

Program requirements for home-based care in Victoria

Interim revised edition April 2014*

*This document provides interim revised Program requirements for home based care services in Victoria, pending implementation of *Out-of-home care: A five year plan*, when it will be replaced by an updated document.

Published by Child Protection, Placement and Family Services, Victorian
Government Department of Human Services, Melbourne, Victoria

© Copyright State of Victoria, Department of Human Services, 2014

*Minimum standards and outcome objectives for home-based care services
in Victoria* first published 2003

First revised edition published July 2012
Second interim revised edition published April 2014

This publication is copyright. No part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

Authorised by the State Government of Victoria, 1 Treasury Place,
Melbourne.

This document is available on the Internet at www.dhs.vic.gov.au

April 2014

Contents

Introduction.....	1
Partnership in service delivery.....	1
Home-based care and the purpose of program requirements.....	2
Outcome objectives.....	3
Statement of values and principles.....	5
Format of the program requirements.....	7
Categories.....	7
Components.....	7
1. Client care requirements.....	9
Principle statement.....	9
Summary of expectations.....	9
Program requirements.....	9
1.1 Safe and nurturing environment.....	9
1.2 Health.....	10
1.3 Emotional and behavioural development.....	11
1.4 Education, training and employment.....	11
1.5 Family and social relationships.....	12
1.6 Identity and self-awareness.....	13
1.7 Responding to the needs of Aboriginal children.....	13
1.8 Responding to the needs of children from culturally and linguistically diverse backgrounds.....	15
1.9 Self-care skills.....	15
2. Placement management requirements.....	16
Principle statement.....	16
Summary of expectations.....	16
Program requirements.....	16
2.1 Case planning, care and placement planning and review.....	16
2.2 Placement matching in foster care.....	19
2.3 Cooperation, collaboration and communication.....	19
2.4 Participation in decision making.....	20
2.5 Supervision and support of children.....	21
2.6 Placement changes.....	21
2.7 Transitioning to adulthood (leaving care).....	22
2.8 Privacy and confidentiality.....	23
2.9 Client records.....	24
2.10 Quality of care concerns.....	25
3. Carer and care environment requirements.....	27
Principle statement.....	27
Summary of expectations.....	27
Program requirements.....	27
3.1 Recruitment of foster carers.....	27
3.2 Assessment of carers.....	28
3.3 Carer training.....	30
3.4 Foster care panels.....	31
3.5 Monitoring and review of carers.....	31
3.6 Carer support and supervision.....	33
3.7 Carer participation and inclusion.....	34
3.8 Carer complaints procedures.....	34
4. Human resource (CSO staff) requirements.....	35
Principle statement.....	35
Summary of expectations.....	35
Program requirements.....	35

4.1	Pre-employment	35
4.2	Skills and attributes of staff	36
4.3	New employees	36
4.4	Training and supervision of staff	36
4.5	Complaints procedures	37
4.6	Occupational health and safety	37
5. Organisational requirements		38
	Principle statement	38
	Summary of expectations	38
	Program requirements	388
5.1	Service management	38
5.2	Financial viability and reporting	3939
5.3	Service agreement, monitoring and review	39
5.4	Quality assurance standards	39
Appendix 1: Home and environment check (<i>Step by Step Victoria</i>)		41
Appendix 2: Kinship care annual review tool		45
Glossary		55
Reference guide		66

Introduction

Placing the best interests of children at the heart of decision making and home-based care activity is at the centre of the Victorian Government's vision for giving children the best possible start in life.

This document sets out the program requirements for delivering home-based care services in Victoria. It provides a common benchmark for home-based care practice requirements for the Department of Human Services and community service organisation (CSO) staff to ensure a consistent approach to high quality service delivery.

The term 'home-based care'¹ in the context of these requirements refers to the placement support components of the kinship care model (both *case contracted* and *placement establishment support* arrangements) and all forms of foster care, including therapeutic foster care. For a more detailed description of home-based care types please refer to the current *Department of Human Services policy and funding plan*.

As part of funding and service agreements with the department, these program requirements clearly document essential day-to-day prerequisites for providing a quality service for children in home-based care.

These program requirements update those dated July 2012 and should be used in conjunction with other significant program and model documents. These include the *Department of Human Services Standards Policy*, June 2013, the *Department of Human Services Standards evidence guide*, December 2011 and overarching *Department of Human Services Standards* (2011). (refer to section 5.4 *Quality assurance standards* for more information) and the *Children, Youth and Families Act 2005*.

Partnership in service delivery

Changing the experience and life trajectory of vulnerable children and families is a shared responsibility across community, government, service providers and individuals. The *Victoria's vulnerable children: our shared responsibility* Directions Paper (May 2012) highlighted the five key action areas for protecting Victoria's vulnerable children:

- building effective and connected services
- enhancing education and building capacity
- making a child-friendly legal system
- providing safe, stable and supportive out-of-home care
- introducing accountability and transparency.

These five key actions formed the basis for the first-year initiatives, longer term commitments and areas to be further discussed and developed, to feed into a whole-of-government vulnerable children and families strategy. The *Victoria's Vulnerable Children, Our Shared Responsibility Strategy 2013-2022* takes a decade-long view, putting into place the aspiration and system framework that will drive sustained change. It gives equal weight to prevention, early intervention

¹ These program requirements will be applied by Disability Services to their funded alternative family placements (Family Options). Disability Services will work in partnership with their service providers to ensure these program requirements are applicable and able to be implemented by their providers.

and providing support for 'at risk' children as it does to improving outcomes for those in the statutory system.

Effective practice requires good working relationships between services and working in partnership with families wherever possible. The decision to place a child into home-based care imposes responsibilities on all those involved to ensure the standard of care provided ensures their safety and stability, and promotes their healthy development. The *Best interests case practice model* (refer to the reference guide under *Best interests case practice model*) provides the sector with a foundation for working with children and families and is based on sound professional judgement, a culture that is committed to reflective practice and respectful partnerships with families and service providers.

Partnership, collaboration and communication between CSOs, the department, carers, children and their families are essential to the successful implementation of these program requirements. This document identifies what is expected of organisations, staff and carers who care for children in home-based care.

At a statewide level, the department plays a critical role in specifying the type of services required, expected service outcomes, the framework under which services are funded, and how service delivery will be monitored.

At a local level, the department undertakes core monitoring of service delivery and engages with CSOs in relation to service demand and performance issues. The department is also responsible for: timely provision of information to CSOs and carers regarding children in home-based care; developing case plans (see *Case plan* and *Stability plan* in the glossary) for children; participating as active members of care teams (see *Care team* in the glossary); and negotiating with CSOs to ensure the best interests of children are met via delivery of services in accordance with case plan direction and goals.

CSOs are responsible for recruiting, assessing, training, supervising and supporting carers. Exceptions to this exist in the case of kinship care where the child protection program is responsible for recruiting and assessing statutory kinship carers.

CSOs support children placed in home-based care and take the lead role in developing and implementing care plans (see *Care and placement plan* in the glossary). In situations where they have contracted case management responsibility, they also act as case managers and are responsible for implementing case plans.

For voluntary clients, CSOs are responsible for establishing and monitoring the child care agreement in accordance with the policy and legislative requirements outlined in the *Administering child care agreements in voluntary out-of-home care handbook*.

Foster and kinship carers and their families play a vital role in opening their homes and volunteering their time and effort to care for and support children placed with them. They also play a critical role in developing and implementing plans for the care of these children. Carers require supervision and monitoring, support, training and education, respect, validation and acknowledgement.

Home-based care and the purpose of program requirements

The *Children, Youth and Families Act 2005 (CYFA 2005)* places the best interests of the child as the central consideration to inform all other processes. The child protection, placement and family services system must maintain a consistent focus on achieving three broad aims for every child:

- to ensure their safety
- to ensure their healthy development
- to achieve stability.

Achieving these aims may involve a range of interventions, including home-based care placements for children who are unable to live in the care of their immediate family.

In Victoria, the out-of-home care system comprises a range of placement types. The *CYFA 2005* states that the primary and preferred option for children is kinship care: a placement within the child's wider family or community. Kinship care provides children with the security of being with family or adults from within their social network, promoting continuity, connectedness and stability in their lives.

When a kinship arrangement is not a possibility, placement in an alternative home-based care arrangement is preferred. Foster care is the temporary care of a child up to 18 years of age, within a home-based setting, by an assessed, trained, accredited and registered foster carer. Foster care offers children exposure to a warm, nurturing and positive family environment. There is significant value for children in becoming a part of a carer's family and community.

If home-based care services are to contribute successfully towards the three aims outlined above, they must operate to an appropriate standard. While these program requirements provide the essential prerequisites for a quality service to children in home-based care throughout Victoria, they also form the basis for ongoing monitoring, review and continual improvement.

Outcome objectives

A number of outcome objectives have been developed in relation to the broad aims of safety, healthy development and stability. These outcome objectives relate to what the home-based care system strives to achieve for the children for whom it has responsibility and reinforces the purpose of the program requirements.

The outcome objectives developed for home-based care are based on the seven life domains identified in the *Looking After Children* framework:²

1. health
2. emotional and behavioural development
3. education
4. family and social relationships
5. identity
6. social presentation
7. self-care skills.

The outcome objectives are aspirational statements and achieving them depends on a range of services. Home-based care alone cannot achieve each objective; however, providing care in a nurturing, positive family environment will play a vital role in helping a child achieve the outcomes. The term 'as far as possible' has been included in some of the outcome objectives to acknowledge the role that disability, illness and the impact of severe abuse and trauma may play in achieving these objectives for individual children.

² Parker, R, Ward, H, Jackson, S, Aldgate, J and Wedge, P (Eds) 1991, *Looking After Children: assessing outcomes in child care*, HMSO, London.

Looking After Children (LAC) is an outcomes-focused approach for collaboratively providing the good care of children placed on out-of-home care. LAC considers the child's needs and outcomes across seven developmental domains which encompass each child's safety, stability and developmental objectives. Information about LAC is available on the department's website at <<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac>> and at <<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/lac-in-practice>>.

The LAC domains are:

Health

This area includes: progress towards achieving all the physical developmental milestones from childhood to puberty; injury prevention and immunisation against preventable illnesses; personal hygiene; good dental care; the provision of a healthy diet; and the development and maintenance of a physically active lifestyle.

Emotional and behavioural development

This area focuses on the child's responses to other people and the world around them, as reflected in their feelings and demonstrated through their actions. Positive and nurturing relationships build healthy emotional and behavioural responses that equip children and young people to better deal with stressors and become resilient.

Education

Every child needs to be supported to maximise their educational potential. Participation in preschool, primary and secondary schooling to vocational training or tertiary studies is very important for developing life skills and the ability to learn.

Family and social relationships

The child has established meaningful, stable, appropriate and affectionate relationships with family and peers and others within their social network.

Identity

This area covers the questions of 'Who am I?' and 'Where do I belong?' The sense of self is influenced by their gender, ethnicity, religion, sexuality and physical appearance. Family, community and culture provide significant elements of a child's identity, especially for Aboriginal children. Photos, certificates, mementos, recalling and retelling shared experiences develop the individual child or young person's 'life story' about growing up in a particular time and space.

Social presentation

A child's appearance, social behaviour and personal habits affect how other people perceive and treat them. These reactions will affect a child's self-esteem and self-confidence. Young people need guidance and resources to present themselves in ways that help them to be positively regarded by their peers and adults. Recreation and leisure activities develop self-confidence and skills related to successful interactions with peers.

Self-care skills

All children need to be given the opportunity to care for themselves at a level appropriate to their age and ability, with the goal of eventual independence.

Statement of values and principles

All service delivery within the area of home-based care will be guided by the following values and principles. These principles apply to carers, as well as departmental and CSO staff.

General area	Details
Safety	Children will reside in a safe environment free from abuse or neglect.
Potential	Children will receive high-quality care that aims to meet their physical, emotional, developmental, educational, cognitive, social, cultural and spiritual needs, and provides them with an opportunity to reach their full potential.
Participation	Children and their families will be provided with opportunities and assistance to participate in all decisions that affect them.
Respect	Children and their families will be treated respectfully and with dignity at all times and will not be spoken to or about in a derogatory manner.
Individuality	The individuality of each child will always be acknowledged. The ethnic origin, cultural identity, religion and language of each child and their family will be recognised and respected in the planning and provision of each placement.
Cultural safety	Children in home-based care come from a range of different cultures including children from Aboriginal communities. Each child will reside in an environment that acknowledges respects and highlights the importance of their cultural identity and heritage.
Gender and sexuality	Consideration will be given to the gender and sexuality of each child in the planning and delivery of services.
Disability	Consideration will be given to any disability a child may have in the planning and delivery of services.
Family focus	<p>Many children who reside in home-based care will return to the care of their family. Therefore support of family relationships is essential, wherever possible. Home-based care will be delivered in a child-centred, family-focused manner, where the child and family are respected. In accordance with the child's case plan, familial relationships will be nurtured and encouraged, and parents offered opportunities to maintain a parental role in the life of their child. A child's family:</p> <ul style="list-style-type: none"> • will be treated respectfully and with dignity at all times and their needs recognised and considered • will be acknowledged as possessing unique knowledge regarding their child • will participate in decisions affecting the life of their child and be offered opportunities to inform decision making forums, such as case planning meetings • will be assisted to resolve any issues relating to the care of their child • will receive relevant information and access to timely grievance and appeals systems, which are fair and equitable • will be protected from discrimination at all times.
Primary attachment	Every child will be given the opportunity to maintain and form significant, consistent and enduring emotional connections with one or more individuals in their life. These relationships will be taken into account when decisions are made.

General area	Details
Stability	Stability in the lives of children is vital. Every effort will be made to maintain the stability of a child's placement, minimise the number of staff and carers involved in their lives and promote positive, caring, consistent and enduring relationships for a child with their family, peers, significant others, carers and schools.
Transitioning to adulthood (leaving care)	Equipping a child for life after care is vital. CSOs, care teams and carers will work with a child to develop the skills that are essential for a positive transition to adulthood.
Partnerships	Home-based care will be delivered through a partnership between the child, their family, CSO staff, carers and the department. The partnership will be coordinated using a care team approach. In addition to the care team, additional professional services may be involved. These partnerships will combine experiences and skills and share responsibilities. Each party is responsible for contributing to positive collaborative relationships with others, acknowledging each other's strengths and valuing each other's roles to maximise the quality of planning and service provision each child receives.
Commitment to carers and their families	<p>Carers and their families are central to providing quality home-based care. Their role must be acknowledged in meaningful ways by CSOs and the department. Carers and their family:</p> <ul style="list-style-type: none"> • will be treated respectfully and with dignity at all times and their needs will be recognised and considered • will be acknowledged as possessing unique knowledge regarding the child in their care • will receive adequate support to enable them to provide high quality care to each child in their care • will receive training to develop their skills and maximise the quality of care they provide • will participate in the decisions affecting the lives of children placed in their care and be offered opportunities to inform decision making forums, such as case planning meetings • will be protected from dangerous behaviours from children or their families • will be assisted in resolving conflict or issues associated with service delivery • will receive relevant information and access to a timely grievance and appeal system that is fair and equitable • will be protected from discrimination.
Privacy	Children in care, parents, family members and carers all have the right to privacy. Their wishes will be respected and considered by CSOs and the department, where ever possible.
Staff development	Effective recruitment, training and supervision of staff is vital in providing high quality services. Every effort will be made to ensure staff are provided with opportunities to develop their skills and maximise the quality of services they provide for children and carers. Emphasis will also be placed on providing staff with a safe and rewarding work environment.

Format of the program requirements

Categories

The program requirements fall into the following five broad categories.

Client care requirements

These requirements concern the central importance of a child's safety, healthy development and stability. This section emphasises how the individual needs and cultural backgrounds of children must be respected and catered for.

Placement management requirements

These requirements concern the suitability of placements for meeting the individual needs of children and the need to plan, monitor, assess and review placements. This section emphasises the need for good communication and collaboration between all those involved with the child, to ensure all are kept informed and have opportunities to participate in decision making.

Carer and care environment requirements

These requirements concern the need to thoroughly select, assess, train, support and supervise carers. This section emphasises the importance of the care environment being suitable, safe and appropriate for children.

Human resources (CSO staff) requirements

These are pre-employment requirements including skills and attributes of staff, training, supervision and complaints procedures. The requirements address what is expected of CSO staff and what staff can expect of their employers.

Organisational requirements

These are the requirements for the operation and practices of CSOs that deliver home-based care services.

Components

Each category contains three components:

- a **principle statement**, which identifies why the particular category of program requirements is important
- a **summary of expectations**, which summarises the program requirements to apply to each category
- the **program requirements** themselves.

The Department of Human Services Standards

The program requirements set out the service delivery expectations and underpin the overarching *Department of Human Services Standards*. From 1 July 2012, funded organisations in scope:

- are required to be accredited by a department endorsed independent review body once every three years, regardless of the number of departmental programs they are funded to provide
- need to demonstrate compliance with the Department of Human Services Standards and the governance and management standards of an approved independent review body.
- are subject to the [Department of Human Services Standards Policy - June 2013](#)

Where applicable in this document, suggestions have been made to reference the program requirements to the relevant departmental standard. (For more information about these standards please refer to *requirement 5.4.3* and the reference guide under *Department of Human Services Standards*).

Further information about the Department of Human Services Standards can be found at: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>

1. Client care requirements

Principle statement

The primary focus of home-based care services is to protect and promote the safety, healthy development and stability of every child while taking into account their individual needs, age, stage of life and culture.

Each child must be given the opportunity to reach their potential to participate fully in society, irrespective of their family circumstances or background.

Summary of expectations

CSOs and carers will provide support and supervision to children, will assist children to develop and maintain positive family and cultural relationships and will encourage children to reach their full potential.

On a day-to-day basis, carers play a nurturing and facilitative role in ensuring a child's growth, developmental and health needs are met. Children will be involved in education, training or employment, provided with opportunities for familial, social and recreational activities and will develop self-care skills for when they leave care.

Carers are expected to meet these requirements while at the same time engaging the child to feel part of a natural family home environment and participate in the same type of everyday experiences as their biological children (where appropriate).

Program requirements

1.1 Safe and nurturing environment

- 1.1.1 Each child in home-based care will reside in a safe and nurturing environment free from physical, sexual and emotional abuse and neglect, which supports healthy development and stability.
- 1.1.2 CSOs will use practice models and guidelines demonstrating consistency with the *Best interests framework* (refer to the reference guide under *Best interests case practice model – summary guide*).
- 1.1.3 CSOs will use the *Looking After Children* framework (refer to the reference guide under *Looking After Children*) to support the best interests of a child using a collaborative care team approach.
- 1.1.4 The *Charter for children in out-of-home care* (refer to the reference guide under *Charter for children in out-of-home care*) is accessible to CSO staff, underpins CSO practice and is provided to carers and children.
- 1.1.5 CSOs will ensure all staff, volunteers and carers have the requirements (skills, qualifications, knowledge, values, competencies and cultural competence) for their roles and responsibilities in order to meet the needs of infants, children and youth, and protect them from the risk of complex trauma, abuse and neglect.
- 1.1.6 CSOs will support carers and their families to create and sustain a safe and nurturing home environment that supports the development and stability of children.

Section 1: Client care requirements

- 1.1.7 CSOs ensure children receive personal care items and possessions, adequate clothing, household provisions (including linen), educational items (including books and toys), an age-appropriate allowance, appropriate luggage as required, and any other culturally relevant and community resources to meet their individual needs.
- 1.1.8 CSOs will comply with all relevant legislation and departmental guidelines when responding to complaints about the quality of care being provided or any abuse in care allegations (refer to the reference guide for the *Guidelines for responding to quality of care concerns in out-of-home care*).

Standards: *These requirements relate to departmental standards 2.1, 3.1 and 3.5.*

1.2 Health

- 1.2.1 CSOs will promote a child's medical health needs being met. Health needs include general medical, dental, optical, auditory, mental health, disability and specialist needs.
- 1.2.2 Children entering home-based care for the first time (or for the first time during the current period of involvement) will have their medical health needs (including general medical, dental, optical, auditory) identified by a medical practitioner as soon as possible or within one month of entering care.
- 1.2.3 If a child is entering the placement from another placement, CSOs will confirm the last date on which the child received a health assessment (including general medical, dental, optical and auditory examinations) and will arrange any assessment that may be required.
- 1.2.4 CSOs will ensure children's medical health needs are monitored annually or more frequently if their health status requires, as detailed in their care plan.
- 1.2.5 CSOs will maintain up-to-date records detailing the child's medical health needs and health assessments, including records of any health treatments, ongoing and prescribed medication administration, and any specialist assessments and immunisations received. These records will be passed onto the child, their family or the relevant CSO when a child changes placement or at the conclusion of a placement.
- 1.2.6 Administration of prescribed and non-prescribed medication should be recorded. The method of recording will be determined by the care team.
- 1.2.7 CSOs and carers will comply with departmental requirements concerning consent for medical, dental and other health assessments and treatment.
- 1.2.8 CSOs will ensure that training provided to foster carers, includes:
- infection control procedures
 - procedures to be followed in medical and non-medical emergencies and accidents.
- In this regard, CSOs should encourage foster carers to hold an approved CPR and first aid certificate.
- 1.2.9 CSOs will have written policies and procedures that are readily accessible and familiar to staff and carers regarding the following:
- the CSO policy on positive sex education for children (provided to foster carers in pre-service training, to staff through induction and to kinship carers as required when placement support or case management commences)
 - the CSO policy on substance abuse (including inhalants) by children, which considers issues of harm minimisation. This policy must stipulate

Section 1: Client care requirements

that no illicit substances are permitted on the carer's properties and that substance use of any kind by children is not permitted on the carer's properties (other than appropriate use of legally prescribed medication where required).

- 1.2.10 CSOs and carers will comply with relevant guidelines concerning how management responds to inhalant use and comply with relevant alcohol and drug policies (refer to the reference guide under *Inhalant use and alcohol and drugs*).
- 1.2.11 CSOs and carers will ensure children are clothed in a manner that complies with reasonable community standards and expectations.
- 1.2.12 CSOs and carers will ensure children are provided with a diet that promotes good health, adheres to medical advice (including managing allergies), reflects community standards and expectations, and complies with their cultural and religious background.

Standards: *These requirements relate to departmental standards 3.3 and 4.2.*

1.3 Emotional and behavioural development

- 1.3.1 CSOs will work positively and effectively with children and their families, carers and other professionals to develop strategies and interventions to support each individual child's emotional and behavioural health and development.
- 1.3.2 CSOs and carers will support and supervise children in order to manage crises, minimise risk-taking and challenging behaviour.
- 1.3.3 CSOs and carers will support and implement positive approaches to behaviour management and informed responses to trauma related behaviours in line with departmental policies.
- 1.3.4 CSOs will ensure information and guidance is available for staff and carers on typical childhood development trends and on the appropriate management and developmental impact of trauma upon children.

Standards: *These requirements relate to departmental standard 3.3.*

1.4 Education, training and employment

- 1.4.1 CSOs will ensure staff and carers are familiar with and participate in processes established by the partnering agreement titled *Out-of-home care education commitment* including student support groups and development and implementation of individual education plans for school-aged children (refer to the reference guide under *Education*).
- 1.4.2 CSOs will ensure an *educational needs assessment* occurs for every child who has resided in home-based care for a period of three months or longer (coordinated by the school) to identify their individual learning needs and to inform their individual education plan (refer to the reference guide under *Education*).
- 1.4.3 CSOs will assist children to commence and continue with education and employment programs (including playgroup, kindergarten, school, alternative and pre-employment day programs) to maximise the child's educational and training opportunities. Specific roles will be outlined in each child's care plan.

Section 1: Client care requirements

- 1.4.4 CSOs and carers will liaise directly with each child's school, education or pre-employment program on an ongoing basis (at least once every term), for the purpose of discussing progress and formulating strategies to respond to any identified issues.
- 1.4.5 CSOs and carers will record outcomes of formal liaisons with the child's school, education or pre-employment program. School reports will be kept and stored to ensure easy transfer of information to the relevant CSO if a child changes placement and for future access by the child when they return home or leave care.
- 1.4.6 Carers will provide children with an environment in which education and learning are valued and achievements are recognised. Carers will ensure children have an appropriate place to study and support to complete education-related tasks.
- 1.4.7 CSOs will ensure children not able to be engaged in formal education are encouraged to participate in appropriate alternative programs and training.
- 1.4.8 Care teams will ensure if a child changes placement, continuity of education is taken into account and given a high priority.
- 1.4.9 CSOs will ensure carers are made aware of the *18 years and school attending carer reimbursement policy* (refer to the reference guide under *Education*).

Standards: *These requirements relate to departmental standards 3.3 and 4.2.*

1.5 Family and social relationships

- 1.5.1 CSOs and carers will support the development and maintenance of positive family and cultural attachments for children, in accordance with the child's case plan. Specific details of any action required in this area will also be outlined in each child's care plan.
- 1.5.2 CSOs providing informal, voluntary or contracted case management will support carers, parents, families, siblings and significant others to access appropriate universal, secondary and specialist services that will assist to strengthen relationships with the child. Specific details of any action required in this area will be outlined in each child's care plan.
- 1.5.3 CSOs and carers will contribute to supporting parents, families and siblings to have opportunities to have contact with the child in a flexible manner in the best interests of the child, and in accordance with Children's Court orders. Specific details of any action required in this area will be outlined in each child's case plan.
- 1.5.4 CSOs and carers (both foster and kinship care), together with the department, will hold a shared responsibility in facilitating familial access. This includes supervision, transportation and support for the child before, during and after access, promoting a positive access experience and environment. Specific details of any action required in this area will be outlined in each child's care plan, which will be consistent with requirements of the case plan.
- 1.5.5 In circumstances where case management is contracted to the CSO, the CSO will undertake complete management of familial access (as outlined in 1.5.4) in accordance with the case plan and conditions of the Children's Court order unless alternate arrangements are negotiated as part of the case contract (refer to the reference guide under *Access*).

Section 1: Client care requirements

- 1.5.6 CSOs and carers will involve the child's parents, siblings and extended family in the placement and care team as appropriate. Specific details of any action required in this area will be outlined in each child's case plan.
- 1.5.7 CSOs and carers will treat children and their families respectfully. Children and their families will not be spoken to or about in a derogatory manner.
- 1.5.8 CSOs and carers will support and encourage children to build and maintain relationships with their peers by granting them permission to participate in age-appropriate activities including birthday parties, school excursions, camps, overnight stays and other activities (refer to the reference guide under *Participation in activities*).
- 1.5.9 Whenever possible, CSOs and carers will support children to continue with the recreational pursuits they enjoyed before entering care.
- 1.5.10 CSOs and carers will provide children with regular opportunities, and the material they need, to participate in appropriate recreational activities to develop social confidence and skills in interacting with their peers. Specific details of any action required in this area will be outlined in each child's care plan.

Standards: *These requirements relate to departmental standard 3.3.*

1.6 Identity and self-awareness

- 1.6.1 CSOs and carers will support and encourage the expression of each child's cultural and religious identity.
- 1.6.2 CSOs and carers will support and respect the expression of each child's gender identity and sexual orientation.
- 1.6.3 CSOs and carers will assist children to develop and maintain their individual and personal identity.
- 1.6.4 Through appropriate consultation, staff and carers will receive advice and information on typical childhood development trends, cultural and religious diversity, gender identity and sexual orientation to consider when caring for children.
- 1.6.5 CSOs and carers will ensure placement details, records of life experiences and achievements, school reports, medical records, photographs of meaningful and significant events, and the names of significant people involved in the child's life are collated in a portable format (see *Life story work* in the glossary) and kept in a safe place so the child may take such memories with them when changing placement or leaving care.
- 1.6.6 CSOs and carers will consider improving a child's level of self-awareness as it relates to their social presentation, behaviour and appearance and will monitor the impact of community attitudes towards the child relevant to their age and stage of development.

Standards: *These requirements relate to departmental standard 3.3.*

1.7 Responding to the needs of Aboriginal children

- 1.7.1 The *Aboriginal cultural competence framework* (refer to the reference guide under *Aboriginal children and families*) will guide mainstream CSOs in developing culturally appropriate management strategies, policies and direct practice to ensure better outcomes for Aboriginal children and families.

Section 1: Client care requirements

- 1.7.2 CSOs will uphold the requirements of the *Aboriginal child placement principle* and the Children, Youth and Families Act to ensure the cultural identity, family and community connections of Aboriginal children are maintained and strengthened (refer to the reference guide under *Aboriginal children and families* and *Children, Youth and Families Act 2005*).
- 1.7.3 CSOs will be sensitive to the cultural diversity of Aboriginal children and will emphasise the need for respect for Aboriginal cultural identity and will tailor strategies and interventions to be culturally informed and respectful in the delivery of their services.
- 1.7.4 Aboriginal Community Controlled Organisations (ACCOs) will be involved in delivering services to Aboriginal children wherever possible.
- 1.7.5 In circumstances where an Aboriginal child is placed with a non-Aboriginal carer the care team will maintain cultural safety in the placement, and support continued connections to the child's family and community (see *Cultural safety* in the glossary).
- 1.7.6 For Aboriginal children on guardianship to the Secretary orders or long-term guardianship to the Secretary orders, a completed cultural support plan in accordance with section 176 of the Children, Youth and Families Act is required. Child protection have the legal responsibility of preparation of the cultural support plan.
- Although legislation requires a cultural support plan for children on guardianship to the Secretary orders or long-term guardianship to the Secretary orders, all Aboriginal children placed in out of home care will benefit from a cultural plan whether placed with Aboriginal carers or not. (see *Cultural support plan* in the glossary and refer to the reference guide under *Aboriginal children and families*).
- 1.7.7 Where the opportunity exists, the cultural support plan will be developed through a referral made by Child Protection to an Aboriginal Family Decision Making program.
- 1.7.8 The CSO staff and carers will ensure care planning is aligned with the cultural support plan, and will participate in developing and implementing the cultural support plan as required.
- 1.7.9 In circumstances where an Aboriginal child is placed with a non-Aboriginal carer, at the earliest possible time, CSOs will ensure the carer receives information and training on culturally appropriate caring, to ensure the child's cultural values, beliefs and practices are respected and upheld (refer to the reference guide under *Aboriginal children and families*).
- 1.7.10 CSOs will ensure staff and carers are aware of significant dates and events within the Aboriginal community. CSOs will assist staff and carers to build awareness of specific aspects of a child's Aboriginal culture, while supporting the ongoing development of their cultural competence.
- 1.7.11 In accordance with culturally competent practice, CSOs will develop links with appropriate Aboriginal services, family members and community networks as soon as possible.

Standards: *These requirements relate to departmental standards 3.2, 3.3 and 4.4.*

1.8 Responding to the needs of children from culturally and linguistically diverse backgrounds.

- 1.8.1 CSOs will be sensitive to the linguistic, cultural and religious diversity of children and will acknowledge the importance of these factors in planning and delivering culturally competent services.
- 1.8.2 CSOs will involve relevant members of the child's community and extended family as appropriate and, where necessary, use interpreters in communication with the child and family.
- 1.8.3 CSOs will develop links with culturally appropriate services as soon as a child is placed in care, or as soon as they become aware of the child's linguistic, cultural or religious identity.
- 1.8.4 CSOs will ensure carers receive adequate information or training on culturally sensitive caring, to ensure that a child's cultural values, beliefs and practices are respected and upheld.
- 1.8.5 CSOs will ensure when a child is placed in home-based care that the carer is informed of specific aspects of a child's culture or religious identity, such as dietary laws, religious customs and beliefs and religious requirements, such as appropriate dress and behaviour. At the earliest possible time, carers will receive additional information or training concerning specific cultural issues, as required.

Standards: *These requirements relate to departmental standards 3.3 and 4.5.*

1.9 Self-care skills

- 1.9.1 Children will be provided with a care environment that encourages growth in independence and problem-solving approaches, as appropriate to the child's age, developmental stage, disability, cultural or other circumstances.
- 1.9.2 Children will be assisted to develop self-care skills appropriate to their age, developmental stage, disability, cultural and other circumstances in preparation for the transition to adulthood and leaving care.

Standards: *These requirements relate to departmental standards 3.3, 3.4 and 4.6.*

2. Placement management requirements

Principle statement

Individual placement planning is essential to ensure a child's safety, healthy development and stability. CSOs must ensure a placement meets a child's individual and varying needs throughout their time in care. For example, at the commencement of a foster care placement, the best possible match between carer and child should be made with carers adequately trained to ensure they have the competencies required to meet the individual needs of the child. Good communication and collaboration in both foster and kinship care are essential to ensure all those involved with the child are kept informed and have opportunities to participate in decision making processes.

Summary of expectations

CSOs must work to ensure that planning and delivery of services reflect what is currently known to be most effective. It is essential that CSOs continually review service provision to identify areas of possible improvement in systems, processes and practice approaches that meet the needs of children while they are residing in or leaving home-based care.

CSOs and carers play a vital role in contributing to the development and implementation of plans for children in their care. This includes both case plans and care plans. They will provide appropriate levels of support and supervision to each child and will cooperate and collaborate with all services involved with the child during their time in care. CSOs and carers must provide care that encourages children to mature and grow, and to reach their potential according to their age and stage of development.

The CSO and carer will involve the child's family and keep them informed, maintain an up-to-date client record information system, and appropriately respond to complaints and quality of care concerns in a timely and efficient manner.

Program requirements

2.1 Case planning, care and placement planning and review

- 2.1.1 CSOs and carers will work in collaboration with the department to develop, contribute to and implement the statutory *case plan* directions for children in care. The department maintains the case planning responsibility for all statutory clients in home based care (with the exception of a delegation made to an Aboriginal organisation under section 18 of the Children, Youth and Families Act). (See *Case plan* in the Glossary)
- 2.1.2 CSOs will use the Looking After Children (LAC) framework and processes for managing the day-to day care of a child using a collaborative care team approach (refer to the reference guide under *Looking After Children*).
- 2.1.3 CSOs will undertake care planning that is demonstrably consistent with the overall case plan and the *Best interests framework*. The *Best interests framework* can be found at <<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-case-practice-model-summary-guide-2010>>
- 2.1.4 The CSO providing the home based care placement manages, actions and reviews day-to-day care arrangements for children. This means that CSOs hold the lead responsibility for *care planning* regardless of whether case management responsibilities have been contracted to the CSO.

Section 2: Placement management requirements

2.1.5 The CSO managing the day-to-day care of the child will establish, coordinate and lead a specifically constituted care team for each child in their care.

2.1.6 A care team is comprised of a CSO staff member who leads the care team, the case manager (this may be the child protection practitioner, the CSO based contracted case manager if the case is contracted or a disability or other CSO based case manager if the placement is authorised via a child care agreement) the foster carer/s or kinship carer/s and the child's parents (unless it is considered inappropriate to involve the latter). Other key adults closely involved in the care of the child (for example, the child's grandparent, respite care worker, Aboriginal elder or other significant adult) may also be members of the child's care team.

The care team will ensure the child's views are well represented in care planning decisions. (The child is not a member of their own care team, given the purpose of the care team is to make decisions about the care of a child that a parent would ordinarily make).

2.1.7 Within two weeks of a placement commencing, CSOs will commence recording in the LAC *Essential Information Record* all important factual pieces of information about the child. For example, who may give authority for medical treatment and important identification numbers such as health care cards and Medicare numbers. The Essential Information Record will be kept up-to-date by the CSO as part of the ongoing information gathering, care planning and review processes undertaken with the care team.

As soon as possible, and within two weeks of the commencement of a placement, CSOs will develop a LAC *Care and Placement Plan* (for a child aged under 15 years) OR a LAC *15+ Care and Transition Plan* (for a young person aged 15 years or older) in conjunction with the care team.

2.1.8 The *Care and Placement Plan* (0-14 years) identifies the child's needs and documents the strategies in place for the day-to-day management of these needs.

The 15+ Care and Transition Plan identifies and documents the young person's needs and strategies for both their day-to-day care and their preparation for adulthood and leaving care.

Both care plans are guided by the child's case plan goals under the seven LAC domains outlined in the Outcome Objectives section earlier in these program requirements. These plans may also be used to fulfil the requirements for a disability support plan under the Disability Services Act for a child with a disability in out-of-home care (Please see *Care and Placement Plan* and *Care and Transition Plan* in the Glossary).

2.1.9 CSOs will ensure agreed tasks allocated to CSO staff are completed in accordance with the *Care and Placement Plan* or the *Care and Transition Plan* and that each client's *Care and Placement Plan* or *Care and Transition Plan* is reviewed at least every six months. The initial plan will focus on the immediate placement establishment tasks. Subsequent plans will be more comprehensive, consider the medium- and long-term placement goals, implement actions arising from the most recent *Assessment and Progress Record* findings, and integrate with related statutory case planning processes and goals.

Section 2: Placement management requirements

- 2.1.10 The LAC *Assessment and Progress Record*, which monitors the child's progress in care, will be completed as soon as possible after the placement has been established, to inform ongoing care planning. An *Assessment and Progress Record* must be completed for every child who has been in care for six months or longer and at least annually thereafter. For children aged under five years, this record must be completed every six months
- 2.1.11 CSOs will ensure that each child's LAC records are completed and attached to the child's case management and CSO based care management files using the most appropriate electronic formats available for each of the relevant documents, as follows:
- The *Essential Information Record* will be generated and kept updated by CSOs within the Client Relation Information System for Service Providers (CRISSP). CSOs will provide an electronic copy (along with any significant updates) to child protection for attachment on the child's Client Relations Information System (CRIS) file. Because the *Essential Information Record* is unable to be generated within CRIS, CSOs with contracted case management responsibilities may generate and use the CRIS based *Client Profile* document as an acceptable substitute for the *Essential Information Record*.
 - *Care and Placement Plans* and *Reviews of Care and Placement Plans* (but not *Care and Transition Plans*) may be completed in both CRIS or CRISSP, although only CSOs with contracted case management responsibility can generate these documents in CRIS. A copy of the completed plan and/or review should be attached to CRIS if it has been completed in CRISSP, and vice versa.
 - *Care and Transition Plans* are completed in an electronic format that must be attached to both the CRIS and CRISSP files. There is no structured review format for the *Care and Transition Plan* – completion of a new revised version of the *Care and Transition Plan* provides a record of both the review process and its outcome.
 - *Assessment and Progress Records* are currently completed in an electronic format that is too large to attach to either the CRIS or CRISSP file. CSOs should ensure that information about where the hard copy of this record is kept is noted on both the CRIS and CRISSP files.
- 2.1.12 CSOs will ensure all members of the care team have a copy of the current care plan in a format that facilitates understanding. All care team members must be able to readily access the other LAC records whenever they are needed for the child's good care. Children may also be given copies of all their LAC records and must be able to access a copy of any LAC record upon request.
- 2.1.13 CSOs will provide copies of the child's LAC records to other CSOs if the child moves to a new placement.

Supporting documents: < <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac> *Looking after children (LAC) framework; Reference guide for the 'Best interests case practice model – summary guide'*.

Section 2: Placement management requirements

<<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac>>

<<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/lac-in-practice>>.

2.1.14 For children placed in foster care, whose custody and guardianship remains with their parents, CSOs will ensure that child care agreements are negotiated in accordance with the *Administering child care agreements in voluntary out-of-home care handbook* (refer to the reference guide under *Voluntary clients*).

2.1.15 CSOs will ensure carers and children residing in designated extreme or high risk bushfire areas have developed, maintained and endorsed *Client bushfire leaving early plans*. (refer to the reference guide under *Bushfires*).

Standards: These requirements relate to departmental standards 3.1, 3.2, 3.3 and 3.4.

2.2 Placement matching in foster care

2.2.1 CSOs will ensure children are matched with carers who are fully accredited for:

- the type of care required
- the numbers, ages and genders of children in placement.

2.2.2 CSOs will ensure children are placed with carers who are best able to meet the child's individual and special needs.

2.2.3 If a placement is requested outside of the carer's accreditation status, a preliminary agreement must be reached between the CSO program manager and the department placement coordination manager prior to the placement occurring. Further, the CSO will conduct a formal assessment and review of the carer's competency and accreditation status within 14 days.

2.2.4 CSOs will ensure that placement matching takes into account existing placements with the carer and does not have a negative impact on these placements.

2.2.5 CSOs will consider the carer family's capacity, routines, commitments and resources.

2.2.6 CSOs will take into account information from all relevant professionals, the child and their family, potential carers and their families and other children in the placement.

2.2.7 CSOs will take into account siblings and their right to be placed together when it is in their best interests.

Standards: These requirements relate to departmental standards 3.2 and 3.5.

2.3 Cooperation, collaboration and communication

2.3.1 CSOs and carers will work collaboratively with each other, the department, children and their families and relevant professionals to provide a service that is in accordance with the child's case plan goals and assists with fulfilling these goals.

Section 2: Placement management requirements

- 2.3.2 CSOs will identify a caseworker (or care manager) or a contracted case manager (for case contracted arrangements) within their organisation for each child and will ensure the carer, the child's family and all other parties involved with the child are aware of who is the designated contact person.
- 2.3.3 Both foster and kinship carers will be provided with all available information reasonably necessary to make decisions about whether to care for a child, and any medical or other information necessary to maintain the safety and promote the healthy development of a child in their care. This information should be provided to the carer before or at the time the placement is made. For kinship care this is the responsibility of child protection.
- 2.3.4 CSOs and the department will clearly explain what is expected of a carer in relation to meeting the child's individual needs prior to a placement commencing and during the placement. Where all relevant information is not available prior to the placement commencing, information will be provided as soon as possible thereafter.
- 2.3.5 CSOs and the department will continue to provide carers with all information reasonably necessary to enable the carer to provide appropriate care of the child they are being asked to care for.
- 2.3.6 Information is only disclosed outside of the care team to those who must need to know to maintain the safety and healthy development of the child.
- 2.3.7 CSOs will consult with carers regarding decisions that may impact on the carer or children in their care, such as changes to access arrangements.
- 2.3.8 CSOs will have written policies and procedures that are readily accessible and familiar to staff and carers regarding communication processes between the department, CSO staff and carers.
- 2.3.9 The *Charter for people in care relationships* and the *Carers Recognition Act 2012* (refer to the reference guide under *Charter for people in care relationships*) is accessible to CSO staff, underpins CSO practice and is provided to carers by the CSO.
- 2.3.10 CSOs will comply with departmental incident reporting requirements (refer to the reference guide under *Incident reporting*).
- 2.3.11 CSOs will include a collection notice on all forms provided to carers seeking personal and important information. CSOs will explain the purpose of the collection notice in terms of information sharing between the department and the CSO (see *Collection notice* in the glossary).

Standards: *These requirements relate to departmental standards 2.3, 3.1 and 3.2.*

2.4 Participation in decision making

- 2.4.1 Children and their families will be assisted and supported by CSOs to have direct involvement in all planning and decision-making processes that concern them.
- 2.4.2 Care teams should always include the CSO caseworker, the department or the contracted case manager, the carer(s), the parents (unless this is deemed inappropriate) and any other adult with a significant caring role, and must be flexible to ensure all parties are able to contribute.
- 2.4.3 Care teams considering care and transition plans will include or consult children aged 15–18 years.

Section 2: Placement management requirements

- 2.4.4 The views of children concerning the quality of care they are receiving will be actively sought. This will require CSOs to regularly meet with children in care face to face, not in the company of their carer, to discuss their needs their placement (taking into account their age and stage of development) and any issues that may exist.
- 2.4.5 Carers will be involved and consulted in decisions that have an impact on them and on the children in their care.

Standards: *These requirements relate to departmental standards 3.2, 3.3, 3.4, 4.1 and 4.2.*

2.5 Supervision and support of children

- 2.5.1 CSOs will ensure carers provide children with an appropriate level of support and supervision at all times.
- 2.5.2 CSOs will ensure ongoing assessment occurs to identify the strengths, risks and changing needs of the child in placement.
- 2.5.3 CSOs will have practice guidelines that emphasise the need for children to meet regularly (a minimum of monthly unless otherwise agreed in a case plan) with the CSO worker or case manager in private, not in the company of the carer, to discuss their placement and any other issues that may exist.
- 2.5.4 CSOs will have written policies and procedures that are readily accessible and familiar to staff and carers and outline:
- detailed program guidelines for the types of home-based care provided
 - appropriate after-hours responses to assist with managing a crisis
 - appropriate responses and strategies (as deemed appropriate by care teams) for supporting children with a range of challenging behaviours such as high risk taking, violence or sexually abusive behaviours (refer to the reference guide under *Specialist practice resources*)
 - processes for alerting the department to an unacceptable level of risk to a child.

Standards: *These requirements relate to departmental standards 3.3 and 3.4.*

2.6 Placement changes

- 2.6.1 Any placement change for a child must be approved by the department prior to the change occurring. When a decision is made that a placement change is required, the CSO will, as far as possible, maintain responsibility for care of the child until an alternative placement is located.
- 2.6.2 CSOs and carers will make every effort to minimise the number of placement changes that a child experiences.
- 2.6.3 CSOs will provide advice to the department regarding any planned or potential placement changes for a child as soon as possible.
- 2.6.4 Where there are indications a placement may be disrupted, CSOs will meet with the child, the care team, the child's family (where appropriate) and other relevant parties including child protection to develop plans aimed at stabilising and securing the existing placement or moving the child to a more suitable placement.

Section 2: Placement management requirements

- 2.6.5 In circumstances where a kinship arrangement is no longer able to be maintained, child protection will assume responsibility for the placement change and will undertake suitability assessments and provide the endorsement required for any new kinship arrangements.
- 2.6.6 CSOs will work with all parties concerned to ensure any placement change occurs in a way that is primarily sensitive to the child's needs and also to the carer's needs, including any necessary debriefing.
- 2.6.7 The placement change process will emphasise the importance of a smooth transition and the continuity of relationships for children. Specific details regarding the nature of continued relationships with carers no longer providing primary care will be agreed on a case-by-case basis with the department.
- 2.6.8 CSOs and the department will ensure that if a child changes placement, continuity of education is taken into account and given a high priority.
- 2.6.9 CSOs and the department will ensure children and carers are involved in the decision-making process.
- 2.6.10 CSOs will ensure the child's personal belongings are safely transferred to the new placement in suitable (non-plastic) bags, luggage and boxes.
- 2.6.11 CSOs and carers will ensure all information they possess relevant to the good care of the child, LAC records and any other documentation concerning the child is passed to the new carer, case manager and case worker to ensure adequate transfer of information and consistency of care.

Standards: *These requirements relate to departmental standards 3.2, 3.3, 3.4 and 4.2.*

2.7 Transitioning to adulthood (leaving care)

- 2.7.1 CSOs and carers will work with children aged 15–18 years during their time in placement to develop living skills that are appropriate to their age, developmental level and circumstance. The specific skills required may include but are not limited to:
- budgeting and managing money
 - managing family and other relationships
 - living with other people and conflict resolution
 - cooking, cleaning and personal maintenance
 - understanding their rights and responsibilities as an adult.
- 2.7.2 CSOs will use the *Looking After Children* care and transition plan to help the care team to identify the necessary strategies and actions required to assist each individual child's transition into adulthood. This plan will be developed in collaboration with the child from the age of 15 years, and will involve their family where applicable.
- 2.7.3 The final care and transition plan will be developed and known to the child at least six months prior to their actually leaving care. The care and transition plan will include a focus on the following areas of need:
- safe and sustainable accommodation
 - education or employment arrangements
 - sustainable income
 - access to health services (medical, dental and other specialist services as required)
 - information and referral to relevant post-care support services, health and community services, legal services, Centrelink, alternative housing options and culturally specific services such as Aboriginal organisations

Section 2: Placement management requirements

- post-care financial support (brokerage)
 - opportunities for children who have left care to link with others in the same situation, if desired.
- 2.7.4 Care teams will consult children aged 15–18 years regarding their personal aspirations and needs as they mature and transition towards adulthood.
- 2.7.5 CSOs and carers will ensure a child's personal records and documents that are needed for 100 points of identification are collected and stored in a safe environment. These records and documents will be accessible to the child as required. Copies of these documents may be stored on a virtual website with appropriate security.
- 2.7.6 CSOs and carers will ensure a child's personal possessions are safely stored and made available to them in good condition for when they are leaving care.
- 2.7.7 CSOs and carers will utilise departmental resources developed specifically to assist care and transition planning (refer to the reference guide under *Transitioning to adulthood*).
- 2.7.8 CSOs will ensure all children leaving care are provided with information and linkages to post-care support services.
- 2.7.9 CSOs will ensure they provide information and referral services to young people aged up to 21 years who have left care and contact the CSO seeking assistance (refer to the reference guide under *Transitioning to adulthood*).
- 2.7.10 CSOs have a responsibility to provide care and support to children in accordance with their care and transition plan. Home-based care and support extending beyond the expiry of a final protective order must be previously agreed to and negotiated between the department case planner and the CSO.
- 2.7.11 CSOs will ensure carers are made aware of the *18 years and school attending carer reimbursement policy* (refer to the reference guide under *Education*).

Standards: These requirements relate to departmental standards 3.3, 3.4 and 4.6.

2.8 Privacy and confidentiality

- 2.8.1 CSOs will have written policies and procedures concerning the need to protect a child's right to privacy and confidentiality. These policies and procedures must be readily accessible and familiar to staff and carers and will comply with relevant legislation and departmental guidelines (refer to the reference guide under *Privacy, confidentiality and communication*).
- 2.8.2 The need for protection of a child's privacy must be balanced against the responsibility to protect children and families from harm and to act in their best interests.
- 2.8.3 CSOs and carers will ensure members of the care team are provided with information relevant to the care of the child.
- 2.8.4 The CSO will ensure the living environment supports the privacy and confidentiality of the child in culturally, gender and age appropriate ways.
- 2.8.5 Policies, procedures and practice guidelines must provide for children to access private space as appropriate and have their belongings kept in a safe and private place.

Section 2: Placement management requirements

- 2.8.6 CSOs and carers will securely store all personal information concerning children and their families. This information will only be provided to appropriately authorised people.
- 2.8.7 CSOs and carers will not disclose the personal circumstances, status or history of abuse of a child with any party outside the care team unless it is required to ensure the good care and safety of the child.
- 2.8.8 When promoting services to the public, or when publishing photographs and information likely to identify a child (including print or social media), CSOs will ensure children with statutory protective involvement are not used or identifiable in advertising or promotional material, unless permission is granted by the department in compliance with provisions of section 534 of the Children, Youth and Families Act (refer to the reference guide under *Children, Youth and Families Act 2005*).

Standards: *These requirements relate to departmental standards 1.1, 1.2, 2.3 and 3.5.*

2.9 Client records

- 2.9.1 CSOs will ensure *LAC* and other personal records of a child are maintained and securely stored by the carer while the child is in their care. Personal records include details of a child's placement, their experiences and achievements, photographs and the names of significant people involved in the child's life. This information will be available to the child to refer to at all times. CSOs will also ensure this information accompanies them to any new placement, a return home or an independent living arrangement.
- 2.9.2 CSOs will ensure a child's records will be maintained and stored in accordance with relevant legislation and departmental guidelines concerning information gathering and privacy.
- 2.9.3 CSOs providing foster and kinship care will use the Client Relationship Information System for Service Providers (CRISSP) to store and maintain client records.
- 2.9.4 CSOs providing foster care will accept the referral and create the placement in CRISSP within one working day of the placement commencing.
- 2.9.5 CSOs providing foster and kinship care will use the Client Relationship Information System (CRIS) as the primary system to store and maintain client records when undertaking contracted case management.
- 2.9.6 Client records, case notes, reports and other key documents and records for each child will all be aligned with statutory case planning and care planning and will be stored and maintained in CRIS and CRISSP (see *CRIS and CRISSP* in the glossary).
- 2.9.7 CSOs providing foster care will have written policies and procedures that are readily accessible and familiar to staff and foster carers and identify the type of information to be recorded and stored on a foster carer's file. Information will be gathered and stored in line with relevant legislation and departmental guidelines (refer to the reference guide under *Record keeping*).
- 2.9.8 CSOs providing kinship care will not establish and maintain a separate carer file. Information will be recorded and stored on the main case file.
- 2.9.9 CSOs and carers will ensure records are kept on each child in relation to significant events. This information will be communicated to the child's case

Section 2: Placement management requirements

manager and care team as appropriate and will be made available to the department.

- 2.9.10 CSOs and carers will ensure records, including photographs, school reports and memorabilia for each child are appropriately maintained and stored to aid preservation. All records, photographs and school reports will be shared with the child's family and significant others, where appropriate.
Note: Section 178 (2) of the Children, Youth and Families Act describes circumstances where information may not be shared with parents.
- 2.9.11 CSOs will arrange the collection of essential identification records and documentation for children including birth certificates, Medicare and health care cards, tax file numbers, bank accounts and other documentation as appropriate.
- 2.9.12 At the conclusion of a placement, carers and staff will return all client records to the CSO.
- 2.9.13 At the conclusion of a placement, CSOs providing foster care will close the placement on CRISSP within one working day.
- 2.9.14 At the conclusion of a placement client records and other information are safely and indefinitely stored by the CSO. This will enable subsequent retrieval should the child re-enter care or otherwise require access to their records.
- 2.9.15 The CSO must have policies and systems in place to allow children, families and former clients to appropriately access records regarding services provided to them in a timely manner in line with relevant legislation including the Health Records Act and the Information Privacy Act.
- 2.9.16 CSOs will ensure children and families are aware of the policies and systems in place to appropriately access records regarding services provided to them.

Standards: *These requirements relate to departmental standards 1.1, 3.3 and 4.2.*

2.10 Quality of care concerns

- 2.10.1 CSOs will comply with relevant legislation and departmental guidelines when responding to issues reported as quality of care concerns. Concerns will range from minor quality issues through to physical or sexual abuse of a child in care.
- 2.10.2 CSOs must follow the mandatory steps outlined within the *Guidelines for responding to quality of care concerns in out-of-home care* (refer to the reference guide under *Quality of care*).
- 2.10.3 CSOs will ensure information about the mandatory processes required for investigating quality of care concerns and allegations of abuse in care and are known to staff and carers as part of their induction with the CSO.
- 2.10.4 When a concern about possible physical or sexual abuse, neglect or poor quality care of a child comes to the attention of a CSO staff member, the program manager must consult with the departmental quality of care coordinator within 24 hours of receiving the reported concern to determine the most appropriate response.
- 2.10.5 CSO staff must follow the departmental incident reporting requirements (refer to the reference guide under *Incident reporting*).

Section 2: Placement management requirements

- 2.10.6 CSO staff must follow the departmental management and reporting requirements set out in *Responding to allegations of physical or sexual assault – departmental instruction* (refer to the reference guide under *Quality of care*).
- 2.10.7 CSO program managers must participate in quality of care screening consultations, planning and review meetings, interviews and panels as required in a timely manner.
- 2.10.8 CSOs must clearly document in carer files all relevant details from any quality of care concerns raised about the carer or members of their household including those managed to an outcome through support and supervision or formal care review.
- 2.10.9 CSOs will inform carers (as much as possible) about the progress and outcome of a quality of care concern investigation and of the process to appeal decisions that are made.
- 2.10.10 CSOs will provide carers who are the subject of a quality of care concern with the appropriate level of support, liaison, debriefing or counselling.
- 2.10.11 CSOs will provide children who are the subject of a quality of care concern with additional support as required.
- 2.10.12 Any historical quality of care concern regarding a current or previous carer that is brought to the attention of a CSO will be subject to the requirements of the *Guidelines for responding to quality of care concerns in out-of-home care* (refer to the reference guide under *Quality of care*).
- 2.10.13 When an allegation of abuse or a quality of care concern is raised in relation to an Aboriginal child, the department and the CSO will ensure a relevant member of the child's Aboriginal community is included in any investigation.
- 2.10.14 CSOs will regularly review the quality of care concerns raised in relation to their carers and the children in their care and will consider their outcomes to inform policy and practice.

Standards: These requirements relate to departmental standards 1.1, 1.2 and 3.5.

3. Carer and care environment requirements

Principle statement

The competencies, skills and personal attributes of carers are central to providing high-quality home-based care services. It is essential that a sound working relationship be developed between CSOs and the carers they are supporting, based on mutual respect and trust. CSOs must make certain the care environment is suitable to ensure a safe and appropriate environment for children.

CSOs providing foster care are required to recruit, assess, train, supervise and support a pool of carers able to meet the varied needs of many children.

Summary of expectations

To ensure the provision of high-quality home-based care services, CSOs providing foster care are required to:

- have an effective carer recruitment strategy
- utilise the mandatory Victorian foster care assessment tools, panel approval and review processes for carers
- provide mandatory pre-service training prior to a carer taking on the care of a child, and provide targeted professional development thereafter
- monitor and address the quality of care provided by carers on an ongoing basis
- supervise and support carers effectively.

CSOs providing kinship care are required to:

- monitor and address the quality of care and the suitability of the home environment provided by carers on an ongoing basis
- identify suitable, targeted training and information sessions for carers as required and facilitate carer participation
- supervise and support carers effectively, including providing kinship carer support groups.

Program requirements

3.1 Recruitment of foster carers

3.1.1 CSOs will have an effective carer recruitment strategy that:

- is based on the individual, age, cultural and special needs of their client group
- maximises opportunities to match a child to an appropriate carer
- enables CSOs to meet placement demand and service agreement obligations
- deals promptly with enquiries from prospective carers
- provides prospective carers with timely and accurate information about: the skills and personal attributes required of carers, as well as the roles and expectations of carers, CSOs and the department; the support and training carers can expect to receive; and review procedures and conditions of approval.

3.1.2 CSOs will evaluate the effectiveness of recruitment campaigns to inform future campaigns.

3.1.3 CSOs will contribute to statewide data collections on recruitment and accreditation of carers for sector analysis and development.

Standards: *These requirements relate to departmental standards 2.1, 2.2 and 3.5.*

3.2 Assessment of carers

Assessment of foster carers

- 3.2.1 CSOs must ensure that prospective foster carers and their families are thoroughly screened and assessed to ensure their suitability to care for children in foster care. Screening and assessment must be fully completed prior to a child being placed with a carer.
- 3.2.2 *Step by Step Victoria* is the mandatory, competency-based carer assessment package to be used in the assessment of potential foster carers by CSOs in Victoria (refer to the reference guide and glossary under *Step by Step Victoria*).
- 3.2.3 The *Step by Step Aboriginal assessment tool* is the Victorian assessment tool used by Aboriginal community controlled organisations conducting assessments of potential foster carers for Aboriginal children. Use of either this tool or the *Step by Step Victoria* material is mandatory for Aboriginal community controlled organisations conducting assessments of potential foster carers for Aboriginal children (refer to the reference guide and glossary under *Step by Step Aboriginal assessment tool*).
- 3.2.4 CSOs will ensure staff who undertake assessments of potential carers using *Step by Step Victoria* (or the *Step by Step Aboriginal assessment tool*) have fully completed the relevant familiarisation training before undertaking assessments.
- 3.2.5 CSOs must comply with the following suitability and screening checks when considering a foster carer application:
- Prior to proceeding with assessment of a potential applicant CSOs must contact the department to confirm the prospective carer has not been disqualified from the *Register of out-of-home carers* (see *Carer register* in the glossary).
 - An up to date Working with Children Check for the prospective carer and any adult member of the household who will have a parenting role with the child must be completed. A Working with Children Check is required regardless of previous or current employment, education or volunteer status. Teachers, sworn Victoria Police officers and sworn Federal Police officers are not exempt from this requirement. All persons are required to have a WWC check for the purposes of being a foster carer (refer to the reference guide under *Working with Children Check*).
 - Direct contact must be made (face-to-face or telephone) with three responsible people to act as referees to the applicant. Referees must have known the applicant for a minimum of two years, must still be in contact with the applicant, must not be directly related and must have observed the applicant's interaction with children.
 - If an applicant has previously fostered with another CSO in Victoria or interstate, CSOs must contact these CSOs to seek advice as to the applicant's suitability and competencies.
 - A new police check is required upon application to a CSO for every prospective carer and all members of their household who are 18 years of age and over who reside or regularly stay overnight (refer to the reference guide and glossary under *Police checks, and see 'Regularly stay overnight' in the glossary*).
 - For applicants and members of their household who are 18 years of age who have spent 12 months or more overseas during the past ten years, an international police check must be conducted.³ If this is not possible, three additional referee checks from people who knew the applicant while in that country must be conducted.

³ (Note: Victoria Police does not conduct international checks. International checks are subject to the legislation of the country where the person was a resident. Any applicant from overseas should contact the relevant overseas police force to obtain a police check).

Section 3: Carer and care environment requirements

- If CSOs become aware of a disclosable police record in relation to an applicant, an adult member of the applicant's household or an existing carer and adult members of their household (see *Disclosable record* in the glossary) they must proceed in accordance with current departmental policy (refer to the reference guide under *Police checks*).
- 3.2.6 CSOs must ensure prospective carers provide evidence they are medically fit including providing a medical report from their general medical practitioner.
- 3.2.7 Part of the *Step by Step Victoria* assessment (or the *Step by Step Aboriginal assessment tool*) must include at least one home visit to conduct a 'home and environment check'. Plans must be developed to address any identified issues before proceeding (refer to Appendix 1: *Home and environment check*).
- 3.2.8 CSOs will thoroughly assess potential carers and their families to ascertain whether they possess the attitudes, skills, cultural competence and personal attributes required for caring.
- 3.2.9 CSOs will assess potential carers based on four key competencies identified as essential when undertaking effective foster caring:
- provides a safe environment that is free from abuse
 - demonstrates a personal readiness to become a carer
 - promotes the positive development of children in care
 - has the ability to work as part of a team.
- 3.2.10 The process of assessing suitability to become a carer involves all household members (including children) attending at least one information session. Full assessment of both adult partners (including new partners) is mandatory.
- 3.2.11 CSOs will ensure unsuccessful applicants are provided with a rationale for the decision.
- Assessment of kinship carers**
- 3.2.12 Preliminary assessment of all kinship carers will be undertaken by child protection utilising the *Part A preliminary assessment tool*. This assessment will consider:
- the capacity of the carer to promote the child's safety, healthy wellbeing and development
 - the criminal history of the carer and usual adult members of the household
 - the history of the carer and household members as it relates to them as carers of children (refer to the reference guide under Kinship care).
- 3.2.13 For kinship arrangements likely to proceed beyond three weeks, a comprehensive assessment will also be undertaken by child protection utilising the *Part B comprehensive assessment tool*. This assessment will focus on the carer's capacity to engage in longer term planning for the child, and their ability to meet the ongoing needs of the child.
- 3.2.14 Prior to the placement of a child in a kinship arrangement, a new police check is required for every prospective carer and all members of their household who are 18 years of age and over who reside or regularly stay overnight. These police checks will be undertaken by child protection (refer to the reference guide and glossary under *Police checks*, and see '*Regularly stay overnight*' in the glossary).
- 3.2.15 For every prospective carer and members of their household who are 18 years of age or over and who have spent 12 months or more overseas during the past five years, an international police check must be conducted. If this is not possible, three additional referee checks from people who knew the applicant while in that country must be conducted. These checks will be undertaken by child protection.

Standards: These requirements relate to departmental standards 2.2, 3.1, 3.2 and 3.5

3.3 Carer training

Carer training for foster carers

- 3.3.1 CSOs must ensure prospective foster carers and their families are fully trained to ensure their suitability to care for children in foster care. Pre-service training must be completed prior to a child being placed with a carer.
- 3.3.2 *Shared Stories Shared Lives Victoria* is the mandatory pre-service carer training package used by CSOs to train potential foster carers in Victoria (refer to the reference guide and glossary under *Shared Stories Shared Lives Victoria*).
- 3.3.3 *Our Carers for Our Kids* is the Victorian training package used by Aboriginal organisations training potential foster carers for Aboriginal children. Use of either this training package or the *Shared Stories Shared Lives Victoria* material is mandatory for Aboriginal community controlled organisations delivering training to potential foster carers for Aboriginal children (refer to the reference guide and glossary under *Our Carers for Our Kids*).
- 3.3.4 Potential carers and their partners (including new partners) and any other adult in the household who will have a parenting role are required to attend and participate in *Shared Stories Shared Lives Victoria* (or *Our Carers for Our Kids*) training.
- 3.3.5 CSOs will ensure staff who deliver training to potential carers in *Shared Stories Shared Lives Victoria* (or *Our Carers for Our Kids*) have fully completed the relevant familiarisation training before delivering training.
- 3.3.6 Carers, and other household members as determined by the CSO, will be required to attend subsequent training on a range of issues relevant to children in their care. Training will be scheduled to accommodate the commitments of carers (as far as possible).
- 3.3.7 CSOs will ensure training provided to carers includes:
- infection control procedures
 - procedures to be followed in medical and non-medical emergencies and accidents.
- In this regard, CSOs should encourage carers to hold an approved CPR and first aid certificate.
- #### **Carer training for both foster and kinship carers**
- 3.3.8 CSOs will ensure carers have timely access to support, information, education and training that ensures they are competent to meet the specific needs of children in their care. For example, training may be required to ensure effective management of a medical condition, a disability, sexual assault, challenging behaviours, a therapeutic approach to care or any other special needs.
- 3.3.9 In circumstances where an Aboriginal child is placed with a non-Aboriginal carer, at the earliest possible time, CSOs will ensure the carer receives information, education and training on culturally appropriate caring, to ensure the child's cultural values, beliefs and practices are respected and upheld.
- 3.3.10 CSOs will ensure the training carers receive provides information on culturally sensitive caring, to ensure that a child's cultural values, beliefs and practices are respected and upheld.

Standards: *These requirements relate to departmental standards 3.1, 3.5 and 4.2.*

3.4 Foster care panels

- 3.4.1 All CSOs providing foster care will participate in a formal foster carer panel, either regionally or CSO based, that formally approves or rejects carer applicants. The panel will consist of CSO management representatives, departmental representatives and other relevant people.
Note: A CSO foster care panel will not proceed without the participation of a representative from the department.
- 3.4.2 The CSO worker undertaking the assessment will attend or participate in the carer panel to discuss the accreditation of the potential carer they have assessed, and to ensure questions raised by the panel are able to be effectively answered.
- 3.4.3 The following components of *Step by Step Victoria* (or the *Step by Step Aboriginal assessment tool*) will be presented to the panel members:
- a coversheet
 - confirmation of background checks, interviews and training (in the form of a checklist)
 - a geno-gram (or family tree)
 - a summary including evidence of the four key competencies
 - a life history
 - the applicant's preferred options
 - the final report (and minutes) for the panel (this report will already be partially completed by the worker undertaking the assessment with recommendations about an appropriate accreditation status).
- 3.4.4 When approving a carer, foster care panels must specify the accreditation status of the carer's approval. Panels must decide on a foster carer's accreditation for:
- the type of care (for example, respite or general pool)
 - numbers, ages and genders of the children
 - any special conditions attached to the approval
 - priority training needs identified
 - level and type of support to be provided by the CSO or other organisations
 - the review process.
- 3.4.5 An applicant is only considered approved and accredited after the foster care panel chairperson signs a final report.
- 3.4.6 The CSO will inform the department of the approval of a foster carer by formally registering the carer on the Carer Register within 14 days of the approval.
- 3.4.7 The final report (minutes) will include details of foster care panel decisions as outlined in 3.4.4 and any other issues. This report will be kept as a formal record of the panel meeting.
- 3.4.8 CSOs will ensure successful applicants sign a copy of a code of conduct for approved foster carers.
- 3.4.9 CSOs will ensure unsuccessful applicants are provided with a rationale.

Standards: *These requirements relate to departmental standards 2.2, 3.1, 3.2 and 3.5*

3.5 Monitoring and review of carers

- 3.5.1 CSOs will ensure that the safety of the carer's home and environment is monitored regularly through home visits and is formally reviewed annually using home and environment checks as part of the review process for carers (For foster care refer to Appendix 1: *Home and environment check (Step by step Victoria)*).

Section 3: Carer and care environment requirements

- 3.5.2 Home and environment checks will also be conducted following each carer change of address.
- 3.5.3 CSOs will monitor the quality of care provided by carers on an ongoing basis, using home visits and regular contact.
- 3.5.4 CSOs will formally review carers annually using visits to the carer's home and other checks in order to confirm their continuing appropriateness and availability and capacity to care. The review will be documented and will highlight their strengths, learning needs and any placement issues (For kinship care refer to the *Child Protection kinship carer assessment report (Part C)* found at Appendix 2: *Kinship care annual review tool*).
- 3.5.5 Annual reviews must include:
- placements during the past 12 months
 - training received and required
 - currency of police checks
 - currency of Working with Children Checks (foster care only)
 - medical checks (foster care only)
 - home and environment checks
 - personal readiness and capacity to continue caring
 - ability to work effectively as part of a care team
 - ability to provide a safe environment free from abuse
 - ability to promote the positive and healthy development of children
 - quality of care reviews and any other relevant issues.
- 3.5.6 CSOs will ensure police record checks for carers and other members of the carer's household who are 18 years of age and over who reside and regularly stay overnight are updated every three years. (refer to the reference guide and glossary under *Police checks*, and see '*Regularly stay overnight*' in the glossary).
- 3.5.7 Processes will be in place for carers to inform CSOs if a person over 18 years has moved into the household or regularly stays overnight, and for a police check and an assessment to be undertaken by the CSO regarding the impact of this change on the safety and wellbeing of the child. (*Note: This includes tenants, lodgers, boarders, caravans and bungalows on the property.*)
- 3.5.8 If CSOs become aware of a disclosable police record in relation to an existing carer and adult members of their household (see *Disclosable record* in the glossary) CSOs will ensure they proceed in accordance with current departmental policy (refer to the reference guide under *Police checks*).
- Additional requirements for monitoring and reviewing foster carers**
- 3.5.9 CSOs conducting annual reviews of carers will include a formal review of the carer's accreditation status. A significant change in foster carer circumstances may also require a change to a foster carer's accreditation status (as outlined in 3.4.4).
- 3.5.10 A significant change to a foster carer's accreditation status as a result of an annual or other review will need to be approved by a foster care panel. CSOs will determine on a case by case basis whether other changes to a foster carer's circumstances are significant.
- 3.5.11 CSOs will ensure Working with Children Checks for carers and any adult member of the household who will have a parenting role with the child, are updated every five years. Working with Children Checks are required regardless of previous or current employment, education or volunteer status (refer to the reference guide under *Working with Children Check*).

Section 3: Carer and care environment requirements

- 3.5.12 CSOs providing foster care will inform the department of the revocation of a carer's approval by removing them from the Carer Register within 14 days of the carer ceasing to provide foster care with their organisation.

Standards: *These requirements relate to departmental standards 3.1, 3.2, 3.3, 3.4 and 3.5.*

3.6 Carer support and supervision

- 3.6.1 The *Charter for people in care relationships* (refer to the reference guide under *Charter (Victorian) for people in care relationships*), which is accessible to CSO staff, underpins CSO practice and is provided to carers.
- 3.6.2 CSOs will have written supervision or support and monitoring policies in place which specify that each carer has an appropriately skilled CSO worker (or case manager when a case is contracted) as an identified supervisor or key contact.
- 3.6.3 CSOs will determine the level of supervision or monitoring and support (see *Supervision* in the glossary) for a carer at the beginning of the placement by assessing the level of need of the child in care as well as the carer's needs (ensuring the minimum level of supervision while a child is placed with the carer is once per month).
- 3.6.4 CSO policy and procedures will be readily accessible and familiar to staff and carers. The level of supervision required will vary depending on the needs of the child and the carer. CSO policies and procedures need to consider:
- the assessed level of need of the child, which will vary from time to time
 - the level of supervision and support required for new carers
 - the level of supervision required at the start and end of a placement
 - arrangements for after-hours support
 - supervision and debriefing after a critical incident
 - access to a CSO key contact (including when designated worker is not available) to obtain advice and support as needed.
- 3.6.5 CSOs will ensure that issues identified during supervision are recorded and acted upon appropriately to ensure the ongoing safety and healthy development of children in placement.
- 3.6.6 CSOs will ensure carers are receiving the appropriate level of carer reimbursement and financial assistance for which they are eligible while caring for a child. This will include relevant departmental and Commonwealth entitlements.
- 3.6.7 CSOs and the department will ensure foster carer reimbursement documentation has been completed within three working days of the commencement, change of details, or ceasing of a placement. CSOs providing kinship care will also ensure carer reimbursement arrangements are in place.
- 3.6.8 CSOs will provide mechanisms for carers to link with other carers to receive and provide support, including establishing support groups.
- 3.6.9 CSOs will ensure carers are informed about the Victorian peak bodies available to provide them with independent advice, information, support and advocacy (refer to the reference guide under *Peak bodies*).

Additional requirements for carer support and supervision for foster carers

- 3.6.10 CSOs and foster carers will both sign an agreement that outlines their individual roles and responsibilities.

Standards: *These requirements relate to departmental standards 3.1 and 3.5.*

3.7 Carer participation and inclusion

- 3.7.1 CSO policies and practices will reflect a participatory relationship with carers, where collaboration and good communication occurs and where the carer and their family's needs are recognised and respected.
- 3.7.2 Carers will participate in the decisions affecting the lives of children placed in their care and will be offered opportunities to inform key decision-making processes, such as care team meetings and case plans.
- 3.7.3 CSOs will have systems in place for carers to provide feedback about their experience of service delivery and management.
- 3.7.4 CSOs will continually seek to identify issues that may have an impact on the health, safety and wellbeing of carers and develop strategies to reduce risk.
- 3.7.5 CSOs will offer exit interviews or debriefing sessions (in a confidential environment) following a placement ending to provide carers with an opportunity to express their opinions, reflect on their experience and provide information that could assist the CSO to refine its policies and practices.

Standards: These requirements relate to departmental standards 1.2, 3.1 and 3.2.

3.8 Carer complaints procedures

- 3.8.1 CSOs will have written policies and procedures for resolving disputes or complaints made by carers that are readily accessible and familiar to staff and carers. These policies and procedures will meet all legislative and departmental guidelines and should cover:
 - natural justice principles (see Natural justice in the glossary)
 - where to direct disputes or complaints made by carers
 - the process for lodging and managing complaints made by carers
 - the steps to follow in assessing and resolving disputes or complaints made by carers
 - confidentiality
 - timeframes for responding
 - the process to appeal decisions.
- 3.8.2 CSOs and carers will ensure they have fully utilised the CSO dispute resolution procedures prior to accessing external bodies regarding a complaint or appeal process.
- 3.8.3 CSOs will ensure carers are informed about the Victorian peak bodies available to provide them with independent advice, information, support and advocacy (refer to the reference guide under *Peak bodies*).
- 3.8.4 CSOs will regularly review complaints and their outcomes to inform policy and practice.

Standards: These requirements relate to departmental standards 1.1, 1.2 and 3.5.

4. Human resource (CSO staff) requirements

Principle statement

The values, skills, knowledge and experience of CSO staff have a significant impact on the lives of the children in home-based care. The support staff receive from employers will have a direct impact on their ability to fulfil their role in recruiting, assessing, training, supporting and supervising carers and in supporting and advocating for children and their families.

Summary of expectations

Staff must possess the skills and personal attributes that adequately equip them for their role.

Staff must be supported by their employers through: organisational structures; professional development opportunities; acceptable working conditions that comply with occupational health and safety and other legal requirements; and regular supervision and support. Those providing supervision and support must also possess skills and personal attributes that adequately equip them for their role.

Program requirements

4.1 Pre-employment

- 4.1.1 CSOs will have written policies and procedures that are readily accessible and familiar to staff and ensure all applicants for positions within the CSO are thoroughly assessed prior to being offered employment. This applies to paid employees, subcontracted workers, volunteers and student placement staff. Assessment will include:
- confirmation of qualifications and experience
 - confirmation that the applicant possesses the skills, personal attributes and competencies required to successfully fulfil the job they have applied for (initially through the interview process)
 - direct contact (either face-to-face or telephone contact) with two referees to confirm the applicant's suitability, including contact with the most recent employer
 - possession of an up-to-date Working with Children Check
 - completion of a police check in compliance with the current departmental policy (refer to the reference guide and glossary under Police checks).
- 4.1.2 CSOs will ensure that staff employed via an employment agency have been subjected to a police check by Victoria Police and possess an up-to-date Working with Children Check. For staff who have spent 12 months or more overseas during the past ten years, an international police check must be conducted.
- 4.1.3 If an international police check cannot be made for an applicant, referee checks must be conducted with three nominated referees who personally knew the individual while they were residing in the other country.³

4.2 Skills and attributes of staff

- 4.2.1 Services will be delivered by CSO staff with relevant qualifications, interpersonal skills and personal attributes and the capacity to work collaboratively with carers and their families and children and their families, and to deliver a service that supports the varying needs of children and their families.
- 4.2.2 CSOs will maintain records of the academic qualifications and work history of staff. Non-identifying information concerning staff shall be made available to the department upon request.

4.3 New employees

- 4.3.1 CSOs will ensure all new staff receive appropriate orientation and induction to the organisation, where relevant information is provided on the:
- CSO policies and procedures
 - CSO mission statement and values
 - CSO structure, including lines of accountability and the roles and responsibilities of staff, carers and management.
- 4.3.2 CSOs will ensure all new staff are introduced to relevant people, including carers, children and their families.

5.3 Training and supervision of staff

- 4.4.1 CSOs will provide supervision to staff (see *Supervision* in the glossary) and ensure as a minimum that:
- Every staff member has an identified supervisor, with whom they have regular contact.
 - Staff are provided with regular supervision that is:
 - uninterrupted
 - professional and confidential
 - documented in supervision or staff files
 - based on mutually defined expectations
 - based on clear and open communication
 - a responsibility shared between supervisor and staff.
 - Issues identified in supervision are acted on appropriately.
 - A formal process is put in place for debriefing after critical incidents.
- 4.4.2 Staff providing supervision should have the appropriate skills and qualifications required for this task. Staff providing supervision should also receive regular, ongoing supervision in their role from appropriately qualified and skilled senior staff.
- 4.4.3 CSOs will identify the developmental needs of staff and provide opportunities and resources required for their ongoing professional development.
- 4.4.4 CSOs will ensure staff have timely access to information and training that ensures they are competent to meet the specific needs of children in the care of the CSO. For example, training may be required in *LAC*, sexual assault, challenging behaviours, a therapeutic approach to care, effective management of a medical condition, disability or any other special needs.
- 4.4.5 CSOs will ensure staff who deliver training to potential foster carers in *Shared Stories Shared Lives Victoria* (or *Our Carers for Our Kids*) have fully completed the relevant familiarisation training before delivering training.

Section 4: Human resource (CSO staff) requirements

- 4.4.6 CSOs will ensure staff undertaking assessments of potential foster carers using *Step by Step Victoria* (or *the Step by Step Aboriginal assessment tool*) have fully completed the relevant familiarisation training before undertaking assessments.
- 4.4.7 CSOs will ensure staff receive information and training on culturally appropriate caring to ensure every child's cultural values, beliefs and practices are respected and upheld.
- 4.4.8 CSOs will have policies and procedures to assess the performance of staff and address performance issues.

4.5 Complaints procedures

- 4.5.1 CSOs will have documented procedures for resolving disputes or complaints made by staff, carers, volunteers, children, families and the community.
- 4.5.2 CSO policies and procedures should be readily available, and will be in addition to the *Guidelines for responding to quality of care concerns in out-of-home care* and should cover:
 - natural justice principles (see Natural justice in the glossary)
 - when to defer to the Guidelines for responding to quality of care
 - concerns in out-of-home care
 - where to direct disputes or complaints
 - the process for lodging and managing complaints made
 - the steps to follow in assessing and resolving disputes or complaints made confidentially
 - timeframes for responding
 - the process to appeal decisions.
- 4.5.3 CSOs will record all complaints and allegations made.
- 4.5.4 CSOs will regularly consider complaints and allegations and their outcomes to inform policy and practice improvement where appropriate.

4.6 Occupational health and safety

- 4.6.1 The CSO will provide a safe working environment for staff, carers and volunteers.
- 4.6.2 The office premises used by the CSOs should be suitable and appropriate for the purpose of the service.
- 4.6.3 CSOs will ensure office premises have effective information technology, communication and security systems.
- 4.6.4 CSOs must have policies and procedures governing occupational health and safety that comply with the relevant legislation (refer to the reference guide under *Occupational health and safety*).

5. Organisational requirements

Principle statement

The philosophies, practices and organisational structures of the CSOs delivering home-based care must support the provision of high-quality care for children.

Summary of expectations

CSOs must have philosophies, practices, management and an organisational structure that supports providing high-quality home-based care, the responsible use of funding, compliance with reporting requirements and ongoing quality improvement.

Program requirements

5.1 Service management

- 5.1.1 CSOs will comply with all Commonwealth, state and local government legislation and regulations applicable to their activities.
- 5.1.2 The CSO maintains effective governance policies that clearly document roles and responsibilities and delegations of authority for the governing body, management, staff and carers, and defines acceptable behaviours and practices.
- 5.1.3 Selection policies and procedures are aimed at recruiting board members with the skills, professional expertise, cultural competence and knowledge to fulfil the board's role. A code of ethics is in place for the board of management including procedures to manage conflicts of interest.
- 5.1.4 People involved in managing CSOs will have the necessary management, financial and business skills to manage the work efficiently and effectively.
- 5.1.5 People involved in managing CSOs will have the necessary knowledge and experience of home-based care to work in a professional manner in the leadership of staff. CSOs will ensure systems are put in place to determine priorities, monitor workloads and assign tasks to appropriate staff.
- 5.1.6 Policies, processes and practice guidelines are in place to promote the cultural competence of the board, management, staff and carers.
- 5.1.7 CSOs will adopt sound management practices that support effective service delivery, maximise positive outcomes for children and acknowledge the carer's role.
- 5.1.8 The roles, responsibilities and delegations of authority of the board, management, staff and carers are documented and available to staff, carers and the department.

5.2 Financial viability and reporting

- 5.2.1 CSOs will manage their financial resources in a responsible, accountable and prudent manner that maintains financial and organisational viability.
- 5.2.2 CSOs will comply with financial accountability requirements for funding received and submit the required financial reports in a timely fashion.
- 5.2.3 CSOs will adhere to all reporting requirements stipulated in the funding and service agreements (refer to the reference guide under *Service agreement*).
- 5.2.4 CSOs will collect, collate and submit minimum datasets and financial monitoring data in compliance with departmental requirements.
- 5.2.5 CSOs will use administrative systems and practices that adequately support staff to undertake effective service delivery.
- 5.2.6 CSOs will ensure financial management and accounting practices meet Australian accounting standards and are aligned with the organisation's vision, strategic plan and goals.

5.3 Service agreement, monitoring and review

- 5.3.1 CSOs are required to deliver services in line with their service agreement with the department. Performance reporting and monitoring forms part of the agreement.
- 5.3.2 CSOs are required to regularly report on their service outputs through data collection and other reporting requirements as detailed in their service agreement. The specific requirements for monitoring, review and reporting are set out in the service agreement (refer to the reference guide under *Service agreement*).

The *Department of Human Services monitoring framework* is made up of three components:

- ongoing core monitoring
- an annual desktop review
- possible service review, where the desktop review indicates matters or issues requiring further attention.

5.4 Quality assurance standards

- 5.4.1 CSOs providing out-of-home care services are required by the Children, Youth and Families Act to be registered and meet quality standards.

Services of the highest quality are required to provide children with their right to safety, stability and healthy development. Registered services may fall within or across any of the three categories listed below:
 - out-of-home care services
 - community-based child and family services
 - prescribed services (there are currently no prescribed services).
- 5.4.2 CSO programs and services are expected to have systems in place to maintain quality service delivery and promote positive outcomes for clients.
- 5.4.3 CSOs will be externally reviewed against the *Department of Human Services Standards* once every three years by one of a panel of independent review bodies endorsed by the department.

Section 5: Organisational requirements

- 5.4.4 CSOs providing out-of-home care will also have governance and management systems reviewed using the standards of the independent review body.

The *Department of Human Services Standards*, implemented from 1 July 2012, are a single set of service delivery standards for a range of programs funded by the department to provide services to clients.

The *Department of Human Services Standards* are summarised as:

- **empowerment:** people's rights are promoted and upheld
- **access and engagement:** people's right to access transparent, equitable and integrated services is promoted and upheld
- **wellbeing:** people's right to wellbeing and safety is promoted and upheld
- **participation:** people's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

•
Where a CSO receives funding of \$100,000 (indexed annually) or less per annum from the department for activities in scope of independent review, it may, with the approval of the department, undertake a self-assessment rather than an independent review of its compliance with the standards. See Department of Human Services Standards Policy for current funding threshold.

The *Department of Human Services Standards* enable programs and services to both internally assess strengths and use emerging practice to reflect on and refine the way services are delivered, and to have an external critique of its service delivery that builds community confidence.

The *Department of Human Services Standards evidence guide*, December 2011 notes that reviewers will examine a service provider's systems, policies and practices to ensure they reflect the program requirements.

Appendix 1: Home and environment check (*Step by Step Victoria*)

This assessment tool is part of the mandatory foster carer *Step by Step Victoria* (and *Step by Step Aboriginal assessment tool*) assessment package. It will assist the CSO to make an assessment about a potential foster carer's capacity to provide a safe and nurturing environment for children in their home. The tool is used in an initial assessment, for a change of address or in an annual review. This tool will prompt the CSO and potential carer to jointly identify possible areas of risk, engage in discussion and collate information, and will also prompt the carer to address any concerns. A common sense and collaborative approach is required. Foster care staff trained in using these materials may access the full *Step by Step Victoria* package (and the *Step by Step Aboriginal assessment tool*) by clicking on the following link:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>

Factors	Requirements	Issues to consider (not exhaustive)
General home environment	<p>The carer's home and property must be safe, hygienic and appropriately furnished in line with community standards and expectations.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blind and curtain cords are secured and out of reach of children <input type="checkbox"/> Areas where people may possibly trip over, for example, steps, loose cables or cords, are made safe <input type="checkbox"/> Glass doors have safety glass or marking stickers <input type="checkbox"/> Electric socket covers are fitted (if there are small children in the family) <input type="checkbox"/> Safety locks are fitted on lower cupboards (if applicable) <input type="checkbox"/> Food is appropriately and hygienically stored <input type="checkbox"/> Stairs are fitted with safety gates (if applicable) <input type="checkbox"/> Banisters are adequately secured (if applicable) 	<ul style="list-style-type: none"> • Overall cleanliness • Appropriate property maintenance (without the need for '<i>Urgent repairs</i>' – see glossary) • Security of the home • Living environment including outdoor areas are appropriate for the age and needs of the child
Smoke-free environment	<p>CSOs will ensure all children in home-based care reside in a smoke-free environment. Carers and their families must not smoke in their home or car while a child is in their care.</p> <p>CSOs will ensure potential carers are made aware of this requirement prior to commencing an assessment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> No smoking in the home while the carer is engaged in active care-giving responsibilities <input type="checkbox"/> No smoking in the car while the carer is engaged in active care-giving responsibilities <input type="checkbox"/> The external area used for smoking does not contaminate the internal environment of the home <input type="checkbox"/> Cigarette butts are disposed of safely, with ashtrays not accessible to children 	<ul style="list-style-type: none"> • Secure storage of cigarette lighters and matches

Factors	Standards	Issues to consider (not exhaustive)
Sleeping arrangements and privacy	<p>Sleeping arrangements for a child must be age appropriate and meet the child's individual needs, including when a child shares a bedroom.</p> <p>The following are the details of the child's bedroom:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Own bedroom <input type="checkbox"/> Shares a bedroom with <input type="checkbox"/> Space for appropriate furniture and storage <input type="checkbox"/> Privacy and safety available for the child <input type="checkbox"/> Space to lock or secure belongings 	<ul style="list-style-type: none"> • Are there enough beds? • Do beds and cots comply with Australian safety standards? • Is the linen clean and appropriate to the climate? • Are infant sleeping arrangements in line with SIDS safe sleeping recommendations?
Equipment and furniture	<p>All equipment and furniture used by a child must be safe, stable and appropriate and must comply with Australian safety standards where they exist (information can be sourced from www.consumer.vic.gov.au > <i>Banned & Regulated Products > Toy and Nursery Safety Line</i>).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Space and opportunity for play indoors and outdoors <input type="checkbox"/> Cots, high chairs, prams, pushers and other relevant equipment used for infants and toddlers are safe and stable and comply with Australian safety standards <input type="checkbox"/> Furniture, toys and recreational equipment are safe and stable <input type="checkbox"/> The sandpit has a cover <input type="checkbox"/> Play equipment is appropriate for the age of the children the foster carer is wanting to care for <input type="checkbox"/> Toys or objects that are unsuitable for a younger child are able to be safely stored out of their reach <input type="checkbox"/> The top bunk be is fitted with a safety rail 	<ul style="list-style-type: none"> • Are bunk beds safe and used age appropriately? • Are there any concerns about the outdoor play equipment including trampolines and swings? • Is the play area safe from cars reversing out of the driveway?
Hazardous and dangerous materials	<p>CSOs will ensure that hazardous or dangerous materials in a carer's home, including any materials that may be used as inhalants, will be securely stored and will not be accessible to children.</p> <p>Safe storage of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Utensils and sharp knives <input type="checkbox"/> Dangerous materials, garden chemicals, cleaning fluids, medicines and alcohol <input type="checkbox"/> Machinery and other equipment <input type="checkbox"/> Aerosol and toilet tablets (not stored next to a toilet) 	<ul style="list-style-type: none"> • The backyard, garages, sheds • Are electrical and gas appliances including heaters and barbecues safe?

Factors	Standards	Issues to consider (not exhaustive)
Fire safety	<p>CSOs will comply with the most current departmental fire risk management guidelines to ensure children are appropriately protected from the risk posed by fire (refer to the Funded Agency Channel at http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/5.departmental-policies-and-procedures/5.1-fire-risk-management).</p> <p>The carer's home must be fitted with smoke detectors and, where the CSO considers appropriate, fitted with fire blanket and fire extinguishers.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Smoke detectors installed and working <input type="checkbox"/> Doors and windows can be easily opened in the event of fire <input type="checkbox"/> Fire blanket and fire extinguisher is fitted (as per CSO policy) <input type="checkbox"/> An appropriate fire evacuation plan is in place <input type="checkbox"/> There is safe storage of matches and lighters <input type="checkbox"/> Open fires have fire guards fitted 	<ul style="list-style-type: none"> • Refer to the CSO policy on fire risk management. • Is this a bushfire-prone area? Refer to www.cfa.vic.gov.au. • Is the evacuation plan practiced and reviewed on a regular basis?
Vehicles	<p>Carers' vehicles must be registered and bolts for seat restraints must be fitted correctly.</p> <p>All children under 12 in foster care are required to sit in the back seat of a vehicle. All car seats used by a child must be fitted correctly, age appropriate and meet Australian safety standards. See http://www.vicroads.vic.gov.au/Home/SafetyAndRules/SaferVehicles/ChildRestraints/</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bolts for seat restraints are correctly fitted by an authorised service <input type="checkbox"/> Sufficient room and a seatbelt is available in the family vehicle for the extra child <input type="checkbox"/> The vehicle is registered and roadworthy <input type="checkbox"/> The vehicle is insured <input type="checkbox"/> A first aid kit is available in the vehicle 	<ul style="list-style-type: none"> • Does the carer have a current driver's licence?

Factors	Standards	Issues to consider (not exhaustive)
Fencing	<p>Perimeter fencing on a carer's property must restrict a child's access to hazards, such as access to roads. Fencing for swimming pools (including spas) must comply with relevant legislation and not prove a hazard for children (www.buildingcommission.com.au > Swimming Pools & Spas or contact your local council for the current guidelines). Access to other waterways, dams, creeks, rivers, ponds and water features must not prove a hazard for children. It is acknowledged that this will require careful consideration by CSOs for carers living on farms or large properties. Where completely restricted access to waterways is impracticable, carers will be required to provide vigilant supervision of children.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Play areas are safely fenced <input type="checkbox"/> Fencing for pools and spas complies with relevant legislation <input type="checkbox"/> Access to other waterways, rivers, creeks, ponds, dams, farm-effluent ponds and water features do not present a hazard for children <input type="checkbox"/> Gates can be locked and secured 	<ul style="list-style-type: none"> • Is all fencing secure?
Pets or animals	<p>Pets or animals kept by a carer must not present a risk to children in a placement. The CSO must assess where pets and animals must be kept in areas not accessible to children.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate and hygienic feeding, sleeping and waste disposal for pets or animals <input type="checkbox"/> Fish tanks placed appropriately according to the age of the child <input type="checkbox"/> Pets or animals kept by a carer do not present a risk to children in placement <input type="checkbox"/> Carers have the capacity to secure animals away from children if required 	<ul style="list-style-type: none"> • Are dogs a restricted breed or have they been declared dangerous or menacing?
Firearms	<p>Carers who have a firearm must comply with relevant legislation (www.legislation.vic.gov.au > Acts > Firearms Amendment Act 2007 or contact your local police station for relevant guidelines) in relation to safe storage of firearms and cartridge ammunition and must have a current firearms licence, which has been viewed by the CSO.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carer has a current firearms licence, which the assessor has seen <input type="checkbox"/> Firearms and cartridges are adequately stored in separate lockable locations 	<ul style="list-style-type: none"> • Are all firearms registered and within the categories listed on the firearms licence? • Are spear fishing guns, crossbows and other dangerous sporting equipment stored securely?

Appendix 2: Kinship care annual review tool

Kinship care 12-month placement review

A formal review of long-term kinship care arrangements for children/young people – Complete in consultation with the extended family and, where appropriate, with the relevant kinship care placement provider.

The kinship care placement review is designed to assess issues such as attachment and bonding, nurturing and the extended families' commitment to the kinship care placement.

The aims of the kinship care placement review are:

1. to assess if the placement is meeting the child/young person's safety, stability and development needs
2. to identify what supports might be required to maintain the placement.

The review may also be used as an opportunity to update information requested in Part A and Part B of the kinship carer assessment report.

A copy of Part A and Part B of the kinship carer assessment report must be read before completing this review. A copy of all reports should be placed on the hard copy of the child/young person's file.

Within 12 months of the date of the child/young person's placement with their kinship carer(s), and every 12 months thereafter, for so long as the child/young person remains a client of Child Protection, Child Protection or the contracted CSO (where applicable) is responsible for reviewing the progress of the kinship care placement and stability plan for the child/young person.

Kinship care 12-month placement review

1. Placement review

Child protection worker name		Child protection region	
Community kinship care service		Community kinship care service worker name	
Placement review compiled by		Review dates	
Persons interviewed			
Other sources of information			
Is an interpreter required to help complete this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and contact details of interpreter <i>if applicable</i>	
Next court hearing dates			

2. Placement history

- (a) When did the current placement commence?
- (b) During the past 12 months, what has been the frequency and type of contact that Child Protection has offered:
- (i) the child/young person
 - (ii) the carer(s)
 - (iii) the mother
 - (iv) the father
 - (v) extended family
- (c) During the past 12 months, what has been the frequency and type of contact that the kinship care service (if applicable) has offered:
- (i) the child/young person
 - (ii) the carer(s)
 - (iii) the mother
 - (iv) the father
 - (v) extended family
- (d) Prior to this current placement, did the child/young person have any other out-of-home care placements? If, yes, how many and with whom? Yes No

- (e) During this current placement, was the child/young person ever re-unified with their parent(s)? Yes No

If yes, how many re-unifications occurred and when?

- (f) Has the kinship carer(s) been given details of the child/young person's placement history? Yes No

If no, why not?

Any additional comments regarding placement history:

3. Review of people in the household

3.1 People in the household (if the property where the child/young person will reside includes an on-site bungalow or caravan, include any tenant(s), lodger(s) or boarder(s) in the criminal record check (only complete if the household makeup has changed or if there is a new tenant, lodger or boarder).

Person in the household	Sex	DOB	Aboriginal or Torres Strait Islander	Relationship to child/young person	Will the person provide care to the child/young person? (*such as babysitting, transport, help with homework) 4(YES/NO)

If a new primary kinship carer is identified, a comprehensive kinship care assessment, (kinship care assessment Part B), needs to be completed with this carer.

CRIMINAL RECORD CHECK

Information of police check requirements is available online through the Child protection policy and practice manual advice no. 1524: Criminal records check.

- (a) Have all new carers, household members or overnight visitors been interviewed for suitability? Yes No

- (b) Has a criminal record check been undertaken on any new carer(s) and on new household members aged 18 years or older who reside in the house or sleep there overnight? Yes No

- (c) Has the child/young person been residing with the carer(s) for three years or more? Yes NO

If yes, a new criminal record check needs to be undertaken on the carer(s) and on all household members aged 18 years or older who reside in the house or sleep there overnight.

- (d) Have any criminal convictions been identified in the criminal record check? Yes No
If yes, explain:

*Refer convictions identified via the criminal records check to the regional director through the child protection manager and the community care manager or equivalent. **The placement must have the Regional Director's approval to proceed. All category 1 offences must have the Executive Director's***

⁴ Not everyone who resides in the household will necessarily be one of the child/young person's carers. Those who will play a carer role need to be clearly identified.

approval for the placement to proceed.

4. CRIS record and home and environment check

As a matter of good practice, the carer(s) and household member(s) should be informed that Child Protection will be checking its records.

(a) CRIS check on any new carer or household member reviewed on:
Refer to Q 2 in Part A

(b) Home and environment check reviewed on:
Refer to Q 4 in Part A

5. Current living arrangements and access plan

(a) Contact/visitation with parents, siblings, grandparents and other extended family members:

With whom	Number of visits in the past 12 months	Method (such as supervised, location)
-----------	--	---------------------------------------

Comments (such as quality, difficulties, safety concerns)

With whom	Number of visits in the past 12 months	Method
-----------	--	--------

Comments (such as quality, difficulties, safety concerns)

With whom	Number of visits in the past 12 months	Method
-----------	--	--------

Comments (such as quality, difficulties, safety concerns)

(Add additional lines as required)

(b) Are there any family members who the child/young person was close to who have not had contact with the child/young person? If so, who? Why has there been no contact? Is action required?

(c) What are the attitudes of the child/young person, parent(s), carer(s) and extended family about the child/young person's living arrangement and current contact plan?

- (i) Child/young person
- (ii) Mother
- (iii) Father
- (iv) Carer(s)

- (i) Child/young person
- (v) Extended family (specify who)

6. Interactions and family relationships

(a) What have been your observations of the interaction patterns between:

- (i) The child/young person and his/her mother
- (ii) The child/young person and his/her father
- (iii) The child/young person and his/her carer(s)
- (iv) The child/young person and the extended family (including siblings)
- (v) The child/young person and household members and regular visitors

(Include the mood, attitudes and behaviour the individuals display towards each other.)

(b) Who does the child/young person feel closest to now? How can you tell?

(c) Does the child/young person have any problems or difficult relationships in the household? Explain.

7. Interactions and family relationships

7.1 Best interests

- (a) Is the ongoing placement of the child/young person with the kinship carer(s) consistent with the agreed case plan for the child/young person, and will it be in the best interests of the child/young person? Yes No

Comments:

7.2 Cultural connectedness

(a) How have the parent(s), carer(s) and extended family been helping the child/young person maintain his or her cultural identity?

(b) During the past 12 months, what child/young person's memorabilia has been collected by the carer(s), parent(s) and extended family?

- (i) Who is safely storing this information for the child/young person?

7.3 Health

- (a) Have any additional health issues arisen since the comprehensive assessment was completed? Yes No

Current health:

- (i) Medical/physical Yes No

Comment on status:

- (ii) Behavioural/developmental needs Yes No

Comment on status:

(iii) Emotional needs Yes No
 Comment on status:

(iv) Mental health Yes No
 Comment on status:

(b) What is the carer(s) understanding and response to the child/young person's health needs?

(c) What assistance (if any) is needed to support the carer(s) to meet the child/young person's health needs?

For more detailed guidance on health issues that may need to be addressed see Looking After Children record 'Child/young person's care and placement plan'.

7.4 Education

(a) How is the child performing at school, both academically and socially?

(b) Have any additional educational issues arisen since the comprehensive assessment was completed? Yes No

(i) Child/young person's perspective

(ii) Carer(s) perspective

(iii) School's perspective

(c) If learning, behavioural or special needs have been identified, comment on what the child/young person's education support plan is and how the childcare/school and carer(s) have been supporting the child/young person.

7.5 Sport, music and recreation

(a) Is the child/young person involved in any sporting, musical or recreational activities? Explain what activities the child/young person is involved in. If the child/young person is not involved in any activities, comment on what support the carer(s) and the support services can provide to help the child/young person's engagement with sport, music and recreational activities. Yes No

8. Carer(s)

(a) How is the carer(s) coping with the care of the child/young person? (Both from the carer(s) perspective and from the agency/Child Protection's perspective)?

(b) During the past 12 months, has there been a change in the kinship carer's circumstances? Yes No

If yes, provide details about the implications these change of circumstance might have for their role as a carer:

- (c) How does the carer(s) describe his or her attachment and relationship with the child/young person?
- (d) What three words would the carer(s) use to best describe the child/young person's temperament/personality? (Ask for at least one example that illustrates what they mean.)
- (e) What gives the carer(s) most satisfaction and joy about their relationship with the child/young person?
- (f) What (if anything) does the carer(s) wish they could change about their current relationship with the child/young person? *Imagine if the placement was going beautifully, what would be different? How/what would you notice?*
- (g) Does the carer(s) feel that their relationship with the child/young person has changed over the past 12 months? If yes, how?
- (h) Ask the carer(s) to tell a favourite story about the child/young person (something that has happened during the past 12 months). What do they like about this story?
- (i) Ask the carer(s) to look ahead towards the next 12 months, what do they think will be the most difficult time in the child/young person's development? How might the carer(s) be able to help the child/young person?
- (j) Are there any experiences that the child/young person has had in the past 12 months that the carer(s) feels may have set him or her back?
- (k) What has the carer(s) learnt to do 'more of' with the child/young person? What has the carer(s) learnt to do 'less of' with the child/young person? What is the carer(s) most proud of? What do they think the child/young person is most proud of?
- (l) What impact has the placement had on the carer's immediate family?
- (m) What impact has the placement had on the carer's relationship with their extended family?
- (n) How has the carer's relationship changed with the birth parents?
- (o) How does the carer's think the child/young person feels about their birth parents and about the placement?
- (p) Give details of any carer's support needs identified that may not be met by the current placement agreement.

9. Working relationships

- (a) What is the carer's working relationship with the kinship placement support agency and Child Protection (both from the carer's perspective and from the agency/Child Protection's perspective)?

- (b) What kinship resources and agency services has the carer(s) accessed since the child/young person was placed with them? Determine if other referrals have been made that were not used, and whether the family needs help to engage with these services.

10. Finance

- (a) Is the carer(s) experiencing any financial pressure? If so, what support can be offered?

- (b) What financial concerns does the carer(s) have for the next 12 months?

Summary and analysis

List the benefits/strengths of this placement known at this time:

List the risks/vulnerabilities and stress points known at this time:

(1) Does a specific weakness or risk make the placement unsuitable? Yes No

Comment:

If yes, does this need further investigation? Yes No

(2) Are the above benefits greater than the stresses/risks in the long term (next 12 months)?

Yes No Possibly

Comment:

If YES to (1) or NO/POSSIBLY to (2) , speak to your team leader or a CPW4 to seek advice from the unit manager and/or principal practitioner to determine if further investigation is required, if the placement is approved, or whether the assessment suggests that the placement is unsuitable.

LIST the resources required for the placement TO CONTINUE, and who will provide these:

CHILD/YOUNG PERSON

CARER

ONGOING PLACEMENT APPROVED / NOT APPROVED (CIRCLE ONE)

Signed:

Child protection worker

Team leader / CPW4

Date:

Signed:

Child protection unit manager

Family group convenor
(If applicable)

Date:

Glossary

Aboriginal:	A person of Aboriginal descent. The term Aboriginal within this document includes Aboriginal and Torres Strait Islanders.
Aboriginal Child Specialist Advice and Support Service:	This refers to the service specifically funded by the department to provide an Aboriginal perspective of risk and good care for all Aboriginal children who have been notified to Child Protection. The ACSASS is a funded service that carries out the operational roles and responsibilities and obligations of the Victorian Aboriginal Child Care Agency (VACCA) under section 2 of the protocol between the department and VACCA.
Aboriginal kinship care:	Aboriginal kinship care is provided by relatives or friends for an Aboriginal child who cannot live with their parents, where Aboriginal family, community and Aboriginal culture are valued as central to the child's safety, stability and development.
Babysitting:	Babysitting is considered occasional child minding and is usually for a period of hours at a time. Babysitters are not formally assessed and approved carers, and are not eligible for carer reimbursement. The frequency, duration and assessment of the suitability of the babysitting arrangements will be determined by the carer and CSO. Referral to the Child Protection Practice Manual Advice regarding <i>Participation in excursions, activities and overnight stays with friends</i> may assist with this determination.
Best interests framework:	The <i>Best interests framework</i> presents the best interests principles in a coherent framework to assist professionals to apply the principles in their day-to-day practice.
Best interests principles:	The best interests principles apply to the Children's Court, Child Protection and CSOs operating under S.10 of the Children, Youth and Families Act. The Act provides that action must be taken to protect a child from harm, protect their rights and promote their development in age-appropriate ways. From this foundation additional consideration must be given to supporting and assisting families to keep children safe and meet their needs, promoting children's stability and promoting a child's cultural identity.

Care and placement plan (care plan): A care and placement plan (or care plan) records the detailed day-to-day arrangements for the care of the child. It identifies how their long and short-term needs will be met and sets out the strategies in place for who must do what and by when in order for the child's needs to be met while in placement.

The purpose of a care plan is to ensure all children in out-of-home care have a clearly developed plan that addresses their needs and all parties concerned with the care of the child are clear about what they are expected to do to achieve the plan. The care plan will be developed by the care team, will be lead by the CSO and is consistent with and a component of the case plan.

Care and transition plan: The *Looking After Children* care and transition plan is used instead of a care and placement plan for children aged 15–18 years and is developed and updated by the care team.. This plan aims to capture the aspirations, individual needs and supports required for children as they transition into adulthood. It aims to prepare children to the best of their abilities for leaving care and for the expiry of a Children's Court order.

Care team: 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 CSO worker who leads the care team, the case manager (the child protection worker or a CSO worker is the case is contracted), the child's carer and parents (as appropriate).

The care team shares responsibility for assessment, planning and care. The members of the care team implement the tasks within the care plan and will ensure the child may have age and developmentally appropriate input into decisions. The child is not a regular member of the care team, given the purpose of the care team is to make decisions about the care of a child that a parent would ordinarily make.

Carer: Carers are approved volunteer foster and kinship carers who care for children in their own home.

The term 'carer' used in the program requirements may refer to one or more adult members of the household.

Carer register: Section 80 of the Children, Youth and Families Act requires the department to keep a register of out-of-home carers. It requires CSOs to ensure all foster and family options carers that are assessed

and approved as suitable are entered and removed from the carer register within the legislated timeframes.

Carer reimbursement:

Carer reimbursements provide a financial contribution towards the ordinary costs associated with the care of a child. The reimbursement is not considered a 'payment' for being a carer and is not a source of income. Carer reimbursements are designed to contribute to (but are not limited to) household goods and services, food, transport, fuel, health and educational needs and personal care items (clothing, pocket money, gifts and entertainment).

Carer reimbursement helpdesk:

The carer reimbursement helpdesk is responsible for Statement of values and principles and processing reimbursements once a request has been approved. Staff and carers may contact helpdesk staff on 1300 552 319 for queries concerning payment start and cease dates, special allowances, and amounts due. Helpdesk staff are not able to make decisions about eligibility or increasing reimbursement amounts.

Case manager:

This is the person allocated the primary responsibility of overseeing implementation of the child's case plan direction, goals and tasks. This can be either a departmental or CSO employee.

Case plan:

The case plan is the formal plan endorsed during a statutory case plan meeting, which sets out general and specific goals to be worked towards for the child in the coming year.

Case planning meetings should usually include the child, their parents, the carer, the CSO worker (foster or kinship care) and the child protection worker. Sometimes extended family members and additional support services will attend these meetings. The meetings are always chaired by a child protection case planner.

The case planner is an employee of the department to whom case planning responsibility has been delegated. Such employees are typically employed at a child protection unit manager level or above.

For further detail in relation to case planning please refer to the advice in the Child protection policy and practice manual at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-protection-practice-manual-online>

Child:	A child or young person aged 18 years or younger who is residing in a home-based care placement.
Child Protection:	Statutory child protection services delivered by the department, in accordance with the Children, Youth and Families Act.
Child protection system:	The system of services provided to protect children from the risk of abuse or neglect. This includes services delivered by the department, CSOs and other agencies and professionals.
Children, Youth and Families Act 2005:	Victorian legislation that governs the way the Children's Court, Child Protection and community-based services make decisions in relation to the care of children.
Client:	Any child who resides in a home-based care placement. The majority of children referred to home-based care are the subject of protective services intervention. A small percentage of children enter the system on a voluntary basis subject to a child care agreement.
Collection notice:	<p>A collection notice (or privacy statement) must be included on every form where information is collected about an out-of-home carer. The collection notice informs prospective and current carers that the information they provide, including personal information, may be disclosed to the department if required. The collection notice should be tailored to reflect the specific purposes for which the information is being collected. For consistency with the <i>Information Privacy Act 2000</i> a collection notice needs to include information about:</p> <ul style="list-style-type: none"> • the purpose for which information is being collected • the consequence if information is not provided • the individuals or organisations (including the department) to whom information is likely to be disclosed • any law that requires the information to be collected • the identity of the organisation, who to contact to access the information, and the applicant's right to access the information.
Community service organisation (CSO):	A registered non-government organisation funded by the Department of Human Services to deliver home-based care (foster or kinship care) services.
CRIS:	The Client Relationship Information System is the electronic client and case record management system used by Child Protection and Disability Services and by CSO staff with case contracting responsibilities.

CRISSP:	The Client Relationship Information System for Service Providers is the electronic client and case record management system used by all CSOs providing out-of-home care.
Cultural competency:	Cultural competence is a set of behaviours, attitudes and policies that come together in a system, organisation or among professionals to enable them to work effectively in a cross-cultural situation.
Cultural safety:	An environment that is welcoming, safe and respectful of a child's culture and identity.
Cultural support plan:	<p>The Children, Youth and Families Act requires a cultural support plan to be developed for each Aboriginal child subject to a guardianship to the Secretary order or a long-term guardianship to the Secretary order.</p> <p>Good practice is that a cultural support plan should be developed and continually reviewed for all Aboriginal children placed in out-of-home care, whether placed with Aboriginal carers or non-Aboriginal carers, to ensure the maintenance of the child's connections to their family, community and culture.</p> <p>A cultural support plan addresses:</p> <ul style="list-style-type: none"> • the identity of the child's traditional Aboriginal community • the continuing efforts to identify a suitable placement within the child's extended family or Aboriginal community • the involvement of the child's family and extended family in cultural support, placement planning and decision making • the maintenance of contact between the child and members of their family, extended family and community • establishing or maintaining links with Aboriginal services • ensuring the child's participation in cultural and community events.
Custodian (custody):	A legal custodian is responsible for the care of the child. When a <i>custody to the Secretary</i> order is made, the department is the legal custodian of that child and guardianship rights remain with the parents.
The department:	The Department of Human Services.

Disability:

Disability in a person is defined in the *Disability Act 2006* as:

- a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof which –
 - (i) is, or is likely to be, permanent; and
 - (ii) causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and
 - (iii) requires significant ongoing or long-term episodic support; and
 - (iv) is not related to ageing; or
- b) an intellectual disability; or
- c) a developmental delay.

Disclosable record:

In Victoria, police have an information release policy that governs what information is released in a police check. The release of information may take into account the age of the police record, the purpose for which the information is being sought and the relevance of the criminal history. This is called the disclosable record. Disclosable records include all court outcomes that are findings of guilt.

Any disclosable records, court outcomes, outstanding charges or other information gained from a police check will be a key factor in relation to assessing risk to a child. An adverse police check result does not necessarily preclude a person from becoming a home-based carer; however, the assessment process will need to proceed in accordance with departmental police check policies.

Family options (alternative family placement)

These placements are funded by Disability Services and are home-based arrangements with an alternative family for children with a disability who are unable to be cared for by their families.

Foster care:

Foster care is the temporary care of a child within a home-based setting by an accredited, trained and registered foster carer. Foster care includes therapeutic foster care and adolescent community placement programs.

Foster carer:

Foster carers are volunteers who provide care for children in their own home. The term 'foster carer' used in this document may refer to one or more adult members of the household who have been assessed and trained, CSO panel approved and registered to provide foster care in Victoria.

Guardian (guardianship):

A legal guardian is responsible for all decision making regarding a child. When a *guardianship to the Secretary* order is made, the department is responsible for all decision making in relation to the child in the way that a parent is. The person with the day-to-day care of a child (a carer) makes routine decisions on a daily basis in keeping with the broad case planning goals for the child.

Home-based care:

The term 'home-based care' in the context of these standards refers to care provided by registered foster carers or kinship carers (statutory contracted arrangements) in their own homes for children unable to live at home due to risk of abuse and neglect.

Kinship care:

Kinship care is care provided by relatives or a member of a child's social network when a child cannot live with their parents. Statutory kinship arrangements usually occur as a result of Child Protection intervention and a subsequent decision being made to place a child with relatives or a friend. This may involve an order made by the Children's Court.

Private kinship care (sometimes called 'informal' or non-statutory' kinship care) describes those arrangements where children are cared for by relatives or friends without any Child Protection intervention.

These program requirements are relevant for statutory kinship care arrangements only including those which are case contracted or supported via the placement establishment support component of the model.

The placement establishment support component always involves a child protection referral and child protection case manager throughout the period of the CSO involvement. Further detail in relation to placement establishment support is available in the Department of Human Services, *Kinship care services: mainstream model* (November 2009).

For further detail in relation to contracted case management please refer to the advice in the Child protection policy and practice manual at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/child-protection-practice-manual-online>

Kinship carers:

Kinship carers are relatives or members of a child's social network who provide care for children in their

own home. The term 'kinship carer' used in this document may refer to one or more adult members of the household who have completed a pre-placement assessment and approval by Child Protection.

Life story work:

Life story work or 'life books' ensure information about a child's life prior to out-of-home care is readily available. Life story work then continues to record each child's 'story' while they are in care. Life books can take a range of forms including photo albums, folders, professionally published books, DVDs, videos or treasure boxes.

Children, carers, family members and workers will collect information, photographs, certificates and mementos and will record experiences that form a child's life story. Life story work is not a one-off activity but will continue until the child leaves care.

Natural justice:

The principles of natural justice concern procedural fairness and aim to ensure a fair decision is reached by an objective decision-maker.

Our Carers for Our Kids:

Our Carers for Our Kids is the pre-service training package for prospective Aboriginal and non-Aboriginal foster care applicants who apply to provide foster care of Aboriginal children. This package uses a selection of Aboriginal family stories to highlight how foster carers can provide safe and stable placements that meet the needs of Aboriginal children. *Our Carers for Our Kids* provides a Victorian Aboriginal equivalent to *Shared Stories Shared Lives Victoria*. The course consists of eight modules and complements and provides the context for using the *Step by Step Aboriginal assessment tool*.

Out-of-home care:

Out-of-home care includes kinship and foster care, residential care and lead tenant arrangements.

Police check:

A police check is a mandatory screening mechanism required by the department and CSOs prior to engaging a home-based carer or a staff member. A police check may also be referred to as a police record check, a criminal records check or a criminal history check, and can be national or international. The outcome of the police check will be considered as part of a suitability assessment of the applicant.

Policy:

A framework of principles that guides decision making and activity.

Procedure:

Written prescriptions of behaviours.

'Regularly' stay overnight:

'Regularly' will include any more frequently than monthly, will be of a normal or usual pattern, will be part of a routine, or for more than two nights in a row.

Please note this definition is an example to be used as a guide only. CSOs are required to make their own assessments on a case by case basis as to what is appropriate and what 'regularly' means for a particular person or placement when deciding whether to conduct a police check.

CSOs may refer to the Child Protection Practice Manual for advice on *Participation in excursions, activities and overnight stays with friends* <http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/delegations-and-consents/1469-participation-in-excursions,-activities-and-overnight-stays-with-friends> and apply the same assessment considerations as those outlined in this policy to assist with their decision making. If CSOs remain uncertain the relevant child protection case planner should be consulted..

Respite care:

Respite care is the time-limited, overnight placement of a child away from their primary carer. Respite care is formally arranged by the department, by CSOs with contracted case management in consultation with the department, or by CSOs in the case of a voluntary child care agreement. Respite carers are formally assessed and approved carers and are eligible for carer reimbursement.

Staff:

A paid worker (full time, part time or casual) employed by a CSO. This includes workers employed via an employment agency.

Shared Stories Shared Lives Victoria:

Shared Stories Shared Lives Victoria is the mandatory pre-service training course for all prospective foster carers (including adolescent community placements) in Victoria. The course consists of eight modules and complements and provides the context for use of *Step by Step Victoria*.

Stability:

Stability is a core dimension for considering a child's best interests. A child experiences stability through positive connections to their parents or other primary carers, family, friends, school, community and culture. These connections are made by developing and maintaining a child's key relationships through participation in the normal contexts of school, community and culture. All children need stability to

thrive, develop and learn. Research shows stability is a key factor in building resilience in children.

Stability is the concept used to summarise the cluster of considerations referred to in the Children, Youth and Families Act for determining the best interests of a child, in addition to the need to protect a child from harm, to protect the child's rights and to promote healthy development.

Stability plan:

A stability plan is a component of a formal case plan that outlines how a child will receive continuous, stable care away from home. A stability plan for an Aboriginal child must demonstrate compliance with the Aboriginal Child Placement Principle.

Step by Step Victoria:

Step by Step Victoria is the mandatory competency-based assessment package that includes tools and a clear framework for making assessments of foster care applicants based on evidence of their skills. It provides a systematic way to engage an applicant and guides the assessor to reach an informed decision about the applicant's suitability.

For further information please refer to the department's password protected *Step by Step Victoria* webpage at: <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>.

Step by Step Aboriginal assessment tool:

The *Step by Step Aboriginal assessment tool* is the Victorian Aboriginal equivalent of the *Step by Step Victoria* assessment tool. This tool is part of a package that provides a competency-based assessment framework and a systematic way to engage an applicant. The tool guides the assessor to reach an informed decision about the applicant's suitability.

For further information please refer to the department's password protected *Step by Step Victoria* webpage at: <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>.

Supervision:

This refers to support, direction and performance monitoring, including teaching, feedback, information provision and accountability functions, typically provided:

- to staff by a senior staff member
- to carers by a CSO worker.

Urgent repairs:

Urgent repairs, as defined in the *Residential Tenancies Act 1997*, means any work necessary to repair or remedy:

- a burst water service
- a blocked or broken lavatory system
- a serious roof leak (water penetrating into the dwelling)
- a gas leak
- a dangerous electrical fault
- flooding or serious flood damage
- a serious storm or fire damage
- a failure or breakdown of any essential service or appliance for hot water, cooking, heating or laundering
- a failure or breakdown of the gas, electricity or water supply
- an appliance, fitting or fixture that uses or supplies water and that is malfunctioning in a way that results, or will result, in a substantial amount of water being wasted
- a serious fault in a staircase (for example, loose treads and loose handrails) or any fault or damage that makes the property unsafe or insecure
- any damage of a prescribed class
- in addition to the above, any fault or damage that makes the property unsafe or insecure is considered an urgent repair.

Volunteer:

Unpaid person who voluntarily donates their time to working for a particular community service organisation.

Reference guide

The following guide provides useful and relevant documents, websites and resource materials on a range of issues.

Aboriginal children and families

Aboriginal child placement principle guide: for child protection and care workers (November 2002) can be found on the department website and the Department of Human Services Victorian Child Protection policy and practice manual:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/aboriginal-child-placement-principle-guide-2002>

<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/placement-of-aboriginal-children-and-young-people/1432-aboriginal-child-placement-principle>

Aboriginal cultural competence framework (November 2008) can be found on the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/children,-youth-and-family-services/aboriginal-cultural-competence-framework-2008>

Resources, including *Caring for Aboriginal and Torres Strait Islander children in out-of-home care*, can be purchased from the Victorian Aboriginal Child Care Agency. Refer to the website: <http://www.vacca.org/shop/>

Advice number 1060: *Cultural Support Plans* may be accessed via the Department of Human Services *Victorian Child Protection policy and practice manual*:

<http://www.dhs.vic.gov.au/cpmanual/practice-context/aboriginal-and-torres-strait-islander-children-and-families/1060-cultural-support-plans>

Protocol between the Department of Human Services child protection service and the Victorian Aboriginal Child Care Agency can be found on the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/dhs-and-victorian-aboriginal-child-care-agency-protocol-2002>

Access

Advice number 1426: *Access* may be accessed via the Department of Human Services *Victorian child protection policy and practice manual*:

Best interests case practice model

The *Best interests case practice model – summary guide* 2010 and related resources can be found on the department website and via the Department of Human Services *Victorian child protection policy and practice manual*:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-case-practice-model-summary-guide-2010>

<http://www.dhs.vic.gov.au/cpmanual/best-interests-case-practice/best-interests-case-practice-advice>

Bushfires

The *Department of Human Services emergency preparedness clients and services policy* can be found on the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/dhs-2010-11-bushfire-response-clients-and-services-policy>

Carer reimbursement

Queries regarding carer reimbursement *policy-related* matters should be directed to the Department of Human Services area placement coordination units.

Financial queries regarding carer reimbursements should be directed to the Department of Human Services Carer Reimbursement Helpdesk on 1300 522 319.

Charter for children in out-of-home care

The *Charter for children in out-of-home care*, together with resources to support embedding the charter into practice, can be found at:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/charter-for-children-in-out-of-home-care>

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/charter-for-children-in-out-of-home-care>

Charter for people in care relationships

For more information on the charter (Victorian) for people in care relationships please visit the Department of Health website:

www.health.vic.gov.au/agedcare/policy/carers

The *Carers Recognition Act 2012* can be found on the Victorian Legislation and Parliamentary Documents website:

www.legislation.vic.gov.au

Child protection policy and practice manual

The Department of Human Services *Victorian child protection policy and practice manual* contains advice accessible to CSOs and may be accessed at:

www.dhs.vic.gov.au/cpmanual

Children, Youth and Families Act 2005

The *Children, Youth and Families Act 2005* can be found on the Victorian Legislation and Parliamentary Documents website:

<http://www.legislation.vic.gov.au>

Department of Human Services Standards

The *Department of Human Services Standards (June 2011)* and the *Department of Human Services Standards evidence guide* December 2011 are available for download at:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>.

Education

The *Out-of-home care education commitment – a partnering agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria* outlines the agreed arrangements that apply to children and young people in out of home care who attend school.

Fire safety

The *DHS Capital development guideline* - Series 7 can be found on the following link: Refer to Section 7.7 and 7.11 for guidelines related to residential care.

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management-policy,-procedures-and-guidelines>;

Foster care

Department of Human Services foster care website:

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/kinship-foster-and-other-care/foster-care-information>

Home-based care handbook

The *Home-based care handbook (revised edition)* (2007) is available from the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/home-based-care-handbook>

Incident reporting

Critical client incident management instruction (2011), as well as other incident reporting forms and information, can be found online through the Department of Human Services Funded Agency Channel:

www.dhs.vic.gov.au/fac

Kinship care

Advice number 1435: *Kinship care and assessment* may be accessed via the Department of Human Services *Child protection policy and practice manual*:

<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/kinship/1435-kinship-care-and-assessment>

Department of Human Services, *Victorian Aboriginal kinship care model: program and funding guidelines* (May 2011)

Department of Human Services kinship care website:

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/kinship-foster-and-other-care/kinship-care>

Life story work

New South Wales Department of Community Services *Life story work* – an educational DVD (1999). This DVD is available as a component of the *Shared Stories Shared Lives Victoria* foster carer training material.

Looking After Children

Information and documentation for download related to *Looking After Children* can be found on the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac>

The *Looking After Children* guidelines for disability service providers can be found on the Department of Human Services website:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/looking-after-children-framework-for-disability-service-providers>

National standards

An outline of national standards for out-of-home care: a priority project under the National framework for protecting Australia's children 2009–2020,

<http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

Occupational health and safety

The *Occupational Health and Safety Act 2004* can be found on the Victorian Legislation and Parliamentary Documents website:

www.legislation.vic.gov.au

The Department of Human Services occupational health and safety information can be found online through the Department of Human Services Funded Agency Channel within the *Service agreement information kit for funded organisations*:

Our Carers for Our Kids

Our Carers for Our Kids training material is not available online. Please contact your Aboriginal community controlled organisation foster care program manager for further information.

Participation in activities

Guidelines for consent for participation of children and young people in out of home care in school excursions, camps and other non-school activities are available in the Department of Human Services *Victorian child protection policy and practice manual*:

<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/delegations-and-consents/1469-participation-in-excursions,-activities-and-overnight-stays-with-friends>

Guidelines for overnight stays for children and young people in out-of-home care (1 November 2007) are available in the Department of Human Services *Victorian child protection policy and practice manual*:

<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/delegations-and-consents/1469-participation-in-excursions,-activities-and-overnight-stays-with-friends>

Peak bodies

Foster Care Association of Victoria is the peak body for Victorian foster carers and foster carers who have converted to permanent care.

www.fcav.org.au

Kinship Carers Victoria is the peak body for all statutory and non-statutory kinship carers in Victoria.

www.kinshipcarersvictoria.org

Create Foundation is the peak body for children in out-of-home care in Victoria.

www.create.org.au/home

The Centre for Excellence in Child and Family Welfare is the peak body for registered community service organisations providing foster, kinship and residential care in Victoria.

www.cfecfw.asn.au

Police checks (criminal history checks)

Advice number 1524: *Criminal records check* may be accessed via the Department of Human Services *Victorian child protection policy and practice manual*:

<http://www.dhs.vic.gov.au/cpmanual/practice-context/child-protection-program-overview/1524-criminal-records-check>

The Department of Human Services *Police records check policy* can be found online through the Department of Human Services Funded Agency Channel within the *Service agreement information kit for funded organisations*:

Policy and funding plan

The *Department of Human Services policy and funding plan 2010–2012* can be found on the Department of Human Services website.

Privacy, confidentiality and communication

Advice number 1403: *Information sharing in out-of-home care* may be accessed via the Department of Human Services *Victorian child protection policy and practice manual*:
<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/overview-of-placement-of-children-and-young-people/1403-information-sharing-in-out-of-home-care>

For the *Department of Human Services privacy policy* please visit the Department of Human services website:

The *Health Act 1958* can be found on the can be found on the Victorian Legislation and Parliamentary Documents website.

Note: Information about HIV and AIDS is governed by a specific provision – section 128 of this Act.

The *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.

The *Information Privacy Act 2000* can be found on the Victorian Legislation and Parliamentary Documents website.

The *Charter of Human Rights and Responsibilities Act 2006* can be found on the can be found on the Victorian Legislation and Parliamentary Documents website.

Note: Information about the right to privacy can be found in section 13 of this Act.

Quality of care

The *Guidelines for responding to quality of care concerns in out-of-home care* is the primary reference to be used when a quality of care concern is raised. Please find a copy of these guidelines and other reference material on the Department of Human Services website:
<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/Guidelines-for-responding-to-quality-of-care-concerns-in-out-of-home-care>

Responding to allegations of physical or sexual assault – departmental instruction can be found online through the Department of Human Services Funded Agency Channel.

Record keeping

For further information and advice in relation to record keeping, and the retention and disposal of child protection and family services records please refer to:

Guideline 2: Managing records of outsourced activity 2010, Public Record Office of Victoria
<http://prov.vic.gov.au/government/standards-and-policy/all-documents>

Authority: Retention and disposal authority for records of child protection and family services functions 2009, Public Record Office Victoria can be found on the Public Record Office Victoria website:
<http://prov.vic.gov.au/government/disposal-and-transfer/retention-and-disposal-authorities>

'Who am I' Tip sheets and other resources, Centre for Excellence in Child and Family Welfare,
<http://www.cfecfw.asn.au/know/research-and-evaluation/sector-research-partnership/partnership-projects/out-home-care/who-am-6>

Service agreement (funding and service agreement)

The *Service agreement information kit for funded organisations* can be downloaded from the Department of Human Services Funded Agency Channel:
www.dhs.vic.gov.au/funded-agency-channel/home

Shared Stories Shared Lives Victoria

Shared Stories Shared Lives Victoria training material is not available on-line. Please contact your CSO foster care program manager for further information.

Fact sheet – Shared Stories Shared Lives Victoria and Step by Step Victoria (familiarisation training) and the *Fact sheet – Shared Stories Shared Lives Victoria and Step by Step Victoria (frequently asked questions)* are available on the Department of Human Services website:
<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>

Sudden infant death syndrome

Information on the 'SIDS and Kids safe sleeping' campaign can be found at:
www.sidsandkids.org/safe-sleeping

Specialist practice resources

Specialist practice guides provide advice on information gathering, analysis and planning, action, and reviewing outcomes in cases where specific complex problems exist or with particular developmental stages in children's lives. Current guides include information on child development and trauma, cumulative harm, adolescents and sexually abusive behaviour. The guides are available for download on the Department of Human Services website:
<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers>

Step by Step Aboriginal assessment tool

The *Step by Step Aboriginal assessment tool* is available online at the Department of Human Services *Step by Step* web page. These resources are available for staff to download and print as required. The site is password protected to ensure the material is only used by staff who have completed the relevant training.
<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>

Step by Step Victoria

Step by Step Victoria material is available online at the Department of Human Services *Step by Step* web page. These resources are available for staff to download and print as required. The site is password protected to ensure the material is only used by staff who have completed the relevant training.
<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/step-by-step-user-login-only>

Transitioning to adulthood (leaving care)

Information related to transitioning to adulthood and leaving care including access to various resources for download can be found on the Department of Human Services website at:
<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/leaving-care>

Advice number 1418: *Planning for leaving care* may be accessed via the Department of Human Services *Victorian child protection policy and practice manual*:
<http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/care-and-placement-planning/1418-planning-for-leaving-care>

Voluntary clients

The Administering child care agreements in voluntary out-of-home care handbook is available on the Department of Human Services Funded Agency Channel for registered users within funded organisations in the resource section and also on the Department of Human Services website.

Working with Children Checks

For information about applying for Working with Children Checks please visit the Department of Justice website:

www.justice.vic.gov.au/workingwithchildren

Other relevant resources

Victoria's vulnerable children: our shared responsibility directions paper is available on the Department of Human Services website.