

The home-based care handbook

Revised edition 2007



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Foreword

I am delighted to introduce the revised edition of the Home-based care handbook. The introduction of the Children, Youth and Families Act 2005, has brought a number of important reforms for children and young people in home-based care and their carers. There is a new focus on promoting the best interests of children and young people that considers their safety, stability and development in relation to their culture, gender, age and stage of life. This handbook integrates the reforms with other information from the original edition found to be helpful for carers.

Caring for vulnerable children and young people can be challenging as well as rewarding. It requires incredible dedication and energy and can be demanding both professionally and personally.

This government appreciates the wonderful work of all those involved in caring for children and young people in home-based care: the carers themselves, community service organisation staff, and child protection workers.

I believe that, in conjunction with other initiatives, this handbook will play a part in further improving the standard of care for children and young people in home-based care. It will be a valuable resource to assist carers and workers in the day-to-day care of our most vulnerable children.

The original handbook was developed jointly by key people and organisations involved in the care of children, including:

- carers
- community service organisations
- Foster Care Association of Victoria
- Centre for Excellence in Child and Family Welfare
- CREATE foundation
- Department of Human Services.

I trust that this revised handbook will be a useful resource and I thank you for your contribution to the care of these children and young people.

A handwritten signature in black ink, appearing to read 'Lisa Neville', with a large, sweeping flourish at the end.

Hon Lisa Neville MP
Minister for Community Services

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1. Introduction

The idea for the original handbook came from the findings of *Public parenting—a review of home-based care in Victoria*, which identified the need to improve collaboration between carers and staff; increase recognition of the vital role played by carers; and ensure more effective communication of the purpose and nature of the home-based care program.

This handbook starts to address issues in home-based care; however, it is not a rule book and **does not** explain every issue that will arise. Many of these issues require careful consideration on an individual basis.

This handbook, updated in 2007, reflects changes following the introduction of the *Children Youth and Families Act 2005*, such as the *Registration Standards for Community Service Organisations* and the Child Protection Practice Manual, and updated policy, procedures and practice guidance. It should be read alongside a number of other documents, some of which are referred to throughout the handbook and in the reference guide.

This handbook may use terms that are unfamiliar. Check the Glossary for definitions.

2. Purpose of the handbook

Home-based carers, CSO staff and child protection staff—collectively referred to in this handbook as carers and staff—all play vital roles in providing home-based care services for children and young people.

If children and young people are to be well cared for, carers and staff must work well together.

As mentioned, this handbook is not a rule book; however, it is intended to be used by carers and staff to help them to:

- always put the best interests of the child or young person in home-based care first
- respect each other, and the skills and knowledge each member possesses
- communicate well with each other—keeping each other informed about issues relevant to the child or young person in home-based care
- ensure that they all have an opportunity to contribute to the plans and decisions being made about the child or young person in home-based care, and that each person's views are treated respectfully and acted on accordingly
- better understand their roles and responsibilities and the things they must each do to ensure that children and young people in home-based care are well cared for.

3. Child protection and out-of-home care

3.1 Victoria's child protection system

The aim of Victoria's child protection system is to ensure everyone is working together to promote children and young people's best interests, including keeping them safe from harm, protecting their rights, and promoting their development. The child protection system is governed by the *Children Youth and Families Act 2005* (the Act). The Act gives child protection workers the authority to investigate matters where it is believed a child is at risk of significant harm from abuse or neglect and, when necessary, to apply to the Children's Court to remove children and young people from the care of their parents.

The Act operates according to a number of key principles, some of which include:

- The best interests of children and young people, are the most important thing.
- Wherever possible, it is best for children and young people to be cared for by their family.
- Assistance and early intervention should be offered to vulnerable families to enable them to keep caring for their children.
- Assessment, planning and action are focused on what a child needs to protect and promote their healthy development.
- The effects of cumulative patterns of harm on the child or young person's safety and development need to be considered.
- If a child or young person is not living with their family, a primary goal is to reunite them if this is in the best interests of the child or young person.
- Continuity and stability are important to a child or young person in out-of-home care.
- When a child or young person is in out-of-home care, their relationships with parents and family need to be strengthened, preserved and promoted.
- A child's cultural identity, religious faith and their age, development and gender need to be considered.
- Keeping connected with family, community and cultural identity are particularly important to Aboriginal children and young people.
- Wherever possible, children, young people and their families should participate fully in making decisions that affect them.
- Carers should be given information that helps them care for a child or young person and an opportunity to contribute to the decision-making process.

Where the Children's Court decides that a child or young person is not safe living with their parents, the court will make an order that places the child or young person in out-of-home care. The types of orders are described in the Glossary at the back of this handbook.

3.2 Victoria's out-of-home care system

'Out-of-home care' is the term used in Victoria when a child or young person is placed in care away from their parents. In Victoria, the vast majority of children and young people in out-of-home care are placed there following child protection intervention and in accordance with an order granted by the Children's Court. However, a small number of children and young people are placed in out-of-home care on a voluntary basis with no court order requiring them to live away from their parents.

There are two types of voluntary placements:

- those arranged for children and young people by child protection staff but without a court order
- those arranged by families or young people directly with CSOs as a solution to a difficulty they may be experiencing.

Out-of-home care includes two main types of care: residential care and home-based care.

Residential care is provided by paid staff employed by a CSO. Residential care properties usually house three or four people at a time and these are generally, though not always, adolescents.

Home-based care is provided by people in their own homes. A number of CSOs across the state are funded by the Department of Human Services to deliver home-based care. Some CSOs are large organisations that operate across a number of regions; others are smaller, delivering services primarily to children and young people in their local area. The different types of home-based care are defined in the Glossary at the end of this handbook; however there are three main types of home-based care:

- **Foster care** is provided by volunteer carers in their own homes. Foster carers are usually not known to the child or young person before the placement. This type of care can be short term, maybe just overnight, or long term, sometimes extending for years. The different types of foster care are defined in the Glossary at the end of this handbook.
- **Kinship care** is where children and young people live with family or people they know, such as an aunt, grandparent or friend of the family. Kinship care can be short or long term.
- **Permanent care** is where a child or young person is placed with permanent carers who have been approved as suitable to be the child's legal guardians, as they are unable to be cared for by their parents on a long-term basis.

This handbook is designed primarily for foster carers; however, it may also be of interest and value to kinship and permanent carers.

3.3 The context of home-based care

Carers are called on to play a vital role, often without much warning. Placements are often required at extremely short notice and carers are not given much time to prepare for the arrival of the child or young person. This can prove stressful for carers and their families.

It is important to recognise that children and young people being placed in care are likely to be in a state of crisis, feeling afraid and uncertain about their situation. Carers and staff will need to assist and support them to settle into the placement.

In some situations the length of a placement is subject to change. This unknown and changing aspect of placements can be stressful for carers and their families, as well as for the child or young person and their family. The length of any placement can change for a variety of reasons, can be difficult to predict and sometimes beyond the control of child protection or the CSO.

Given this context, good communication, collaboration and respect between carers and staff, and support for each other's role, is vital. This handbook will assist with this.

4. Court processes

The Children's Court (the court) makes decisions about child protection matters, such as whether or not a child or young person should be removed from the care of their parents; the type of order a child or young person should be placed on; and the conditions and length of that order.

The court process can be complex and time consuming. Lawyers act on behalf of the Department of Human Services to put its case to the magistrate or judge; a lawyer representing a child or young person seven years or over puts their case to the magistrate or judge and another lawyer may represent the family or each parent. The magistrate then decides on the most appropriate course of action.

Court processes can be unsettling and stressful for all involved. Children and young people involved in court hearings will often be upset and will need the support of their carers.

Carers are not normally required to give evidence at a court hearing; however, if they are, CSOs will support them during this process.

The Children's Court is a public court and carers are allowed to attend court hearings. This may not, however, always be in their best interests or in the best interests of the child or young person they care for. Carers need to consider this carefully and discuss the issue of attendance at court with their CSO worker. If carers choose to attend court against the advice of their CSO worker, they may be required by the court to give evidence unprepared.

In preparation for a court hearing, the Department of Human Services prepares a court report. Carers and CSOs have a vital role to play in informing this report. However, as it is a report intended for use by the court, carers and CSOs are not permitted to receive copies. Protection reports and disposition reports are types of court reports and these are defined in the Glossary at the end of this handbook.

Children and young people generally have to attend court hearings. They may also have to attend legal appointments or appointments at the Children's Court Clinic before any hearing. Children who, in the opinion of the court, are mature enough to give instructions must be legally represented in most proceedings. The general rule of thumb is that a child under seven years of age is normally not considered mature enough to give instructions. Although younger children are generally not represented, from time to time the court may ask for a lawyer to speak with them.

With regard to court processes, carers can expect:

- that their opinions and information will be taken into account in any court report prepared by the Department of Human Services during a court hearing
- to be informed when court hearings are being held as soon as the date is known
- to attend court, if, following discussion with their CSO worker, it is decided that this is in the best interests of the child or young person
- to be kept informed by CSO staff of progress in a court hearing
- to receive a copy of the court order
- that they may be required to give evidence at a court hearing
- to support children and young people in their care leading up to, during and after any court hearing.

Carers cannot expect:

- that it will always be appropriate to attend court
- to receive copies of court reports prepared for the court
- to be provided with information from court proceedings that is not relevant to their care of the child, for example, certain information about the child's parents.



5. Roles and responsibilities of carers and staff

If children and young people are to receive good quality care, it is important that carers and staff understand their own and each other's roles and responsibilities. One of the key purposes of implementing Looking After Children in Victoria (discussed in greater detail in section 9) was to assist with this.

At the point of placement, a care team (see Glossary) is established to facilitate collaboration between staff, carers and parents to ensure a child's needs are met while in care and to provide the widest possible assistance to a child and family. The composition of the care team will vary depending on the specific issues and needs of the child and family; however, it will always include the child protection practitioner, CSO placement worker, the child's case manager, the carer and parents (as appropriate). The care team prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child. The care team develops the Care and Placement Plan and contributes to the best interests planning process.

It is important to recognise that roles and responsibilities can change over the time of a placement. For example, in the early days of a placement, contact between a child and their parents may be organised and supervised by a child protection worker. As time goes on and the placement becomes more stable, it may be appropriate for contact to be managed by the CSO worker.

The key principle is that everyone in the care team needs to be clear about their roles and responsibilities and the need to work together in the best interests of the child.

The following lists outline some core roles and responsibilities of carers, CSO staff and child protection staff, as well as the roles and responsibilities that will usually be shared between carers and staff. The lists are not exhaustive. As mentioned, some of these roles and responsibilities may vary depending on the nature of the case and the availability of carers and staff.

5.1 Carers—core roles and responsibilities

The role of the carer is broad and challenging. Carers provide good quality care, support and supervision to children in order to promote their development. In effect, this means that carers address all aspects of the lives of the children for whom they provide care, including:

- Provide day-to-day care and engage with the child or young person.
- Provide a stable, safe and nurturing home environment that addresses all aspects of healthy development for children and young people, including their physical, social, emotional, cognitive, cultural and spiritual needs.
- Promote and support the relationship of children and young people with their family and their connectedness with their social networks and community.
- Engage parents and families in a manner that is accepting and respectful of their primary role, cultural identity and spiritual beliefs and promote positive relationships where possible.

- Be an active member of the child or young person's care team.
- Contribute to the development and fulfillment of the child or young person's and Care and Placement Plan (this is discussed in greater detail in section 9).
- Contribute to the development and fulfillment of the child or young person's Best Interests Plan (as discussed in section 9).
- Ensure, via the CSO in the first instance, that the care team is informed of the child or young person's progress, any relevant issues and concerns. In particular, concerns about ongoing placement stability must be communicated as soon as they arise.
- Maintain confidentiality and privacy, and not disclose personal and confidential information in an inappropriate manner.
- Maintain contact with the child or young person post placement where appropriate.
- Continue to develop their competencies as carers by participating in carer development opportunities.

5.2 CSO staff—core roles and responsibilities

CSOs employ a number of staff who are responsible for supervising and supporting carers. CSO staff are the first point of consultation for carers regarding issues and decisions concerning the care of a child or young person. CSO staff are responsible for undertaking case management tasks with children in care, including attending Best Interests planning meetings, transport and supervision of access, and coordination of the care and placement planning process. They support carers and the placement, and have the following ongoing responsibilities:

- Lead the care team which develops, implements and reviews the child or young person's Care and Placement Plan.
- Ensure all members of the care team, including child protection staff and carers, contribute to the development of the Care and Placement Plan.
- Contribute to the development, implementation and review of the child or young person's Best Interests Plan. In some instances, CSO staff will be contracted as case managers (see Glossary) to lead implementation of the Best Interests Plan.
- Work with the child or young person to ensure they understand their situation and that their needs are being met in the placement.
- Provide support and advocate for children and young people in placement.
- Listen to carers' views about the child or young person; act on this information appropriately; and ensure it is relayed to child protection staff.
- Work with the child or young person, the carer and the child or young person's family.

- Contribute to the development of the young person's Leaving Care Plan (Transition Plan).
- Provide support, supervision, information and training to carers so they can carry out their roles and responsibilities.
- Annually review accreditation of carers.
- Provide written reports and assessments as required.
- Arrange for appropriate financial reimbursements and supports to be provided to carers, in liaison with the child protection staff.
- Provide timely responses to requests for financial or other supports.

5.3 Department of Human Services child protection staff— core roles and responsibilities

At the time a child is placed in care, it is the role of the child protection worker to gather information from the parents about the child. This information is recorded on the Looking After Children records and provides details of what a carer needs to know in order to have the child in their care. The child protection worker reviews with the child and family the reason why a placement is required, details about the placement and the initial access arrangements. Child protection staff have the following ongoing responsibilities:

- Lead the development, implementation and review of the child or young person's Best Interests Plan, including the Stability Plan.
- Be an active member of the child or young person's care team.
- Ensure the care team contributes to the development of the Best Interests Plan.
- Work with the child or young person to ensure they understand their situation and that their needs are being met in the placement.
- Work with the child or young person's family.
- Provide relevant information concerning the child or young person to the CSO as soon as it becomes available, so that CSO staff and carers can meet their roles and responsibilities.
- Record and respond to information provided by CSOs or carers concerning the child or young person.
- Contribute to the development of the child or young person's Care and Placement Plan and Looking After Children processes.
- Investigate and assess reports of harm to the child or young person.
- Review Best Interests Plans, including annual review of statutory orders, case planning and preparation of court reports.

- Ensure a Leaving Care Plan (Transition Plan) is prepared and followed to support a young person when they are leaving care.
- Provide timely responses to requests for financial or other supports.

5.4 Shared roles and responsibilities

As mentioned earlier, carers and staff sort out how shared responsibilities are met through the care team process. The following are joint or shared roles and responsibilities of the care team:

- Ensure that the placement is ensuring the child or young person's safety, wellbeing and stability.
- Respond to the needs of the child or young person and include them in planning and decision making where possible.
- Support the child or young person's relationship with their family and community, as appropriate.
- Participate in the child or young person's care team, consistent with the principles of Looking After Children (discussed in section 9).
- Ensure that communication is maintained so that all members of the care team are kept up to date with important information.
- Work in a collaborative manner and contribute towards the development and implementation of the child or young person's Best Interests Plan and Looking After Children planning processes, including the Care and Placement Plan.
- Maintain confidentiality and privacy and not disclose personal and confidential information that is not relevant for providing good care for the child or young person.
- Specific tasks, such as providing transport for children or young people to contact visits with family or to specialist medical, educational or therapeutic services, and supervising contact visits should, wherever possible and appropriate, be shared between carers, CSO staff and child protection staff as agreed via the best interests planning and care and placement planning processes.

6. Communication and information sharing

Clear, open and regular communication between carers and staff is important to ensure that children and young people are well cared for. Carers and staff have a responsibility to share the information they have with each other and at the same time ensure the privacy of the child or young person is protected. At the back of this handbook is a copy of the Child Protection Practice Manual's advice 'Information sharing in out of home care'. This is a useful reference when thinking about how best to share information with each other.

Some basic principles around good communication include:

- Carers must be given information they need to provide good care for a child or young person. This information should be provided to the carer before or at the time the placement is made, or as soon as possible thereafter. This is a requirement of the *Children, Youth and Families Act 2005*.
- Carers need to be updated as information changes.
- Carers need to be consulted in a timely manner as part of the decision-making process when decisions affecting them are being made—for example, changes to contact arrangements.
- Carers need to provide information about the child or young person in their care to the care team. The first point of contact for this is the CSO worker.
- Child protection and CSO staff will, where appropriate, record and act on information provided by carers. CSOs will inform the carer of the outcome.
- Child protection staff must communicate case direction to CSOs.
- Carers and staff have a responsibility to treat information regarding children and young people and their families with the highest level of confidentiality.
- Information is only disclosed outside the care team to those who need to know.

Carers can expect to be provided with the following information:

- information that enables them to make a decision to accept the placement of a child or young person
- all the information needed to provide good care for a child or young person
- the child or young person's health issues or medical conditions
- the child or young person's previous placement history
- any specific developmental or behavioural issues
- any specific information that has an impact on the safety of the child, young person, carer or others
- the names of the child or young person's family, extended family and other significant people in their life
- the child's culture and religion
- any educational details relevant to the child or young person
- court order details and conditions—carers should be provided with a copy of the court order that the child or young person is placed under
- regular updates on case direction from their CSO.

(While most of this information will be in the relevant Looking After Children records, some of the information may not be available at the time a placement is made, but should become available over time. Looking After Children is discussed in greater detail in section 9).

Carers cannot expect to receive the following information:

- some personal background information about the child or young person's family that is not relevant to the care of the child or young person
- copies of court reports
- information that is not available despite everyone's best efforts.



7. Caring for children and young people from culturally and linguistically diverse communities

Children and young people in home-based care come from a range of cultures. Caring for children and young people from diverse cultural backgrounds can present challenges for carers and staff. Also, it may take some time for the children and young people to get used to a different environment, where people speak a different language or eat different types of food than they are used to.

When a child or young person from a culturally and linguistically diverse community is placed in home-based care, carers and staff should be sensitive to the linguistic, cultural and religious diversity of the child or young person, and acknowledge the importance of these factors in their life.

Wherever possible, relevant members of the child or young person's community or extended family should be involved in decision-making processes and, where necessary, interpreters should be used. Assisting a child or young person to maintain links with their culture is vital to their long term development and wellbeing and every effort should be made by carers and staff to encourage these links.

The need to preserve cultural links is thoroughly addressed through best interests planning and care and placement planning processes discussed later in this handbook.

8. Caring for Aboriginal children and young people

The *Children, Youth and Families Act 2005* outlines guiding principles about involving Aboriginal people in decision-making processes that concern their children and young people. The Aboriginal Child Placement Principle at section 13 aims to enhance and preserve the connections an Aboriginal child or young person has with their family, community and culture.

Child Protection needs to seek the advice of the Aboriginal Child Specialist Advice and Support Service (ACSASS) about whether it is in the best interests of an Aboriginal child to be placed in out-of-home care and, if so, where the Aboriginal child is to be placed. The Aboriginal Child Placement Principle describes the principles to be followed in placing an Aboriginal child:

- (a) As a priority, wherever possible, the child must be placed within the Aboriginal extended family or relatives, and where this is not possible other extended family or relatives;*
- (b) If after consultation with ACSASS, placement with extended family or relatives is not feasible or possible, the child may be placed with:*
 - (i) an Aboriginal family from the local community and within close geographical proximity to the child's natural family;*
 - (ii) an Aboriginal family from another Aboriginal community;*
 - (iii) as a last resort, a non-Aboriginal family living in close proximity to the child's natural family;*
- (c) any non-Aboriginal placement must ensure the maintenance of the child's culture and identity through contact with the child's community.*

Despite a commitment to the Aboriginal Child Placement Principle, the reality is that a number of Aboriginal children and young people are placed with non-Aboriginal carers who are not related to the child or young person due to the difficulty in locating kinship carers and a lack of Aboriginal carers.

Non-Aboriginal carers and staff who are caring for an Aboriginal child or young person have an active role in ensuring the child or young person does not lose connection with their family, community and culture.

When an Aboriginal child or young person is placed with a non-Aboriginal carer, carers and staff will be included in the development of a Cultural Support Plan. This plan will make sure that the child's ties to their extended family, the community they belong to and their culture are strengthened. This can be done through involvement of the extended family in planning and decision making; ensuring contact with family, extended family and community; and planning for involvement in cultural activities, sporting activities and community events. (For an explanation of Cultural Support Plans, refer to the Glossary at the back of this handbook.)

In line with the Cultural Support Plan, CSOs will develop links with Aboriginal services (local services where possible) as soon as an Aboriginal child or young person is placed in care, or as soon as they become aware that a child or young person is Aboriginal, to ensure that every Aboriginal child or young person receives culturally relevant services.

Carers who care for an Aboriginal child or young person should be offered relevant training on culturally specific issues by their CSO.

9. Planning and decision-making processes for children and young people in home-based care

There are currently two main types of planning that occur for children and young people in home-based care:

9.1 Best interests planning

Best interests planning is a process—it is not just a meeting. Carers and staff should be active participants in the planning process as all have an important role to play in developing a child or young person's Best Interests Plan. Information that carers have about the child or young person in their care is vital and should always be considered in planning for their best interests.

The *Children Youth and Families Act 2005* requires that every child or young person placed on a court order must have a statutory case plan (referred to as Best Interests Plan throughout this handbook) developed within six weeks of the granting of the order by the court (other than for interim orders).

The Best Interests Plan sets out the overall plan for the child or young person, and the tasks or steps that need to take place to achieve the plan. (For a definition of Best Interests Plan refer to the Glossary at the back of this handbook.)

Usually the Best Interests Plan is developed over a period of time by the child or young person's child protection case manager, and then endorsed following a best interests case plan meeting by a child protection unit manager or best interests planner. Because it may take some time before a court order is obtained and, therefore, before a statutory Best Interests Plan is developed, children and young people may be living in out-of-home care with only a draft Best Interests Plan. Where a child or young person is living in out-of-home care, a Care and Placement Plan will be developed as a component of the Best Interests Plan and may be developed prior to the development of the statutory Best Interests Plan (refer to section 9.2 for more information about care and placement planning).

A Leaving Care Plan (Transition Plan) needs to be developed as part of a Best Interests Plan about two years before a young person leaves care. Support for young people to transition to independent living between the ages of 18 and 21 can include the provision of services and financial support.

The day-to-day management, coordination and review of the Best Interests Plan is the responsibility of the child or young person's case manager. In the early stages of child protection involvement, the child protection worker is usually the case manager. After the child or young person is placed in home-based care and when it is considered appropriate, case management may be transferred to the CSO.

The involvement of carers in the development and review of a child or young person's Best Interests Plan is vital, and carers should attend planning meetings unless this is not appropriate. There may be times when they are consulted separately to provide input into the decision-making process, for instance where there is a chance that a child or young person's parents may react negatively to a carer, the attendance by carers may not be appropriate and their views can be presented by the CSO. In others, their attendance will be essential. The decision about who attends a planning meeting is ultimately made by child protection. By comparison, it is essential for carers to always participate in care and placement planning meetings.



In best interests planning processes, carers can expect:

- that their views and opinions are important and will be treated respectfully
- that their knowledge of the child or young person will inform the planning process
- to be informed in advance that the Best Interests Plan meeting is being held
- they will be invited to attend planning meetings, or if this is not appropriate, the best interests planner will arrange a separate alternative meeting with them
- that where they do not attend a meeting, their views will be presented by the CSO representative
- where they are not invited to attend a planning meeting, the reasons for this will be explained to them
- to receive copies of the endorsed Best Interests Plan unless there are exceptional circumstances or it is not in the best interests of the child or young person to provide this
- to be consulted about all decisions made in a Best Interests Plan that have an impact on them
- to receive advice of all Best Interests Plan decisions that have an impact on their care of the child or young person.

Carers cannot expect:

- to always attend Best Interests Plan meetings
- that their recommendations will always be reflected in final decisions made in the Best Interests Plan
- that there will always be agreement (for further details see section 14).

Children are encouraged to participate in planning and decision making. Even if they do not want to attend planning meetings, the child protection practitioner can explore creative ways for the child's voice to be heard.

There can be a significant advantage in involving members of the child's extended family. It gathers support around the child and their family that can be both practical and emotional as well as adding some authority to the decision-making process.

Advocates or support people for both children and families can also participate in the decision-making process. They can help children and families to understand and participate in the process.

9.2 Looking After Children—care and placement planning

The Looking After Children framework encourages good communication, collaboration, planning and assessment in out-of-home care. It requires the involvement of the care team—carers, CSO workers, child protection workers, parents (as appropriate), children and young people (where age-appropriate) and other relevant professionals who share parenting responsibility for the child.

One key element of Looking After Children is the development of Care and Placement Plans that focus on how the child or young person's needs will be met while they are in home-based care. A Care and Placement Plan makes it clear who does what and by when and what is expected as the outcome for the child. Development of the Care and Placement Plan needs to start within two weeks of a child or young person coming into care and will form a component of the Best Interests Plan.

The care and placement planning process, aims to:

- identify the needs of children and young people in out-of-home care as soon as possible after they enter a placement (care and placement planning often happens before a Best Interests Plan is finalised)
- put plans in place to meet these needs by developing a Care and Placement Plan
- ensure that the responsibility for meeting these needs is shared appropriately and everyone knows what their roles and responsibilities are.

Carers and staff, children and young people and their parents (if appropriate) will all be involved in the care and placement planning process. This is a shared process usually coordinated by the CSO worker. The Care and Placement Plan should be reviewed and updated at least every six months, and more frequently at the beginning of a new placement. The Assessment and Action Record should be completed as part of the six monthly review.

The Care and Placement Plan should always be provided to the best interests planner when the Best Interests Plan is being developed, reviewed or presented for endorsement. This should occur through the case manager.



With regard to care and placement planning processes, carers can expect:

- to always be involved in the process
- to receive copies of the Care and Placement Plan
- to be consulted about decisions made in the care and placement planning process that affect them, before these decisions are made.

Carers cannot expect:

- that there will always be a Care and Placement Plan meeting; sometimes the Care and Placement Plan will be developed through a process of discussion between the relevant parties
- that their recommendations will always be reflected in final decisions made in the Care and Placement Plan
- that there will always be agreement (for further details see section 14).

10. Education

Education is a vital part of any child or young person's life. For many children and young people in home-based care, their education has been disrupted due to issues such as changes of school and the impact of abuse or neglect they may have suffered. Extra effort is needed to ensure that these children and young people remain connected with school, have a positive educational experience and that barriers to learning are addressed. Educational attainment contributes to resilience and is a major factor for success in later life.

Carers and staff have a critical role to play in ensuring that the educational needs of children and young people in home-based care are met. Education is one of the key issues addressed in care and placement planning processes.

Carers should seek the support of their CSO worker in negotiating with schools if the child or young person in their care is experiencing educational difficulties. It is important to get whatever assistance is needed to help children and young people achieve their best at school.

The Partnering Agreement between the Department of Human Services and the Department of Education and Early Childhood Development (*Partnering agreement: school attendance and engagement of children and young people in out-of-home care*), sets out what carers, staff and the education system need to do to ensure that children and young people in out-of-home care in Victoria remain in education. The Partnering Agreement is aimed at improving educational outcomes for children and young people in out-of-home care. It acknowledges and clarifies the shared roles and responsibilities of the departments of Human Services and Education and Early Childhood Development.

The Partnering Agreement sets out an expectation that every child or young person in care must have a Student Support Group. This group is made up of the parent, the guardian or carer of the child or young person (whoever is the most appropriate as indicated by the case manager), the case manager, the child or young person's teacher or year level coordinator, the principal or nominee to act as chairperson, the student welfare coordinator and the child or young person, where appropriate. The Student Support Group is responsible for developing an Individual Education Plan to support and keep children and young people in school.

The Individual Education Plan describes the educational needs of the child or young person and ways to address them. It covers such things as school attendance, behavioural management and strategies to enhance their achievement. Information about Individual Education Plans and Student Support Groups can be found on the Department of Education and Early Childhood Development's website (see the Reference guide at the back of this handbook).

Carers should be familiar with the Partnering Agreement (see the Reference guide. CSOs should also be able to assist with this).

11. Health needs of children and young people

The health, medical and dental needs of each child or young person in home-based care should be attended to as they arise; in a way that meets reasonable community expectations. It is a requirement of the *Registration standards for community service organisations* that CSOs promote a child or young person's medical, dental and mental health needs.

Carers can expect to be provided with comprehensive health information about the child or young person placed in their care when they are placed with them or as soon as possible after the placement commences.

Carers will be advised who is the authorised person to give consent to medical treatment and appropriate contact details for business hours and after hours. (It should be noted that in an emergency situation, a medical practitioner can treat a child or young person without consent from the appropriate person.)

11.1 Entry to care assessment

Children and young people being placed in home-based care for the first time and who remain in care for more than one month, will undergo a comprehensive health assessment (including medical, dental and mental health) as soon as possible. Every year each child's health will be reviewed and decisions about the need for further assessment will be made by the care team as part of the care and placement planning process.

11.2 Medication

Carers can administer medication prescribed by a doctor, but must ensure that the medication is given strictly in accordance with the directions. The doctor or pharmacist can answer any questions about how to appropriately use the prescribed medication.

Non-prescription or over the counter medication (including, but not limited to analgesics, cough and cold remedies, laxatives and antacids) should be administered cautiously by carers and they should consider the health information provided to them about the child or young person. They should also be used strictly in accordance with directions. A pharmacist can answer any questions about the appropriate use of over the counter medication.

For additional information about medical issues, refer to the Reference guide at the back of this handbook.

12. Contact with families

It is important that children and young people in out-of-home care maintain links with their family via regular contact or access wherever possible. Contact allows the child or young person to develop or maintain a sense of identity and connection with their family, community and culture. Contact helps the child or young person better understand their situation.

Carers and staff play vital roles in supporting a child or young person before, after and sometimes during this contact. The support from carers will help to ensure successful contact. Carers need to work together with the parents and staff to help strengthen, preserve and promote the positive relationships the child or young person has with their parents, siblings, extended family and other persons significant to the child.

Virtually all children and young people have regular contact with their family while they are in care. Decisions about the frequency of contact and the level of supervision are made by either the Children's Court or child protection.

Often the primary goal of a child or young person's Best Interests Plan is to reunite them with their family. Even when children and young people are not reunited with family before they reach adulthood (legally at age 18) or leave care, most continue to have a relationship with their family for the rest of their lives and many return home to live with family as young adults.



With regard to contact with families, carers can expect:

- to be informed about dates, times and arrangements in advance (sometimes the Children’s Court may impose contact arrangements at short notice which are not negotiable)
- to be consulted wherever possible before arrangements or changes to arrangements are made
- to have their other commitments considered when contact is being arranged
- to be clear about the role they are expected to play regarding contact arrangements
- to always play a role in supporting a child or young person before and after contact
- to sometimes play a role in supporting the child or young person during contact with their family, depending on the circumstances
- to have varying levels of contact with the child or young person’s family around these times, which may vary from none to very frequent contact
- that contact with the child or young person’s family may be a very positive thing for all concerned
- to be able to communicate issues or concerns about contact to CSO or child protection staff and have these heard and acted on appropriately
- to be provided with feedback by the person supervising the contact (if it is supervised) about any issues arising from the contact that may have an impact on the carer.

Carers cannot expect:

- that children and young people will not have contact with their family, unless this is in their best interests and consistent with their Best Interests Plan
- to not play a role in supporting the child before and after contact
- to have details of the child’s whereabouts kept confidential from the child’s parents, only when the court decides it is in the best interests of the child to withhold this information.

13. Background screening checks and registration of carers

13.1 Police checks

Department policy requires carers and staff to have been subject to a police check. This includes all adults living in the carer household. These checks will take place as part of *Step by step Victoria*, the carer assessment and approval process (referred to in the Glossary).

The police check policy is sometimes a difficult one, however it is important to ensure that children and young people in out-of-home care are not exposed to risk of harm from any adults who live with or care for them.

Police checks must also be completed for any adults who live at a carer's house temporarily and for any person 18 years or older who might look after a child or young person in out-of-home care for a short time—such as a babysitter.

The policy about police checks for adults living in the household where children are to stay overnight with friends is being reviewed. Carers should consult their CSO worker about whether police checks are needed in these situations.

Police checks can sometimes take several weeks to be processed and, therefore, if carers are aware of circumstances coming up where a person will need a police check, they need to allow enough time for the police check to be completed beforehand.

Where situations arise unexpectedly or in an emergency, it is possible for child protection to request an urgent police check to be completed within the same day.

13.2 Working with Children Checks

The *Working with Children Act 2005* requires approved foster carers, CSO and child protection staff to have a Working with Children Check. The check involves the assessment of the person's criminal history and professional disciplinary record, with a focus on offences that present a risk to the safety of children. The carer's criminal records are monitored in an ongoing way following the check.

Carers will have this screening done as part of their assessment and approval process. Following the check, carers will be issued with a Working with Children Check card, and each five years another check will be needed to renew the card. An application form and guide is available from participating Australia Post outlets and the checks are free of charge for carers.

When other adults living in the household are directly involved with the care of the child or young person, they will also need to have this check. This situation needs to be discussed with a CSO caseworker.

Further information about this check can be obtained from the website of the Department of Justice at <http://www.justice.vic.gov.au/workingwithchildren>

13.3 Registration of carers

The *Children, Youth and Families Act 2005* introduced a register for carers who have been approved to care for children and young people in out-of-home care. The department keeps this confidential register, which records details such as the date of a carer's approval and the name of the carer's CSO. The carer's CSO arranges the carer registration process for each carer.

During a carer's assessment and approval process, a check of the register is made to be sure they have not previously been disqualified from caring (as discussed further in section 15). People who are not registered or have been disqualified from caring cannot be carers.

14. Dispute resolution or grievance procedures

Carers will not always agree with decisions made concerning a child or young person in their care. It is, however, essential that carers feel confident that their views and opinions regarding the decision have been heard by CSO and child protection staff, and that these views have been considered.

In most instances, disputes are best resolved by the relevant parties sitting down and discussing the issues in question. Sometimes, however, a more formal response is required. CSOs will provide carers with information concerning dispute resolution processes—this is a requirement for CSOs to meet the registration standards for community service organisations.

Sometimes disputes or complaints may concern child protection—for example if a carer is concerned with a Best Interests Plan or other decisions made by child protection. Carers should raise this in the first instance with their CSO worker, who will assist carers with this.

In general, issues concerning the CSO need to be raised directly with CSO staff and issues concerning the department need to be raised with the department via the CSO.

The Foster Care Association of Victoria (FCAV) may also be able to play a role in dispute resolution. The FCAV's contact details are in section 19 of this handbook.

15. Quality of care concerns

The majority of children living in home-based care receive good quality care from dedicated carers who have a commitment to making a difference in a child or young person's life. However, sometimes concerns are raised about the quality of care being provided to a child or young person.

There is a broad range of issues considered to be quality of care concerns. The concerns can range from minor quality issues through to possible physical or sexual abuse. All information received by the department about the quality of home-based care is treated as a quality of care concern. Different responses are then implemented for different types of concerns.

The *Guidelines for responding to quality of care concerns in out-of-home care* (the guidelines) apply to the department, CSOs providing home-based care and the Victoria Police. The purpose of the guidelines is to describe the approach that the department, CSOs and the police will use when responding to quality of care concerns raised in relation to a child or young person, to ensure the safety and best interests of the child or young person are assured at all times in the investigation process.

At the same time, the rights of carers to information, including the steps and timeframes in assessing and resolving quality of care concerns, procedural fairness and natural justice, must be respected. This may be a stressful or unsettling experience for all concerned and the response must be thorough, appropriate and professional.

CSOs should ensure carers have access to appropriate levels of support throughout the process. Carers can choose a support person to bring to interviews, and in addition, there may be a range of other supports that can be arranged such as CSO carer support groups, informal support groups and the Foster Care Association of Victoria (FCAV contact details are in section 19).

CSOs will provide carers with information about the guidelines as part of ongoing supervision and training, and also in the event of any quality of care concerns being raised about them.

15.1 Suitability Panel

As well as introducing a register for carers, the *Children, Youth and Families Act 2005* also establishes an independent panel called the Suitability Panel. It is the role of the Suitability Panel to find whether a carer has abused a child, and whether they pose an ongoing risk of harm to children and young people and should be disqualified from caring. The Suitability Panel is made up of people independent of the department with a range of qualifications and experience.

Referrals to the Suitability Panel can only occur after an independent investigator appointed by the department investigates and reports back on a serious physical or sexual abuse allegation against a carer. When the report is received, a decision is made whether the matter will be sent to the Suitability Panel for a hearing.

When quality of care concerns are raised, carers can expect:

- the quality of care concerns to be taken seriously and followed-up
- fair, transparent and respectful processes while quality of care concerns are followed-up
- support to be arranged and information provided
- to be treated in accordance with the *Guidelines for responding to quality of care concerns in out-of-home care*.

Carers cannot expect:

- that quality of care concerns will not be followed-up
- that their explanations will automatically be accepted in preference to the explanations made by the child or young person or their family.



16. Reimbursements and benefits

Carers receive reimbursement towards the ordinary day-to-day costs of caring for a child or young person. The level of reimbursement depends on the age of the child or young person in their care and the level of complexity of the child as assessed by the CSO and the department. There are different levels of reimbursement and these are detailed in the Office for Children Policy and Funding Plan (see Reference guide). CSOs will advise carers of the relevant level of reimbursement when a placement is commencing.

An additional reimbursement is paid to carers for the first six months of a new placement. In addition, each quarter a payment is made to assist carers in meeting the educational and health service needs of children and young people in their care.

At times, carers may incur exceptional expenses for items that go beyond the costs of day-to-day care. Before incurring such expenses, carers should discuss the cost with their CSO worker and then decide whether or not they should proceed with the expenditure.

Whether or not reimbursement of additional costs is provided will depend on the amount of the cost involved; the purpose of the cost; and budget availability at the time of the request. It is not possible to provide a definitive list of items that will or will not be reimbursed above and beyond the level of fortnightly reimbursement. All these matters are dealt with on a case by case basis. Unfortunately, this means that not all costs incurred by carers will be reimbursed.

In situations where placements are converted to permanent care, carers will continue to receive reimbursement towards the ordinary day-to-day costs of care. This reimbursement continues even following the granting of a Permanent Care Order. Reimbursement will cease when the child or young person reaches 18 years of age.

When a young person who is in full-time secondary education reaches 18 years of age during the school year, carer reimbursement will continue until the end of the school year, that is, until the end of the Victorian school term four as set out by the Department of Education and Early Childhood Development. Reimbursement will not continue into the following school year even if the young person's full-time study continues, and it will cease if the young person leaves full-time education before the end of the school year in which they have reached 18 years. This applies to all forms of home-based care.

In addition to fortnightly reimbursement, carers are likely to be entitled to a range of benefits funded by the Commonwealth Government. CSO staff should advise carers about these benefits as soon as a placement commences.

Carers can expect:

- to receive fortnightly reimbursement towards the cost of care
- to receive an additional reimbursement for the first six months of a new placement and a quarterly contribution towards educational and medical expenses
- to have their requests for reimbursement of exceptional expenses considered and to be advised of the outcome of these requests in a timely manner.

Carers cannot expect:

- to always have requests for reimbursement of exceptional expenses or additional funding granted.



17. Conclusion

As stated in the Introduction, this handbook is not a rule book and does not provide a definitive explanation for every issue that will arise in home-based care. It does, however, provide carers and staff with a better understanding of their roles and responsibilities.

This handbook is most useful if carers and staff use it in a professional and cooperative way. It should guide their interaction with each other and encourage positive communication, the sharing of information and collaboration.

Caring for vulnerable children and young people can be challenging as well as rewarding, and requires incredible dedication and energy. It is hoped that this handbook will support carers and staff to continue this level of dedication.

18. Glossary

The following terms are commonly used by child protection staff, CSO staff and the Children’s Court, and are consistent with the Glossary from the Department’s Child Protection Practice Manual.

Term	Explanation
Aboriginal Child Placement Principle	The Aboriginal Child Placement Principle is a nationally agreed standard in determining placement of Aboriginal children in out-of-home care. The principle aims to enhance and preserve Aboriginal children’s cultural identity by ensuring that they maintain strong connections with family, community and culture. The principle governs the practice of child protection practitioners and community services when placing Aboriginal children and young people in out-of-home care. The principle is enshrined in the <i>Children, Youth and Families Act 2005</i> and will help to strengthen compliance and brings Victoria in line with other states.
Aboriginal Child Specialist Advice and Support Service (ACSASS)	Refers to the service specifically funded by the department to provide advice and consultation services to child protection practitioners in relation to all Aboriginal children reported to child protection and all significant decisions, including placement and best interests planning, during child protection involvement. The service is operated by the Victorian Aboriginal Child Care Agency (VACCA) in all locations, with the exception of Mildura where the service is operated by the Mildura Aboriginal Corporation. The ACSASS operated by VACCA is sometimes referred to as 'Lakidjeka' and in Mildura it is sometimes referred to as 'MAC/ACSASS'.
Best Interests Plan	The Best Interests Plan is the formal plan that guides assessment, planning and action by child protection practitioners and contracted case managers, for a child subject to a protective intervention. The Best Interests Plan incorporates, as appropriate, a Statutory Case Plan (s. 167 of the <i>Children Youth and Families Act 2005</i>), Cultural Plan (s. 176), and Stability Plan (s. 170) and other plans as they relate to care and placement (the LAC Care and Placement Plan), family reunification, education, leaving care and crisis management.
Best Interests planning	Best Interests planning is the collaborative decision-making and planning process undertaken for a child who is the subject of a protective intervention and which sets goals, responsibilities and review processes to implement the best interests and decision-making principles of the <i>Children Youth and Families Act 2005</i> .

Best Interests principles

The Best Interests principles that apply to the court, child protection and CSOs operating under the *Children Youth and Families Act 2005* are specified in s. 10 of the Act. The principles provide that in determining a child's best interests, consideration must always be given to the need to protect children from harm, protect their rights and promote their development in age appropriate ways, with additional consideration given to supporting and assisting families to keep their children safe, and ensuring a child's developmental needs, stability and cultural identity needs are met.

Care and Placement Plan

The purpose of a Care and Placement Plan is to ensure that all children and young people in out-of-home care have a clearly developed plan that addresses their needs and all parties concerned with the care of the child or young person are clear about what they are expected to do to achieve the plan. The Care and Placement Plan records the detailed day-to-day arrangements for the care of the child or young person. It identifies how their long and short term needs will be met. Basically it sets out who must do what and by when in order for the child or young person's needs to be met while in placement.

The Care and Placement Plan must be reviewed at least six-monthly, using the LAC Review template. The LAC Assessment and Action Record (A&AR) provides a comprehensive basis for a review and must be completed within six months of a placement commencing.

The Care and Placement Plan is incorporated into the Best Interests Plan.

Care and placement planning

Care and placement planning, in the context of LAC, is a shared process coordinated by the placement agency case worker and initially undertaken during the first two weeks of placement. Care and placement planning focuses on the child or young person's overall needs and how these needs will be met. Those who share the parenting responsibilities, including the carer, the placement agency case worker, the child protection worker and the child/young person's parents (as appropriate), work together in the care team to develop the Care and Placement Plan and record it using the LAC Care and Placement Plan template.

Carer

Carers are volunteers who care for children and young people in their own home. A carer has primary responsibility for the day-to-day care of a child in home-based care and for ensuring the safety and wellbeing of that child. A carer must be able to form a positive relationship with the child that provides warmth, nurturing, support, stability and guidance. By definition, a carer is not the child's parent. A carer is an integral and valued part of the care team.

Care team	The care teams exists to strengthen communication and collaboration between carers, Department of Human Services staff, CSO staff, other associated professionals, clients and their families, prompting all parties involved to consider the things any good parent would naturally consider when caring for their own children. The care team develops the Care and Placement Plan and contributes to the best interests planning process. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the child protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate).
Case manager	The person allocated the primary responsibility of overseeing implementation of the child or young person's Best Interests Plan. This can be either a departmental or CSO employee.
Child protection	Child protection is an area of social regulation by government, which involves the local community, community agencies, professionals working with children, police and government working together to keep children and young people safe from harm. The Victorian Government's approach to child protection recognises the rights and responsibilities of parents to care for their children, and their right to privacy. But if there is evidence of suspected abuse or neglect, the government recognises the rights of children and young people to protection.
Child protection worker	A departmental employee responsible for investigating child abuse allegations and responding in line with the provisions of the <i>Children Youth and Families Act 2005</i> . The child protection worker may be the child or young person's case manager, responsible for the day-to-day management of the case and for ensuring the tasks outlined in the child or young person's Best Interests Plan are carried out.
Children Youth and Families Act 2005	Victorian legislation that provides community services to support children and families, protects children, makes provision for children who have been found guilty of offences, and governs the way the Children's Court deals with specialist matters relating to children.
Community service organisation (CSO)	A non-government organisation registered and funded by the Department of Human Services to deliver home-based care services. The CSO has the responsibility for recruiting, assessing, training, supervising and supporting home-based carers.

Cultural Support Plan

Forms a component of the Best Interests Plan for an Aboriginal child or young person placed in out-of-home care with a non-Aboriginal carer to ensure the maintenance of the child or young person's connections to their family, community and culture. It addresses:

- the continuation of effort to identify a suitable placement within the child or young person's extended family or Aboriginal community
- the involvement of the child or young person's family and extended family in placement planning and decision making
- the maintenance of contact between the child, young person and members of their family, extended family and community
- establishing or maintaining links with Aboriginal services
- ensuring the child or young person's participation in cultural and community events.

Custody to the Secretary Order

A protection order that grants sole custody of a child to the Secretary of the Department of Human Services but does not affect the guardianship of the child. Refer to section 287 of the *Children Youth and Families Act 2005*.

The Department of Human Services is responsible for day-to-day decision making in respect of the child/young person, but is not automatically entitled to authorise activities that require the approval of a parent or guardian.

The parents/guardians must still participate in decision making regarding such matters as medical consents.

The order may authorise the Department of Human Services to supervise and limit access; such decisions about access are made in the best interests of the child/young person and are often reflected in the conditions on the order.

In practical terms, the person with the day-to-day care of a child/young person (such as a carer) makes routine decisions on a daily basis in keeping with the broad best interests planning decisions in place for the child/young person.

In some situations where the parents/guardians cannot be contacted for parental consent, the department may be able to provide consent. In these situations, contact should be made with the department first to determine how to resolve the situation.

**Department of
Human Services**

The Victorian Government department responsible, among other things, for child protection, family services and youth justice. The department's mission is to enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need. The department covers the responsibilities of the Ministers for Health, Community Services, Aged Care, Housing and Mental Health.

Disposition report

If the court is satisfied a child needs protection, a disposition report is prepared by the allocated child protection worker. This court report makes recommendations regarding which protection order the department believes is required to protect the child/young person and recommends the provision of services to the child/young person and their family. It will include a draft Best Interests Plan for the child/young person and their family. If the report recommends that the child/young person be removed from the custody or guardianship of their parents, a statement setting out what steps were taken to enable the child/young person to remain with their parents is required.

This report is prepared specifically for the court and is not available for carers or CSOs.

Guardian

A legal guardian is responsible for all decision making regarding the child or young person and has responsibility for the long-term welfare of the child. The guardian has the right to have the daily care and control of the child; and the right and responsibility to make decisions concerning the daily care and control of the child. In practical terms, the person with the day-to-day care of a child or young person (such as a carer) makes routine decisions on a daily basis in keeping with the broad best interests planning goals for the child or young person and the Care and Placement Plan. It is important to note that a Department of Human Services unit manager must authorise participation in any activities that require parental/guardian approval, for example, a school camp.

When a Guardianship to Secretary Order is made, the Secretary of the Department of Human Services is the legal guardian of the child/young person.

Guardianship to Secretary Order

A protection order that grants guardianship and custody of a child to the Secretary of the Department of Human Services to the exclusion of all other persons. Refer to section 289 of the *Children Youth and Families Act 2005*.

A guardian is responsible for all decision making regarding the child or young person and has responsibility for the long-term welfare of the child. The guardian has the right to have the daily care and control of the child; and the right and responsibility to make decisions concerning the daily care and control of the child. In practical terms, the person with the day-to-day care of a child or young person (such as a carer) makes routine decisions on a daily basis in keeping with the broad best interests planning goals for the child or young person and the Care and Placement Plan.

Home-based care

Home-based care provides placements with approved carers in their own home, for children and young people 0–18 years of age who are experiencing a crisis and are unable to live with their families for a range of reasons. Home-based care includes all types of foster care, kinship care and permanent care. Following are definitions of types of home-based care:

- **Home-based care general** A home-based care model that provides placements for children and young people up to 18 years of age who are unable to live with their families due to issues of abuse or neglect, or where the parent(s) are unable to care for the child or young person for a short period of time due to illness or other significant family circumstances. Home-based care may be referred to as foster care. Carers look after children and young people in their own homes. CSOs are responsible for recruiting, assessing, training, supervising and supporting carers.
- **Home-based care intensive** Home-based care for children or young people with intensive needs up to the age of 18 years. Their additional needs may be behavioural, emotional or physical and are significantly greater than those of children in general home-based care. Carers who care for these children are given additional training, reimbursement and support.

- **Home-based care complex** Usually one-to-one care for children and young people aged seven to 18 years with very high, complex needs where intensive placements have been inappropriate or unsuccessful because of the child or young person's challenging behaviour or additional needs. This is a small proportion of children who are in care and they have extremely high needs and a range of behaviours requiring more specialised care and support. Carers who care for these children or young people are given additional training, reimbursement and support.
- **Adolescent community placement** A home-based care model for young people 12 to 18 years of age who are unable to live with their families for a range of reasons. This placement enables young people to reside in a home-like environment with the support and supervision of approved carers.
- **Therapeutic foster care** A program of home-based care for a child that emphasises stability and provides additional supports for the child and carers. Key features are the centrally important role of the care team, the support to the child and the carer, and the dedicated involvement of both placement and therapeutic specialist providers. The interactions of the carer, support networks and workers with the child will be guided by therapeutic intent.
- **Kinship care** Broadly defined to include blood relatives other than the child's parents, and significant other adults in the child's life, such as teachers, neighbours or friends. Kinship care can be short or long term.
- **Permanent care** This is when children are placed with approved permanent care parents by Adoption and Permanent Care teams, or when an existing foster care or kinship care placement is converted to permanent care by the granting of a Permanent Care Order or an order from the Family Court. Permanent care provides security and stability for children and young people who have entered the child protection system and for whom a decision has been made that they are unable to live safely within their family on a long term basis. It is intended they will grow up and remain as a member of the carer's family.

Interim Accommodation Order

A temporary order that controls where a child lives pending the final determination by the court of an application. The Department of Human Services' role is derived from the conditions on the order. The placement cannot exceed the date specified on the order. In practical terms, the person with the day-to-day care of a child/young person (such as a carer) makes routine decisions on a daily basis in keeping with the broad best interests planning decisions in place for the child/young person.

It is important to note that the Department of Human Services is not automatically entitled to authorise activities that require the approval of a parent or guardian when a child is on an Interim Accommodation Order. Refer to section 262 of the *Children Youth and Families Act 2005*.

Interim Protection Order

A temporary order of up to three months' duration which the court may make upon finding a child to be in need of protection. When an Interim Protection Order is made, the parents maintain their rights as legal guardians and custodians. The Department of Human Services' role is derived from the conditions on the order. This order usually states with whom the child/young person will reside. Refer to section 291 of the *Children Youth and Families Act 2005*.

Looking After Children (LAC)

Looking After Children provides a framework for identifying the needs of children and young people and developing plans to meet these needs. At a simple level, the LAC framework attempts to strengthen communication and collaboration between carers, departmental staff, CSO staff, other associated professionals, clients and their families. It prompts all parties involved to consider the things any good parent would naturally consider when caring for their own children. It also provides CSOs with a common framework for their client records systems that contains all the information they need to look after a child or young person in the care of their organisation.

The LAC life areas are:

- health
- education
- emotional and behavioural development
- identity
- family and social relationships
- social presentation
- self care skills.

Permanent carer	<p>A volunteer carer who has been approved under the <i>Children, Youth and Families Act 2005</i> as suitable to have the custody and guardianship of a child.</p> <p>A permanent carer has made a commitment that the child's placement is intended to continue indefinitely.</p>
Protection Application	<p>An application made to the court for a finding that a child is in need of protection from actual or likely abuse.</p>
Protection order	<p>An order made by the court for the protection and care of a child. The types of protection orders are listed in section 275 of the <i>Children Youth and Families Act 2005</i>.</p>
Protection report	<p>A court report prepared by the allocated child protection worker, which outlines the reasons and other relevant information supporting the protection application and is provided to family members and legal representatives before the set court date.</p> <p>This report is prepared specifically for the court and is not available for carers or CSOs.</p>
Registration standards for community service organisations	<p>Section 58 of the <i>Children Youth and Families Act 2005</i> provides for the development of performance standards for CSOs. The standards relate to governance, probity, information management, financial viability, client care, including cultural standards applicable to client care; pre-employment checks and pre-placement checks; service delivery and case management; privacy and confidentiality; complaints management; human resource management; compliance with this Act and the regulations. CSOs providing family and out-of-home care services will be externally reviewed every three years. An internal review is to be undertaken in the years an external review is not undertaken.</p>
Report to Secretary about child	<p>A report made to the Secretary of significant concern for the wellbeing of a child or suspected child abuse. Certain professionals (including police, teachers, child care workers) are mandated, that is, obliged by law to report suspected child abuse.</p>
Secretary	<p>The Secretary (that is, Chief Executive Officer) for the Department of Human Services.</p> <p>The Secretary delegates most, but not all, of their powers and functions to department staff, such as child protection workers.</p>

Shared stories shared lives Victoria	The Victorian pre-service training course for potential foster carers used by all CSOs that deliver home-based care. This training package contains eight modules on the following topics: the context in which home-based care operates, bonding and attachment, grief and loss, maintaining connections with families, the experience of abuse, responding to challenging behaviour, team work and moving on.
Stability Plan	<p>A legal requirement under sections 169–171 of the <i>Children Youth and Families Act 2005</i> and forms a component of a child’s Best Interests Plan. The Stability Plan outlines how a child who is placed out of the care of their parents will receive continuous, stable care in an out-of-home care placement. A Stability Plan for an Aboriginal or Torres Strait Islander child or young person must demonstrate compliance with the Aboriginal Child Placement Principle.</p> <p>A Stability Plan must be made within specified maximum timeframes:</p> <ul data-bbox="336 942 1204 1113" style="list-style-type: none">• for infants under two years—the plan will be made within 12 months of them coming into care• for young children aged two to six—within 18 months• for older children—within two years
Stability planning	Stability planning means the process of decision making by the Secretary that ensures that children are provided with opportunities to form stable attachments and relationships with adults caring for them, so as to enable a child’s healthy development. Stability planning will underpin actions to preserve families and to reunify children with their parents quickly if they are removed from home—so that a child experiences continuous, stable relationships with their parents. If a child cannot live safely at home, stability planning will lead to the development of a Stability Plan to provide for stable care by someone other than the child’s parents.

Step by step Victoria	<p>The Victorian competency-based package for assessing potential home-based carers. The assessment includes an initial information exchange session, four interviews and an additional session if there are children in the household. All carers must meet four competencies: 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, and provide a safe environment that is free of abuse.</p> <p>Potential carers also need to also complete Shared stories shared lives pre-service training before being accredited.</p>
Team leader	<p>The Department of Human Services team leader supervises the allocated child protection worker. The team leader is usually responsible for a team of up to six child protection workers.</p>
Transition Plan (or Leaving Care Plan)	<p>A plan for leaving care or transition from the child protection system will form a part of a young person's Best Interests Plan and must be developed at least six months prior to the planned date for leaving care. The plan ensures that each young person leaves out-of-home care in a planned and supported manner.</p>
Unit manager or best interests planner	<p>The Department of Human Services unit manager has the responsibility of supervising two or more child protection team leaders. Unit managers chair and endorse all best interests planning meetings/decisions. They are therefore also known as best interests planners. Unit managers may sign all consent forms for clients where a court order gives the department that power.</p>

19. Handy numbers and resources

After Hours Child Protection Crisis Line

131 278 or if located in (02) area phone 133 627 or 132 111

Care Ring

(Crisis Line—4 hours, 7 days a week, counselling services)
9329 0300

Centres Against Sexual Assault

After hours (03) 9349 1766 or rural freecall 1800 806 292

Centre for Excellence in Child and Family Welfare

(03) 9614 1577

Foster Care Hotline

(24 hours) 1800 013 088

CREATE Foundation

(03) 9614 0439 or 1800 655 105

Department of Human Services central switchboard

(03) 9096 0000 or 1300 650 172

DirectLine

(24 hour drug and alcohol telephone counselling, information and referral)
freecall 1800 888 236

Family Drug and Alcohol Helpline

(24 hours) 1300 660 068

Foster Care Association of Victoria (FCAV)

(03) 9489 9770

Kids Help Line

freecall 1800 551 800

Legal Aid

(03) 9269 0234 or freecall 1800 677402

Life Line

131 114

Parentline

(telephone counselling, information and referral for parents and carers)

132 289

Poisons Information

131 126

20. Community service organisation contact details

Agency	Address	Telephone
Abercare Family Services	25 Norwood Crescent, Moonee Ponds 3039	9373 3800
Anchor Foster Care	Shop 2C, 3036 Capital City Blvd, Knox Ozone, Wantirna South	9801 1999
Anglicare Victoria—Eastern	7–11 Shipley Street, Box Hill 3128 22 Croydon Road, Croydon 3163 47–51 Castella Street, Lilydale 3140	9896 6322 9725 1622 9735 4188
Anglicare Victoria—Gippsland	65 Church Street, Morwell 3840	5133 9998
Anglicare Victoria—North & West	32 Railway Cres, Broadmeadows 3047 256 Murray Road, Preston 3072 41 Somerville Road, Yarraville 3013	9301 5200 8470 9999 9396 7400
BAYSA	12–14 Halstead Place, Geelong West 3218	5221 4466
Berry Street Victoria—Hume	Suite 5, 125 Welsford Street, Shepparton 3629	5821 0399
Berry Street Victoria—North & West	65 Burgundy Street, Heidelberg 3084	9458 5788
Berry Street Victoria—Southern	1374 Centre Road, Clayton 3168	9239 1400
Brophy Family & Youth Services	150 Liebig Street, Warrnambool 3280	5561 8888
Centacare Catholic Family Services	576 Victoria Parade, East Melbourne 3002	9419 5633
Central Hume Support Services	1 Chisholm Street, Wangaratta 3676	5722 4129
Child & Family Services Ballarat	115 Lydiard Street North, Ballarat 3350	5337 3333
Community Connections (Vic) Ltd	135–137 Kepler Street, Warrnambool 3280	1300 361 680
Connections	185 Mt Dandenong Road, Croydon 3136	9724 2222
Connections	53 Webb Street, Narre Warren 3805	9704 8377
Connections	274 High Street, Windsor 3181	9521 5666
Gippsland & East Gippsland Aboriginal Co-Operative	37–53 Dalmahoy Street, Bairnsdale 3875	5152 1922
Glastonbury Child & Family Services	222 Malop Street, Geelong 3220	5222 6911
Good Shepherd Youth & Family Services	117 Johnston Street, Collingwood 3066	9419 5477

Agency	Address	Telephone
Inside Out	215 Wellington Street, Collingwood 3066	9416 1104
Kilmany Uniting Care	129 Raymond Street, Sale 3850	5152 9600
Lisa Lodge	728 Barkly Street, Ballarat 3350	5331 3838
Mallee Accommodation Support Program	140 Langtree Avenue, Mildura 3500	5023 3744
Mallee Family Care	122 Ninth Street, Mildura 3500	5023 5966
MacKillop Family Services—Barwon	Helen Street, Geelong 3215	5278 9211
MacKillop Family Services—North & West	9 Victoria Street, Footscray 3011	8398 6800
MacKillop Family Services—Southern	10–12 Gilda Street, Maidstone 3012	9317 6200
Mildura Aboriginal Cooperative	120 Madden Avenue, Mildura 3500	5022 1852
Murray Valley Aboriginal Co-Op	87 Latje Road, Robinvale 3549	5026 3353
Orana Family Services	6 Papworth Place, Meadow Heights 3048	9302 2700
Oz Child—Children Australia	3/150 Albert Road, South Melbourne 3205	9695 2200
Quantum Support Services	225 Princes Drive, Morwell 3840	5120 2000
Rumbalara Aboriginal Co-Op	20 Rumbalara Road, Mooropna 3629	5825 2111
Salvation Army, Eastcare—Eastern	31–33 Ellingworth Parade, Box Hill 3128	9890 7144
Salvation Army, Gippscare—Gippsland	51 A McCartin Street, Leongatha 3953	5662 4502/ 1800 221 200
Salvation Army Peninsula Youth & Family Services—Southern	37 Ross Smith Avenue, East Frankston 3199	9784 5000
Salvation Army Westcare—North and West	34 Devonshire Road, Sunshine 3020	9312 3544

Agency	Address	Telephone
St Luke's Anglicare	175 Hargreaves Street, Bendigo 3550	5440 1100
Upper Murray Family Care	36 Mackay St Street, Wangaratta 3677 29 Stanley Street, Wodonga 3690	5723 4000 02 6022 8000
Uniting Care Werribee Support & Housing	19 Duncans Road, Werribee 3030	9742 6452
Victorian Aboriginal Child Care Agencies	139 Nicholson Street, East Brunswick 3057	8388 1855
Wesley Mission Melbourne	148 Lonsdale Street, Melbourne 3000	9662 2355
Wesley Youth Services Eastern	18 Market Street, Ringwood 3131	9871 5333
Wesley Youth Services Southern	63 Robinson Street, Dandenong 3175	9794 7522
Wimmera Uniting Care	185-189 Baillie Street, Horsham 3402	5382 6789
Youth for Christ	277 Canterbury Road, Forest Hill 3131	9877 3844
WEAC	Suite 1, 1 Oxford Street, Oakleigh 3166	9563 2275

21. Department of Human Services contact details

Region	Office location	Telephone
Head Office—Child Protection and Family Services Branch	Melbourne	9096 7777
Barwon-South Western	Geelong	5226 4540
	Portland	5523 1600
	Warrnambool	5561 9444
Eastern Metropolitan Region	Box Hill	9843 6000
Gippsland Region	Bairnsdale	5150 4500
	Leongatha	5662 4311
	Morwell	5128 9400
	Sale	5144 9100
	Warragul	5624 0600
Grampians Region	Ballarat	5333 6669
	Horsham	5381 9777
	Stawell	5358 4374
Hume Region	Benalla	5761 1222
	Seymour	5793 6400
	Shepparton	5832 1500
	Wangaratta	5722 0555
	Wodonga	(02) 6055 7777
Loddon Mallee Region	Bendigo	5434 5555
	Mildura	5022 3111
	Swan Hill	5032 0100

Region	Office location	Telephone
North and West Metropolitan Region	Fitzroy	9412 5333
	Footscray	1300 360 462
	Glenroy	9304 0799
	Preston	1300 664 977
Southern Metropolitan Region	Cheltenham	8585 6000
	Dandenong	9213 2111
	Frankston	9784 3100

22. Reference guide

The following provides some useful information about relevant documents and resource materials on a range of issues.

Aboriginal Children and Young People

The *Aboriginal Child Placement Principle Guide: for child protection and care workers* (November 2002) can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/indigenous-initiatives/publications/child_placement_principle_guide

The Cultural Support Plan Guide can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/indigenous-initiatives/publications/cultural_support_plan

Children, Youth and Families Act 2005

The Act can be found on the Victorian Legislation and Parliamentary Documents website: <http://www.dms.dpc.vic.gov.au>

'every child every chance'—information in relation to the department's initiatives are on the Department of Human Services website: <http://www.office-for-children.vic.gov.au/every-child-every-chance/home>

Best Interests series—information related to the Best Interests Principles are found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/every-child-every-chance/library/publications/best_interests

Education

Partnering agreement: school attendance and engagement of children and young people in out-of-home care can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/child_protection/library/publications/protection/school_attendance

Information about Student Support Groups and Individual Education Plans can be found on the Department of Education and Early Childhood Development's website: <http://www.sofweb.vic.edu.au/wellbeing/support/partnering.htm>

Incident reporting

Department of Human Services Incident Reporting Department Instruction (December 2002) and other incident reporting forms and information can be found on the Funded Agency Channel website: <http://www.dhs.vic.gov.au/fac>

Inhalant use and alcohol and drug policies

Management response to inhalant use guidelines for the community care and drug and alcohol sector can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/placement-support/library/publications/placement/inhalant_use

Chroming, alcohol and drug policy (February 2002) can be found in the Foreword of the *Management response to inhalant use guidelines for the community care and drug and alcohol sector* referred to above.

Looking After Children

Information on Looking After Children can be found on the Department of Human Service's website: <http://www.office-for-children.vic.gov.au/placement-support/looking-after-children>

Medical issues

Useful information on medical issues can be found at www.betterhealth.vic.gov.au and www.pharmacybd.vic.gov.au

Police checks and Working with Children Checks

Information about these checks can be found on the Department's website: http://www.dhs.vic.gov.au/careers/prot_checks.htm#wwcc

Privacy

Providing support to vulnerable children and their families: An information sharing guide for registered community services (family services and out-of-home care services) in Victoria can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/__data/assets/pdf_file/0004/41566/ig_community_services.pdf

Department of Human Services Privacy website is <http://www.dhs.vic.gov.au/privacy>

Information Privacy Act 2000 can be found on the Victorian Legislation and Parliamentary Documents website: <http://www.dms.dpc.vic.gov.au>

Health Records Act 2001 applies to health information, which is broadly defined to include information and opinion relating to physical and mental health, disability and aged care services and can be found on the Victorian Legislation and Parliamentary Documents website: <http://www.dms.dpc.vic.gov.au>

Health Act 1958 can be found on the Victorian Legislation and Parliamentary Documents website: <http://www.dms.dpc.vic.goc.au>

Quality of care concerns

Guidelines for responding to quality of care concerns in out-of-home care are being developed in 2007 by the Department of Human Services.

Registration standards

Registration standards for community service organisations can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/every-child-every-chance/registration_of_csos

Reimbursement rates

Reimbursement rates are detailed in the Office for Children Policy and Funding Plan and can be found on the Department of Human Services website: <http://www.dhs.vic.gov.au/ccdfundingplan>

Voluntary clients

Voluntary placement handbook can be found on the Department of Human Services website: <http://www.office-for-children.vic.gov.au/placement-support/library/publications/placement/voluntary>

Other references

Other references providing background to the reforms in legislation and delivery of child protection and placement and support services can be found on the DHS Department of Human Services website: <http://www.office-for-children.vic.gov.au/every-child-every-chance/library/pathways>

Public parenting: a review of home-based care services in Victoria (June 2003) can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/__data/assets/pdf_file/0007/15829/ccd_public_parenting.pdf

The review was conducted to provide information about home-based care services in Victoria to strengthen the system and uses detailed research to inform policy development.

The state of Victoria's children report (2006) can be found on the Department of Human Services website: http://www.office-for-children.vic.gov.au/statewide-outcomes/report_2006

Appendix 1

Information sharing in out of home care

(This is advice number 1403 from the Department's Child Protection Practice Manual, current at 24 April 2007.)

Introduction and purpose

This Advice provides Child Protection practitioners with an overview of confidentiality and information exchange where a child is placed in out of home care.

It is essential that members of a care team, responsible for caring for a child in out of home care, use and disclose personal information about the child in a way that ensures that they are properly cared for, that ensures good quality care is provided and at the same time, the privacy of the child is protected. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the Child Protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate). The care team prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child.

The looking after children (LAC) practice framework for children in residential and home-based care (excluding kinship care and permanent care) facilitates the sharing of essential information amongst the child's care team.

(1) Legislation

Where a child is placed in out of home care as part of a child care agreement, Part 3.5 of the Children Youth and Families Act 2005 (CYFA), under a short term agreement there is no effect on guardianship and custody and under a long term agreement there is ongoing involvement by the parent with the child. Therefore the parent of the child of a child care agreement is entitled to information about the child.

In most instances, a child in out of home care will be subject to a protection order, or an interim accommodation order (IAO) and current court proceedings. The sections of this Advice regarding sharing information contained in reports to the Children's Court and about a child subject to a protection order should be referred to when determining how information can be shared.

Children, Youth and Families Act

Specific requirements in the CYFA:

- s. 179 Responsibility of Secretary or out of home care service to provide information to carers:
 - s. 179(1) If Child Protection intends to place a child in the care of a person other than the parent of the child; Child Protection must provide the carer with all information that is reasonably necessary to assist the carer to make an informed decision as to whether or not to accept the care of the child. (A similar requirement is placed on an out of home care service where placing a child as part of a Part 3.5 child care agreement.)

- s. 179(2) If Child Protection has placed a child in the care of a person other than the parent of the child; Child Protection must provide the carer with any information regarding the medical status of the child to enable the carer to provide appropriate care for the child. (A similar requirement is placed on an out of home care service where placing a child as part of a Part 3.5 child care agreement.)
- s. 180 Confidentiality

A person who is given information about a child under s. 179 must not disclose that information to any other person except for the purpose of providing appropriate care for the child (for example, disclosure to a doctor).
- s. 265 Parent entitled to know child's whereabouts

A parent is entitled to be given details of the child's whereabouts under an interim accommodation order unless the Court or Bail Justice making the order directs that those details be withheld from the parent. The court or a bail justice may only give such a direction if of the opinion that the direction is in the best interests of the child.

The legislative context for information management in out of home care is provided by the following Acts:

Health Act

Health Act 1958

Health Records Act

Health Records Act 2001

Information Privacy Act

Information Privacy Act 2000

(2) Standards and procedures

Responsibilities to children

All children depend on their parents or guardians for care and protection, to a varying degree according to their age. When children are placed in out of home care, the parenting responsibilities are usually shared by a number of different people including Child Protection practitioners, CSO staff, residential care workers, home based carers, parents and significant others. These people make up the care team for a child in out of home care (see Advice number 1044, 'Duty of care').

The protection of a child's privacy is one element of the care team's responsibility. It must be balanced with and informed by other elements of the overall caring responsibilities in the same way that there is a duty of care to allow a child to take normal developmental risks and yet to protect them from abnormal risks. Where appropriate, care teams must involve children in decision making about matters affecting their lives and help them to protect the privacy of their personal information in that process. (See Advice number 1090, 'Information sharing in Child Protection practice').

Use and disclosure of information in the child's best interests

Child Protection practitioners must use and disclose personal information in the best interests of the child in a way that ensures good quality care is provided and ensures their safety, stability and development, and at the same time, protects their privacy.

The use and disclosure of information in the child's best interests can be tested by consideration of the following issues:

- Is it illegal for this person to be told this information? For example, it is illegal to disclose the identity of a person who makes a Child Protection report. Child Protection can disclose the identity of a reporter to Child FIRST and likewise Child FIRST to Child Protection (s. 41, CYFA).
- Does the person need to know this information in relation their role or responsibility to ensure the safety and wellbeing of the child?
- Is the person authorised to receive or disclose information? By what section of the CYFA or other legislation?
- Does the person need to know this information in relation to their role in assisting the child to avoid knowingly or unknowingly causing harm to other persons?
- What level of detail of information does this person need to know to provide for the good care of this child? The extent of information that is necessary to ensure the safety and wellbeing of the child and avoid them causing harm to others will necessarily vary on a case by case basis.
- Is there a risk that the disclosure of this information to this person might have unacceptable negative consequences for another person such as their parent or another family member?
- The wishes of a child are not a sufficient reason for non-disclosure, but they should always be taken into account. Any concerns parents may have about disclosure of information should be evaluated in the best interests of their child.

Although the need to know particular personal information can only be determined on a case by case basis, it must again be emphasised that those who have a direct involvement in the provision of out of home care will generally need to collect and use all relevant personal information in order to provide good care. This includes home-based carers who have 24 hour direct care of a child.

Disclosing personal information

In order to provide good care for a child, the care team needs to possess a significant amount of personal information about them. If you consider how much information a parent knows about their own child and how important this information is in influencing the way they care for their child, the need for a detailed level of knowledge becomes apparent.

The principle, which Child Protection practitioners, CSO staff, and home-based carers should operate under, is that the information necessary for the good care of the child needs to be disclosed within the care team in order to provide that good care. However, it is absolutely vital that this information is protected and not disclosed outside the team unless absolutely necessary.

Privacy legislation

The Information Privacy Act and the Health Records Act govern the collection and handling of personal information and health information. One of the key functions of both Acts is to protect personal and health information from being used or disclosed for purposes other than the primary purpose(s), or related secondary purpose(s) (directly related for sensitive personal and health information), for which it was collected, or in circumstances other than those prescribed in the legislation.

In the context of Child Protection, the primary purpose for which we collect information about children is to protect them from harm and promote their development, in accordance with the CYFA. When children are placed in out of home care, there is a clear expectation that they will receive good care including assisting them to avoid knowingly or unknowingly causing harm to others.

The care team is not prevented by the privacy legislation from disclosing personal and health information about a child so long as it is being disclosed for the primary purpose for which it was collected, that is to protect for the child from harm or to promote their development.

It is essential that personal and health information held by members of the child's care team is both used in the best interests of the child, in accordance with the CYFA, and protected in accordance with the privacy legislation. In the context of out of home care, this means that the information necessary to provide for the good care of the child can be disclosed within the care team, but only further disclosed where that is absolutely necessary for the child's protection and development. In the event there is a perceived conflict between privacy concerns and the best interests of a child, a consultation with Legal Services Branch should be undertaken.

By way of example, at a practical level, it would be inappropriate for a Child Protection practitioner not to advise a home-based carer about a child's history of sexual offending behaviour due to fears of breaching privacy. This sort of information is clearly relevant to the way in which the direct carer will look after the child and will impact on issues such as the level of supervision they provide within the placement. However, it is information that must be treated extremely sensitively.

Similarly, privacy legislation does not prohibit a carer from advising CSO staff or the Child Protection practitioner of information disclosed to them by the child about details of previous abuse or harm sustained by them. This information could relate to the ongoing safety and wellbeing of the child and such information should be disclosed in the best interests of the child in relation to the duty of care owed to them and in accordance with the CYFA.

Particular sensitivity of some personal information

Examples of sensitive information include placement address where a placement is undisclosed by the court, HIV/AIDS status and information about the (alleged or proven) committal of sexual and other serious criminal offences.

Even where it is permissible to disclose, some information needs to be treated with caution and sensitivity due to the risk of negative consequences it carries for either the individual child or another person, if that sensitive information were to be further disclosed or fail to be disclosed.

For example where a child has HIV/ AIDS status the decision to disclose the information should be based on whether it is in the child's best interests that the proposed recipient knows this information.

Section 128 of the Health Act states that 'a person who, in the course of providing a service, acquires, information that a person has been or is requires to be tested for HIV or is infected with HIV, must take all reasonable steps to develop and implement systems to protect the privacy of that person'.

STANDARD

In accordance with the CYFA--If the Secretary or an out of home care service has placed a child in the care of a person other than the parent of the child, the Secretary or out of home care service must provide the carer with any information known to the Secretary or the service regarding the medical status of the child to enable the carer to provide appropriate care for the child.

s. 179(2), CYFA

There are two main considerations in relation to managing this type of personal information:

First, there is a heavy obligation to ensure that information is only disclosed to those who need to know. It may be that fewer people need to know particular information than other more general personal information. Second, additional care is needed to ensure that those to whom information has been disclosed keep it confidential and avoid subsequent disclosure to those who do not need to know. This includes taking additional care to ensure the security of all records containing this type of personal information.

Sensitive information should not be recorded on paper files that cannot be secured. Within the LAC section of the client information system there is a facility to record sensitive information, which can only be accessed by the practitioner or team leader. Similarly it means that particular care must be taken to ensure information of this nature is not shared outside of the care team, for example with fellow practitioners who do not have a direct role with the child. Only those with a genuine need to know should receive such information.

Managing information securely

Those who are privy to personal information about a child in out of home care carry a significant responsibility to maintain that child's privacy. CSO's have a particular responsibility to support out of home care staff and carers to manage the privacy of all personal and health information about the children in their care. In addition, CSO's and the Department of Human Services are required by privacy legislation to hold personal and health information in a secure manner.

LAC provides a consistent approach to the recording and sharing of information about children in out of home care. The LAC essential information record (EIR) will comprise the substantive components of the CSO's client file for a child in care. As part of the collaborative process of LAC, CSO's will provide copies of relevant LAC records to those who helped to complete them, including the Child Protection practitioner, the child's home-based carer or key residential care worker, the child themselves and their parents, where appropriate.

If a child moves to a placement managed by a different CSO, the CSO where the child was previously placed is expected to provide copies of the current, relevant LAC records to the new CSO. It is expected that carers will provide a child with a secure place to store copies of their own LAC records.

When a child leaves a placement, all those involved in that placement who held copies of that child's records, other than Child Protection practitioner, the child and their family, are required to return these to the CSO for destruction.

Only the original records should be kept on the CSO client file. Similarly, when records are updated or amended, the out of date copies, apart from the originals, are to be returned and destroyed by the CSO who placed the child. These procedures comply with privacy legislation.

It may be appropriate to record particular information on only one original record and to then conceal this section when making copies. Alternatively, particular information may be recorded separately. (See Advice number 1091, 'Security of information in Child Protection practice'—refer section (5) for a link.)

Appropriate indications should remain that enable the links to personal, health or sensitive information to be subsequently accessed when needed for future reference. For example, where it is necessary to protect a child or other party from harm by providing an undisclosed placement, the placement address on most of the individual's client records would be the office address of the placement agency.

(3) Considerations for good practice

Information to care team

Child Protection practitioners should know the other members of a child's care team and provide them with relevant information about a child in a confidential and timely manner to ensure that children are properly cared for.

Advice for carers

Information must be disclosed to carers to enable the provision of appropriate care for the child. Carers should be advised that wherever possible they should always take practical steps towards good health practices such as putting on rubber gloves before attending to blood or body fluids. Good health and safety practices should be instituted and maintained by all carers for all children.

(4) Contact for further procedural advice

- Team leader/supervisor
- Manager, Placement Coordination Unit
- Placement and Support—Program and Services Adviser (PASA)
- Community service organisation (CSO) staff

(5) Related policy documents and procedures

Related Practice Advice:

- Advice no. 1044—Duty of care
- Advice no. 1090—Information sharing in Child Protection practice
- Advice no. 1091—Security of information in Child Protection practice

