are given supervision and support that is useful and timely to facilitate better outcomes for children and young people in care.

2.3.1 New carers are put in touch with experienced carers and regular opportunities are provided for all carers to link with each other.

2.3.2 Caseworkers maintain regular contact with the carer at the start of a new placement and provide support and supervision.

2.3.3 All carers providing care have after hours contacts in case of emergencies.

2.3.4 There are guidelines on how support will be provided after a critical incident.

2.3.5 Carers are given access to emergency and planned periodic out-of-home care when needed.

2.3.6 There are agency strategies to minimise or address aggressive behaviour from natural parents towards authorised carers.

2.3.7 Carers receive financial assistance without delays.

2.3.8 Additional payments to carers are made promptly and fairly once documented claims are received.

2.3.9 There is a documented system for ensuring prompt payment of contingency funds to carers when needed.

2.3.10 Caseworkers are accessible to carers to provide information and advice on the care of children or young people.

2.3.11 There are clear guidelines and criteria for the review of carers including the formal review of all carers within four months of authorisation and thereafter at least annually.

2.3.12 There are clear guidelines and criteria for ceasing to use carers or altering the type or number of placements.

Standard 2.4 Authorised (foster) carer participation and rights

All authorised (foster) carers are given opportunities to participate in decisions and have their rights upheld.

- 2.4.1 Policies and procedures reflect a participatory relationship with carers.
- 2.4.2 Carers are involved in out-of-home care planning and care reviews of children or young people in their care. Aboriginal and Torres Strait Islander support people are available when required.
- 2.4.3 Carers are consistently given all relevant information about a child or young person in their care, beginning from the planning of the placement.
- 2.4.4 Carers are given regular opportunities to offer feedback on the way out-of-home care is managed.
- 2.4.5 Carers are consulted before decisions affecting them are made.
- 2.4.6 The establishment of committees or forums for carers to advocate for issues relating to out-of-home care is encouraged.
- 2.4.7 The efforts and accomplishments of carers are formally recognised.

SECTION 2A MANAGEMENT OF RESIDENTIAL CARE

Standard 2A Residential care is provided in a personalised environment

Children and young people who live in residential out-of-home care situations are provided with a personalised environment.

- 2A.1 Written policies and procedures exist to ensure that a personalised environment is provided.
- 2A.2 Children and young people are able to have and access their own possessions and equipment as appropriate to their age, interests and developmental stage.
- 2A.3 Residential care staff actively support children and young people to maintain access to friendships, cultural and social contacts and religious instruction, as appropriate outside the residential unit.
- 2A.4 There is a planned approach to facilitating compatibility between residents, including assessment of new residents for compatibility before placement and ongoing monitoring for mutually beneficial outcomes for each resident.
- 2A.5 There are strategies to enhance positive relationships amongst residents in keeping with the cultural background of the children and young people in care.
- 2A.6 There are agency strategies to minimise and address conflicts and aggressive and abusive behaviours within the residential unit, including that towards visitors, residential care staff and other residents.
- 2A.7 Requirements for accountability and efficiency are planned and implemented so as not to diminish nor override a personalised care environment.
- 2A.8 There are guidelines to manage family input and involvement in the operation of the residential unit.
- 2A.9 No resident is treated unequally or benefits unfairly.
- 2A.10 There is a budget for each residential unit and a process for maintaining and replacing damaged or unsuitable furniture and equipment.
- 2A.11 Policies and procedures reflect a participatory relationship with residential care staff.
- 2A.12 Residential care staff (as appropriate) are involved in the formulation of care plans and care reviews of children or young people in their care.
- 2A.13 Residential care staff are kept informed regarding all relevant information about a child or young person in their care, beginning from the planning of the placement.

SECTION 3 MEETING NEEDS WHILE IN CARE

Standard 3.1 Care environment

Children and young people are cared for in a safe nurturing environment appropriate to their specific needs.

- 3.1.1 The living environment is comfortable and adequate.
- 3.1.2 The living environment including the external appearance is appropriate for the age and specific needs of the children and young people.
- 3.1.3 In the case of residential care, the living environment is similar to that of homes in the community.
- 3.1.4 The physical living environment in residential care is safe, hygienic and equipped with normal security and safety devices.
- 3.1.5 The foster carer's home is safe and hygienic.
- 3.1.6 The location of placements assists access to significant people and familiar community resources, unless there are safety concerns that prevent the use of such locations.
- 3.1.7 The living environment allows for age appropriate private space.
- 3.1.8 Children and young people are encouraged to be involved in decisions about how the care environment can best meet their individual needs.
- 3.1.9 There are guidelines and specialist training for direct care staff and carers to minimise the risk of children and young people being harmed or suffering emotional, physical or sexual abuse.
- 3.1.10 There are procedures regarding the reporting and investigation of suspected or alleged abuse of children and young people in care.

Standard 3.2 Identity and family relationships

Children and young people are placed in care situations which support their individual identity and self esteem. Such placements promote the importance of their families, communities and other significant attachments.

3.2.1 Placement plans identify strategies for encouraging self esteem and identity.

3.2.2 Children and young people are encouraged to express their own cultural and religious identity.

3.2.3 There is a clear picture of the child or young person's important attachment relationships.

3.2.4 Active support and encouragement is provided to maintain relationships with important people.

3.2.5 Contact between children, young people and their families is held in places that provide ease and comfort for all.

3.2.6 Carers and/or staff collect a variety of material and life story information to assist the development of self identity.

3.2.7 All children and young people have access to pictures and information about their life story including their time in care.

Standard 3.3 Emotional and social development

Children and young people are cared for in placements which meet their individual, emotional, social and behavioural needs and help develop their capacity to lead happy, fulfilled and independent lives.

3.3.1 Information is given to carers about the specific emotional and social needs of children and young people.

3.3.2 Support and/or training is provided to carers and direct care staff about the emotional, social and cultural needs of the children or young people in their care.

3.3.3 Individual placements include daily activities and routines that are flexible and responsive to the needs of the children or young people in care.

3.3.4 Children and young people are encouraged to form, develop and maintain friendships with peers.

3.3.5 There is a written policy on positive approaches to behaviour management and details about what are unacceptable practices.

3.3.6 Carers have specific guidelines and training for managing challenging behaviour of children and young people.

3.3.7 One to one training approaches are used to assist young people to develop independent living skills.

3.3.8 Children and young people are told about the guidelines on pocket money.

3.3.9 Children and young people are encouraged by carers to be actively involved in school and community, recreational, special interest and sporting activities.

3.3.10 Caseworker and carers assess and monitor the overall happiness and positive feelings of the child or young person in care and take action to address any apparent sustained unhappiness.

Standard 3.4 Health

All children and young people in care have access to proper health care so their health needs are regularly monitored and attended to.

3.4.1 There are written policies and procedures on the health care of children and young people, including monitoring processes and the timing of assessments.

3.4.2 Policies and individual case plans note critical times for further health assessments.

3.4.3 The preferences of children and young people are taken into account when organising health assessments and there are strategies to minimise possible abuse.

3.4.4 All children and young people receive regular medical treatment and preventative checks as needed and these are recorded.

3.4.5 All children and young people attend regular dental check ups that are recorded.

3.4.6 There are specific processes for the assessment and monitoring of the developmental and health needs of children with disabilities and assisting access to services.

3.4.7 There are special procedures for monitoring children and young people with specific health problems requiring ongoing medication.

3.4.8 Children and young people with special needs have access to regular ongoing therapy and their progress is monitored and recorded.

3.4.9 Children and young people in care receive information that helps them make healthy lifestyle choices.

3.4.10 Carers are required to provide information to children and young people in their care and discuss issues relating to use and abuse of drugs and alcohol.

3.4.11 Children and young people are provided with information and given opportunities to talk about issues relating to their sexuality and safe sex practices.

3.4.12 Young people who are leaving care get advice and information on how to access health services in the community.

3.4.13 Carers and caseworkers are given training to assist them to recognise and respond appropriately to children and young people with suicidal or self-destructive behaviours.

3.4.14 Parents receive information updates about their children's health.

Standard 3.5 Education

All children and young people in care have access to the same range of educational opportunities available to all children and young people and there is stability and continuity in their schooling.

3.5.1 When children and young people enter care, the assessment includes their educational needs.

3.5.2 The caseworker and/or carer liaises with schools in developing case plans and monitoring the development and needs of the child or young person.

3.5.3 The caseworker informs the childcare centre or school of the need to maintain confidentiality about the child or young person's story.

3.5.4 The parents receive information about their child or young person's progress at school.

3.5.5 A systematic record is made of the outcomes of liaison with schools in case records.

3.5.6 When a child or young person moves in care, continuity of education is taken into account and given a high priority.

3.5.7 Where a child or young person needs to change their place of education support is provided.

3.5.8 Advocacy and active negotiation is provided to ensure access to appropriate schooling.

3.5.9 Specialist remedial services are accessed to meet identified learning needs.

Standard 3.6 Moving in care

Services are provided to ensure continuity and stability of care for each child and young person, and to ensure that where a move is necessary it is planned and supported to enable a successful transition.

3.6.1 Casework practice assists the early identification of placements at risk of disruption.

3.6.2 Where there are signs that a placement could be disrupted a pro-active approach is taken to support or change the placement.

3.6.3 Where a change of placement is necessary cooperative work is undertaken to ensure a smooth transition for the child or young person.

3.6.4 In planning for this transition continuity for the child or young person in their significant relationships, life experience and attachments is given priority.

3.6.5 When a placement needs to change, the agency retains responsibility for care until another appropriate care arrangement is made.

3.6.6 Children and young people participate in the selection of any new care placement.

3.6.7 Where children and young people run away, there are procedures to actively find them and to respond to their needs.

3.6.8 Where children or young people run away, on return they are seen in private by a caseworker to find out why. They are provided with a specialist counsellor where the problem persists.

3.6.9 There is a staged process of introduction and contact with new carers, direct care staff and caseworkers which is managed by workers with whom the child or young person has a positive relationship.

3.6.10 Children and young people who have previously been in care are placed (where applicable) with the same service and/or carers.

3.6.11 Where there has been a disrupted placement a review is undertaken.

3.6.12 Changes occurring in the placement are reflected in the case plan.

3.6.13 Steps are taken to ensure that all parties understand the case plan and any changes made to it.

3.6.14 Disruptions to care, education and health services are monitored.

Standard 3.7 Nutritional requirements for children and young people, particularly those with special needs

The nutritional and associated health needs of children and young people, particularly those with special needs, are recognised, responded to and monitored.

3.7.1 There are policies and procedures to address the nutritional and eating/drinking assistance needs of children and young people, particularly those with special needs, including the timing of screening, assessments and monitoring.

3.7.2 A good quality, well-balanced and adequate diet is provided at all times.

3.7.3 Menu plans are developed to address nutrition and dietary requirements of children and young people and if necessary reviewed in consultation with a dietician.

3.7.4 Staff training is provided to promote staff and carer competencies in relation to safe eating/drinking assistance techniques and safe handling of food.

3.7.5 Nutritional and, where appropriate, swallowing risk screening is provided for children and young people on a timely basis.

3.7.6 Monitoring of the weight and nutritional health of children and young people with special needs occurs. Medical and/or dietetic advice is sought where significant weight or health concerns are noted.

SECTION 4 RIGHTS CONFIDENTIALITY AND COMPLAINTS

Standard 4.1 Rights of children, young people and families

The rights of children, young people and their families in the out-of-home care system are upheld and they are assisted to exercise these rights.

4.1.1 Policies include clear statements and commitments to the rights of children, young people and their families.

4.1.2 Age appropriate printed material or other forms of information is given to children and young people in care (with an appropriate cultural context) to inform them of their rights.

4.1.3 Families are informed of their rights in relation to contact, case planning, court orders, placements, complaints and appeals.

4.1.4 An environment is promoted in which rights are recognised, respected and actively promoted.

4.1.5 In consultation with parents and carers, children and young people receive information and support to access an independent advocate or an advocacy organisation. This can be especially relevant for children and young people with special needs.

Standard 4.2 Confidentiality and privacy

The right of children, young people and their natural families to confidentiality and privacy is maintained.

- 4.2.1 There are policies and procedures relating to confidentiality and getting informed consent.
- 4.2.2 All agency staff know their responsibilities concerning confidentiality.
- 4.2.3 Personal information about children, young people and their families is kept secure.
- 4.2.4 There are systems to protect the confidentiality of documents containing personal information when they are sent to other agencies.
- 4.2.5 Interviews with children, young people and their families take place in privacy.
- 4.2.6 Caseworkers consistently monitor the adequacy of privacy given to children and young people. Attempts are made to minimise any intrusions into their privacy.
- 4.2.7 When promoting services to the public, the dignity and privacy of children and young people is not compromised.

Standard 4.3 Complaints and appeals

The agency operates and promotes a fair complaints system that is accessible to all and systematically informs clients of their external rights to appeal.

- 4.3.1 The complaints system includes a comprehensive range of policies and procedures.
- 4.3.2 Policies and practices have been developed which encourage access by children, young people and their families to the complaints system.
- 4.3.3 When a child or young person makes a serious complaint they are immediately offered access to a support person.
- 4.3.4 Children, young people, their families and authorised carers are told about their rights to appeal decisions through the Administrative Decisions Tribunal and which decisions are subject to appeal.
- 4.3.5 There are clear guidelines for investigating allegations of misconduct against an authorised carer.
- 4.3.6 When allegations against an authorised carer are not substantiated steps are taken to assist the child or young person and carer to appropriately talk about and deal with the effects of investigation processes.
- 4.3.7 There are regular reviews of complaints and their outcomes to inform the further improvement of policy and practice.

SECTION 5 CARE RECORDS

Standard 5.1 Management of the care record system

There is an integrated and well managed record system to document casework which is appropriately accessible and confidential.

- 5.1.1 There are written policies and procedures to guide the operation of the care record system.
- 5.1.2 The record system is easy to use and is organised to ensure access by staff to vital information about each child and young person in care.
- 5.1.3 A person is identified as being responsible for managing the record system.
- 5.1.4 Appropriately qualified people undertake a random audit at least annually.
- 5.1.5 There is sufficient secure storage space for current and archived records and records are easily accessible to those using them.
- 5.1.6 Confidentiality of records is kept at all times using a 'need to know' principle to determine access.
- 5.1.7 Where a computerised system is used for client information it is integrated with hard copy files and is secure.
- 5.1.8 There is a tracer system used to record the location of all records.
- 5.1.9 Staff receive initial and ongoing training in maintaining high quality records.

Standard 5.2 Content of care records

Records of children and young people in care contain the information necessary to provide quality care and assist them in establishing independent lives when they leave care.

5.2.1 Each record contains a comprehensive and up-to-date summary information sheet, so that vital information about a child or young person can be easily obtained.

5.2.2 The record system for each child or young person is comprehensive and contains all documentation about assessments, case plans, court orders, information about the natural family, prior placements, signed consents and life story records, including photos.

5.2.3 Each entry within a record requires the recorder's name, position, signature and date of entry to be stated.

5.2.4 When audits are undertaken, case plans and reviews are checked to ensure compliance with all requirements.

5.2.5 Young people are given the opportunity to make file entries on their own behalf.

Standard 5.3 Related records

All other records related to the care of children and young people are adequate and kept up to date.

5.3.1 Historical and current information related to the family of each child or young person in care is kept.

5.3.2 Comprehensive records on each carer and the carer household are kept.

5.3.3 Past carer files are kept accessible whilst a previously placed child or young person is still in out-of-home care.

5.3.4 A daily logbook is maintained and kept secure in residential care settings.

5.3.5 Carers are encouraged to keep a diary or log book or tape containing factual accounts of significant daily events.

5.3.6 The quality of court documentation is regularly monitored.

SECTION 6 LEAVING CARE

Standard 6.1 Planning for leaving care to live independently

Young people who will be leaving care to live independently within the next year are assisted to plan their future well-being.

Note: This standard relates only to young people leaving care to establish independent living. Where a young person leaves care other than to live independently, Standard 3.6 Moving in Care applies.

6.1.1 Planning for independent living with the young person and significant others begins well before they leave care.

6.1.2 Case planning is undertaken with the young person and significant others to plan for the transition to independent living.

6.1.3 A comprehensive leaving care plan is prepared, including alternative strategies in case the plan does not work.

6.1.4 The caseworker meets with the young person regularly during the planning period to work towards the transition for independent living.

6.1.5 The caseworker works with the carer and young person to develop clear expectations of what support will be available after leaving care.

6.1.6 Development opportunities are provided when the leaving care plan identifies the need for additional living skills.

6.1.7 An accurate record of their time in care is compiled with input from the young person and given to them before leaving care.

6.1.8 Basic living requirements are established before leaving care, including emergency and ongoing contacts.

6.1.9 Where a young person leaves care in an unplanned way, they are not assessed as having left care at this point. The agency maintains responsibility for the young person until they reach eighteen or a leaving care plan has been put in place.

Standard 6.2 After care support

Tangible support is given to the young person once they have formally left care and are learning to live independently and take control of their lives.

6.2.1 There are policies, procedures and resources for the provision of after care services, which promote a gradual move to independence.

6.2.2 Relevant written information about leaving care and after care support services is given to the young person on leaving care.

6.2.3 Support is given to the young person when they need it.

6.2.4 If required, follow up is provided at regular intervals for a period of two to five years.

6.2.5 Documented efforts are undertaken to find alternative housing arrangements where needed.

6.2.6 Links with employment and education organisations are made, including Aboriginal and Torres Strait Islander organisations where appropriate.

6.2.7 Counselling is provided if needed for young people who have left care.

6.2.8 If a young person becomes pregnant, support services specific to pregnancy and parenting are provided. Intensive support is available where needed.

6.2.9 Opportunities are provided for young people who have left care to link with others in the same situation are provided.

SECTION 7 WORKING WITH OTHER AGENCIES AND LIAISON WITH THE COMMUNITY

Standard 7.1 Knowledge of community needs and resources

Contact is maintained with a wide range of community agencies and groups to ensure an up to date knowledge of community needs and the availability of resources.

7.1.1 An up-to-date resource list or database on services and groups related to working with children and young people and their families (including Aboriginal and Torres Strait Islander organisations) is maintained.

7.1.2 A nominated person(s) has responsibility for maintaining the resource list or database.

7.1.3 Written information on services and resources from a wide range of sources (local and state) is collected.

7.1.4 Staff are encouraged to maintain contact with agencies and groups to gain information about changing needs in the community.

7.1.5 All staff working directly with clients have opportunities to liaise with other agencies and participate in relevant community forums and groups.

7.1.6 There are links with indigenous communities and/or with indigenous community agencies.

7.1.7 There are links with organisations and key individuals addressing the needs of children and young people with a non English speaking background.

Standard 7.2 Liaison with other service providers

The agency liaises and works cooperatively with other agencies providing services to children, young people and their families to ensure maximum benefit to their clients.

7.2.1 There is a record of agencies that are involved with each child or young person and their families. There is regular communication between agencies involved in individual cases.

7.2.2 Other agencies are routinely notified of changes in personnel, services and available resources.

7.2.3 Consistent protocols and procedures are followed in working with other service providers with respect to referral, assessment, case planning and review.

7.2.4 There is regular contact with other agencies in monitoring the progress of case plans.

7.2.5 The relationship with other agencies is positive and cooperative and contributes to effective case management and positive outcomes for clients.

7.2.6 There is active participation in interagency meetings and area planning forums for out-of-home care.

7.2.7 There is participation in meetings and forums with other agencies aimed at improving casework practice and keeping abreast of policy and service developments.

7.2.8 Work is cooperatively undertaken with other agencies to determine how the role and contribution of different service providers can be complementary.

7.2.9 Regular, formal links with government agencies in the area have been established (for example housing, education and health).

Standard 7.3 Service visibility and publicity

Services and functions are publicised to ensure the community can use them and participate in or support the agency in other ways.

7.3.1 The strategic plan includes strategies for making the community aware of its role and services.

7.3.2 Up to date written information is used to publicise the service.

7.3.3 Additional detailed written information is given to consumers and discussed with them by the caseworker during interviews.

7.3.4 Written information and/or strategies used are varied when giving information to children, young people and adults using the service. The information should be user-friendly.

7.3.5 The service translates information for clients and the wider community into major community languages relevant to that area.

7.3.6 There is an accessible and friendly reception area with service information displayed in an accessible and interesting way.

7.3.7 Factors are considered that will make it easier for client groups to access services.

SECTION 8 ORGANISATIONAL MANAGEMENT

Standard 8.1 Non-government organisation accountability

This agency has effective structures and processes for overall management and accountability in all aspects of its work.

Note: This standard applies to non-government agencies only. Standard 8.2 applies only to government departments.

8.1.1 There are statements of purpose and goals for all specific programs and services.

8.1.2 There is a current organisational chart.

8.1.3 The agency structure assists it to organise the efficient use of resources, allocation of responsibilities and show where decisions are made.

8.1.4 Management, staff and teams have clearly defined and appropriate delegations for decision-making.

8.1.5 Responsibility for coordination of planning, evaluation and service development processes has been delegated to at least one staff member.

8.1.6 There is a selection/election process for the agency's board that is fair, open and transparent. There is diversity in gender, age and ethnicity of board members.

8.1.7 There is a clear statement of the board's role and responsibilities and board members are aware of their legal responsibilities.

8.1.8 There are guidelines for how the board and management will conduct business and make decisions.

8.1.9 The board receives useful, timely and accessible information to inform its decisions.

8.1.10 There is a written code of conduct for staff and management.

8.1.11 There are clear processes to involve staff in decision making.

8.1.12 There is a process for reviewing policies and procedures relating to services and programs at least every three years.

8.1.13 A comprehensive annual report is published and distributed.

8.1.14 Funding bodies and/or donors receive regular reports of activities and financial status.

8.1.15 Policies, procedures and practices are consistent in encouraging children, young people and their families to take part in decisions about their own care.

Standard 8.2 Departmental accountability

The department has clear and effective structures and processes for overall management and accountability in all aspects of its work.

Note: This standard applies to government departments only. Standard 8.1 applies only to non-government agencies.

- 8.2.1 There are clear statements of purpose, goals and responsibilities.
- 8.2.2 There is an up-to-date organisation map.
- 8.2.3 The departmental structure assists to organise the efficient use of resources, allocation responsibilities and show where decisions are made.
- 8.2.4 Management, staff and teams have clearly defined and appropriate delegations for decision-making.
- 8.2.5 There is at least one staff member with responsibility for coordination of planning, evaluation and service development processes.
- 8.2.6 Guidelines exist on how management will conduct business and make decisions.
- 8.2.7 Managers have regular input into decisions made at departmental level.
- 8.2.8 There is a written code of conduct for staff and management.
- 8.2.9 The department has clear processes to involve staff in decision making.
- 8.2.10 An annual report is published and widely distributed.
- 8.2.11 There is a process for reviewing policies and procedures relating to services and programs at least every three years.

Standard 8.3 Teamwork and cooperation

Teamwork and cooperation are encouraged as part of management practice.

8.3.1 Staff have the opportunity to work as part of a team.

8.3.2 Teams are of a workable size, linked by common work goals and able to communicate effectively on an everyday basis.

8.3.3 Managers foster cooperation and teamwork among staff.

8.3.4 Processes exist to encourage teamwork among staff.

8.3.5 Resources are allocated to the out-of-home care team.

Standard 8.4 Financial and administrative systems

The agency has efficient and effective financial and administrative systems to support effective management and accountability.

8.4.1 There is a detailed annual budget which reflects agency priorities and funding guidelines.

8.4.2 There are systems which allow the agency to maintain up to date and accurate records of financial transactions.

8.4.3 There are clearly delegated responsibilities for approving expenditure and monitoring financial performance against the budget.

8.4.4 The board (non-government agencies) or management/senior executives (departments) receive and consider financial reports at each meeting.

8.4.5 Internal reviews/audits of the financial systems are conducted.

8.4.6 Procedures support an efficient filing system.

8.4.7 There is an efficient procedure for mail and email.

8.4.8 There are appropriate procedures for the use of motor vehicles.

8.4.9 There are guidelines for the efficient use of telephones, including mobile phones and home phones (where appropriate).

8.4.10 There is an up to date inventory of equipment and a method of tracking portable equipment.

8.4.11 There is up to date insurance which is regularly reviewed to ensure cost effective coverage operations.

8.4.12 There are delegated responsibilities and procedures for purchasing goods and services.

8.4.13 There are sufficient administrative resources to operate effectively.

Standard 8.5 Management information systems

Information about staff, clients and activities is systematically collected and actually used in planning, decision making and evaluation.

- 8.5.1 A comprehensive range of information is collected about clients and services.
- 8.5.2 There an efficient database for collating this information.
- 8.5.3 The agency contributes to the data collection for out-of-home care.
- 8.5.4 Area and state demographic data on children, young people and families in need of care, protection and support are obtained.
- 8.5.5 Demographic and client and service data is used in planning, service development and evaluation.
- 8.5.6 Comprehensive information is collected about staff.
- 8.5.7 Staff information is stored in a useable form and used when making decisions about staffing.
- 8.5.8 Time allocated to planning and evaluation activities is monitored.

Standard 8.6 Premises and equipment

Premises are accessible, safe and secure. Appropriate and well maintained equipment is provided for use by staff in their work.

- 8.6.1 The premises are fully accessible to people with disabilities.
- 8.6.2 There is adequate space and facilities.
- 8.6.3 Areas where clients meet or wait provide adequate client comfort.
- 8.6.4 The premises ensure safety for clients and staff.
- 8.6.5 There is adequate lighting, ventilation and air temperature control in all areas.
- 8.6.6 Action has been taken to ensure fire safety.
- 8.6.7 The premises pose no potential risk to clients, staff, equipment and property.
- 8.6.8 Staff have office furniture and equipment which is ergonomically sound and suitable for their work.
- 8.6.9 The office's equipment is safe, accessible and adequate to undertake its work.
- 8.6.10 There are up to date first aid kits that are easily available to staff.
- 8.6.11 Responsibility for overseeing the purchase and maintenance of equipment is appropriately delegated to specific staff.
- 8.6.12 Staff have access to communication systems when working away from their main office.

SECTION 9 PLANNING, EVALUATION AND SERVICE DEVELOPMENT

Standard 9.1 Planning process

Systematic processes are used to plan activities and services and ensure resources are directed to identified goals and priorities.

- 9.1.1 There is a regular strategic planning process.
- 9.1.2 A written plan has been developed which facilitates service integration and avoids duplication.
- 9.1.3 There is a system and timeframe for reviewing and reporting against the plan to the board or management.
- 9.1.4 The strategic planning process deals with agency issues, goals for out-of-home care services and programs.
- 9.1.5 There is a strategy for securing the resources needed for current and future goals.
- 9.1.6 Staff have opportunities to participate in planning priorities for the agency as a whole.
- 9.1.7 Staff meetings are used to consider new ways of doing things.
- 9.1.8 Staff see the strategic planning process as useful in directing the agency's work.
- 9.1.9 Children and young people contribute to the planning of services.
- 9.1.10 Input from clients and other stakeholders is used in the development of plans.
- 9.1.11 Reviews and updates of the plan are carried out regularly and changes made when needed.

Standard 9.2 Evaluation

Services and programs are regularly evaluated to determine the effectiveness of the management structure and processes.

- 9.2.1 Specific activities are undertaken to evaluate services or programs run during the past year.
- 9.2.2 Activities are comprehensively reviewed.
- 9.2.3 Consumer and stakeholder feedback is included in agency evaluation.
- 9.2.4 The views and experiences of clients are collected and used by the agency in monitoring and reviewing agency practices and services.
- 9.2.5 Staff have an opportunity to contribute directly to evaluations.
- 9.2.6 Research and the experience of other organisations are used in evaluations and improving performance.
- 9.2.7 Evaluation findings are shared with other agencies.
- 9.2.8. New practices are being trialled as a result of evaluation.
- 9.2.9 Staff attend external training and conferences or visit other agencies to further the development of best practice.

SECTION 10 HUMAN RESOURCE MANAGEMENT

Standard 10.1 Employment, recruitment, selection and appointment

The agency recruits and selects appropriately skilled and experienced staff through fair and consistent processes. The agency has employment practices which seek to ensure a stable, committed and qualified workforce.

10.1.1 There are up-to-date policies on employment practices, staff recruitment and selection, including casual and permanent staff.

10.1.2 Employment practices encourage stability in staff and focus on meeting client needs.

10.1.3 Positions are comprehensively reviewed before appointing staff.

10.1.4 Sufficient relevant information is provided to help applicants for any position.

10.1.5 Experience in the direct care of children is viewed as important selection criteria where staff will be working directly with children (as caseworkers or carers).

10.1.6 All staff are selected through a standard process that is transparent, documented and reflects EEO principles.

10.1.7 Successful applicants are provided with comprehensive documentation about their appointment.

10.1.8 Unsuccessful applicants are advised promptly of the decision and appeal provisions.

Standard 10.2 Residential care worker employment, recruitment, selection and appointment

Only people best able to meet the needs of children and young people are employed as residential care workers.

10.2.1 There are strategies to recruit residential care staff from a variety of ethnic, indigenous and religious backgrounds and with the ability to meet special needs where identified.

10.2.2 Commitment to and experience in working in a personalised care environment is an important criteria in the selection of residential care staff.

10.2.3 The formal system for the approval of residential care staff, including any casual staff, includes employment screening (Working With Children Check).

10.2.4 There is a planned approach to minimise or eliminate the use of casual staff to ensure a stable and skilled team of residential care staff.

10.2.5 The agency provides opportunities for the participation of children and young people in recruitment and selection processes.

Standard 10.3 Supervision and support

Adequate and appropriate supervision and support is provided to staff to help them do their work.

10.3.1 Staff have an identified supervisor with whom they have regular contact and easy access.

10.3.2 All staff have access to appropriate supervision at least monthly for one hour.

10.3.3 Staff undertaking casework have regular access to a qualified professional supervisor experienced in case management.

10.3.4 Performance appraisal systems are in place that are linked to work planning and staff supervision.

10.3.5 Supervision arrangements and relationships with other staff assist the delivery of quality services.

10.3.6 There is a formal process for debriefing after critical incidents.

Standard 10.4 Supervision and support in residential care

All residential care staff are given supervision and support that is useful and timely to facilitate better outcomes for children and young people.

10.4.1 The case manager contacts residential care staff at the start of a new placement and provides regular support and supervision.

10.4.2 All residential care staff providing direct care have after hours contact details for back up and/or support in case of emergencies.

10.4.3 On call information and advice on the care of children and young people is made available to residential care staff.

10.4.4 There are guidelines on how support will be provided after a critical incident.

10.4.5 There are clear guidelines and criteria for the review of residential care staff, including their formal review within four months of commencing work and thereafter at least annually.

10.4.6 Residential care staff are provided with detailed written instructions setting out delegations/limitations and their responsibilities.

Standard 10.5 Training and development

Staff are provided with learning opportunities relevant to their current position and further development.

- 10.5.1 There are policies and procedures for staff training.
- 10.5.2 Staff training and development goals relating to agency objectives and individual needs are identified in strategic planning.
- 10.5.3 There is a budget for training and staff development.
- 10.5.4 All new staff receive appropriate orientation.
- 10.5.5 There is a systematic process for informing staff about training opportunities which is monitored for effectiveness.
- 10.5.6 Staff are encouraged to review the value of specific training.
- 10.5.7 There is access to resource materials and information relevant to the agency's work.
- 10.5.8 Staff have the opportunity to take part in debate and discussion about practice and theory relevant to their work.
- 10.5.9 Staff have the opportunity to receive training and support to improve their planning and evaluation skills.

Standard 10.6 Residential training and development

Residential care staff are trained to provide effective personalised care.

10.6.1 All residential care staff are made aware of and trained on an ongoing basis about their role in implementing the case plan for each child or young person.

10.6.2 Specialised training is given to residential care staff working with children and young people with special needs.

10.6.3 All staff receive training in behavioural, medication and nutrition issues, relevant for the implementation of care plan strategies, including techniques for observation and recording.

10.6.4 The agency provides staff development in skills that contribute to a personalised and positive care environment. It should also include how to work with challenging behaviours of children and young people, as well as risk assessment and group management skills.

Standard 10.7 Work satisfaction

The agency has a work environment which promotes staff satisfaction in their work.

10.7.1 Staff views are regularly sought on whether they feel valued and respected for their work.

10.7.2 The personal work and contribution of staff is acknowledged.

10.7.3 Staff are satisfied with their work and feel a commitment to the agency's goals.

10.7.4 Staff are able to express and debate opinions which may challenge current practice and thinking.

10.7.5 Managers and teams resolve conflict between staff in a fair, prompt and positive way.

10.7.6 There are written policies and procedures about staff grievances and disputes.

10.7.7 Staff get timely information about management decisions and key developments in the agency.

10.7.8 Staff are satisfied that the time they contribute to planning and evaluation is adequate and that their contribution is valued.

10.7.9 Workloads are managed in a way that support staff to do their work well and ensure good outcomes for clients.

Standard 10.8 Personnel systems

The agency has adequate and efficient systems and practices in matters relating to employment of staff.

- 10.8.1 There are written procedures for the management of personnel records.
- 10.8.2 There is an individual file for each staff member.
- 10.8.3 There is a system for recording hours worked, leave taken and payments made.
- 10.8.4 The system delivers timely payment of salary and accurate records of other entitlements to staff.
- 10.8.5 The agency has access to independent industrial advice in its employer role.
- 10.8.6 There is an arrangement for staff to access advice on industrial matters.
- 10.8.7 There are clear policies and procedures for the dismissal of staff.

Standard 10.9 Occupational health and safety

The agency provides a safe working environment for its staff.

10.9.1 There are written occupational health and safety policies and procedures.

10.9.2 Staff and management are aware of their rights and responsibilities under occupational health and safety legislation.

10.9.3 Identified safety hazards have been successfully dealt with.

10.9.4 Staff have initial and ongoing training in occupational health and safety.

10.9.5 Smoking, alcohol consumption or illicit drug use is discouraged on the premises.

10.9.6 There are written policies and procedures for avoiding the transmission of communicable diseases.

10.9.7 Equipment and training are provided to staff for infection control and hygiene.

10.9.8 Work practices support the general health of staff and include provisions for regular breaks.

10.9.9 There are procedures and equipment in place to promptly respond to aggressive behaviour or physical threat. Staff are trained to deal with these situations.

Standard 10.10 Student placements and volunteer management

The agency contributes to development of the future workforce by providing student placements within its resources and supervisory capacity. Where volunteers are used, they are selected and trained to maximise the effectiveness of their work.

10.10.1 There are guidelines for student placements and the use of volunteers.

10.10.2 Referee checks and other processes required by law are undertaken on volunteers and students before starting duties.

10.10.3 A contract letter of understanding is developed with the student about their placement.

10.10.4 Students are encouraged to be part of team processes during the period of their placement (as appropriate).

10.10.5 Students and volunteers are given orientation of the agency.

10.10.6 Volunteers are given initial and ongoing training to enable them to do their work effectively.

10.10.7 There are mechanisms to gain feedback from students and volunteers about their work and the agency.

Standard 10.11 Boards of management

The effectiveness of the board/management committee is promoted through planned strategies for recruitment, selection and development of its members.

10.11.1 The current board reflects a mixture of members selected for their skills and expertise, their commitment to the goals of the agency and their capacity to represent relevant interests.

10.11.2 New members of the board/committee receive induction.

10.11.3 Board/committee members are assisted to build relationships with each other and key staff.

10.11.4 Board/committee members are assisted to access ongoing education or development opportunities relevant to their role.

10.11.5 There are strategies to ensure skills and knowledge are passed on to new board/committee members.

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A competency based resource for assessing potential foster carers

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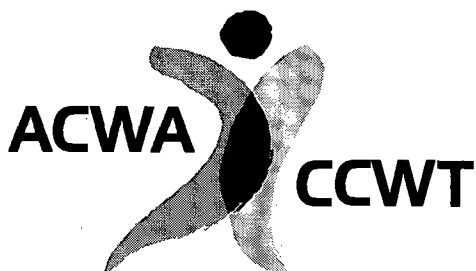
Part of



A competency based resource for assessing potential foster carers

Written by Paula Hayden and Louise Mulroney

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Library Services



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NSW Department of
Community Services

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Introducing *Step by Step*

This booklet is part of *Step by Step*, a resource package to assist foster care agencies in assessing potential foster carers.

The Package contains seven booklets

Background Paper

An outline of the research and practice base for the package.

Familiarisation Guide

A detailed outline for a two day workshop to familiarize assessors with the package and how to use it.

Information Pack for Potential Foster Carers

A resource for people making enquiries about being a carer that can be adapted to the particular needs of your agency.

Manual for Assessors

A detailed outline of the assessment activities undertaken with applicants.

Applicant Booklet

A collection of handouts and worksheets used by the applicant during the assessment interviews.

Assessment Record

A tool for recording and analyzing information gathered in the assessment process.

Assessment Resources

A collection of materials to support the assessment process.

Key



This symbol marks booklets that can be downloaded as a pdf file from www.acwa.asn.au/stepbystep/



This symbol marks booklets that can be downloaded as a word file (able to be altered and/or containing forms that can be completed on computer) from www.acwa.asn.au/stepbystep/



This symbol marks booklets that are available on the *Step by Step* CD

Additional printed copies

For additional hard copies of booklets or the *Step by Step* CD, contact

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- > Centacare Sydney
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- > National Foster Care Association, Britain
- > NSW Department of Community Services
- > St Luke's Anglicare, Bendigo
- > Wesley Dalmar Child and Family Care
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- > Barnardos Australia – Criteria for applicants used in **Information Pack for Potential Carers**
- > KARI Aboriginal Resources Inc – Assessment process flowchart in **Information Pack for Potential Carers**
- > NSW Dept of Community Services – Covering letter to applicant's doctor and Code of Conduct for authorised carers in **Assessment Resources**

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Introduction

This Manual for Assessors is part of a package called *Step by Step*, a resource for assessing potential foster carers:

Step by Step is an exciting development in the area of foster care assessment. Not only does it provide systematic ways to engage with applicants and share information with them, but provides a means to use that information to reach an informed decision about the suitability of fostering as an option for the applicant.

The *Step by Step* resource package contains a range of material to assist applicants and assessors to make an informed decision about the applicant's suitability to undertake the tasks of foster caring. It includes

- ★ **Background Paper** (outlining the research and practice base for the package)
- ★ **Familiarisation Guide** (an outline of a two day workshop to familiarise assessors with the package and how to use it)
- ★ **Information Pack for Potential Carers** (a resource that can be adapted to the particular needs of an agency)
- ★ **Manual for Assessors** (outlines details of the assessment sessions held with applicants)
- ★ **Applicant Booklet** (a collection of handouts and worksheets used by the applicant within assessment interviews)
- ★ **Assessment Record** (a tool for recording and analysing information gathered in the assessment process)
- ★ **Assessment Resources** (a collection of materials to support the assessment process).

Why has the package been developed?

The *Step by Step* package is part of a wider project to increase the capacity of the foster care system to provide quality care for children and young people.

Stage 1 of the project saw the development of a training course for new and prospective foster carers called *Shared Stories, Shared Lives*. This course is available in printed form from ACWA. Contact details for ACWA are on page 3 of this Manual.

Step by Step provides resources to assist agency workers to assess the competency of people who are applying to be foster carers. The package is flexible and can be used in conjunction with the *Shared Stories, Shared Lives* training.

Developing the package

Current writing, practice wisdom and research in the area of foster care assessment informed the development of the *Step by Step* package. The **Background Paper** included in the package sets out the current issues and research findings in this area.

Key findings that have guided the development of *Step by Step* can be summarised by the following excerpt from the **Background Paper**:

“The challenge for this project is to combine the strengths of the task centred competency approach with strengths drawn from the psychodynamic approach to foster care assessment, which focuses on process and relationships. This can provide the means by which carers and workers can engage in a dynamic and creative process, which will enable carers and workers to understand

- > a potential carer’s motivation, attitudes, values and beliefs
- > the skills and strengths that potential carers have to offer.”

(page 10 of Background Paper)

To meet this challenge, the *Step by Step* assessment process incorporates

- ★ a **set of criteria** against which to assess an applicant’s competencies
- ★ a focus on identifying an **applicant’s strengths**
- ★ a **two way decision making process**. The assessment is seen as a mutual process where applicants have the opportunity and responsibility to provide information for the assessors, and the assessors provide information that enables applicants to make an informed decision about fostering. This is within the context that the assessing Agency/Department holds the ultimate responsibility for approval of applicants.
- ★ development of a **plan of action**. Such a plan can set out pathways into fostering for those applicants who need to develop skills in certain areas. On-going training and development needs of foster carers are identified from the outset. An expectation is created that foster carers will participate in on-going training and continue to learn throughout their experience as a carer.
- ★ a **transparent process** which is explicit about the skills required and assists applicants develop them. Applicants understand what fostering involves, what standards they are being judged against and are given feedback.

Foster carer competencies

A central task in developing assessment material is to identify the competencies that are to be assessed. A set of competencies relevant to the task of foster caring within an Australian context was developed which drew on

- ★ NSW Standards for Substitute Care Services 1997
- ★ the underpinning principles of the *NSW Children and Young People (Care and Protection) Act 1998*
- ★ competencies set out in the draft National Community Services Training Package, 2002
- ★ existing competency standards in the United Kingdom (produced by the National Foster Care Association) in 2000
- ★ research findings relating to effective and ineffective caring.

Four essential competencies were identified. These competencies were validated through a thorough consultation process that involved experienced practitioners, including case workers and foster carers. The competencies are set out as follows.

Competent foster carers can

- ★ demonstrate personal readiness to become a foster carer
- ★ work effectively as part of a team
- ★ promote the positive development of children and young people in foster care
- ★ provide a safe environment that is free of abuse.

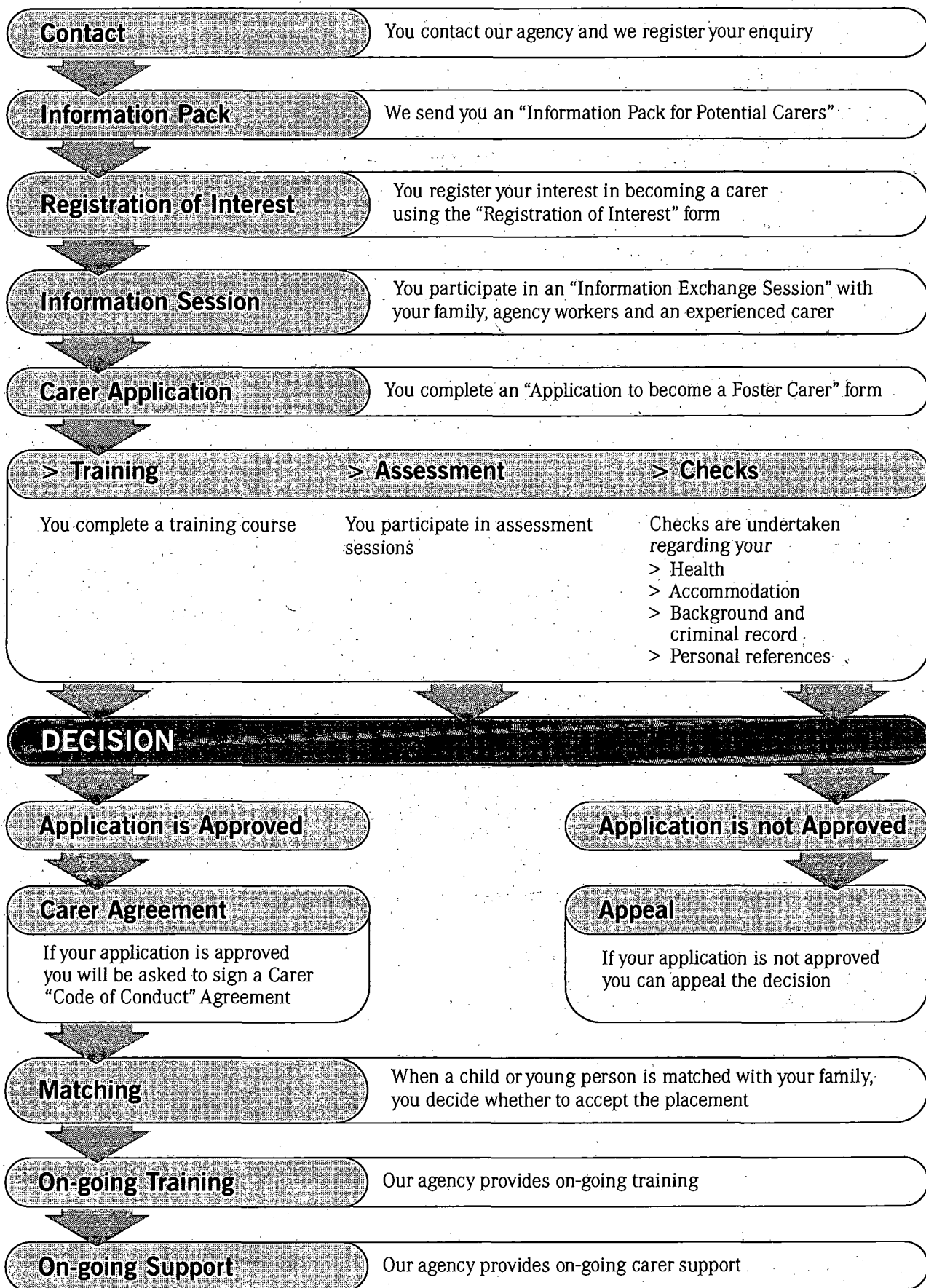
These competencies are set out in detail on pages 13-17.

The assessment process

The assessment process involves a number of steps as the potential applicant moves from the enquiry and application stages through the interviews to the final decision.

The flow chart on the following page sets out this process for an applicant.

Flow chart of the assessment process



Using the *Step by Step* package

Who should use this package?

This package should be used by agency workers who have the responsibility of assessing foster carer applicants.

Assessors must have

- ★ knowledge and skills in the areas covered by the package. This must include a good understanding of issues impacting on children and young people in care such as grief and loss, attachment theory, abuse and neglect, dynamics of providing foster care including the potential impact on foster care families, and the current legislation and agency policy shaping the practice of foster care.
- ★ experience in interviewing to gather and analyse information
- ★ understanding of the principles of assessment and gathering evidence
- ★ capacity to reflect and critique information that takes into account their own experiences, assumptions and cultural background.

Assessors must have undertaken a familiarisation program in the *Step by Step* package. The **Familiarisation Guide** in the package details a complete outline for a two day familiarisation workshop, so that such a program can be conducted in-house.

Two assessors should be present at any assessment activity. This provides for a more objective assessment and enables the sharing of interviewing and note taking tasks. It also provides the opportunity for an inexperienced worker to participate with another more experienced assessor.

How does the package relate to training?

This package is designed to assess an applicant's suitability at the entry point to fostering. Therefore entry level training should be completed as well as to the assessment being undertaken.

The package is designed with flexibility, so that assessment and training can be approached in different ways according to agency needs. Options can include

- ★ training being completed prior to the assessment process
- ★ training and assessment occurring concurrently
- ★ assessment process conducted, with subsequent training highlighting any areas where an applicant needs to develop further competence prior to the finalisation of the assessment.

Use of this package when matching carers with particular placements

This package is to assess the suitability of applicants for approval to be foster carers. It is not a tool for matching foster carers with particular children. While much of the material gathered in the assessment process will help match carers with individual children, there will be additional information that may need to be gathered, particularly in dealing with children or young people with special or complex needs.

Examples of this may include

- ★ gathering information about the community links of foster carers who identify as being Aboriginal in order to be able to place Aboriginal children within the community to which they belong
- ★ a detailed exploration of a foster carer's attitudes and knowledge of the issues involved for young people who are attracted to the same sex when an agency is considering placing a gay or lesbian young person with that carer.

Possible use of Shared Stories, Shared Lives: training material for new and prospective carers

The *Step by Step* assessment package has been designed to complement the *Shared Stories, Shared Lives* training resource.

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) complete Sessions 1-4 of *Shared Stories, Shared Lives*, covering
 - The context of foster care
 - Bonding and attachment
 - Grief and loss
 - Maintaining connections with birth families
- ★ Interview B held with applicant(s)
- ★ Interview held with children and young people in the applicant's household
- ★ Applicant(s) completes Sessions 5 & 6 of *Shared Stories, Shared Lives*, covering
 - The experience of abuse
 - Responding to challenging behaviour
- ★ Interview C held with applicant(s)
- ★ Applicant(s) completes Sessions 7 & 8 of *Shared Stories, Shared Lives*, covering
 - Team work
 - Moving on
- ★ Interview D held with applicant(s)

Outline of competencies of foster carers

Assessing competency

The assessment process outlined in this manual provides a tool to explore aspects of a applicant's experience in order to make an informed decision regarding their competency to undertake the task of being a foster carer.

The competencies

Four essential competencies of carers have been identified. On pages 13-17 of this Manual, each of these competencies is broken down into elements with specific performance indicators.

Competency A: Demonstrate personal readiness to become a foster carer

This unit covers the requirement to recognise and apply relevant personal experiences to the task of caring for children and young people in foster care.

Element	Performance criteria
<p>Identify the personal issues that may affect the decision to become a foster carer</p>	<ul style="list-style-type: none"> > Identifies motivation to become a foster carer which includes a focus on the needs of children and young people in foster care > Identifies in own life history, experiences that may have impacted on emotional stability, resilience and the ability to deal with stress > Identifies quality of relationships within family of origin > <i>(If applicable)</i> Identifies issues relating to own children that may be relevant to the decision to become a foster carer
<p>Reflect upon experience, capacity and readiness to become a foster carer</p>	<ul style="list-style-type: none"> > Demonstrates that own experiences of grief and loss will not impede the provision of appropriate support to a child or young person in foster care > Identifies a range of enduring emotional attachments > <i>(If applicable)</i> Identifies a process of resolution of issues associated with infertility that will ensure the applicant can focus on the needs of a child or young person in care > Demonstrates ability to deal with stress constructively
<p>Determine the course of action to be followed</p>	<ul style="list-style-type: none"> > Applies relevant information, including needs of children in care and any risk to self and family, to determine capacity to become a carer > Identifies areas of concern and workable strategies to address them > Describes realistic commitment to upgrading skills and knowledge

Competency B: Work effectively as part of a team

This unit covers the requirement to operate and communicate collaboratively with personal networks, agency staff, birth families and other key people involved in the case plan for the child or young person in foster care.

Element	Performance criteria
Network effectively with others	<ul style="list-style-type: none"> > Identifies sources of personal and emotional support that will enable them to focus on the needs of a child or young person in foster care > Identifies the potential impact of foster caring on their existing support networks > Describes potentially positive outcomes of working as a team within foster care
Establish a positive relationship with birth family members	<ul style="list-style-type: none"> > Identifies strategies to promote ongoing contact between a child or young person in foster care, their family and other significant relationships > Describes ways of managing communication and conflict effectively to keep opportunities open for a positive relationship between the child or young person in foster care and their family
Communicates appropriately	<ul style="list-style-type: none"> > Communicates clearly > Seeks clarification when required > Uses skills of assertive communication when appropriate > Describes strategies to resolve conflict and misunderstandings

Competency C: Promote the positive development of children and young people in foster care

This unit covers the requirement to provide and advocate for the developmental and special needs of children and young people in foster care including the need to promote the development of a positive identity and their active participation in decision making.

Element	Performance criteria
<p>Promote the social, emotional, psychological and intellectual development of children and young people</p>	<ul style="list-style-type: none"> > Identifies importance of individual attention for each child or young person which is responsive to his/her needs and development > Demonstrates ability to provide emotional warmth, care and appropriate affection to children and young people > Describes strategies to develop life skills in children and young people whilst in care > Identifies importance of promoting the educational achievement of children and young people in foster care.
<p>Promote exploration and development of identity by children and young people</p>	<ul style="list-style-type: none"> > Identifies ways of encouraging children and young people to take pride in their own cultural identity, gender identity and abilities > Describes opportunities for children and young people to participate in and learn about their cultural, religious and language heritage > Identifies the importance of sharing and safely storing memorabilia during the placement > Describes opportunities for children and young people to develop strengths, interests and abilities

Competency C continues on next page >>>

Element	Performance criteria
<p>Create opportunities and activities that encourage children and young people to express their feelings, needs and ideas and to participate in decisions that affect them.</p>	<ul style="list-style-type: none"> > Listens attentively to children and young people to encourage them to express their needs and feelings > Identifies that the needs of children and young people will vary with their stage of development > Recognises the need for children and young people in foster care to deal with feelings and issues that may arise from separation from their family > Identifies the importance of children and young people being involved in decisions which affect them
<p>Manage behaviour</p>	<ul style="list-style-type: none"> > Identifies own personal responses that can impact on appropriate behaviour management > Describes effective strategies to manage behaviour of a child or young person that takes into account their development and life experiences and foster carer's personal responses > Describes approaches to behaviour management that are flexible and responsive to changing situations
<p>Advocate on behalf of children and young people in foster care</p>	<ul style="list-style-type: none"> > Identifies specialist care, such as medical and educational services, as relevant for children and young people in foster care > Identifies importance of advocacy for the needs of children and young people in foster care to secure relevant services or support

Competency D: Provide a safe environment that is free of abuse

This unit covers the requirement to provide a safe and respectful home environment for children and young people in foster care.

Element	Performance criteria
<p>Provide a safe environment for the physical safety of children and young people in care.</p>	<ul style="list-style-type: none"> > Home meets minimum standards required for foster care placement > Identifies the need to ensure children in foster care are not physically punished > Identifies importance of appropriate health and hygiene practices in foster carer's home
<p>Implement care practices which support the protection of children and young people</p>	<ul style="list-style-type: none"> > Identifies impact of emotional abuse on children and young people > <i>(If applicable)</i> Demonstrates that the effect of their own experiences of abuse will not impede the ability of the applicant to focus on the needs of a child or young person in foster care > Describes strategies to keep children and young people safe from abuse > Describes strategies to support and promote wellbeing of carer's own children during the foster care placement > Recognises the importance of maintaining confidentiality > Demonstrates the appropriate exchange of information on a need to know basis

Making assessments about competency

The assessment process is structured to allow applicants to provide information which is evidence that shows they are competent in each element necessary for effective foster caring.

Go signals



Evidence of an applicant's competency is recorded by the assessors in the **Assessment Record**, so that a judgement can be made about whether the applicant has been able to adequately demonstrate their competence.

Assessment activities focus on specific competencies, so that there is opportunity to indicate at regular intervals the progress of the applicant.

In this way, the assessors and the applicants can be given a signal to proceed (a Go signal) before the next step in the assessment process.

Proceed with caution



In some circumstances, issues may arise in the assessment process that, while not conclusive, give rise to some concerns about the applicant's ability to fulfill essential competencies. This is the equivalent of a "proceed with caution" roadsign. It is appropriate for assessors to explore the relevant issue in depth and ask questions additional to those provided in the assessment manual in

order to be satisfied that the applicant is competent to undertake the task of caring.

Some examples of issues may include

- ★ inappropriate response to a specific issue
- ★ conflicting information provided by applicant
- ★ preoccupation of applicant with a specific issue
- ★ non-verbal information, such as a lack of emotional affect or incongruent body language.

It is not possible to provide questions to cover all situations. However assessors should use the following guidelines to explore specific issues in depth.

- ★ **Name the specific concern.** Ensure this concern is relevant to the applicant's ability to care for a child or young person in foster care.
- ★ **Explore the information provided** that gave rise to your concern.
 - What was the context of the information?
 - Were there cultural, gender or class understandings that may have obscured the meaning of the information to the assessors?
- ★ **Ask for further information or examples** to find out if the concern is part of a broader pattern or is isolated and unlikely to impact on behaviour as a foster carer.
- ★ **Ask the applicant for their view** about the connection between the issue and their possible responses to a child or young person in foster care.

- ★ **Seek information from other sources** that may provide additional perspectives eg from other people who know the applicant.
- ★ **Consider** whether the issue arises from a lack of knowledge or experience that may be addressed through training or other learning processes.

It is essential to clearly communicate with the applicant

- ★ the reason for exploring at more depth the particular issue
- ★ the outcome of the exploration.

Outcomes of a “proceed with caution” situation

Outcomes may include

- ★ the issue is satisfactorily resolved and you are resuming the assessment process with no concerns about the applicant’s competency related to that issue
- ★ there are some continuing concerns about the issue, but the information to be provided in later interviews will help place these concerns in context. (In this case it is important to inform the applicant about the nature of your continuing concerns).
- ★ the concerns about the issues indicate that the applicant is not yet able to show competency to undertake the task of being a foster carer. At this outcome, the assessor should follow the steps set out as points 1-4 on the next page.

Stop signals



During the course of the assessment, applicants may provide material that is evidence that they are not competent to undertake the task of foster caring.

This may involve inability to carry out basic tasks of foster caring or attitudes that are not consistent with provision of good care eg punitive attitudes to children, racist or other judgemental views.

Assessment processes may also be stopped when specific information or a general pattern of responses emerges that is not consistent with the verbal or written information provided by the applicant. Such patterns may include

- ★ significant inconsistencies in factual information provided
- ★ marked and persistent inconsistencies between the content of information being discussed and the affect and emotional response of the applicant
- ★ presentation by applicant of grandiose or incredible information that is not supported by external evidence.

Such responses should be treated as a stop signal.

Four steps for dealing with a “stop” signal

In the event of such a response, the assessor team should complete the following steps.

1. Raise the issue with the applicants and indicate clearly why their application would not be approved at this point. This may be done during the interview if appropriate or following the interview.
2. If possible, applicants should be provided options for strategies to address significant issues, and be assured that their application can be re-submitted if and when they believe the relevant issues have been addressed. There will be some instances where it is not appropriate for the applicant to resubmit eg if their background criminal record reveals child sexual abuse.
3. The applicant should be invited to complete “Withdrawal of application” (in Section 2 of the **Assessment Record**), which includes space for both applicant and assessor comment. Such comment should include a clear statement by the assessor of the basis on which a re-application will be considered. The specific competency that was not met should be named on the form.
4. If the applicant does not wish to withdraw their application, an interim assessment report should be submitted by the assessor for decision by the agency about whether or not to continue the assessment. This decision is then open to an appeal process.

Initial enquiry forms

This section includes the forms used to gather information when a person makes an enquiry about becoming a foster carer, prior to making a formal written application.

It also includes the "Withdrawal of application" form, which is to be used whenever an applicant withdraws from the assessment process.

1.1 Initial enquiry information

1.1.1 Date of enquiry

1.1.2 Name of worker

1.1.3 Name(s) of enquirer

1.1.4 Address
Postcode

If address is outside agency boundaries, advise the enquirer.

1.1.5 Do you plan to move or do major renovations in the near future?

(mark one) Yes No

If yes, advise that assessment process will only start once their housing environment is stable.

1.1.6 Phone
Home Work Mobile

1.1.7 Date of birth of enquirer

If age of enquirer is outside agency policy re age of carers, advise the enquirer.

1.1.8 Names of household members

(this includes people who usually or regularly stay overnight)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Advise the enquirer that the process of assessing suitability to become foster carers involves all household members, including children, in at least one information session. Adults in the household will also need to be part of training sessions.

1.1.9 How did you hear about our foster care program?

1.1.10 Have you applied to any other agencies to foster (now or previously)?

(mark one) Yes No

Any details provided

Explain that your agency will only proceed if there are no other current applications, and information from previous applications will be requested from other agencies.

1.1.11 What has made you decide to call us today about fostering?

1.1.12 Are you interested in a particular type of fostering?

eg length of care, age range of child

Explain types of care available through your agency.

1.1.13 What work or other commitments on your time do you have?

Advise enquirer if the time they have available is not appropriate for the type of care they are interested in.

1.1.14 Is there space in your home for a(nother) child?

eg spare bedroom, suitable play/homework space?

Advise enquirer if the space they describe would not be considered adequate by your agency.

1.1.15 Some people foster when they are unable to have their own children. Are you currently involved in a fertility program or treatment, or seeking to adopt?

(mark one) Yes No

Any details provided

If yes, explain that applications to foster are only considered once people are no longer involved in fertility or adoption processes, as it is not helpful to start a foster placement with a child that may be disrupted when the carer becomes pregnant or adopts a child.

1.1.16 Have you had any contact with DoCS (child protection authority) regarding allegations of abuse or neglect of any child while in your care?

(mark one) Yes No

Any details provided

If yes, explain that your agency would not take an application if any allegation of abuse or neglect had been substantiated or is currently being investigated.

1.1.17 Other issues

Add questions relating to any policies your agency has about essential criteria for applicants eg religious affiliations or beliefs.

1.1.18 Questions asked by enquirer

1.1.19 Briefly describe the process of application and assessment.

Ensure the following topics are covered

- > need to check criminal record
- > need for medical and referee checks
- > anticipated length of process, including the number of interviews involved
- > next step: the applicant to return response form after reading the carer information pack.

1.1.20 Do you want me to send out an “Information Pack for Potential Foster Carers”?

(mark one) Yes No

Form completed by
Assessor *Date*

**At conclusion of enquiry, assessor to complete
“Action sheet following enquiry”**

Action sheet following enquiry

(To be completed by assessor following enquiry)

1.2.1 Name of person making enquiry

1.2.2 Information Pack for Potential Foster Carers sent?

(mark one) Yes No

If yes: Date sent

Now go straight to section 1.2.6 at the end of this form.

If no: Complete sections 1.2.3-1.2.6 below.

1.2.3 Please mark one of the boxes below and complete any necessary details.

enquirer placed on waiting list as agency is not recruiting at this time

enquirer did not fulfil the following essential criteria of our agency

Provide details

enquirer demonstrated inability to meet competencies

(Complete relevant box below: see pages 34, 53, 73, 89, 99, and 122 of this Manual for examples of evidence indicating that competencies cannot be demonstrated)

Competency	Evidence that applicant cannot demonstrate this competency
Personal readiness to care	
Work as a team	
Promote positive development of child	
Provide safe environment	

enquirer decided not to pursue their enquiry at this time

other

Provide details

1.2.4 When and how was enquirer informed that agency would not proceed (mark one)

During the initial telephone enquiry conversation

other

Provide details

1.2.5 What other options (if any) were provided to enquirer?

1.2.6 Form completed by

Assessor

Date

1.3 Registration of interest in foster care

I have

- ★ read the Information Pack for potential carers **and**
- ★ would like to be contacted by a worker from your agency to arrange an Information Exchange Session.

1.3.1 Your name
first name *last name*

1.3.2 Your address
Postcode

1.3.3 Phone
Home *Work* *Mobile*

1.3.4 Email address

1.3.5 Please complete for all members of your household
(include all people who regularly stay overnight)

Name	Date of birth	Male/ female	Relationship to you

1.3.6 What language(s) do you speak at home?

1.3.7 Are you of Aboriginal background?
(mark one) Yes No

1.3.8 Are you of Torres Strait Islander background?
(mark one) Yes No

1.3.9 Have you previously applied to any other agencies to foster?
(mark one) Yes No

If yes, please provide details and the result of the application.

1.3.10 What type of care are you interested in applying for?
(mark any you are interested in)

- respite care
- temporary care
- long term care

Please return to

(name of agency worker)

(address of agency worker)

2. Withdrawal of application

2.1 Details of withdrawal

(name of applicant(s))

withdrew his/her/their application to be a foster carer on *date*

2.2 Reasons given for withdrawal by applicant

2.3 Comment by assessor

Must include any advice given to applicant

- > *that a particular issue(s) indicated that the applicant could not currently meet all required competencies*
- > *about possible strategies to address relevant issues before resubmitting an application.*

2.4 Signed

Assessor

Date

Applicant (s)

Date

Information Exchange Session

Information Exchange Session

Background information for Information Exchange Session

Preparing for this session

Participants

The following people participate in this session

- ✦ assessor(s)
- ✦ all members of applicant household (adults, young people and children who are living at home)
- ✦ experienced foster carer.

It is useful for the assessors to make contact with all household members towards the beginning of the assessment process.

If some household members cannot be present at this session, it is important that a supplementary session is organised.

Location

This session is held face to face.

This session may be held at the home of the applicant(s). This enables the assessors to verify information relating to the home and see the applicant(s) within a relaxed and familiar context.

This session may be held at the agency. This may be agency policy to ensure worker safety if there has been no previous contact with the applicant(s). If the session is held at an agency and children will be attending, ensure that there is one room set up with activities for children for the times when they will not be with their parent(s).

Length of session

This session will take approximately 1.5 hours. (This allows time to move between activities, and to have a short break for the children if necessary.)

Before this session begins, it is possible to complete the check of the suitability of the house. (See 5.1 of the **Assessment Record** for “Foster Care Home Safety Checklist” to complete.) An additional 30 minutes should be allocated for this.

Purpose of Session

The purpose of this session is to provide opportunity for

- ★ enquirers to have their initial questions about fostering answered
- ★ assessors to provide information about the assessment process
- ★ assessors to provide fundamental and practical details regarding fostering arrangements with the particular agency
- ★ enquirers to provide initial information about their family.

Material required

- ★ Copies of the **Information Pack for Potential Foster Carers** for each participant – see sample booklet with this package
- ★ (If applicable) Activities for quiet play for young children eg playdough, puzzles, electronic games etc
- ★ Drawing and writing material - large sheets of paper, markers
- ★ Copy of **Applicant Booklet** (containing Resource Sheet IES.1 “Overview of Information Exchange”)
- ★ A photocopy of Resource Sheet IES.2 (2 pages) “Preparing a Life History” on pages 43 and 44 of this Manual for applicants to take with them
- ★ A copy of the “Application to become a foster carer”, including all necessary check information and consent forms. Currently in NSW these may include
 - > Working with Children Check consent form
(1 for each member of household over 14 years and above *)
 - > Prohibited Employment Declaration
(1 for each member of household over 14 years and above *)
 - > Authorisation to release medical information – sample on page 6 of **Assessment Resources** (for signing by applicants only)
 - > Health checklist -3.1 of **Assessment Record** (for completion by applicants only).

Important issues

Role of the experienced foster carer

The involvement of an experienced foster carer in this session enables the applicant(s) to get first hand information about the caring task. It is important to ensure that following this session the foster carer is happy to deal with questions from the applicant(s) about practical issues involved in foster caring. If it is not possible for an experienced foster carer to be present at this session, some other arrangement should be made to put the applicant(s) in touch with a foster carer eg provision of a foster carer’s contact details, participation in training where an experienced foster carer is part of the presentation team etc.

* In NSW, this age is currently 18 years, but it will drop to 14 years and above when the *Child and Young Person Care and Protection Amendment Out-of-Home Care Regulations 2001* are proclaimed.

If necessary, the experienced foster carer is then available during the second part of the session to assist the children to make a particular contribution to the Information Exchange Session.

All arrangements for payment for the foster carer to be present at the Information Exchange Session should be negotiated and finalized by the agency prior to the session.

Session organization

During this initial session a large number of people may be present. However, not all people will be involved in each activity.

The session is divided into three parts.

The first part, covering practical details and agency policy, involves all participants. However, quiet activities may be set up within view if there are younger children involved. Drawing, playdough, electronic games, a quiet video or TV show can be helpful if children are restless.

The second part will involve two different activities.

- ★ The adult applicant(s) and one of the assessors will focus on any further questions the applicants may have and the explanation of the next steps to becoming a foster carer. This enables parents to have the opportunity to discuss sensitive family issues without children being present.
- ★ *(If applicable)* The children and young people in the household and one of the assessors/experienced foster carer will be involved in an activity about their family.

The third part involves all participants.

If there are children involved in this session, it is important to schedule the session so that it ends before the children get too tired or hungry.

Engagement with applicant

This first session is an opportunity to get to know the applicant(s) and build rapport to encourage open sharing. Some applicants may feel resistant to the process of assessment because they are not confident expressing themselves verbally or are unused to sharing personal information.

It can be appropriate to name this issue and to acknowledge that people may not feel initially comfortable. Assessors should ensure applicants understand

- ★ the purpose of each session
- ★ the time the session is likely to take
- ★ the commitment of the agency to keep information provided throughout the interview process confidential, with the only exception being any material that raised concerns that a child or young person was at risk of harm.

In some circumstances, it may be appropriate for the assessors to have some relaxed social interaction with the applicant(s) prior to moving into the first activity of the session.

Assessing suitability to foster

Stop signals



The purpose of the Information Exchange Session is not to assess applicant competency. At this stage, there has been no application to foster. All parties are in the process of establishing whether such an application is appropriate.

However, during the course of the Information Exchange Session, information may be provided that indicates that essential aspects of foster carer competency will not be met.

Such information may include, but are not limited to

- ★ routine use of physical punishment with their own children which would be likely to continue with children or young people placed in their care
- ★ negative attitudes toward birth families which does not acknowledge the importance of continuing contact between children and young people in care and their families and is not willing to explore other alternative views
- ★ one or more applicants unwilling to participate in assessment process
- ★ one or more applicants unwilling to undergo background checks eg health, police, housing.

In the event of such a response, the assessor team should raise the issue with the potential applicants and indicate why their application, if submitted, would not be approved in those circumstances.

An invitation should be extended to further discuss the issue to ensure that potential applicants have all relevant information to reassess their practices or views.

Outline of Information Exchange Session

Part One (with all participants present)

1.1 Introduction (10 mins)

Introduce agency workers



“I am (name), I am responsible for assessing potential foster carers.

This is X, s/he also assesses foster carers.

This is Y, S/he is a foster carer who works with our agency.

S/he is here to answer any questions you may have at this stage about the practicalities of being a foster care family.”

Explain what will be happening at the session.

(Omit the final paragraph if there are no children or young people involved in this session.)



“This is the beginning of us working together to find out if foster caring is a good option for you.

During this session, we get a **chance to exchange some information**. It's an opportunity for you to get some information about what fostering and this assessment process are all about. It's also an opportunity for us to get to know you, to find out a bit about your family background and to see how you relate together.

But don't worry - **we're not expecting everyone to be perfectly behaved!** Just having everyone together like this can be a bit unsettling and disruptive - so it's usual for people to be a bit tense. We are certainly not looking for perfect families. But we are looking for people who can give something to kids who need a lot of care.

We will be taking some notes as we talk to help remind us of the material that's been covered. We are happy to show you any notes we have taken, so feel free to ask if you are interested.

This session will be in three parts. The first part is the chance for us to go through the information in the pack that was sent out to you and to clarify any questions you have. In the second part we will split into two groups, the children and X (the foster carer) will do some activities in one room, while the rest of us will talk a bit about your family background. Then we'll all get back together, and the kids will be able to show us what they have been doing."

Activity

Go through the Resource Sheet IES.1 "Overview of Information Exchange Session" (on page 42 of this Manual and also on page 5 of the **Applicant Booklet**). Check participants understand what will be happening in the session.

Encourage participants to ask questions or raise issues at any stage in the session.

1.2 Our household (20 mins)

Provide instructions for drawing



"Draw a picture of your household (stick figures will do!). Make sure you include everyone who is in the household, including people who regularly stay overnight."

Questions to discuss

- ◆ What are the names and ages of the household members and regular visitors?
- ◆ What relationship are they to each other?
- ◆ Say two things about each person on the paper - eg their job (or usual daily occupation) and a positive contribution they make to the household.

1.3 Overview of Information Pack (15 mins)

Activity

Ensure all participants have a copy of the "Information Package for Potential Foster Carers". (The applicant(s) have been sent a copy of this previously.)

Go through the package briefly highlighting information on

- ★ financial arrangements for foster carers
- ★ assessment process (point out where this session fits in the process)
- ★ the purpose of checks: health, police, housing, referees.

1.4 Response to Information Material (20 mins)

Explain agency policy on health and hygiene.



“The health and safety of children in foster care, their carers and other household members is very important to our agency. For this reason we have clear guidelines about health and hygiene practices in foster care homes. These guidelines include ways to ensure that infections do not pass from person to person, such as using thin rubber gloves when changing nappies or dealing with soiled clothing or blood. These health precautions are to be used for all people in the household, not just the child or young person who is in foster care. Another guideline is that there should be no smoking inside the house. Our agency provides training for foster carers about health and hygiene requirements.”

Questions to discuss

- ❖ Are you prepared to do training in health and hygiene practices?
- ❖ Do you think that there will be any difficulties in your household in introducing requirements such as wearing rubber gloves when dealing with cuts and scrapes or no smoking inside the house?

Explain agency policy on discipline.



“We know that different families have different ways of disciplining their children. Children who come into foster care have had very difficult experiences. This can include being physically hurt by their parents or other caregivers. It is very important that these children and young people are disciplined in ways that send a clear message to them that they are cared for in spite of their behaviour. Experience has shown that hitting or other physical punishment is not effective in dealing with these kids’ behaviour, and it is not permitted in foster care.

Our agency has a behaviour management policy which guides carers on appropriate discipline of children and young people.”

Questions to discuss

- ❖ How often do you use physical punishment of any kind with your own children (or other children or young people that you care for)?
- ❖ What difficulties would there be in your household ensuring that children who you foster were not physically punished?

Explain agency policy on birth families



“It is sometimes hard for people who are thinking about providing foster care to understand why we emphasise the need to **support the relationship between the child and his or her birth parents and family**. It is important to understand how significant a child’s parents are to a child even if they are unable to provide all the care that their child needs.

Children and young people **need to be reassured that their parents still care** about them even when they are unable to be day-to-day caregivers.

A foster carer must understand that they are looking after another family’s child, and **that family will continue be an important part of that child’s life**. As well the child may have strong links with other foster families. All foster carers, including respite carers, need to support and build on those existing relationships.

These relationships are not necessarily easy. Children can find aspects of their contact with their own family emotionally stressful and difficult.

However, experience has shown that encouragement and support from foster carers for children and young people to maintain positive and strong connections with their families **helps those children develop their identity and healthy and happy relationships with others**, including their foster carers.”

Questions to discuss

- ❖ What questions or concerns do you have about how contact with a child’s family would work?
- ❖ How do you think you will be able support a child’s on-going connection with their birth family?

Part Two (with parents and children separate)

For this part of the session, invite the adults to stay in one room with one of the assessors, and children and young people to go with the foster carer or other assessor to do a different activity. Inform everyone that it will be for approx 15 minutes and the children and young people will have a chance to share what they were doing when they get back.

2a (For adult applicants: a total of 20 mins)

2.1a Applicants' questions (10 mins)

Activity

Invite questions about the process of becoming a foster carer.

Try to keep answers brief and to the point, so that you do not run out of time for the second part of this session. The absence of children allows the adult participants to raise issues that they may not feel comfortable discussing with their children present, particularly as they have not yet decided if they wish to put in an application.

Provide contact details for the foster carer.

This is one way for applicants to talk further to an experienced carer about any practical details they want to know. However, it is important to stress that the foster carer will only deal with questions about the practicality of fostering. Let the potential applicant(s) know that questions they have about their suitability or the assessment process should be directed to the assessors.

2.2a Application to be a foster carer (5 mins)

Activity

Provide "Application to be a Foster Carer" form (from pages 45-48 of this Manual). Go through this form carefully and clearly highlight the conditions of the application which all applicants must sign.

Clearly explain which forms need only to be signed by those applying to be foster carers, (the application, medical authorization and health checklist) and those which have to be signed by all members of the household who are 14 years and above. (Prohibited Employment, Working with Children check)

Encourage people to think about whether they want to make an application and explain that once an application has been lodged the assessment interviews will start.

2.3a Task for next session (5 mins)

Explain preparation of life history



“If you decide to put in an application to be a foster carer, we will want to hear something of your own personal life story. We need you to prepare something before the first assessment interview that sets out the major events in your life. We will also be discussing what has motivated you to apply to be a foster carer, so you may want to think about that.”

Activity

Give applicants a copy of the Resource Sheet IES.2 “Preparing a Life History” (found on pages 43 and 44 of this Manual) which includes the choices of completing a story, a tape or a line diagram.

2b (For children and young people)

2.1b Children’s perspective on their family (20 mins)

Activity

Ask children and young people to write or draw

- ★ ‘My family’
- ★ ‘What another child would like about living with our family’
- ★ ‘What is the most important question I have if a child is fostered in my family?’

Tell older children that any written work doesn’t have to be a great essay - dot points are fine.

Explain that the children and young people’s work will be given to the assessors to take with them.

Have other activities available for the children and young people, if they finish before the adults.

Part Three (with parents and children together)

3.1 Conclusion (10 mins)

Activity

(If there are children involved)

Explain that the adults have been discussing what happens next if they decide to find out more about whether the family are suitable to be foster carers.

Explain that the children have been drawing/writing about their family.

Ask each child to show what they have done.

Invite children to ask any questions they want to.

(For everyone)

Collect the family picture (and any stories or drawings done by the children) to put in Section 10.2 "Household drawings" of the **Assessment Record**.

Thank everyone for their contribution to the session.

After the session

Once the session has been completed, the assessor must

- Complete "Outcomes of Information Exchange Session" (8.1 of the **Assessment Record**).

Overview of Information Exchange Session

Purpose of session

The purpose of this session is for applicants and assessors to exchange information about

- ✦ the assessment process
- ✦ requirements of foster carers
- ✦ the applicant's household.

Topics to be covered

Part One – with everyone together

1. Introduction
2. Our household
3. Overview of Information Pack
4. Response to information
 - ✦ Agency policy on health and hygiene
 - ✦ Agency policy on discipline
 - ✦ Agency policy regarding birth families

Part Two

2a: with adult applicants only

- ✦ Applicant's questions
- ✦ Information on how to apply to be a foster carer and next steps

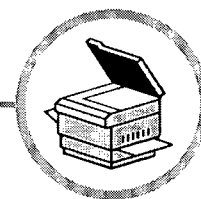
2b: with children or young people only (*if applicable*)

- ✦ Children's/young people's perspective on their household

Part 3 (with everyone together)

Conclusion

Preparing a Life History



Each applicant to complete a separate life history

**There are different ways to prepare your life history.
Choose the one that suits you best.**

1. Life story

Write your story, by writing an answer to each of the questions below.



Age 0-5

- ✱ When and where were you born? (if known)
- ✱ Who lived in your household?
- ✱ What was home like during this time?
- ✱ What were the most significant relationships for you during this time?
- ✱ What significant events happened in your family at this time?

Age 5 – 12

- ✱ What was it like to live in your household at this time?
- ✱ What are some of your strong memories of this time?
- ✱ What was your experience of school like?
- ✱ What were the most significant relationships for you during this time?
- ✱ What significant events happened in your family at this time?

Age 13 – 18

- ✱ What was it like living in your household during those years?
- ✱ What did you enjoy about school? What was difficult?
- ✱ What were the most significant relationships for you during this time?
- ✱ What significant events happened in your family at this time?

Adulthood

- ✱ Describe the significant relationships with partners you have had (length of time, reason for ending etc).
- ✱ How important has education been in your life?
- ✱ What sort of work have you done? How important has work been in your life?

Resource Sheet continued on next page >>>

- ★ What losses and traumas have you experienced in your life (eg a home, job, relationship, infertility, person etc)
- ★ What other significant events have shaped your life?
- ★ (If you have children)
 - > What have been the rewards and challenges of parenting?
 - > Have you ever lived apart from your child/ren? What was that like?

2. Life tape

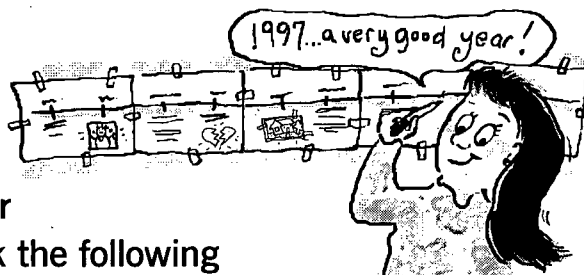
Tape your story, by recording an answer to each of the questions listed under "1. Life story".



You can use a cassette player or a video recorder. Remember to keep each answer relatively brief - the tape should be no more than 20 minutes!

3. Life line

Get a long piece of paper (or join together several sheets with sticky tape) and mark the following



- ★ Your birth date and place if known (at the beginning of the line)
- ★ Your current age (at the end of the line!)
- ★ The houses you have lived in, and the people who were in the household
- ★ The schools and other educational institutions you went to
- ★ Any significant health issues
- ★ Start of significant relationships
- ★ End of significant relationships
- ★ Birth of children (if applicable)
- ★ Significant losses and traumas (eg a home, job, relationship, person, infertility)
- ★ Your jobs
- ★ Travel
- ★ Any other significant events in your life.

(If you want, you can use colours, drawings, pictures etc to highlight significant events for you.)

Application to become a Foster Carer

To be completed by applicant after participating in an Information Exchange Session

1. Personal details Applicant 1

Last Name

First name

Previous names

Date of birth

Aboriginal? Yes No

Torres Strait Islander? Yes No

Country of birth

Occupation

No. of employed hours a week

Home address

Contact phone

Email address

Applicant 2 (if a couple)

Yes No

Yes No

2. Referees

I/we provide the following names and addresses of two responsible people to act as referees for our application. These people

- > are in current contact with me/us
- > have known me/us and my/our family for at least two years
- > have observed me/us interacting with children on a regular basis
- > are not directly related to me/us
- > are willing to provide a reference if required.

Referee 1

Name

Home address

Home phone

Work phone

Referee 2

3. **All other members on your household**
(please include any people who usually/regularly stay overnight)

Name	Date of birth	Ethnicity	Relationship to you	Occupation

4. **Do you have children residing away from home?**

(mark one) Yes No

If yes, please detail name, age and location of child, and reason why they are living elsewhere if under 18 years.

5. **Do you speak a language other than English?**

(mark one) Yes No

If yes, please detail

6. **What previous experience do you have in caring for children?**

7a. Do you have a current driver's license ?

(mark one) Yes No

7b. Do you have a motor vehicle which is comprehensively insured.?

(mark one) Yes No

Ability to drive is not essential, but may affect the type of placement considered.

8. Conditions of application

I/we apply to be foster carer (s) for _____
(name of agency)

Please mark each box to indicate you have read and agreed or provided any attachments requested.

I understand that I can withdraw the application at any stage. This will not prevent my re-application, but my reason(s) for withdrawal will be documented and discussed with me if I do re-apply.

I have signed and attached the following forms

> Prohibited Employment Declaration *

> The Working with Children Check Consent Form *#

(to give consent for background screening, including relevant criminal record)

I understand that a criminal record does not automatically debar me from being a foster carer, but the implication of any convictions on my suitability to be a foster carer will be discussed with me and will be taken into account in the assessment process.

> Consent for release of medical information from my doctor

I have attached additional Prohibited Employment Declarations and Working with Children Check Consent Forms, completed and signed by each member of our household who is 14 years and above. †

I have attached my "Life History".

I agree to take part in the process to assess foster carers for approval and I understand it will include interviews with any children or young people who are a part of my household.

I understand that I will need to complete a training course prior to being approved as a foster carer.

(Only for applicants who wish to be considered as carers for Aboriginal and Torres Strait Islander children and young people)

I have attached proof of my/our identity as an Aboriginal or Torres Strait Islander.

Note: NSW legislation states that, wherever possible, children and young people who are Aboriginal or Torres Strait Islander (ATSI) should only be placed with ATSI carers. (If a couple are applying to be carers of an ATSI child or young person, at least one partner should be ATSI.) Further information will be sought from carers regarding connections with their community, prior to placing a child or young person.

I understand that (*name of agency*) _____ will ask my permission to contact any other people or agencies who are able to provide relevant information regarding my suitability to provide foster care.

(Only for applicants to NSW Department of Community Services)
I understand that the NSW Department of Community Services will access and take into account any records of allegations of abuse and neglect involving me, and the outcomes of such allegations, in assessing my application to be a foster carer.

I state that the information contained in this application, including all attachments, is correct to the best of my knowledge.

Applicant 1

Applicant 2

(if application is being made by a couple)

Signed

Name

Date

* **The Prohibited Employment Declaration and the Working with Children Check** are legal requirements in NSW at the time of writing. Information about current requirements and mechanisms for police checks in other locations should be sought, and this form changed accordingly.

If applicants have lived outside of the Australia in the past 5 years, consideration must be given to requesting a criminal record check from the country in which they lived previously. In these circumstances the applicants should contact the relevant Embassy and request this information.

+ In NSW, this age is currently 18 years, but it will drop to 14 years and above when the Child and Young Person Care and Protection Amendment Out-of-Home Care Regulations 2001 are proclaimed.

Interview A

Interview A: Demonstrate personal readiness to become a foster carer

Background information

Competency A

This interview provides the opportunity to gather evidence (eg responses provided directly by applicants, relevant examples described by applicants) that the applicant is competent in the area of Competency A as set out on the next page.

However, evidence that relates to other competencies may also arise in this interview and should be recorded.

Competency A “**Demonstrate personal readiness to become a foster carer**” covers the requirement to recognise and apply relevant personal experiences to the task of caring for children and young people in foster care.

Element	Performance criteria
<p>Identify the personal issues that may affect the decision to become a foster carer</p>	<ul style="list-style-type: none"> > Identifies motivation to become a foster carer which includes a focus on the needs of children and young people in foster care > Identifies in own life history, experiences that may have impacted on emotional stability, resilience and the ability to deal with stress > Identifies quality of relationships within family of origin > <i>(If applicable)</i> Identifies issues relating to own children that may be relevant to the decision to become a foster carer
<p>Reflect upon experience, capacity and readiness to become a foster carer</p>	<ul style="list-style-type: none"> > Demonstrates that own experiences of grief and loss will not impede the provision of appropriate support to a child or young person in foster care > Identifies a range of enduring emotional attachments > <i>(If applicable)</i> Identifies a process of resolution of issues associated with infertility that will ensure the applicant can focus on the needs of a child or young person in care > Demonstrates ability to deal with stress constructively
<p>Determine the course of action to be followed</p>	<ul style="list-style-type: none"> > Applies relevant information, including needs of children in care and any risk to self and family, to determine capacity to become a carer > Identifies areas of concern and workable strategies to address them > Describes realistic commitment to upgrading skills and knowledge

Relevant research and practice experiences for interview A

Important information

The challenge of preparing a tool to assist with the assessment of potential foster carers is to combine the strengths of the task centred competency approach with strengths drawn from the psychodynamic approach to foster care assessment, which focuses on process and relationships. This is important if applicant(s) and workers are to engage in a dynamic creative process, which will enable them to gain insight into

- ★ applicants' motivation, attitudes, values and beliefs
- ★ a clear understanding of the skills that applicants have to offer.

Competency A “**Demonstrate personal readiness to become a foster carer**” reflects the importance of striking a balance between task centred, skills auditing approaches with the valuing of insight and self-awareness of applicants.

The following research and practice findings* inform the assessment of competency A.

Personal qualities of effective foster carers are

- ★ enthusiasm and realism (*Ray & Horner 1990 as reported in Barber & Gilbertson 2001*)
- ★ resourcefulness and ability to persevere (*Juratowitch & Smith 1996*)
- ★ able to retain hope and have a sense of humour (*Juratowitch & Smith 1996*)
- ★ awareness of their own strengths and weaknesses and needs (*Juratowitch & Smith 1996, Dare 1984 as reported in Tucker 2000*)
- ★ if childless, able to accept the pain associated with this (*Dando & Minty 1987 as reported by Tucker 2000*)
- ★ motivation to provide respite care through a mixture of convenience and altruism (*Bradley & Aldgate 1994 as reported in Tucker 2000*)
- ★ motivation to do long term care through either
 - > a strong desire for a child, but not being willing or able to conceive
 - > strong identification with deprived or unhappy children because of their own childhood experiences (*Kay 1966 and Dando & Minty 1987 as reported by Tucker 2000*)
- ★ good physical and emotional health, including positive self-esteem (*practice wisdom*)
- ★ involvement in a support network of friends and family which is solid and supportive (*practice wisdom*)
- ★ participation in a well functioning family/household (including with dependent children) which supports the decision to foster (*practice wisdom*).

Outcomes for children are likely to be poorer if foster carers

- ★ exhibit possessiveness toward a foster child (*Sanchirico, Lau, Jablonka and Russell 1998 as reported in Barber & Gilbertson 2001*)
- ★ feel insecure, disappointed by people they trust, that people hurt them and that circumstances are against them (*Jordan & Rodway 1978 as reported in Tucker 2000*).

* *This material is drawn from the **Background Paper** which is included in the Step by Step package.*

Assessing competency A

Proceed with Caution



Stop signals



During the course of Interview A, applicants may give responses that indicate that they are not yet competent in the area of **“demonstrating personal readiness to be a foster carer”**.

These responses indicate that they will not be able to appropriately apply their relevant personal experiences to the task of caring for a child or young person in care. Such responses may include, but are not limited to

- ★ the motivation of the applicant to become a carer does not include a consideration of the needs of the child in care, but is predominately focused on meeting the needs of the applicant
- ★ applicant expresses a pattern of “compulsive” caring eg eagerness to care for large numbers of children, including children with high needs, without recognising the impact of this on quality of care provided nor the impact on the carer’s own children and family
- ★ the applicant does not recognise that parenting one’s own child is different to caring for a child from another family
- ★ the applicant has not developed any long-term satisfying emotional relationships (may describe on-going and entrenched patterns of estrangement within family and other support networks, or relationships that lack emotional depth)
- ★ the applicant cannot demonstrate significant capacity for empathy or capacity to see other’s needs
- ★ dominance of applicant’s life by significant levels of unaddressed grief or stress, or denial of grief when it would be an appropriate response
- ★ applicant holds rigid attitudes and does not value differences in others.

In the event that the applicant has provided evidence that they are not or may not be competent to undertake the task of caring, the assessor should follow the steps as set out on page 20 of this Manual.

This may involve exploring the issue in more depth to make an informed decision about the applicant’s competence.

Preparing for interview A

Participants

The following people participate in this session

- ★ assessors
- ★ applicant(s).

Location

This session is held face to face, either at the home of the applicant(s) or at the agency.

Length of session

This session will take 2-3 hours. *(This will vary depending on circumstances eg the number of applicants, whether there are children living in the household, whether infertility is an issue etc.)*

Purpose of Session

The purpose of this session is to provide opportunity to explore the ability of the applicant(s) to draw on and apply personal experiences appropriately in dealing with the tasks of foster caring. It will cover

- ★ motivation to become a foster care
- ★ the nature and significance of family relationships in the applicant's life
- ★ response of applicant(s) to loss and grief
- ★ response of applicant(s) to change and stress
- ★ *(if applicable)* the impact of fostering on applicant's own children
- ★ *(if applicable)* dealing with infertility.

Material required

- ★ **Applicant Booklet** (containing Resource Sheet A.1 "Overview of Interview A" and Resource Sheet A.2 "What motivates foster carers?", also found on pages 67 and 68 of this Manual)
- ★ A photocopy of Resource Sheet A.3 on page 69 of this Manual "Interview A Follow-up Checklist" for each applicant
- ★ Large sheet of paper and marker pens (to draw a kinship diagram)
- ★ Optional: Photolanguage set (a set of evocative pictures and images) *See point 3c on page 57 of this Manual for more information about photolanguage set.*
- ★ Optional: Bear Cards *See point 3c on page 57 of this Manual for more information about Bear Cards.*

Important issues

Cultural, class and gender differences

This interview explores many aspects of the applicant's experience and personal responses. Assessors must take into consideration elements such as culture, class and gender which may impact on the way an applicant has dealt with issues in their life.

Ideally, there should be at least one assessor from the same cultural background as the applicant. If this is not possible, it is critical that the assessors seek advice about the applicant's culture and its norms. This is particularly important in ensuring that cultural biases do not hinder the assessor's capacity to appreciate the information provided by the applicant.

Gender and class bias need to be considered. For example, assessors who are female with tertiary education may have different communication patterns and norms to men with less formal education. It is important that assessors explore with applicants the meaning of comments or actions that at face value may not appear to be appropriate responses.

One example, is an applicant who is very matter of fact and brief when describing personal information. Rather than immediately interpreting this response as indicating emotional limitations, assessors will need to acknowledge that different people communicate differently and to focus on the ability of the applicant to understand the impact of their personal experiences on their lives.

An example where assessor bias can impact on assessment is the area of grief and loss. Issues that may arise include

- ✦ different approaches to grieving by men and women
- ✦ the experience of Aboriginal applicants who often are part of communities that have known multiple, continuous and intergenerational loss. The extent of loss experienced by Aboriginal applicants may make the grieving process of an indigenous applicant a complex one involving an understanding of the stolen generations, the impact of the welfare and justice systems on Aboriginal communities and indigenous health status and life expectancy issues in relation to the broader Australian community.
- ✦ understanding of loss from different religious understanding eg Christian, Muslim and Buddhist faith each approach death within a different framework.

Such differences must be appreciated if the assessment process is to accurately capture the ability of an applicant to undertake the task of caring.

A key component of good practice in recognizing and challenging one's own assumptions is to retain an approach of respectful curiosity when gathering information. It is appropriate to ask questions to understand more about the context which may have shaped the applicant's responses.

Preparing a kinship diagram

A kinship diagram is the tool to map out family and other significant relationships across generations.

Workers need to engage in the process of preparing such a diagram with genuine respect and an attitude of curiosity. This assists in creating a climate in which applicants feel safe and comfortable to explore significant issues.

Preparing a kinship diagram and consequent discussions with applicants may generate family stories which give meaning or “explain” how the family views itself and particular events or people. Examples of that might be

- ★ “We are a family that sticks together through thick and thin.”
- ★ “We don’t take charity.”
- ★ “My grandparents were always suspicious of outsiders.”

It is important to allow the applicants to share the stories and interpret these themselves.

The assessor should not undertake further interpretation without this being shared with the applicants to check out if it fits their understanding. People’s lives are complex and should not be reduced to simplistic or limiting labels. However, assessors should ask applicants questions about how they think their family and family history will affect their attitudes and behaviour towards caring for children from another family and building relationships with those families.

Life history

The assessors should prepare for this session by carefully reading or listening to the life history material provided by the applicants. This material should have been sent with the “Application to be a Foster Carer” and Interview A should not be scheduled until the life history has been received.

Note any issues in the life history that need to be further explored. This may include obvious gaps, omissions or apparent contradictions in the history.

Session variations

Two sections within this session will only apply to some applicants.

- ★ Section 3a (*Impact on other children*) only applies to applicants who have children.
- ★ Section 3b (*Fertility*) only applies to applicants who would have liked to have a(nother) child of their own but are unable to do so because of their circumstances (eg infertility, lack of suitable partner, age etc).

The length of this session will increase if there is more than one applicant. The session covers a range of personal information that should be explored with each applicant. The material can be covered with both applicants present and taking it in turns to respond.

The activities for applicants include options to use some tools to stimulate responses from applicants. Such tools can be a very helpful way of opening up discussion, especially for applicants who are less confident or comfortable expressing feelings verbally.

The options include the use of

- ★ **Photolanguage set:** a set of pictures that evoke a wide range of moods and responses. If you don't have a ready made set, you can collect interesting pictures from postcards, magazines, calendars etc.
- ★ **Bear Cards:** a collection of 48 characters, each on a colourful card, revealing different personalities and demonstrating different feelings.
For details of these and other resources look at the website of St Luke's Innovative Resources www.stlukes.org.au (under "products" in the Books and Resources section of their website.)

Outline of Interview A

1. Introduction (5 mins)

Activity

Check if applicant(s) have any questions or concerns that were raised by the information session.

If **information from checks** (medical, referee, police) has raised concerns about an applicant's suitability make sure that the topic is addressed with the applicants.

Ask how applicant(s) found the experience of preparing their life history. (Let them know that you will look at that together later in this session)

Go through **Resource Sheet A.1** "Overview of Interview A" (on page 67 of this Manual and also found on page 8 the **Applicant Booklet**). Reinforce that the interview is not like an exam with right and wrong answers. It will be an opportunity to explore some issues that can impact on the way that people provide care for children. Applicants should feel free at any time to ask questions to help them clarify issues, including to check how the topic being discussed relates to providing care for children.

2. Motivation to become a foster carer (10 mins)

Activity

Look at **Resource Sheet A.2** "What motivates foster carers" (found on page 68 of this Manual and also on page 9 of the **Applicant Booklet**)

Ask applicants to choose 2-3 reasons that come closest to their motivation to foster. (If none apply, they can use the "other" category).

Questions to discuss

- ❖ What reasons did you pick?
- ❖ When did you first start think about fostering and why?
- ❖ If for any reason, you are not able to foster a child, are there other ways you could direct your motivation?

3. Kinship diagram (30 mins)

Explain a kinship diagram



“What we are going to do now is to work on a kinship diagram. This is a type of family tree that gives details of who is in your family and other significant people to you. It will help us to get a picture of your family background and relationships.

Most people enjoy doing this diagram and find this interesting.

However it can bring back strong memories, so it's important to take time and not hurry the process.

If doing this diagram does trigger unhappy or sad memories that are hard to deal with, let us know so we can discuss it and see if it has any impact on your decision about fostering.”

Activity

Provide a large sheet of paper and coloured marker pens.

Draw up the kinship diagram.

(You can use the following steps)

- ★ Write the names of the applicant(s) in the centre of the paper. If applicable, show the year of marriage (or establishment of their partnership) by drawing a line connecting the two names with the year on it.
- ★ Add any children born to them (put names and ages) including any miscarriages, still births or deaths.
- ★ If the couple have had significant previous partnerships, add them and any children (and grandchildren) of those relationships.
- ★ Put in details of parents (or caregivers) and grandparents of the couple.
- ★ Complete the diagram by asking the couple to add in any other very significant people to them (eg siblings, uncles, aunts, cousins, very close and long standing family friends).

Questions to discuss

- ❖ Name three people on the diagram you feel very close to. Describe them in 3-4 words and explain why you feel close to them.
- ❖ Name three people on the diagram you feel most distant from. Describe them in 3-4 words and explain why you feel distant to them.
- ❖ Who have you had tension with
 - > in the past? Why?
 - > recently? Why?
- ❖ What are some of the strengths of your family?
- ❖ What are some words or phrases that describe or sum up your family?

4. Life History

4a Attachment issues (20 mins)

Explain relevance of life histories



“The experiences we have during our own childhood and growing up, and the way we deal with those experiences, can affect how we respond to children we care for. We will now be looking at some particular areas of your life history and how they may affect the way you as a foster carer may look after a child or young person dealing with those sorts of issues themselves.”

Activity

Ask the applicants to go through the life history material they have prepared.

Explain that you are interested in the applicant's connections and attachments to others when they were growing up.

Questions to discuss

- ❖ What was it like for you growing up in your family?

“Think of a time when you were growing up when you felt really good/happy.”

- ❖ What made it a good/happy time?
- ❖ What part did adults play in that memory?

“Think of a difficult/unhappy time in your family when you were growing up.”

- ❖ What was happening?
- ❖ Who noticed what you were feeling?
- ❖ Did anyone look after you?

If yes

- ❖ Who was this? What did they do or how did they behave which made a difference to you?

If no

- ❖ What do you think someone could have said or done which would have made a difference for you?
- ❖ Who did you turn to when you needed help or comfort as a child?
- ❖ What have you learnt about relationships through your own experience as a child, that would affect how you may care for a foster child?

4b Grief and loss (20 mins)

Explain the relevance of separation and grief

“Grief and loss are often important issues for children in foster care to deal with. We are interested in how you deal with those issues yourself. Think of a time when you experienced separation or grief. It may not be a dramatic issue like the death of a family member, but something that was significant to you.”



Questions to discuss

- ❖ What was the separation or grief you experienced?
- ❖ What feelings do you remember from that time?
- ❖ How did you behave? (Were you outwardly the same or was there something different to your usual pattern?)
- ❖ Did you have a physical reaction to the situation?
- ❖ Who or what helped you at that time and/or what were you wishing for?
- ❖ How has that experience continued to impact on you?
- ❖ Did the situation produce any positive outcomes for you?
- ❖ What other situations of loss and grief have you experienced? Did you have similar reactions?

- ❖ Is there grief that is significant in your life at the moment?
How is it affecting you?
- ❖ How do you think your own experiences of grief and loss may affect the way you deal with the experiences of children or young people in care who are often experiencing considerable loss and grief?

4c Response to change and stress (20 mins)

Explain the importance of change and stress



“Fostering often involves dealing with change and stress. Think of a time in your life when you faced a crisis, trauma or other challenging change in your circumstances. “

Questions to discuss

- ❖ How did you deal with the stress?
- ❖ What did the experience teach you about your strengths and needs?
- ❖ What support did you receive at this time?
- ❖ How does stress affect your consumption of cigarettes, alcohol or other drugs or patterns of behaviour such as gambling?
- ❖ What professional help have you considered to deal with stress or trauma (eg counsellor, your doctor)
- ❖ Is there stress that is significant in your life at the moment?
How is it affecting you?
- ❖ Caring for children in foster care is a big change and can bring with it considerable stress and challenges. How do you see yourself coping with that change and stress?

5. Impact of fostering on carer's own children (20 mins)

(Only if applicants have children living at home)

Questions to discuss

- ❖ When did you first tell your child/ren about your interest in fostering?
- ❖ What did you say to them?
- ❖ What were the responses of each of your children?

or

Pick some cards from the Bear Card pack that show how your child/ren responded.

- ❖ Was that how you expected them to respond?
- ❖ What responses did your child/ren have to the Information Exchange Session in which they were involved?
- ❖ If you do have a child or young person in foster care placed with you, how may that impact on each family member? *(Deal with each household member in turn, including each applicant)*
- ❖ How do you expect your children will react to having another child in the family who will require a lot of attention from you?

or

Pick some cards from the Bear Card pack that show how your child/ren might react to having another child in the family who will require a lot of attention from you.

- ❖ How will you know if the fostering arrangement is not working out for your family and you should stop fostering?

6. Fertility

(Some applicants may have raised issues relating to fertility in the previous discussions around grief or stress. If they have previously explored the issue, some of the questions in section 6 may have already been answered and do not need to be repeated.)

Question for each applicant

- ❖ Would you have liked to have had a(nother) child of your own?
*(If no, go to section 8 "Conclusion".
If yes, complete this section 6)*

Explain the reason for asking questions about fertility.



“Fostering a child often raises issues for people who have tried, but have not been able to have a child when they wished to. Your experience in this area is important for us to explore.”

Question for each applicant

- ❖ Have you been trying to have a child but not been able to conceive or give birth?
*(If yes, continue to next section 7a "Infertility".
If no, go on to section 7b "Hopes for own children".)*

7a Infertility (30 mins)

Questions to discuss

- ❖ How long have you been having difficulty in conceiving?
- ❖ What programs have you been involved in to try to conceive a child?
- ❖ Are you still involved in any fertility programs or treatment?
- ❖ *(If no)*, How did you come to a decision to stop?
- ❖ If you are not able to foster, what hopes or goals would your life then hold?

Activity

(Each applicant should do this exercise separately before discussing the question.)

Option A (provide pen and paper)

Ask each applicant to draw a picture or diagram that shows their responses from when they first realised that they were experiencing infertility difficulties to this point in time.

Ask each applicant to share their drawing.

or Option B (provide a set of evocative photos or images)

Ask each applicant to pick pictures that reminds them of their reactions

- ★ “when you first realised you were experiencing fertility problems”
- ★ “when you hit a low point in dealing with this issue”
- ★ “now”

Ask each applicant to share their pictures and why they chose them.

Questions to discuss

(with each partner to giving their own response)

- ❖ How have you coped when significant people in your life (eg sisters, good friends) have got pregnant and had children?
- ❖ What has been the positive and negative impact of your infertility on your relationship with your partner?
- ❖ A foster child comes with their own family history. You will not be able to recognise your own family traits in the foster child, as you would if they were your own child. What adjustments would you need to make to care well for a foster child?

- ❖ How could the knowledge that you can't have a child of your own, affect the way you might respond to the birth parents of a foster child in your care?

(Go on to Section 8 "Conclusion")

7b. Hopes for own children (15 mins)

Questions to discuss

- ❖ What factors have prevented you having your own child?
- ❖ What would happen to your foster care application if those circumstances changed?
- ❖ If you did foster a child, how may your hopes and dreams about a child of your own affect the way you cared for a child?
- ❖ What issues would you have to deal with if, after a child was placed with you, you were able to have your own child?

8. Conclusion (5 mins)

Activity

Self evaluation checklist. Provide each applicant with a copy of Resource Sheet A.3 "Follow-up checklist from Interview A" (photocopied from page 69 of this Manual) to take away with them to consider and bring back to the next session.

Next session. Explain to applicants that next session will start with an opportunity to

- ★ review how the process is going for everyone.
- ★ look at issues about working as a team with others. This will include looking at relationship issues with partners (if applicable).
- ★ discuss the importance of helping children in care develop their own identity.

(If applicants are a couple)

Explain reason for speaking to applicants separately in next session



"Part of the next session will be looking at how you relate as a couple. For one exercise we will be talking to each of you separately, to make sure we hear both your perspectives on your relationship."

After the session

Once the session has been completed, the assessor must

- Complete “Evidence of Competency A” (9.1 of **Assessment Record**).
Note that it is not possible to finalise the evidence regarding the final element of Competency A at this stage of the assessment process.
- Add any relevant information to “Evidence of Competency B, C or D” (9.2, 9.3 and 9.4 of **Assessment Record**)
- Ensure all the paperwork for checks has been completed.
 - Medical Questionnaire sent to doctor with covering letter and a copy of the Health checklist completed by applicant.
 - Health checklist (*completed by applicant*) filed in the **Assessment Record**.
 - Prohibited Employment Form filed in the **Assessment Record**.
 - Working with Children Check submitted.
 - Two referees contacted and asked to complete personal reference forms.
- (*If applicant withdraws application at any stage*), ask for the reasons and record these in the “Withdrawal of application” (Section 2 of the **Assessment Record**.)
- (*If agency decides not to proceed with the assessment*), the reasons for this decision must be conveyed verbally and in writing to the applicant (s). A copy of the letter must be filed in Section 2 of the **Assessment Record**.

Overview of Interview A

Purpose of interview

The purpose of this session is to explore the applicants' ability to draw on and apply their personal experiences appropriately in dealing with the tasks of fostering.

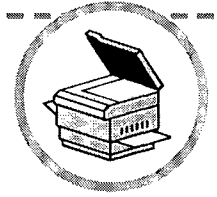
Topics to be covered

1. Introduction
2. Motivation to become a carer
3. Kinship diagram
4. Life history
 - a. Family attachments
 - b. Grief and loss
 - c. Response to change and stress
5. Impact of fostering other carer's children (*if applicable*)
6. Fertility
 - a. Infertility (*if applicable*)
 - b. Hope of own children (*if applicable*)
7. Conclusion

What motivates foster carers?

1. I've had a good life, I want to give something back.
2. I can't have a child of my own at this time.
3. Every child has a right to a home and to be loved. I can do that.
4. Some parents are doing it tough out there. I want to help them and their children.
5. I love kids, my life seems empty without them.
6. My child/ren would love a playmate.
7. It seems a great way to work from home, I really need a little extra income.
8. I want to give a child the chance of a brand new start.
9. I had a difficult childhood. I know what some kids go through and I want to help them.
10. I want to have fun with a kid, planning and going to lots of places and excursions with them
11. Other
-

Interview A – Follow-up Checklist



One of the key qualities of foster carers is having the ability to draw on and apply their personal experiences appropriately in dealing with the tasks of foster caring.

1. My motivations for wanting to be a foster carer would help me to focus on the needs of a child in my care, not just my own needs.

YES / NO

2. The relationships I have had in my life, including my own childhood experience, would assist me to offer a secure relationship to a child in foster care.

YES / NO

3. My experiences of loss and grief would help me understand and deal appropriately with the loss and grief experienced by a child in foster care.

YES / NO

4. I am able to deal constructively with stress and seek appropriate support.

YES / NO

5. I recognise that as a foster carer I will be caring for someone else's child and that it will not be the same experience as having my own child.

YES / NO

6. Other comments

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Interview B

Interview B: Work effectively as part of a team

Background information

Competency B

This interview provides the opportunity to gather evidence (eg responses provided directly by applicants, relevant examples described by applicants) that the applicant is competent in the area of Competency B as set out below.

However, evidence that relates to other competencies may also arise in this interview and should be recorded.

Competency B “**Work effectively as part of a team**” covers the requirement to operate and communicate collaboratively with personal networks, agency staff, birth families and other key people involved in the case plan for the child or young person in care.

Element	Performance criteria
Network effectively with others	<ul style="list-style-type: none">> Identifies sources of personal and emotional support that will enable them to focus on the needs of a child or young person in foster care> Identifies the potential impact of foster caring on their existing support networks> Describes potentially positive outcomes of working as a team within foster care
Establish a positive relationship with birth family members	<ul style="list-style-type: none">> Identifies strategies to promote ongoing contact between a child or young person in foster care, their family and other significant relationships> Describes ways of managing communication and conflict effectively to keep opportunities open for a positive relationship between the child or young person in foster care and their family
Communicates appropriately	<ul style="list-style-type: none">> Communicates clearly> Seeks clarification when required> Uses skills of assertive communication when appropriate> Describes strategies to resolve conflict and misunderstandings

Relevant research and practice experiences for interview B

The following research and practice findings* inform the assessment of competency B
“Work effectively as part of a team.”

Personal qualities of effective foster carers are

- ★ involvement with a support network of friends and family which is solid and supportive (*practice wisdom*).

Knowledge of and relationship with children exhibited by effective foster carers

- ★ commitment to children and young people participating in decision making (*practice wisdom supported by the principles which underpin the Children and Young Persons (Care and Protection) Act 1998*).

Skills and values of effective foster carers are

- ★ ability to negotiate change well (*Juratowitch & Smith 1996*)
- ★ willingness to learn and can use support and work as part of a team (*Juratowitch & Smith 1996, Sellick & Thorburn 1996 as reported in Barker 1999*)
- ★ ability to make logical decisions (*Ray & Horner 1990 as reported in Barber & Gilbertson 2001*)
- ★ ability to deal with conflict constructively (*practice wisdom*)
- ★ effective advocacy on behalf of children (*practice wisdom*)
- ★ valuing of difference and diversity (*practice wisdom, also supported by the principles which underpin the Children and Young Persons (Care and Protection) Act 1998*).

Outcomes for children are likely to be poorer if foster carers

- ★ avoid contact with outsiders (*Frances 1992 as reported in Tucker 2000*).

Important note: Frances reviewed families in which sexual abuse had occurred to identify implications for assessment of foster carers. Frances could identify no clear-cut predictors although identified as concerning families who avoided interaction with outsiders and have minimal communication within the family. Frances cautioned that this information could only be used as broad guidance in making an assessment.

* *This material is drawn from the Background Paper which is included in the Step by Step package.*

Assessing competency B

Proceed with caution



Stop signals



During the course of Interview B, applicants may give responses that indicate that they are not yet competent in the area of “**Working effectively as part of a team**”

These responses indicate that the applicant is not able to operate and communicate collaboratively with own personal network, with agency staff, birth families and other key people involved in the case plan for a child or young person in care. Such responses may include, but not be limited to,

- ★ *(for applicants who have a partner)* relationship is characterized by emotional distance, lack of affection or support, resentment, unresolved conflict or lack of communication which would prevent them working as a unit in caring for a child
- ★ conflict within family can involve violence
- ★ applicant does not have networks in place that could provide support during the stresses of fostering
- ★ applicant is unwilling to work co-operatively with others
- ★ applicant does not recognize the significance of birth families or support their inclusion in a foster child's life
- ★ applicant does not value diversity or the contribution of those from other cultures and backgrounds.

In the event of such a response, or any other concerns by the assessor team that the applicant has provided evidence that they are not or may not be competent to undertake the task of caring, the assessor should follow the steps as set out on page 20 of this Manual.

This may involve exploring the issue in more depth to make an informed decision about the applicant's competence.

Preparing for interview B

Participants

The following people participate in this session

- ★ assessors
- ★ applicant(s) (*should include the partner of the applicant if he/she will have a role in caring for a child in foster care, even if he/she is not a resident of the household*).

Location

This session is held face to face, either at the family home or at the agency.

Length of session

This session will take approximately one hour. (*Allow an additional 1.5 hours if applicant has a partner or are a couple.*)

Purpose of Session

The purpose of this session is to provide opportunities to explore the applicant's ability to work as a team with others, including support networks and agency staff.

It will cover

- ★ the personal and emotional support available to applicants as individuals and within their relationships
- ★ dealing with conflict
- ★ local networks of support
- ★ working as part of an agency team.

Material required

- ★ **Applicant Booklet** (including Resource Sheet B.1 "Overview of Interview B" and B.2 "Jim and Kay's story" which are also found on pages 83 and 84 of this Manual)
- ★ A photocopy of Resource Sheet B.3 "Interview B Follow-up checklist" for applicant to take with them (on page 85 of this Manual)
- ★ A3 sheets of blank paper and a selection of different coloured marker pens (for ecogram)
- ★ Bear Cards (optional) *See information on page 57 of this Manual regarding the Bear Cards*

Important issues

Review of assessment

This session provides the opportunity for assessors and applicants to “swap notes” about the assessment process. In particular, there is the opportunity for a comparison of the evaluation sheets independently completed by the assessor and the applicant following the previous interview.

The assessor should prepare carefully for this process, by

- ★ carefully completing the “Evidence of Competency A” (Section 9.1 of **Assessment Record**)
- ★ making a considered interim assessment recommendation
- ★ preparing how to respectfully and honestly share this information with the applicant, particularly if the recommendation is that the assessment be terminated or suspended for further work.

If there is little or no congruence between the “Evidence of Competency A” prepared by the assessor and the “Interview A Follow-up Checklist” prepared by the applicant, it is important that this is explored. It is not appropriate to proceed at this stage with the rest of Interview B if the assessor has highlighted concerns in their assessment to be dealt with prior to the resumption of the assessment process.

It is very common, on the other hand, for a self-assessment to be more negative than that done by an objective observer. In this case, it may be that the assessor is happy to proceed, but the applicant has indicated they have concerns.

It is important to clarify the basis of these concerns, eg

- ★ is the applicant not sure of the standard required?
- ★ is it lack of confidence, rather than lack of competence?

Often when the applicant knows that the assessor is satisfied that the assessment can proceed, the applicant is happy to continue. However, any marked resistance by the applicant to continue must be respected. Applicants have the right to withdraw at any time in the process. The reasons for this should be recorded in Section 2 of the **Assessment Record** “Withdrawal of application”.

Separate interviews

As part of this session is focusing on the strength of the applicants’ relationship, it is appropriate to individually ask each applicant who is in a relationship about their relationship. This is necessary to ensure that each partner’s perspective is heard clearly without one applicant dominating. This means that the first exercise is repeated with each partner separately.

One partner can be told to arrive approx 40 minutes after the other, if that is convenient.

There will be opportunity at the beginning of Interview C to raise any issues that arise for assessors as a result of these separate interviews.

Gender, class and cultural bias

Assessors must be aware of making judgements that may involve assumptions relating to gender, class and culture.

This session includes a focus on relationship issues. There are many different ways of expressing and describing relationships. For example, the way that a man and a woman relate to each other as a couple in public will be greatly influenced by their cultural experiences and understandings. It is important that assessors find out about the issues that may impact on behaviour before interpreting it through the assessor's own cultural experiences.

Outline of Interview B

1. Introduction (5 mins)

Activity

Provide Resource Sheet B.1 "Overview of Interview B" (found on page 83 of this Manual and also on page 11 of Applicant Booklet) and ensure participants are aware of the session program.

2. Review of assessment process (15 mins)

Explain purpose of review



"This first part of the interview gives us a chance to check out how we are finding the assessment process."

Activity

If information from checks (medical, referee, police) has raised concerns about an applicant's suitability make sure that the topic is addressed with the applicant.

Share with applicant your interim assessment recommendation made after the previous session.

Discuss the "Interview A follow-up checklist" completed by the applicant after the previous session.

Discuss any marked differences in the applicant's self-assessment and your own.

If you and/or the applicant have decided to terminate or put the assessment process on hold, ensure that there is a clear understanding and recording of

- ★ the reason for that decision
- ★ feedback from the applicant about the assessment process
- ★ any next steps to be taken.

The agency should provide both verbal and written information to the applicant if the agency has decided not to proceed with the assessment.

Questions to discuss

(if it is decided to continue with the assessment process)

- ◆ How are you finding the assessment process so far?
- ◆ What part of the process has had the most impact on you so far?
- ◆ What issues or concerns have been raised for you that you have found difficult to deal with?

Activity

Highlight progress to date of the assessment process, using a copy of assessment process flowchart from page 14 of the **Information Pack for Potential Foster Carers**.

Explain purpose of interview



“The rest of this interview will be looking at working as a team with others. Team work starts at the personal level, with the support we get from others such as our partner and our friends.”

2. Teamwork with partner (a total of 90 mins for two separate interviews – 45 mins each)

(This section of the interview only applies if applicants are a couple, or if applicant has a partner who will be involved in the care of the child.)

Questions to discuss

(To be discussed with each partner individually)

- ◆ What brought you together as a couple initially?
- ◆ What makes your relationship work?
- ◆ What are your partner's strengths?
- ◆ What are the issues you need to work on as a couple?
- ◆ How do you make decisions as a couple?
- ◆ How does your partner know you care about him/her?
- ◆ How do you know what your partner feels about things?

- ❖ Describe a typical situation of conflict you have with your partner.
(*Bear cards can be used to assist applicants to describe conflict patterns.*)
 - > How does the conflict start?
 - > How do each of you behave?
 - > How does it end?
 - > Is there ever any violence in your conflict?
- ❖ Do finances ever cause conflict in your family? If yes, how will you cope with the increased demands on your finances if you care for a foster child?
- ❖ When you have difficulties in your relationship, who do you talk about it to?
- ❖ Have you ever separated from your partner? If yes, describe the process of getting back together.
- ❖ Have you ever sought professional help for your relationship?
- ❖ Under what circumstances might you consider seeking such help ?
- ❖ What adjustments might you have to make to keep your relationship on track if you take on the role of foster carer?
- ❖ Are there any issues about fostering that you have not wanted to raise with us when your partner is present? If yes, what are they?
- ❖ *If couple is a same sex couple*
What issues might the fact that you are a same sex couple raise for a child or young person in your care?

3. Dealing with conflict (20 mins)

Introduce topic of conflict



“Different people deal with conflict in different ways. We all have our own pattern of coping with tensions and disagreements with other people. Describe a time when you were in significant conflict with another person (other than your partner).”

Questions to discuss

- ❖ How did the conflict make you feel?

or

Pick a Bear Card to show how you felt in this situation.

- ❖ What action did you take to deal with the conflict?
 - ❖ What is your relationship like with that person now?
 - ❖ How would you describe your usual response to conflict?
- or
- Pick a Bear Card that shows your usual response to conflict.
- ❖ What are the positive aspects to your response to personal conflict?
 - ❖ What are the less positive aspects to your approach to personal conflict?
 - ❖ How could your approach to conflict affect the way you dealt with difficult situations involving disagreements with other adults about a child or young person in your care?

4. Networks of support (30 mins)

Activity

Ask applicants to construct an ecomap, using the following instructions. Couples can each do their own, but can do it at the same time and place.

Instructions for activity

Write your name in the middle of the paper.

Around your name write (or draw) all the places and people you have spent time with in the last month.

Some suggestions:

- ★ Friends/families
- ★ Clubs/hobbies
- ★ Entertainments
- ★ Exercise
- ★ Outdoor activities
- ★ Community Services (eg library, Centrelink,)
- ★ Religious groups.

Circle in blue those you are in regular and strong contact with.

In red, add in events or people you have less frequent contact with, but are still very significant to you.

Some examples

- ★ annual friends reunion
- ★ seasonal sporting or community activity.

Questions to discuss

- ❖ Who in this network is likely to provide support to you if you become a foster carer?
- ❖ Are there any gaps in your ecomap that you would like to fill?
- ❖ How might fostering positively and negatively affect your activities and the connections you currently have?

5. Working as an agency team (20 mins)

Explain the concept of team work in foster care



“A foster carer has to work as a team with many other people when providing care for a child or young person. These include

- ★ the caseworkers who are responsible for co-ordinating arrangements
- ★ the birth family
- ★ professionals who have direct contact with the child eg teachers, doctors, therapists, counsellors, child welfare workers.”

Activity

Read through Resource Sheet B.2 “Jim and Kay’s story” and discuss the questions (found on page 84 of this Manual and also on page 12 of the Applicant Booklet).

6. Conclusion (5 mins)

Activity

Thank the applicants for their time.

(If there are children or young people in the applicant household)

Arrange for a time to interview each child/young person prior to the next session.

Provide self evaluation checklist for next interview.

Provide each applicant with Resource Sheet B.3 “Interview B Follow-up checklist” (photocopied from page 85 of this Manual) to take away with them and consider and bring back to the next interview.

(If applicable) **Remind people** that there will be an opportunity at the beginning of the next session to raise any issues that arose from the discussion about the applicant's relationship or from the conversation with their children.

Explain that the focus of the next interview will be on styles of parenting and caring.

After the session

Once the session has been completed, the assessor must

- Complete "Evidence of Competency B" (9.2 of **Assessment Record**).
- Add any relevant information to "Evidence of Competency A, C and D" (9.1, 9.3 and 9.4 of **Assessment Record**)
- (If applicant withdraws application at any stage)*, ask for the reasons and record these in the "Withdrawal of application" (Section 2 of the **Assessment Record**.)
- (If agency decides not to proceed with the assessment)*, the reasons for this decision must be conveyed verbally and in writing to the applicant (s). A copy of the letter must be filed in Section 2 of the **Assessment Record**.

Overview of Interview B

Purpose of interview

The purpose of this session is to explore the applicants' ability to work effectively as part of a team.

Topics to be covered

1. Introduction
2. Review of assessment process
3. Teamwork with partner (*if applicable*)
4. Dealing with conflict
5. Networks of support
6. Working as an agency team
7. Conclusion

Jim and Kay's story

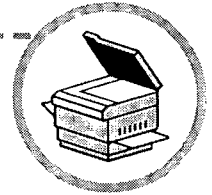
Jim and Kay are foster carers with an agency. The agency case worker has just dropped around and let them know that some new details for contact have just been arranged by the agency for Mary-Lee, the child they foster, and her birth family. The new arrangements are not convenient for Jim and Kay.

Jim and Kay feel angry that they weren't consulted before the arrangements were made. The last time that changes were made to make it easier for Mary-Lee to see her birth family, her birth family were unable to arrange transport and missed the visit altogether. On other occasions, Mary-Lee has stayed with her birth family and has been brought home much later than expected.

Questions to discuss

- ❖ If you were Jim or Kay, what may your next steps be?
- ❖ A case conference is an opportunity for all the people who are involved with a child to meet together to plan and co-ordinate their activities.
 - > What are some benefits of Jim and Kay raising the issue of contact visits at the next case conference?
 - > What ideas could be considered by the people at the case conference to promote the relationship between Mary-Lee and her family?
- ❖ How should Jim and Kay raise their concern with Mary-Lee's mother if Mary-Lee continues to get home late after her contact visits?
- ❖ Jim and Kay are considering going on holidays at a particular time with Mary-Lee. What should they do before making definite plans?

Interview B – Follow-up Checklist



One of the key qualities of foster carers is working well with others, including within own personal relationships and networks of support, as well as those directly involved with the child or young person in care, such as agency staff and birth family members.

1. I get strong personal and emotional support from people I am close to that would help me as a foster carer.

YES / NO

2. I am part of a network within my community that can help me in the tasks involved in foster caring.

YES / NO

3. I support the importance of assisting any child or young person in my care to establish and maintain a positive relationship with their birth family and other significant people in their life.

YES / NO

4. I am able to communicate clearly and constructively with others, even in times when I may be in conflict or have a disagreement with them.

YES / NO

5. Other Comments.

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Session with children of household

Session with children of household: Expectations of fostering

Background Information

Preparing for this session

Participants

The following people participate in this session

- ★ assessors
- ★ children and young people living in applicant household who are school aged or above.
Note: the term “children of the household” is used throughout this material to refer to offspring of the applicant, and is not limited to those under 16. It could include adult offspring.

Location

This session is held face to face, either at the family home or at the agency.

Length of session

This session will take approximately 45 minutes with each child or young person.

Purpose of Session

The purpose of this session is to provide opportunity to explore the expectations children of the household have about being a part of a family providing foster care. It will cover

- ★ family relationships from the children’s perspectives
- ★ the anticipated rewards and challenges of being in a fostering family
- ★ the children’s readiness to foster.

Material required

A copy of **Applicant Booklet** (includes Resource Sheet Interview with Children “What some children in fostering families have said about fostering” (also found on page 93 of this Manual)

Circles of paper (“Family stepping stones”) and marker pens (for option A on page 91)

or

Large sheets of paper, old magazines, scissors, paper, glue and marker pens (for Option B on page 92).

Important issues

Timing of session

This session is best held when it is reasonably clear that the application will proceed, but when there is still time to process with their parents any issues raised by the children.

It is important that children are able to focus on the issues (not tired, hungry or distracted with other interests such as TV). It is not appropriate to have parents present during the session as this may make it difficult for the child's perspective to be heard clearly.

Information about the session

It is very important that parents and children of the household are told that

- ★ this session will help them think about whether fostering is a good option for their family at this time
- ★ the responses made by children will be recorded as part of the foster care assessment and taken into account in determining the outcomes of that assessment
- ★ responses by the children may be shared with their parents, particularly if it raises any concerns about suitability for fostering.

Session variations

Assessors may have to adapt the way they introduce the material to make it suitable for use with children with different communication styles and developmental stages.

Assessing suitability to foster

Stop signals



The purpose of this session with children of the household is not to assess the children's competency. It is another part of the information gathering process to inform the decision made about the appropriateness of the care application.

However, when there are children over the age of 16 in the household who may have unsupervised contact with a child in care, it is very important to ensure that they have an appreciation of the needs of a child in care, and are not just reflecting on fostering as it impacts on them.

During the course of the session with children, information may be provided that indicates that essential aspects of foster carer competency will be not met.

Such information may include, but is not limited to

- ★ children reporting regular use of physical or other inappropriate punishment which would be likely to continue with children placed in their care
- ★ strong resistance on the part of children or young people in the household to the possibility of a foster child joining the household
- ★ a young person not appreciating that children in care have particular needs and can be vulnerable
- ★ strong opinions on the part of a child or young person that do not value differences eg culture, race, religion.

In the event of such a response, the assessor team should raise the issue with the potential applicants and indicate why their application, if submitted, would not be approved in those circumstances.

An invitation should be extended to further discuss the issues and their impact on the foster care application.

Outline of session with children of household

1. Introduction (5 mins)

Explain clearly the purpose of the session.



“We are going to talk about being a foster family. This will help you and us decide whether it would be something good for your family to do. We will be talking about this later with other people from our work and also with your mum and dad, so we will need to write things down so we can remember them properly.

We remember that a while ago you did some writing/drawing about what it would be like to have a foster child living in your family.”

Question to discuss

- ◆ What do you think a foster family does?

2. Family relationships (15 mins)

Questions to discuss

- ◆ What do you like best about your family?
- ◆ What do you wish was different about your family?
- ◆ Children sometimes feel unsafe in their family. What things could make you feel unsafe in your family? Has this ever happened to you?
- ◆ How do you know if your mum/dad are pleased with you?
- ◆ How do you know if your mum/dad are angry with you?
- ◆ What are some of the “rules” in your family?

Another way to ask this question is:

What are some things you aren't allowed to do or things you are supposed to do?

- ◆ Who decides on the “rules”?
- ◆ What happens if you break the “rules”?
- ◆ What happens if mum or dad break the “rules”?

3. Thinking about fostering (10 mins)

Activity

Show the child the Resource Sheet “What some children in fostering families have said about fostering” (on page 93 of this Manual and also found on page 14 of the Applicant Booklet.)

Read it through together.

Ask the child to pick two or three comments that match what they think foster care might be like for them.

Questions to discuss

- ❖ *(If they only picked positive comments)* What things would make being a foster sister or brother hard at times?
- ❖ *(If they only picked negative comments)* How will you deal with the difficulties of being a foster sister or brother?
- ❖ What do you think will change for you if a child who is in foster care comes to live with you?
- ❖ Do you want a child who is in foster care to live in your family? Why?
- ❖ How would you know if being a foster family wasn't working for you? What would you do about it?
- ❖ What would a child in foster care enjoy or get out of living with your family?

4. Your family (10 mins)

Option A: Family stepping stones

Question to discuss

- ❖ What should a foster child know about your family before they come to live with you?

Activity

Make a family “stepping stone” out of paper for each factor.

Ask child or young person to pick the three stepping stones they think are the most important.

or Option B: Making a collage

Activity

Ask the child or young person to cut out pictures from magazines to make a collage about their family that could help a foster child find out about their family and what it will be like living them.

or Option C: Family motto

Activity

Ask child or young person to come up with a family motto that would tell a foster child a bit about how their family operates.

5. Conclusion (5 mins)

Activity

Thank children for their involvement and check if they have any questions about foster caring.

After the session

Once the session has been completed, the assessor must

- Complete “Outcomes of session with children and young people” (8.2 of the **Assessment Record**.)
- Add any relevant information to “Evidence of Competency A, B, C and D” (9.1, 9.2, 9.3 & 9.4 of **Assessment Record**.)
- Ensure all the following checks have been completed/returned.
 - > Health Checklist (completed by applicant)
 - > Medical Questionnaire (completed by doctor)
 - > Prohibited Employment Form
 - > Working with Children Check
 - > Two personal references

What some children in fostering families have said about fostering

- ★ I never had a real sister, it was great to have a foster sister. She broke some of my stuff, but we got over it.
- ★ The best thing was seeing a child improve.
- ★ It was hard to have time with my mum on her own after we fostered. She seemed so busy all the time.
- ★ Growing up in a foster family meant there were always other kids around.
- ★ I'm proud of my family. We share our family and help children.
- ★ I didn't like it when they mucked up at school. It was embarrassing for me.
- ★ I don't like it when the children tell you some of the horrible things that have happened to them.
- ★ You have to share your house and your family. I never had my own bedroom. That's hard but it was worth it. We have a bigger family now.

Interview C

Interview C : Promoting the positive development of children and young people

Background information

Competency C

This interview provides the opportunity to gather evidence (eg responses provided directly by applicants, relevant examples described by applicants) that the applicant is competent in this area of Competency C, as set out below.

However, evidence that relates to other competencies may also arise in this interview and should be recorded.

Competency C “**Promote the positive development of children and young people in foster care**” covers the requirement to provide and advocate for the developmental and special needs of children and young people in foster care including the need to promote the development of a positive identity and their active participation in decision making.

Element	Performance criteria
Promote the social, emotional, psychological and intellectual development of children and young people	<ul style="list-style-type: none">> Identifies importance of individual attention for each child or young person which is responsive to his/her needs and development> Demonstrates ability to provide emotional warmth, care and appropriate affection to children and young people> Describes strategies to develop life skills in children and young people whilst in care> Identifies importance of promoting the educational achievement of children and young people in foster care

Competency C continues on next page >>>

Element	Performance criteria
<p>Promote exploration and development of identity by children and young people</p>	<ul style="list-style-type: none"> > Identifies ways of encouraging children and young people to take pride in their own cultural identity, gender identity and abilities > Describes opportunities for children and young people to participate in and learn about their cultural, religious and language heritage > Identifies the importance of sharing and safely storing memorabilia during the placement > Describes opportunities for children and young people to develop strengths, interests and abilities
<p>Create opportunities and activities that encourage children and young people to express their feelings, needs and ideas and to participate in decisions that affect them.</p>	<ul style="list-style-type: none"> > Listens attentively to children and young people to encourage them to express their needs and feelings > Identifies that the needs of children and young people will vary with their stage of development > Recognises the need for children and young people in foster care to deal with feelings and issues that may arise from separation from their family > Identifies the importance of children and young people being involved in decisions which affect them
<p>Manage behaviour</p>	<ul style="list-style-type: none"> > Identifies own personal responses that can impact on appropriate behaviour management > Describes effective strategies to manage behaviour of a child or young person that takes into account their development and life experiences and foster carer's personal responses > Describes approaches to behaviour management that are flexible and responsive to changing situations
<p>Advocate on behalf of children and young people in foster care</p>	<ul style="list-style-type: none"> > Identifies specialist care, such as medical and educational services, as relevant for children and young people in foster care > Identifies importance of advocacy for the needs of children and young people in foster care to secure relevant services or support

Relevant research and practice experiences for interview C

The following research and practice findings* inform the assessment of competency “Promote the positive development of children and young people in foster care”.

Knowledge of and relationship with children exhibited by effective foster carers

- ★ displays of affection to children and communication at the level of the child (*Juratowitch & Smith 1996*)
- ★ not personalising the child’s behaviour or becoming hurt by it (*Juratowitch & Smith 1996*)
- ★ understanding what leads to children behaving in particular way (*Juratowitch & Smith 1996, Sandow 1998 as reported in Barker 1999 and Sellick & Thorburn 1996 as reported by Barker 1999*)
- ★ ability to deal with and accept expressions of anger from children and able to provide reassurance for children (*Juratowitch & Smith 1996*)
- ★ empathy with deprived and damaged children (*Juratowitch & Smith 1996, Kay 1966 as reported by Tucker 2000*)
- ★ able to recognise and meet the needs of children at different developmental stages (*practice wisdom*)
- ★ no expectation that children will be appreciative or grateful (*practice wisdom*)
- ★ commitment to children and young people participating in decision making (*practice wisdom supported by the principles which underpin the Children and Young Persons (Care and Protection) Act 1998*).

Personal qualities of effective foster carers

- ★ good physical and emotional health, including a positive self-esteem (*practice wisdom*).

Skills and values of effective foster carers

- ★ flexibility and ability to adjust their own standards (*Juratowitch & Smith 1996*)
- ★ ability to negotiate change well (*Juratowitch & Smith 1996*)
- ★ willingness to learn and use support and work as part of a team (*Juratowitch & Smith 1996, Sellick & Thorburn 1996 as reported in Barker 1999*)
- ★ interest in children’s education (*Jackson 1983 as reported in Jackson 2001*)
- ★ ability to make logical decisions (*Ray & Horner 1990 as reported in Barber & Gilbertson 2001*)
- ★ high degree of tolerance re school performance (*Rowe 1976 as reported in Barber & Gilbertson 2001*)
- ★ low demands on religious observance (*Rowe 1976 as reported in Barber & Gilbertson 2001*)
- ★ ability to deal with conflict constructively (*practice wisdom*)
- ★ effective advocacy on behalf of children (*practice wisdom*)

- ★ non-judgemental responses to the history and current situations, behaviour and situations of children and their families (*practice wisdom*)
- ★ recognises the importance of including birth family members and other significant people from the child's past. (*Juratowitch & Smith 1996, Sellick and Thorburn*)
- ★ commitment to children and young people participating in decision making (*practice wisdom supported by the principles which underpin the Children and Young Persons (Care and Protection) Act 1998*)
- ★ valuing of difference and diversity (*practice wisdom, also supported by the principles which underpin the Children and Young Persons (Care and Protection) Act 1998*).

Outcomes for children are likely to be poorer if foster carers have

- ★ authoritarian child rearing styles (*Sanchirico, Lau, Jablonka and Russell 1998 as reported in Barber & Gilbertson 2001*)
- ★ possessiveness toward foster child (*Sanchirico, Lau, Jablonka and Russell 1998 as reported in Barber & Gilbertson 2001*)
- ★ a belief that a child's development is entirely dependent on heredity (*Wit and Adriani, 1971; Van der Oever, et al., 1979 as reported in Barber & Gilbertson 2001*)
- ★ no understanding of the relevance of birth families or actively work against a positive relationship between a child and their birth family (*practice wisdom*).

* *This material is drawn from the **Background Paper** which is included in the Step by Step package.*

Assessing competency C

Proceed with caution



Stop signals



During the course of Interview C, applicants may give responses that indicate that they are not yet competent in the area of **“Promote the positive development of children and young people in foster care”**.

These responses indicate that the applicant is not yet able to support and advocate for the developmental needs of children and young people in an out of home care placement, including the need to promote the development of a positive identity and active participation decision making. Such responses may include, but are not limited to,

- ★ applicant has no relevant experience of caring for children
- ★ applicant has a rigid parenting style that does not recognize that children have individual needs
- ★ applicant routinely physically punishes children
- ★ applicant does not recognize the right of children and young people to participate in decisions affecting them
- ★ applicant has significant physical or mental health issues that render them unable to undertake the tasks of foster caring.
- ★ applicant does not recognize the significance of birth families or support their inclusion in a foster child’s life
- ★ applicant is not willing to promote the child or young person’s participation in their cultural, religious or language heritage
- ★ applicant expresses paternalistic or explicitly racist views about other cultures
- ★ applicant does not recognize and value that each child has a unique identity.

In the event of such a response, or any other concerns by the assessor team that the applicant has provided evidence that they are not or may not be competent to undertake the task of caring, the assessor should follow the steps as set out on page 20 of this Manual.

This may involve exploring the issue in more depth to make an informed decision about the applicant’s competence.

Preparing for interview C

Participants

The following people participate in this session

- ★ assessors
- ★ applicant(s).

Location

This session is held face to face, either at the family home or at the agency.

Length of session

This session will take approximately 2 hours.

Purpose of Session

The purpose of this session is to provide opportunity to explore the applicant's ability to provide good quality day to day care for children or young people in foster care.

It will cover the applicant's

- ★ awareness of children's and young peoples' needs
- ★ ability to communicate with children and young people
- ★ ability to set boundaries and manage behaviour
- ★ understanding of the need to promote a child or young person's identity
- ★ commitment to encourage children and young people to participate in decision making
- ★ awareness of diversity and special needs
- ★ ability to advocate for a child or young person.

Material required

- ★ Bear Cards (optional) *See information on page 57 of this Manual regarding the Bear Cards*
- ★ **Applicant Booklet** (including Resource Sheet C.1 "Overview of Interview C", Resource Sheet C.2 "Chris's story" and Resource Sheet C.3 "Jai's story" - pick the version that uses the setting most appropriate for the applicant). These resource sheets are also found on pages 107-116 of this Manual.
- ★ A photocopy of Resource Sheet C.4 "Interview C follow-up checklist" from page 117 of this Manual
- ★ A photocopy of Resource Sheet C.5 "Sexual Abuse and Children") from page 118 of this Manual

Important issues

Feedback from last session

This session begins with a brief review of the assessment process, and the opportunity for both the applicant and the assessors to raise issues from the exploration of applicants' relationship or the interview with children.

If significant issues were raised for assessors, consider prior to the interview whether to explore these before doing the material set out for Interview C, or to arrange a separate time to deal with those issues.

Gender, class and cultural bias

This session includes a focus on child rearing. Assessors must be aware of making judgements that may involve assumptions relating to gender, class and culture.

It is important that assessors find out about the issues that may impact on child rearing practices before interpreting them through the assessor's own personal experiences.

Session variations

This session contains a number of variations to reflect the range of situations in which people offer foster care. The assessor should pick variations that match the circumstances of the application (eg type of care or preferred age group of child or young person).

Outline of interview C

1. Introduction and review of assessment process (15 mins)

Activity

If **information from checks** (medical, referee, police) has raised concerns about an applicant's suitability make sure that the topic is addressed with the applicants.

Questions to discuss *(if applicable)*

- ❖ Did any issues arise for you as a couple following our conversation with each of you individually?
- ❖ Did your child(ren) have any responses following our interview with them that you want to raise with us?
- ❖ Are there any other issues about the assessment process that you would like to raise at this point?

Activity

Address any issues that arise for assessors about the applicants' relationship or the child(ren)'s responses.

Share with applicant your interim assessment recommendation made after the previous session.

Discuss the "Interview B follow-up checklist" completed by the applicant after the previous session.

Discuss any marked differences in the applicant's self-assessment and your own.

Check that the applicant wishes to continue the process of assessment.

Highlight that the focus of this session is the issue of day-to-day care of children .

Go through Resource Sheet C.1 "Overview of Interview C" (on page 107 of this Manual and also on page 15 of the **Applicant Booklet**).

2. Experiences of being parented (25 mins)

Questions to discuss

- ❖ *(Option 1)* Use the Bear Cards to pick three pictures that show how it was for you growing up in your family.
or
(Option 2) What are three words to describe what it was like growing up in your family?
- ❖ What were your parents' strengths?
- ❖ How much say did you get in family decisions that affected you?
- ❖ In what ways would you choose to care for a child differently from them?
- ❖ *(Option 1)* Use the Bear Cards to pick three pictures that show how it was for you as a teenager in your family.
or
(Option 2) What are three words to describe what it was like being a teenager in your family?
- ❖ What were your parents' strengths dealing with you as an adolescent?
- ❖ How much say did you get when you were a teenager in family decisions that affected you?
- ❖ In what ways would you choose to care for teenagers differently from your parents?

3. Caring for children and young people (10 mins)

Questions to discuss

- ❖ What experience have you had caring for a child or young person?
- ❖ What experience have you had of caring in your home for a child or young person who is not your own biological child?
- ❖ Are you still in touch with the child or young person? Why?
- ❖ How do you think the experience of caring for that child or young person will affect the way you might provide care to a foster child?

4. Being a carer (25 mins)

Questions to discuss

- ❖ Think of a time when you had to change your approach or behaviour as a parent or carer ie you tried something with a child or young person and it didn't work and you had to try something different.
 - > What was the example?
 - > How did your approach change?
 - > What was the impact of that change on you and on the child or young person concerned?
 - > What did you learn from that experience?
- ❖ Part of a carer's role is to discipline children. How would your approach to disciplining children change as they grow? (eg 2 years, 7 years, 14 years).
- ❖ When you are unsure about what to do next when caring for a child or young person, how do you get ideas about other approaches to try?

Activity

Read through with applicant the Resource Sheet C.2 "Chris's story" (on page 108 of this Manual and also on page 16 of the **Applicant Booklet**).

You can assign an age to Chris that matches the age of the child that may be placed with the carer.

Discuss questions at end of Resource Sheet C.2

5. Jai's story - the foster carer's role (35 mins)

Activity

Read through with applicant the Resource Sheet C.3 "Jai's story"

Note: Three versions of this story are provided to suit the following situations:

- ★ A **temporary or long-term** care situation on Resource Sheet C.3:Version I (pages 109-111 of this Manual and also on pages 17-19 of the **Applicant Booklet**)
- ★ A **respite** care situation on Resource Sheet C.3 :Version II (pages 112-114 of this Manual and also on pages 20-22 of the **Applicant Booklet**)
- ★ A foster care situation for an **adolescent** on Resource Sheet C.3:Version III (pages 115 and 116 of this Manual and also on pages 23 and 24 the **Applicant Booklet**)

Discuss questions as found on end of relevant Resource Sheet.

6. Conclusion (10 mins)

Activity

Provide each applicant self evaluation checklist Resource Sheet C.4 "Interview C Follow-up checklist" (photocopied from page 118 of this Manual) to take away with them to consider and bring back to the next session.

Explain that sexual abuse will be discussed in next interview.



"The main area to be looked at next session is the importance of keeping a child or young person safe. It will include looking at the issue of sexual abuse. This can be a difficult area to discuss sometimes, so to help you prepare for it we have a short questionnaire for you to complete before the next session.

Unfortunately, many children who come into foster care have experienced some form of sexual abuse. This is why it is important to ensure that foster carers are equipped to deal with such an issue, and can respond appropriately and sensitively.

If you yourself have experienced such abuse, or know others who have done so, thinking about this issue may arouse strong feelings or very difficult memories. If you find this happening when you are completing the questionnaire, I would encourage you to contact someone you feel comfortable and trust to talk it through. You could contact one of the assessor team if you would prefer.

You do not have to complete the questionnaire on your own if you are concerned it will raise very strong issues for you. You may choose to complete it in the next session with us in person."

Activity

Ensure each applicant has a copy to take with them of the Resource Sheet C.5 "Sexual Abuse and Children" (photocopied from page 118 of this Manual).

After the session

Once the session has been completed, the assessor must

- Complete “Evidence of Competency C” (9.3 of **Assessment Record**)
- Add any relevant information to “Evidence of Competency A, B, and D” (9.1, 9.2 & 9.4 of **Assessment Record**.)
- Check progress of all reports (medical, referees, background etc)
- (*If applicant withdraws application at any stage*), ask for the reasons and record these in the “Withdrawal of application” in Section 2 of the **Assessment Record**.
- (*If agency decides not to proceed with the assessment*), the reasons for this decision must be conveyed verbally and in writing to the applicant (s).
A copy of the letter must be filed in Section 2 of the **Assessment Record**.

Overview of Interview C

Purpose of interview

The purpose of this session is to explore ways of promoting the positive development of children and young people in foster care.

Topics to be covered

1. Introduction
2. Experience of being parented
3. Caring for a child or young person
4. Being a carer – including Chris's story
5. Jai's story – the foster carer's role
6. Conclusion

Chris's story

You have just had Chris placed with you. Chris is sitting at the kitchen table having breakfast. You need to catch a bus with Chris in 10 minutes to get to school/kindy/sporting event.

Suddenly Chris says to you, "My mum doesn't cut toast like this. I want to ring my mum."

Questions for discussion

- ❖ What might be your first "instinctive" response in this situation?
(This may not be the best response to act upon, but may be your first automatic thought or feeling.)
- ❖ How would you deal with your response?
- ❖ What are some of the different issues that you need to consider when responding to Chris?
- ❖ What may Chris be feeling in this situation?
- ❖ What might you say or do next with Chris that could be helpful for Chris in this situation?

Jai's story – Version I

(for those applying to provide short or long term care)

Part 1

Jai is a six-year old with red hair, freckles and a lovely smile. He is quite chubby and has severe asthma. He finds it hard to keep still and be quiet, but he is really good at video games. He enjoys talking with people, but is not yet able to read or write at all.

Marie, Jai's mother, is a meticulous housekeeper and feeds and dresses Jai carefully. She follows a very particular diet based on the writings of a small religious group. In particular she avoids egg based products. She works shifts at a local supermarket.

Jai was reported to the child protection authorities as a child at risk of harm when teachers at his school raised concerns about his interaction with other children involving sexual activities. It was clear through Jai's conversations and drawings that he had experienced sexual abuse involving a male.

Marie appears to be unaware of and unable to meet many of Jai's needs. She has had a series of boyfriends living with her, but denies that any of them could have abused Jai. Her punishments for Jai include locking him in a dark cupboard for long periods of time and gagging him when he "talks too much". She talks about Jai as a child who is destined to damage himself and others.

It has been decided by a court that Jai's needs will be best met through permanent placement in a foster care setting.

Part 2

Jai has just been placed with a foster carer, Olga. Jai will be seeing his mother regularly. His mother sends him cards with occasional gifts. Olga keeps these in a special box with other memorabilia of Jai's such as photos, school awards and his drawings.

Jai is now in his second year of schooling but is still operating at a pre-school level, unable to associate letters and sounds. There is some question about whether Jai has an intellectual disability. Jai still needs a great deal of assistance to get dressed. He calls for help to have his bottom wiped after going to the toilet. He soils himself regularly.

Jai often tells stories to get out of trouble.

Jai is on medication for asthma. He has required treatment at hospital on three occasions because of asthma attacks. His mother has requested that his foster carer respect her religious beliefs, which means that Jai should not eat eggs, or any products made of eggs.

Resource Sheet continued on next page >>>

Discussion questions (version 1)

- ❖ What sorts of skills could Olga assist Jai to develop?
- ❖ How might Olga help with Jai's schooling?
- ❖ Olga is used to cooking with eggs. If you were Olga, what would you do to deal with Jai's birth family's religious ideas?
- ❖ If you were Olga, what strategies might you use to deal with Jai's story telling?
- ❖ Olga thinks that it would be beneficial for Jai to be involved in a regular sporting activity. If you were Olga, how would you involve Jai in organising this?
- ❖ Even when children have been hurt by their parent, they usually still have strong connections with them. How may Jai feel as a result of not being able to live with his mum? If you were Olga, what could you do to support Jai? How could the memorabilia collected by Jai and Olga, eg photos and letters, help Jai deal with his separation from his mother?
- ❖ One day Jai comes home from school very angry. He usually gives Olga a big hug when he gets home but today he pushes her away. He goes to his room. When Olga looks in a few minutes later she finds that the new curtains she has made for Jai's room have been cut into pieces. Jai looks at Olga and says,
"someone has come into my room and wrecked the curtains".
 - > If you were Olga, how might you feel?
 - > What would you want to do?
 - > Would it be appropriate to act on your first response? Why? If no, how would you prevent yourself acting on that response?
 - > What are some ways that Olga could deal with the situation constructively?

Resource Sheet continued on next page >>>

- ❖ If Jai had particular special needs (eg hearing loss, epilepsy) how could Olga ensure she is caring for Jai appropriately?
- ❖ It is important that children in care keep in touch with their cultural identity. Assume Jai's birth family was from a different ethnic group to Olga. If you were Olga, what are some things you could do to assist him develop his ethnic and cultural identity?
- ❖ It is important that Aboriginal children in care keep in touch with their community.
 - > *(For Aboriginal carers)*
Assume Jai's birth family is from a different Aboriginal community group to Olga's. If you were Olga, what are some things you could do to help him maintain his cultural identity?
 - > *(For non-Aboriginal carers)*
Assume Jai's birth family includes Aboriginal members. If you were Olga, what are some things you could do to help Jai develop a positive Aboriginal identity.
- ❖ Olga wants Jai to feel positive about himself. If you were Olga, what are some ways you might help Jai to develop a positive self identity?

Jai's story – Version II

(for those applying to provide respite care)

Part 1

Jai is a six-year old with red hair, freckles and a lovely smile. He is quite chubby and has severe asthma. He finds it hard to keep still and be quiet, but he is really good at video games. He enjoys talking with people, but is not yet able to read or write at all.

Marie, Jai's mother, is a meticulous housekeeper and feeds and dresses Jai carefully. She follows a very particular diet based on the writings of a small religious group. In particular she avoids egg based products. She works shifts at a local supermarket.

Jai was reported to the child protection authorities as a child at risk of harm when teachers at his school raised concerns about his interaction with other children involving sexual activities. It was clear through Jai's conversations and drawings that he had experienced sexual abuse involving a male.

Marie appears unaware of and unable to meet many of Jai's needs. She has had a series of boyfriends living with her, but denies that any of them could have abused Jai. Her punishments for Jai include locking him in a dark cupboard for long periods of time and gagging him when he "talks too much". She talks about Jai as a child who is destined to damage himself and others.

It has been decided by a court that Jai's needs will be best met through permanent placement in a foster care setting.

Part 2

Jai has just been placed with a long-term foster carer, Olga. Jai will be seeing his mother regularly. His mother sends him cards and occasional gifts.

Jean, Bill and their family will be providing respite care for Jai for one weekend each month. This will provide Olga with a regular break, and extend the care and support network available to Jai.

Resource Sheet continued on next page >>>

Jai is now in his second year of schooling but is still operating at a pre-school level, unable to associate letters and sounds. There is some question about whether Jai has an intellectual disability. Jai still needs a great deal of assistance to get dressed. He calls for help to have his bottom wiped after going to the toilet. He soils himself regularly.

Jai often tells stories to get out of trouble.

Jai is on medication for asthma. He has required treatment at hospital on three occasions because of asthma attacks. His mother has requested that his foster carer respect her religious beliefs, which means that Jai should not eat eggs, or any products made of eggs.

Discussion questions (version II – respite care)

- ❖ How could Jean and Bill assist with Jai's schooling?
- ❖ Jean and Bill are used to cooking with eggs. If you were them, what could you do to deal with Jai's birth family's religious ideas?
- ❖ If you were caring for Jai, how would you deal with Jai's story telling?
- ❖ Bill and Jean think that it would be beneficial for Jai to be involved in a regular sporting activity. If you were caring for Jai, who do you think you would discuss this with?
- ❖ Even when children have been hurt by their parent, they usually still have strong bonds with them. Bill and Jean notice that Jai is often quite agitated when he stays with them soon after contact with his mother Marie. He is quite touchy and often very disobedient. If you were Jai's carer, how would you handle this?

Resource Sheet continued on next page >>>

- ❖ One day Jai arrives at Bill and Jean's place very angry. He usually gives them a big hug when he gets there but today he pushes them away. He goes to the room he sleeps in. When Jean looks in a few minutes later he has done a poo on the floor and is starting to smear it on the new curtains which Jean has just finished making.
 - > If you were Jai's carer, how might you feel?
 - > What would you want to do?
 - > Would it be appropriate to act on your first response? Why? If no, how would you prevent yourself acting on that response?
 - > What are some ways that a carer could deal with the situation constructively?
- ❖ If Jai had particular special needs (eg hearing loss, epilepsy) how could Bill and Jean ensure they are caring for Jai appropriately?
- ❖ It is important that children in care keep in touch with their cultural identity. Assume Jai's birth family was from a different ethnic group to Bill and Jean. What might they do to help him develop a positive identity?
- ❖ It is important that Aboriginal children in care keep in touch with their community.
 - > *(For Aboriginal carers)*
Assume Jai's birth family is from a different Aboriginal community group to Bill and Jean's. If you were Bill and Jean, what are some things you could do to help him maintain his cultural identity?
 - > *(For non-Aboriginal carers)*
Assume Jai's birth family includes Aboriginal members. If you were Bill and Jean, what are some things you could do to help Jai develop a positive Aboriginal identity.
- ❖ Bill and Jean want Jai to feel positive about himself. If you were Bill and Jean, what are some ways you might help Jai to develop a positive self identity?

Jai's story – Version III

(for those applying to provide care for adolescents)

Part 1

Marie, Jai's mother, is a meticulous housekeeper and feeds and dresses Jai carefully. She follows a very particular diet based on the writings of a small religious group. In particular she avoids egg based products. She works shifts at a local supermarket.

When Jai was in primary school, he was reported to the child protection authorities as a child at risk of harm when teachers at his school raised concerns about his interaction with other children involving sexual activities. It was clear through Jai's conversations and drawings that he had experienced sexual abuse involving a male.

Marie appears unaware of and unable to meet many of Jai's needs. She had a series of boyfriends living with her, but denies that any of them could have abused Jai. Her punishments for Jai included locking him in a dark cupboard for long periods of time and gagging him when he "talked too much". She talked about Jai as a child who is destined to damage himself and others.

Jai was placed in permanent care with a foster carer Olga. Jai sees his mother regularly. She sends him cards with occasional gifts. Olga encourages Jai to keep these cards in a special box with his other memorabilia such as photos, school awards and his old drawings.

Part 2

Jai progressed well in Olga's care but new issues have emerged as he has reached adolescence. Jai is now aged 15. He is sometimes withdrawn and struggles to make friends his own age, preferring much younger or older acquaintances. He is behind at school and sometimes truants. He talks to Olga a lot about girls and what sort of girlfriend he wants. He comments a lot about how much he is growing.

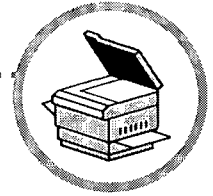
Discussion questions (version III – adolescent care)

- ◆ What sorts of skills could Olga help Jai to develop?
- ◆ What could Olga assist with Jai's schooling?

Resource Sheet continued on next page >>>

- ❖ Olga is used to cooking with eggs. If you were Olga, what would you do to deal with Jai's birth family's religious ideas?
- ❖ Olga thinks that it would be beneficial for Jai to be involved in a regular sporting activity or other exercise. If you were Olga, how would you start to organise this?
- ❖ If you were Jai's carer, how would you ensure that Jai has appropriate sexual information and education?
- ❖ Jai has been looking forward to his 15th birthday celebration. He is excited about go-karting, so he and Olga are planning the occasion. When Olga asks if there is anyone from school he wants to ask, Jai's mood changes. "As if", he says. "They'll keep asking me why my real mother isn't organising my party." Swearing loudly, he leaves the kitchen, deliberately pulling the table cloth with him so that plates and glasses fall on the floor and shatter.
 - > If you were Olga, how might you feel?
 - > What would you want to do?
 - > Would it be appropriate to act on your first response? Why? If no, how would you prevent yourself acting on that response?
 - > What are some ways that a carer could deal with the situation constructively?
- ❖ How could Jai's memorabilia (cards, photos etc) assist him to deal with the fact that he has two families - his foster family and his birth family?
- ❖ If Jai had a particular special needs (eg hearing loss, epilepsy) how could Olga ensure she is caring for Jai appropriately?
- ❖ It is important that children in care keep in touch with their cultural identity. Assume Jai's birth family was from a different ethnic group to Olga's. What might she do to help him develop a positive identity?
- ❖ It is important that Aboriginal children in care keep in touch with their community.
 - > *(For Aboriginal carers)*
Assume Jai's birth family is from a different Aboriginal community group to Olga's. If you were Olga, what are some things you could do to help him maintain his cultural identity?
 - > *(For non-Aboriginal carers)*
Assume Jai's birth family includes Aboriginal members. If you were Olga, what are some things you could do to help Jai develop a positive Aboriginal identity.
- ❖ Olga wants Jai to feel positive about himself. If you were Olga, what are some ways you might help Jai to develop a positive self identity?

Interview C Follow-up checklist



One of the key qualities of foster carers is to promote the positive development of children and young people in out of home care.

1. Do I treat each child as an individual, with their own social, emotional and intellectual needs?
YES / NO
2. Will I ensure that children and young people in my care get access to information and services to meet their specific cultural needs (eg Aboriginal Lands Council, language schools, mosques etc)?
YES / NO
3. Can I encourage children to express their feelings and ideas?
YES / NO
4. Do I encourage children and young people to be involved in all decisions that affect them?
YES / NO
5. Can I help a child or young person maintain contact with his/her birth family, whilst they are in my care?
YES / NO
6. Do I make sure that children and young people get services that help them develop?
YES / NO
7. Comments

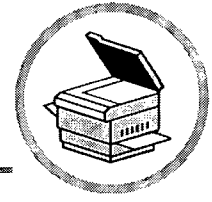
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Questionnaire: Sexual Abuse and Children



1. What sexual issues are important to talk about with your children? Why?

.....
.....

Child sexual abuse is any sexual act or sexual threat imposed on a child or young person. It refers to a situation where a child or young person's dependency and immaturity is exploited. Physical or psychological coercion is used. This makes it different from consensual peer sexual activity.

Child sexual assault can include a range of different behaviour. Some examples are inappropriate touching, watching pornographic material or genital contact.

2. How could you prevent child in your care from being sexually abused?

.....
.....

3. Have you had any experience of child sexual abuse?

This may be your own experience, or a person close to you.

If not, go on to the final question on this sheet.

- > In what ways did the abuse affect your life as a child and as an adult?
- > How do you deal with the impact of the abuse in your life?
- > How might the abuse influence you as a carer?

.....
.....
.....

4. If a child in your care disclosed to you that they had been sexually abused, what emotional response may you have to this?

.....
.....

Interview D

Interview D: Providing a safe environment that is free of abuse

Background information

Competency D

This interview provides the opportunity to gather evidence (eg responses provided directly by applicants, relevant examples described by applicants) that the applicant is competent in this area of Competency D. Some of the evidence related to the first element of Competency D will have also been gathered in other assessment activities, including the home safety inspection.

In addition, this interview allows the assessor to gather information about the final element of Competency A “**Making an informed decision on readiness to become a foster carer.**”

However, evidence that relates to other competencies may also arise in this interview and should be recorded.

Competency D covers the requirement to **provide a safe and respectful home environment for children and young people in foster care.**

Details of Competency D are set out on the next page.

Element	Performance criteria
<p>Provide a safe environment for the physical safety of children and young people in care.</p>	<ul style="list-style-type: none"> > Home meets minimum standards required for foster care placement > Identifies the need to ensure children in foster care are not physically punished > Identifies importance of appropriate health and hygiene practices in foster carer's home
<p>Implement care practices which support the protection of children and young people</p>	<ul style="list-style-type: none"> > Identifies impact of emotional abuse on children and young people > <i>(If applicable)</i> Demonstrates that the effect of their own experiences of abuse will not impede the ability of the applicant to focus on the needs of a child or young person in foster care > Describes strategies to keep children and young people safe from abuse > Describes strategies to support and promote wellbeing of carer's own children during the foster care placement > Recognises the importance of maintaining confidentiality > Demonstrates the appropriate exchange of information on a need to know basis

Relevant research and practice experiences for Interview D

The following research and practice findings* inform the assessment of competency D
“Provide a safe environment that is free of abuse.”

Knowledge of and relationship with children exhibited by effective foster carers

- ★ understanding of what leads to children behaving in particular way (*Juratowitch & Smith 1996, Sandow 1998 as reported in Barker 1999 and Sellick & Thorburn 1996 as reported by Barker 1999*)
- ★ ability to deal with and accept expressions of anger from children and provide reassurance for children (*Juratowitch & Smith 1996*)
- ★ empathy with deprived and damaged children (*Juratowitch & Smith 1996, Kay 1966 as reported by Tucker 2000*).

Personal qualities of effective foster carers

- ★ non-judgemental responses to the history and current situations, behaviour and situations of children and their families (*practice wisdom*).

Outcomes for children are likely to be poorer if foster carers

- ★ believe that a child’s development is entirely dependent on heredity (*Wit and Adriani, 1971; Van der Oever, et al., 1979 as reported in Barber & Gilbertson 2001*)
- ★ avoid contact with outsiders (*Frances 1992 as reported in Tucker 2000*). Important note: Frances reviewed families in which sexual abuse had occurred to identify implications for assessment of carers. Frances could identify no clear-cut predictors although identified as concerning families who avoided interaction with outsiders and have minimal communication within the family. Frances cautioned that this information could only be used as broad guidance in making an assessment.

* This material is drawn from the **Background Paper** which is included in the *Step by Step* package.

Assessing competency D

Proceed with caution



Stop signals



During the course of Interview D, applicants may give responses that indicate that they are not yet competent in the area of **“provide a safe environment that is free of abuse”**.

These responses indicate that the applicant is not yet able to provide a safe and respectful home environment for children in out of home care. Such responses may include, but are not limited to

- ★ applicant’s style of interaction with children and young people is emotionally abusive
- ★ applicant does not recognise the negative impact of sexual abuse on children or young people
- ★ applicant is not willing to operate within “house rules” that assist in keeping children safe and minimize allegations of abuse
- ★ applicant is overwhelmed by own experiences of abuse and would be unable to respond to the needs of a child or young person
- ★ applicant has a history of abusing or neglecting a child or young person
- ★ applicant has criminal record of inappropriate behaviour affecting children or young people.

In the event of such a response, or any other concerns by the assessor team that the applicant has provided evidence that they are not or may not be competent to undertake the task of caring, the assessor should follow the steps as set out on page 20 of this Manual.

This may involve exploring the issue in more depth to make an informed decision about the applicant’s competence.

Preparing for interview D

Participants

The following people participate in this session

- ★ assessors
- ★ applicant(s).

Location

This session is held face to face, either at the family home or at the agency.

Length of session

This session will take approximately 2 hours.

Purpose of Session

The purpose of this session is to provide opportunity to explore the applicant's ability to provide a safe environment that is free of abuse. It will cover the applicant's

- ★ ability to address issues of emotional abuse
- ★ understanding of the impact of sexual abuse on children and young people
- ★ ability to put strategies in place to protect children and young people
- ★ response to the potential of allegations of abuse against carers
- ★ understanding of confidentiality.

Material required

- ★ **Applicant Booklet** (including Resource Sheet D.1 "Overview of Interview D" Resource Sheet D.2 "Mandi's story", Resource Sheet C.3 "Sexual Abuse and Children" Resource Sheet D.3 Robert's story", Resource Sheet D.4 "List of house rules", Resource Sheet D.5 "Scale of sharing information" and Resource Sheet D.6 "Bianca and Jamie's story") also found on pages 131 - 136 of this Manual
- ★ A photocopy of Resource Sheet D.7 "Which child or young person would you be able to provide care for?" (also found on page 137 of this Manual)

Important issues

Strong responses to abuse issues

Discussion of abuse can be confronting and may stir strong feelings in applicants or awaken old memories. This may relate to different forms of abuse - emotional, physical or sexual abuse or neglect.

A pre-session questionnaire given to applicants provides a way to process the issue. It has an emphasis on sexual abuse as this is an area where it can be difficult for people to discuss their experiences.

An applicant is not unsuitable as a carer if they have themselves experienced child sexual assault or other forms of child abuse. However, he or she must have been able to deal with the experience so that it does not impede their ability to care for a child or young person.

While not all children in care have experienced sexual abuse, it is a relatively common experience which many children take time to disclose. This makes it impossible to be sure that any child or young person has not had this experience. Carers must be emotionally able to recognise and deal with this issue from the perspective of the child or young person in their care rather than their own.

Many applicants will have a strong personal response to abuse. However, indicators that an applicant is not yet ready to meet the needs of child or young person in foster care would include the applicant being flooded with deep and overwhelming grief or anger about their own experience of abuse whenever the issue is discussed.

An applicant may request to discuss sexual abuse issues separately from his or her partner so they can talk about experiences they have not shared with their partner. Assessors must ensure the focus stays on the impact of that experience on the applicant's ability to provide foster care and include a discussion on how their partner will be involved in that process.

In some situations, it may be necessary to suspend the assessment process and encourage the applicant to seek assistance to deal with the impact of their own experiences on themselves and their relationship.

Feedback from checks (referees, medical, police)

Ensure that all feedback from the following checks has been collected, so that participants have an opportunity to comment on any concerns that may be raised.

- ★ Health Checklist (completed by applicant)
- ★ Medical Questionnaire (completed by doctor)
- ★ Prohibited Employment Form
- ★ Working with Children Check
- ★ Two personal references

Session variations

This session is suitable for all applicants. The case scenarios do not stipulate ages of children or young people. The assessor may assign an age to a particular character to assist the applicant focus on responses relevant to a particular age-group.

In some cultures, there may be restraints on males talking freely with females about issues such as sexual abuse. In this situation, an assessor team comprising of a male and female can individually talk to applicants of the same sex as them. If there is not a suitable mix of sexes, it may be necessary to bring in an additional assessor to ensure the material is covered with all applicants.

Outline of Interview D

1. Introduction (5 mins)

Activity

If **information from checks** (medical, referee, police) has raised concerns about an applicant's suitability, make sure that the topic is addressed with the applicants.

Share with applicant your interim assessment recommendation made after the previous session.

Discuss the "Interview C follow-up checklist" completed by the applicant after the previous session.

Discuss any marked differences in the applicant's self-assessment and your own.

Check that the applicant wishes to continue the process of assessment.

Remind them that the focus of this session is on the issue of keeping children safe.

Go through the Resource Sheet D.1 "Overview of Interview D" (on page 131 of this Manual and also found on page 27 of the **Applicant Booklet**)

Explain reason for discussing abuse



"Children and young people who come into foster care have often experienced abuse. This may be

- ★ physical abuse
- ★ neglect
- ★ emotional abuse
- ★ sexual abuse.

This can sometimes raise issues for carers who had similar experiences themselves."

2. Impact of abuse (10 mins)

Questions to discuss

- ◆ Do you think you were abused in any way - physically, sexually, emotionally - or suffered neglect as a child?
- ◆ How has this abuse affected you personally, and how you care for children?

3. Responding to children and young people who have been abused (20 mins)

Explain focus of this interview



“We have already covered some issues relating to protecting children and young people in the assessment process. We are very careful to check that the housing and care provided will not lead to these children or young people being deprived or neglected. We have talked about discipline and why no foster carer is allowed to use physical force in discipline.

This session will focus on protecting children and young people, especially from emotional abuse and sexual abuse.

Building confidence and self esteem in children is an important task for foster carers, especially when children or young people have been exposed to emotional abuse in the past.”

Activity

Read with the applicant Resource Sheet D.2 “Mandi’s story” (found on page 132 of this Manual and also found on page 28 of **Applicant Booklet**).

Discuss questions at end of Resource Sheet D.2.

4. Child Sexual Assault (20 mins)

Activity

Go through the Resource Sheet C.3 “Sexual Abuse and Children” that applicants were given at the previous session and discuss each question on it (from page 118 of this Manual and also found on page 26 of **Applicant Booklet**).

Discuss questions at end of Resource Sheet C.3.

5. Responding to a child who has been sexually assaulted (10 mins)

Activity

Read through with applicant Resource Sheet D.3 “Robert’s story” (on page 133 of this Manual and also on page 29 of the Applicant Booklet).

Discuss questions at end of Resource Sheet D.3.

6. Reducing risk of abuse (20 mins)

Explain importance of safe household practices



“One of the challenges of foster caring is providing an environment where children feel safe from abuse. Sometimes children who have been abused interpret actions as if they have sexual overtones. It is therefore very important to minimise the possibility that a child will feel confused or uncertain about the intention of your actions.”

Activity

Show applicant the Resource Sheet D.4 “Possible House Guidelines” (on page 134 of this Manual and also on page 30 of the Applicant Booklet.)

Questions to discuss

- ❖ How could these guidelines help to keep children safe from abuse?
- ❖ How do these guidelines reduce the possibility that a child may allege they have been abused?
- ❖ Can you think of any other guidelines to help children feel safe that may be appropriate for your particular household?
- ❖ *(For applicants with other children at home)*
How could such guidelines benefit your own children?
- ❖ How are these rules different from how you currently care for your children? How will these rules be introduced into your household if you become a foster carer?

7. Confidentiality (15 mins)

Introduce issue of confidentiality



“Another way of helping children and young people feel safe is to respect their rights to confidentiality. People’s personalities can influence the challenges they face in sharing information appropriately. “

Activity

Show applicant the Resource Sheet D.5 “Scale of sharing information” (on page 135 of this Manual and also page 31 of the **Applicant Booklet**)

Questions for discussion

- ❖ Where would you put yourself on the scale of 1 - 6 on the Handout?
- ❖ What is a situation in which you had to deal with confidential information?
- ❖ How did you handle it?
- ❖ If the situation arose again, would you do it differently?

Explain the concept of “need to know”



“Children in care are entitled to confidentiality. A carer often has a lot of information about the child’s background and experience. However, this information should only be shared with those who need to know.”

Activity

Show applicant Resource Sheet D.6 “Bianca and Jamie’s story” (on page 136 of this Manual and also on page 32 of the **Applicant Booklet**).

Questions for discussion

- ❖ Which answer would you choose and why?
- ❖ In what way may your response to other parents be different from a similar enquiry from the children’s teacher? Why?
- ❖ If a child in your care asked you to keep a secret about them, would you always agree? Why?
If no, what sort of information would you pass on and whom to?

8. Next steps (25 mins)

Questions for discussion

- ❖ What have you learned about fostering from the assessment process so far?
- ❖ What issues do you need to consider in making a final decision about offering yourself as a foster carer?
- ❖ What additional training do you think would be helpful for you as a foster carer?
- ❖ What do you feel that your family could offer a child?

Activity

Provide a copy of Resource Sheet D.7 “Which type of child or young person could your family provide care for” (photocopied from page 137 of this Manual).

Explain the importance of honest responses to this sheet, so that assessors can make realistic recommendations.

Allow applicants approximately 10 minutes to complete the Resource Sheet.

Collect the completed handout and allow applicants to explain any issue that it raised for them.

Tell applicants that they are near to the completion of the assessment process. The next step will involve them being provided a draft copy of the summary assessment report and recommendations for their comment. Give applicants a clear time frame for them to receive the draft copy and to give their feedback. Remind applicants that they can be in contact with the assessors about any assessment issues.

After the session

Once the session has been completed, the assessor must

- Complete “Evidence of Competency D” (9.4 of **Assessment Record**).
- Complete final element of “Evidence of Competency A” (9.1 of the **Assessment Record**)
- Add any relevant information to “Evidence of Competency A, B and C” (9.1, 9.2 and 9.3 of **Assessment Record**)
- Complete Household Profile (10.3 of the **Assessment Record**)
- (If applicant withdraws application at any stage)*, ask for the reasons and record these in the “Withdrawal of application” (Section 2 of the **Assessment Record**).
- (If agency decides not to proceed with the assessment)*, the reasons for this decision must be conveyed verbally and in writing to the applicant (s). A copy of the letter must be filed in Section 2 of the **Assessment Record**.

Overview of Interview D

Purpose of interview

The purpose of this session is to provide opportunity to explore the ability of the applicant to provide a safe environment that is free of abuse.

Topics to be covered

1. Introduction
2. Impact of abuse on children and young people
3. Responding to children or young people who have been abused
4. Child sexual assault
5. Responding to a child who has been sexually assaulted
6. Reducing risk of abuse
7. Confidentiality
8. Next steps

Mandi's story

Mandi has experienced emotional abuse. As a young child she was subjected to constant criticism and very rarely experienced praise and affection. She was often scapegoated for anything that went wrong in her family.

Even after a number of years in foster care, she finds it difficult to identify anything that is good about herself or other people. She receives compliments with suspicion and is verbally aggressive in many situations.

Mandi's case plan includes monthly contact with her mother. Sometimes these visits go well, but often arrangements are changed at the last minute. Mandi's mother will make extravagant promises to Mandi that she finds hard to keep.

Mandi is in your care. She has come home from school with a report that has many negative comments on it. She was supposed to stay with her mother this weekend, but she got a phone message saying the visit will need to be postponed because her mother is unwell. Mandi's room is a mess, though she said she would tidy it. You want to discuss with her some of the issues raised in her report, including her difficult relationship with one particular teacher. She heads straight outside to feed the pet which is one of her daily chores.

Questions to discuss

- ❖ What do you think is happening for Mandi?
- ❖ How might you deal with the situation?
- ❖ If Mandi is 6, would you have a different approach than if Mandi is fourteen?
- ❖ How would it be different if Mandi had been in your care for 3 weeks or 3 years?
- ❖ How would you approach the situation if you had met the teacher and found him/her to be insensitive to Mandi's needs?

Robert's story

Robert is a child in your care. Robert was sexually abused by an uncle over a long period of time. The situation caused great family conflict, with some members excusing the uncle's behaviour because of his ill health.

Robert blames himself for the break up of his family. He often engages in behaviour where he damages himself or his possessions.

Questions to discuss

- ◆ What might Robert be feeling?
- ◆ How might you respond to Robert, if you were his foster carer?

Possible “House Guidelines”

- ★ Adults should always wear clothes when walking about the house.
- ★ Wrestling games cease as soon as a child or young person says “stop”.
- ★ Cuddles to be given in public spaces (eg lounge room, kitchen), not in beds.
- ★ Bath younger children with door to bathroom open.
- ★ Children should not play in bedrooms with closed doors.
- ★ Adults don’t use the toilet when children are in the bathroom.
- ★ Children should not travel in the front seat of the car – children should always travel in the back seat even if there are only two people in the car.

Scale of sharing information



1

2

3

4

5

6

I freely share personal information even with total strangers

I never share information about myself

Bianca and Jamie's story

You are a foster carer who has the care of two children, Bianca and Jamie. The children have been physically abused and there is a suspicion that they may have been sexually abused.

Soon after you get the care of Bianca and Jamie you get into a conversation with some parents at the school. They are curious about the children's background. The parents know you are a foster carer.

What might you say and why?

- A. I'm caring for the children because they are not able to live with their parents at the moment.
- B. The children have experienced physical abuse so they need a lot of nurture and care at the moment. It is also possible that they have been sexually abused.
- C. Please explain to your children that Bianca and Jamie have had a really hard time. Their parents didn't take very good care of them, so it would be great if the kids in their classes were really nice to them.
- D. That's none of your business.
- E. Other.

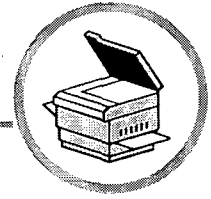
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Which child or young person would you be able to provide care for?



1. Age range

2. Sex

3. Would you be able to take siblings
(more than one child from the same family?)

Mark one Yes No

4. Would you consider providing care for a child or young person who
(mark if applicable)

is from a different religion from yours?

is from a different nationality from you?

has a physical disability?

has a development delay (slow learner/intellectually disability)?

5. What needs and behaviours may you find difficult to handle and may need more training about?

.....
.....
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6. Any other comments?

.....
.....
.....

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