

NSW FOSTER CARE
PROCEDURE MANUAL

2013

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HOW TO USE THIS MANUAL

As this document is procedurally driven, it is paramount that it is read in conjunction with the Marymead Operations Manual found at http://m-net/intranet/publish/mnet/Ops_Manual.php

This manual contains information and/or instructions pertaining to the day to day functions of the NSW Foster Care Program. It is important to note however that the Marymead Operations Manual should be used as the primary resource, as Organisational Policy and Procedures supersede program procedures.

1 DEFINITIONS

In this manual, the following definitions apply:

- ≠ **Care Plans** refers to legal plans developed by Community Services and approved by the NSW Children's Court;
- ≠ **Case Plans** refer to plans developed and reviewed by Marymead to monitor the progress of children or young people in the care of Marymead;
- ≠ **CFRU** refers to the Child and Family Referral Unit (CS department);
- ≠ **Child** (under 12yrs old) & **Young Person** (12 years old and above);
- ≠ **CS** refers to NSW Community Services (department of FaCS);
- ≠ **FaCS** refers to the NSW Family and Community Services;
- ≠ **NGO** refers to Non-Government Organisations;
- ≠ **Program Manager** refers to the Manager of NSW Foster Care at Marymead;
- ≠ **Staff** refers to Foster Care staff, as well as all staff at Marymead Child and Family Centre;
- ≠ **Team Leader** refers to the individual who directly oversees staff within the Foster Care Program

The Australian Institute of Health and Welfare (AIHW) definitions relating to living arrangements of children and young people are used in this manual, for consistency with a national approach to data collection.

- ≠ **Out of Home Care (OoHC)** is defined as when a child or young person is unable to remain in the care of his or her family and informal care arrangements are insufficient.
- ≠ This is distinct from **family care**, when a child or young person is living either with parents (birth or adoptive) or with relatives or kin who are not reimbursed for the care of the child or young person.

1.1 Types of care arrangements

Statutory care – the Children's Court has made an order requiring a child or young person to live with a person who is not their parent, in a place which is not their parental home, for a period in excess of 14 days or if the child is a protected person. It does not include care provided by a relative unless the Minister has parental responsibility. A protected person for the purposes of the Act includes a child who is a ward of the Supreme Court, a child who is under the parental responsibility of the Director-General while awaiting adoption, or a child for whom the Minister has parental responsibility under the *Family Law Act 1975*. Statutory OoHC orders are either interim or final orders.

Supported care – the Director-General forms the opinion that a child or young person is in need of care and protection, and that care is arranged and supported by the Director-General. It includes temporary care and other supported out-of-home care. *Temporary care* is where the family is supported to resolve issues concerning the child or young person's safety, welfare and wellbeing. Other supported out of home care is where an assessment by the Director-General determines that the child is in need of care and protection. Supported Agreements are a written agreement between the person with the parental responsibility for the child or young person (usually the birth parent)

and NSW Family and Community Services (FaCS), to allow an authorized carer to take on parental responsibility for the child or young person. The Agreement must state the period for which parental responsibility is shared. At first this should be for no more than three months; it is often less than this. If the Supported Care Agreement is extended, the time that the child or young person is in care cannot be more than six months in a twelve month period. The Act says that, where the child or young person is capable of understanding that they will be temporarily cared for by someone else, their views should be sought and considered. Also, if the young person is over school-leaving age (15 years or older) they must consent and sign the Agreement for it to go ahead.

Supported care may simply be circumstances in which FaCS assists the family for a period of time. Children or young people may remain in the family home or be in a kinship care situation.

Relative and kinship care – Children are placed in the home of relatives or kin who are their authorised carers. Most children and young people in out-of-home care are placed in this type of care.

Respite care – when arrangements are made by parents with an agency that generally does not involve FaCS. It is defined as out of home care provided on a temporary basis, usually for reasons other than for child or young person protection, for example, family support when parents are ill or unable to care for their child or young person for a short period of time. Respite care does not include emergency care provided to children or young people who have been removed from their home for protective reasons.

Respite care is for a limited time frame of up to 21 nights per annum per child. After that, Marymead is obliged to inform FaCS that the child has reached their limit and negotiate extra time if needed, as well as look at other interventions or supports for the family. The exception is when a carer is sick or there is an emergency.

Respite is also available to children in the Foster Care Program who have been removed from the home for protective reasons. The extent of respite is negotiated with the FaCS worker, is agreed at the Case Conference and incorporated into the Case Plan.

Emergency care - is provided to children whose families are in crisis for a period, usually not exceeding fourteen days. This is typically required as a result of child protection intervention, provided to children or young people who have been removed from their home for protective reasons. Emergency care is provided by foster carers who are able to accept placements on a 24 hour per day basis.

2 PROGRAM OVERVIEW

2.1 Program History

The NSW OoHC system has evolved incrementally as part of a broad tertiary-intervention focused Child Protection system. Following an enquiry in 2008 into OoHC lead by Justice Wood, the NSW State Government is implementing a key recommendation of the enquiry, transferring all children in Community Services Foster Care to NGOs. This process has resulted in the renegotiation and standardisation of all contracts for OoHC with NGOs. This transition has commenced and is expected to be completed by 2018.

In 2012 Marymead successfully applied for a tender with FaCS to expand its existing foster care services into the NSW Southern and Western regions. Prior to this, Marymead had provided Foster

Care services within the Australian Capital Territory for over a decade as a NGO contracted by the ACT Government.

2.1.1 Objectives and Strategies

The primary objective of Marymead's Foster Care Program is to provide temporary or long term care for children and young people in a family environment.

In providing care, the Foster Care Program staff, the foster family and the birth family need to work within Care Plans developed by Community Services and approved by the NSW Children's Court which address and respond to the individual needs of each child. Regular case planning reviews are also held by Marymead, where Case Plans are developed to monitor a child's progress in care. Many children will come from backgrounds of abuse and neglect. Foster care aims to provide all children with a safe, stable and caring environment to grow and develop until either family restoration can be effected, or where this is not possible, until they have reached an age where they can live independently.

The primary role of the Foster Care Program is to provide care for the child and to ensure effective case management is maintained.. It is important to acknowledge that the responsibility for family restoration in no way rests with the child. However, the foster care staff and the carers endeavour to show respect for the child's birth family and to encourage contact between child and family that is both safe and as comfortable as possible for the child and family, as identity is important for the child.

When family restoration is the goal for a child, both foster care staff and the foster family will work to support a smooth transition. Where restoration is deemed unsuitable by the NSW Children's Court, or seems unlikely, the Foster Care Program will seek to provide a permanent family home for that child, and will advocate on behalf of the child, to ensure that the child does not drift from placement to placement.

Marymead's belief, in line with NSW Legislation, that when children cannot live with their parents or family members, an alternate family placement is the next best option for the child. In such cases Marymead will still promote a positive relationship between the child and their birth parents wherever possible.

The Marymead Foster Care Program contract is based on a two-worker model, with a statutory authority worker from CS and a Marymead caseworker working with and for the child in need.

The role of the foster care program is to recruit, assess, train and support individuals and families who undertake to provide foster care. In doing so the aim is to find families to provide for children in need, and staff must be flexible in their approach to selecting, supervising and supporting families to care for children.

Foster care staff receive support, training and supervision to enable them to keep their work practices relevant, helpful and evidence-based. Staff work is guided by Marymead policy and procedures and the Collective Agreement. Foster Care NSW specific procedures are outlined in this manual, and by various policy and procedural guidelines issues by CS and the NSW Office of Children's Guardian.

2.2 Description of Roles

Program Manager

The Program Manager is responsible for the day-to-day management of the program including:

- ≠ ensuring adherence to the legal and contractual obligations;
- ≠ overseeing case management of clients;
- ≠ managing and supervising the team;
- ≠ staff recruitment and training;
- ≠ participating in strategic planning and evaluation of the program;
- ≠ liaising with key partners and relevant agencies;
- ≠ responsible for the program budget; and
- ≠ representing the program and Marymead in meetings and forums with key partners, including clients and their families, funding bodies, and the community at large.

The Program Manager will possess a degree in Social Work, Psychology or a related discipline with at least two years relevant experience in the human services at a supervisory or managerial level. The Program Manager will be responsible to and regularly supervised by the Director – Services for Children and Young People.

Team Leader

Team Leaders will be expected to carry a small caseload; however, their primary role will be training and supervision of casework staff including provision of regular clinical supervision, both individual and group.

The team Leader is responsible for supporting the program and staff, with tasks that include:

- ≠ Coordinating the transfer and assessment of CS Carers;
- ≠ Responding to referrals and enquiries;
- ≠ Undertake a limited load of complex casework with clients;
- ≠ Liaise Marymead programs and external agencies;
- ≠ Where necessary, provide therapeutic casework interventions for carer and birth families around issues affecting the care of the child or young person;
- ≠ Support caseworkers to respond to concerns raised by carer or birth families about the welfare of the child or young person, and work with them to resolve problems; and
- ≠ Ensure timely defusing or debriefing for carers who experience stressful incidents in the provision of care.
- ≠ Assist in the recruitment and induction of staff, in consultation with the Program Manager;
- ≠ Oversee the work of caseworkers to assure reporting compliance and the maintenance of client and carer files;
- ≠ Conduct formal line management, casework support and staff appraisals in accordance with the Operations Manual for allocated staff and students;
- ≠ Undertake other relevant duties as requested by the Program Manager;

The Team Leader will possess a degree in Social Work, Psychology or a related discipline with at least two years relevant experience in the human services at a supervisory or managerial level. The Team Leader will be responsible to and regularly supervised by the Program Manager.

Caseworker

The program will employ caseworkers; their role will include establishing and case management of placements, recruitment and training of carers, and support and supervision of carers. Caseworkers will be required to operate under the guidance of their Team Leaders and Program Manager, and within the Looking After Children (LAC) guidelines including arranging regular Case Conference meetings, and maintaining all required documentation.

Caseworkers will possess qualifications in psychology, social work or other relevant disciplines, and have experience in working with children and young people. Regular individual and group line management will be provided by the Program Manager and Team Leaders of the program. Regular professional supervision will be provided to case workers, preferably by staff from other programs, trained in providing professional supervision.

The ratio of caseworkers to children in foster care may vary from time to time. Currently the program operates on a ratio of one full time caseworker for up to ten children in care.

Administrative support

The program will employ one administrative support person. Duties will include:

- ≠ assisting with the administrative tasks within the foster care team;
- ≠ maintaining the on-call folder and weekly updates of on-call information;
- ≠ taking phone calls and handling enquiries relating to foster carer enquiries around finances;
- ≠ maintaining the carer list and children in care lists;
- ≠ assisting with the preparation of reports such as the monthly statistics and financial claims;
- ≠ assisting with the processing of fortnightly payments for carers;
- ≠ arranging reimbursements of contingency payments;
- ≠ arranging mail outs;
- ≠ printing and photocopying of LAC paperwork;
- ≠ assisting with the preparation of the carers' newsletter;
- ≠ coordination of training meetings, where applicable;
- ≠ working closely with Marymead's administrative team;
- ≠ archiving; and
- ≠ undertaking routine office tasks such as photocopying and other duties as required.
- ≠ Administrative Responsibilities

On Call

Foster Care staff will be required to participate in an on-call (after-hours) roster, divided amongst staff in the Foster Care Team. The purpose of on-call is to provide telephone support for foster carers, children and families, and to take referrals from CS outside office hours. Staff are rostered on for one week (seven days) at a time, usually starting from a Monday at 5pm, and ending the following Monday at 9 am.

On Mondays, at the start of the on-call week, foster care caseworkers are responsible for providing the on-call worker with all relevant outside hours information for all the foster children on their caseload. This will be done through updating the EIR1 & EIR2 forms for all children, which includes:

- ≠ contact information for child, carer/s, birth parents, case workers;
- ≠ any important issues currently arising for the child or carer/s, such as illness, disability, court procedures, legal proceedings, travel plans, etc.;
- ≠ arrangements organised for contact, including venue, supervision, transport, etc.;
- ≠ health background, any diagnosis, medications, allergies, management plans, etc.;
- ≠ details of child's school/childcare, after-school care, holiday programs, etc.;
- ≠ any other important information for the child.

The EIR1 & EIR2 forms for each child will be emailed to the on-call worker email address each time it is updated, or as requested. The on-call worker is required to carry the on-call mobile phone and iPad with them at all times during that week.

Attendance (for example: going to a carer or a family member's house) should only be the last resort and only undertaken when not attending the situation would be a breach of duty of care. The situation must be serious, and the on-call worker must call a Foster Care Team Leader or Program Manager before attending a situation. The on-call worker MUST assess risk to themselves, weighing up carefully other available supports (for example calling emergency services). Ideally on-call workers should not attend a situation alone. If a child is at risk, the police or CS hotline should be contacted. Workers need to be aware that if they attend a situation, another call may come in at the same time.

The on-call worker may also receive after-hours referrals from CS for emergency foster care placements. In this case, the on-call worker notes all known information about the child(ren) and contacts any available carers who would be suitable to provide care for that child. Before accepting a placement the on-call worker must check that any transport for school/day-care/contact (as needed) has been approved and organised for the next work-day morning. The on-call worker must also clarify how the child or young person will be transported to the placement.

As of the next work-day morning, the Intake Team will take on the management of any emergency placements, or if this is not possible, the on-call worker has the responsibility for the case until it is re-allocated. Depending on circumstances, it may be necessary for the on-call worker to visit the placement early the next day.

On-call workers should take the opportunity each day to debrief with a supervisor, if needed.

As is the case at all times when a staff member is performing work duties, the on-call worker is required to stay under the legal limit of alcohol consumption and be free from the effect of illegal drugs at all times when on duty. The on-call worker is to ensure they do not take prescription or other health products which may affect their capacity to participate (for example: sleeping tablets) in on-call duties, including the possibility of the need to drive a vehicle at any time of day or night.

3 PROGRAM DRIVERS

3.1 Practice Framework Principles (CARE)

Marymead operates within an overarching organisational framework known as CARE (Children and Residential Experiences). Developed by Cornell University (United States), CARE is a "multi-component program designed to build the capacity of [primarily] residential organisations and staff to provide a research-informed practice model to children in their care" (Holden, Izzo, Nunno, Smith, Endres, Holden & Kuhn, n.d.). CARE practice reflects OoHC principles and operates on the basis of six principles that ensure the child's best interests remain paramount:

- ≠ Child Centred
- ≠ Family Involved
- ≠ Trauma Informed
- ≠ Relationship Based
- ≠ Developmentally Focused
- ≠ Ecologically Orientated

Whilst being a child-centred model, the CARE framework also informs our practice with carer, birth families and colleagues. It is a strength-based approach that provides a platform for conversations that focus on the best interests of the child and informs higher level advocacy with government and NGOs in the wider community.

For further information regarding CARE, please see <http://mnet/intranet/publish/mnet/Resources.php>

3.2 Aims

The Foster Care Program aims:

- ≠ to provide a safe, nurturing and stable alternate family environment for children who cannot live at home either temporarily or permanently;
- ≠ to maintain regular contact with each child in foster care and their carers so that the child's needs are clearly understood and strategies put in place to enable them to develop to their full potential;
- ≠ to advocate for each child and their carers to obtain the necessary resources for the child and to support the placement;
- ≠ to maintain a complete record of each child's period in care, including photographs, certificates, school reports etc, so that the child has access to the story of that time in their life and maintain their identity;
- ≠ to support and enhance the relationship wherever possible between children in foster care and their birth parents;
- ≠ to maintain a pool of carefully assessed, trained and adequately supported foster carers who are able to provide care for children referred to the program;
- ≠ to maintain best practice in foster care by ensuring appropriate standards are set, staff are well informed and trained in current practices and provided with regular support and supervision;
- ≠ to contribute to the development of best practice through advocacy and involvement in interagency forums;
- ≠ To ensure risk of harm to children and young person is minimised;
- ≠ provision of safe, nurturing and stable care and support that meets the needs of children and young people;
- ≠ children and young person are able to achieve age-appropriate skills and competencies;
- ≠ improvement in placement stability through provision of effective and timely support to placements and the additional services that may be required by children, young people and carers;
- ≠ provision of services that comply with legislation;
- ≠ retention of carers to minimise placement disruption and provide a range of placement options;
- ≠ minimisation of the risk of abuse in care;
- ≠ matching children and young people with carers who are competent to meet their needs and who are culturally and linguistically appropriate;
- ≠ a case-planning process in which physical, social, educational, emotional, cultural, identity and spiritual domains of children and young people are addressed;
- ≠ participation of the child, young person, their family, significant others and carers in decision-making; and
- ≠ efficient management and delivery of the program.

3.2.1 Permanency Planning Background Information

When a child comes into care, planning should immediately begin to look towards the long term as well as the immediate situation, ensuring a clear sense of direction is maintained.

Permanency planning refers to the importance of stability, continuity, safety and security for children's development, and planning for their stable long term living arrangements. Increasingly,

research is considering how continuity can be promoted for children in out of home care either through family restoration or best possible alternative care.

The challenge for the child protection system is not to be caught out in the pendulum of 'remove or restore' ideologies but to work together with families (wherever possible) and other agencies to create a plan that provides for child's immediate safety and takes into account a child's long term developmental needs. In this process it is also critical to broaden the notion of the family to include the network of extended family.

When planning for children's immediate and long term needs, the following four domains need to be considered:

- ≠ Critical time frames in children's development and in placement planning;
- ≠ The need for continuity in placement planning;
- ≠ Collaborative decision-making practices in relation to placement planning; and
- ≠ Contact between biological families and children in out of home care.

Based on the research on early brain development, the importance of adequate nutrition and stimulation, the negative impact of high stress, and prolonged deprivation on young children, it is critical that decisions about placements are made within time frames consistent with the developmental needs of young children. The latest knowledge in the area of attachment and its importance in the development of regulation of emotions and behaviour should guide, in particular, placement arrangements for children aged between six months and two or three years. The evidence suggests that if a child is separated from their primary caregiver during the first six months of life, providing it is followed by good quality care and the opportunity to develop long-lasting relationships with alternative caregiver(s), this separation may not lead to lasting damage to the development of a child's capacity and overall functioning. There is some evidence that between six months and two to three years of age, children are likely to be very distressed by the separation. Emotional disturbance is more likely to result during this period. Children who are three or four years of age, separated for the first time, are more likely to use language to cope with the separation and loss involved. Planning for young children in out of home care needs to seek optimum environments in the early years, including stable, loving and settled care arrangements, as they can positively mediate the impacts of even very high risk factors and trauma.

Conversely there is compelling evidence that multiple placements result in serious emotional, relational and cognitive consequences for children. Implications of the research are that contact arrangements for children suffering multiple deprivations and stress need to be carefully considered. It is critical that these children are not further harmed by the uncertainties and anxieties of frequent contact in high stress situations. These children need to be safe to grow and develop in stable and settled arrangements in their extended families, or alternatively, under long term orders. The greater level of certainty in these orders is more likely to reduce stress in the children's immediate environments, normalise their lives and empower them to plan for their future, like any other child or young person.

Planning for settled and stable arrangements for older children and young people needs to take into account identity issues. The complexity of identity issues needs to be carefully considered when exploring a possibility of adoption for older children and adolescents. In adolescence, in particular, the concept of permanence is not clear cut and sometimes the right to identity may appear to clash with the right to permanence. Research suggests that children and young people want a sense of identity **and** a sense of permanence, not a choice between one and the other. Genuine participation of young people in decision-making about their lives needs to be strongly promoted together with continuing and regular contact with birth family where possible. Careful matching of young people

with foster carers, genuine relationships with workers, and maintaining history of their families and their lives also contribute positively to the young person's sense of identity and permanence.

3.3 Client Groups

The Marymead Foster Care Program works with a number of client groups:

- ≠ Children and young people aged between 0 and 17 years where action under the Children and Young Persons (Care and Protection) Act 2009 has been taken, as the child or young person is in need of care and protection and has been removed from their immediate environment (generally from the family home) to safeguard their welfare;
- ≠ Birth Parents whose children have been placed in OoHC;
- ≠ Individuals who may not be related to, but considered significant, to a child or young person in care;
- ≠ Foster carers who provide care to children and young people in OoHC.

3.4 Legislation

Marymead Foster Care Program provides all services in accordance with the *Children and Young Persons (Care and Protection) Act 2009* and *Children and Young Persons (Care and Protection) Regulation, 2012*. The aim of the child protection system in NSW is to protect children and young people from abuse and neglect.

NSW Community Services is governed by this legislation (to be referred to in this manual as the Act) and consequent amendments. The Act gives CS workers the authority to investigate allegations of abuse and neglect and provides for a range of supportive interventions with families. When necessary, the Act also gives CS the authority to remove children and young people from the care of their parents.

The Act provides general principles which must be applied to all decisions and actions made or taken under the Act. These principles include, but are not limited to:

- ≠ The best interests of children and young remains
- ≠ The primary responsibility for providing care and protection for the child or young person should lie with his or her parents and other family members;
- ≠ High priority should be given to supporting family members to provide care and protection for their children and young people;
- ≠ Intervention with families should rely on the least intrusive option consistent with the best interests of the child or young person;
- ≠ If a child or young person does not live with their family, contact with people who are significant in their live should be encouraged and facilitated; and
- ≠ Children, young people and families should be given every opportunity to participate fully in making decisions that affect the child or young person.

The Act sets a framework for the service system. Key features include:

- ≠ The significance of the child or young person's family, including the desirability of keeping the child or young person within his or her own family;
- ≠ The child or young person's family and other significant people will be encouraged to participate in decision-making processes;
- ≠ Preference for extended family placements discussed with family group conferences;
- ≠ Families will be supported to care for their children in preference to proceeding with Court Orders;

- ≠ Long term guardianship will be the last option;
- ≠ The child or young person's links to a familiar environment, culture and neighbourhood should be maintained;
- ≠ Children or young people will have a greater say in their care arrangements;
- ≠ Decisions regarding Indigenous children will include consultation with a recognised Indigenous organisation; and
- ≠ There will be a collaborative approach between different agencies, both government and non-government.

Information on family group conferencing is available in the Marymead Foster Care Program resources.

3.5 Reporting Requirements

3.5.1 Contract

Marymead Foster Care Program is contracted by FaCS to provide 92 annualised foster care placements each year.

Each year, as part of the funding process, performance indicators are agreed to between FaCS and Marymead.

3.5.2 Reporting requirements

Throughout the transition period (of children and young people transferring to NGOs), Marymead is required to provide monthly data to the Transition Program Office (TPO) relating to:

- ≠ The number of children and young people transferred from CS
- ≠ The number of new children entering OoHC into Marymead
- ≠ The number of existing carers transferred from CS
- ≠ The number of new carers recruited by Marymead

3.5.3 Minimum Data Set (MDS) Collection

The Marymead Foster Care Program is required to provide MDS information to Community Services. Key information relating to each child in the care of Marymead is collated and submitted electronically through the DoCS Connect website http://www.community.nsw.gov.au/welcome_to_docs_website.html.

3.5.3.1 Collected Data

Data that is collected through this system includes:

- ≠ Core information about each registered child or young person with Marymead
- ≠ Core information regarding Marymead carers
- ≠ Placement information, including Primary Placement, Respite and Placement Exits
- ≠ Educational information
- ≠ Health information
- ≠ Community participation information
- ≠ Serious or critical incidents

Each caseworker is responsible for collating information on their allocated children or young people and providing this information for MDS collection. MDS data submissions are coordinated by the Team Leader.

3.5.3.2 Frequency of Data Collection

MDS data is submitted:

- ≠ When the child initially enters a placement
- ≠ When a child commences a respite placement
- ≠ When a child exits a placement
- ≠ When a child exits a respite placement
- ≠ Biannually – July and January each year

3.5.3.3 DoCS Connect New User Access

New users for DoCS Connect are required to complete a User Access Form. This form is submitted electronically to DoCSConnectservicesdesk@facets.nsw.gov.au for processing. Once the form has been processed, staff will receive a DoCS Connect User ID (generally an 8 digit number) and password.

3.5.3.4 Accessing DoCS Connect

The DoCS Connect portal is accessed through <http://www.community.nsw.gov.au> The DoCS Connect tab is located at the top left hand corner of the web page.

3.5.4 Referral Management System (RMS)

Marymead are also required to maintain up to date information on the RMS. This system tracks the available 'regional vacancies' for each NGO and distributes referrals for children and young people accordingly. It is important therefore, that the program maintains accurate information regarding the availability of carers for children transferring within, or entering OoHC.

3.5.4.1 RMS Information

RMS contains information regarding:

- ≠ available regional placements (i.e. available carers)
- ≠ Contact information for NSW Foster Care Program

3.5.4.2 Accessing RMS

RMS can be accessed through https://pra.community.nsw.gov.au/OOHC_RMS/Login.aspx

3.5.4.3 RMS New User Access

New users are set up by the Program Manager (via *Reference Maintenance* tab). Once a new user's details have been entered into the system, they will receive an email notification advising of their new password.

3.6 Planning & Evaluation

Marymead will undertake a number of activities to ensure appropriate planning, monitoring and evaluation of effectiveness of our Foster Care Program. This will include:

- ≠ Liaising regularly with CS;
- ≠ Monitoring the number of children entering and exiting the program to ensure appropriate staffing levels are maintained;
- ≠ Regular reviews of children and young people's care arrangements and achievement of case planning goals;
- ≠ Structured supervision arrangements for all caseworkers;
- ≠ Annual reviews of approved foster and authorised kinship carers working in the Foster Care Program;
- ≠ Reporting against KPIs (or other required arrangements as contracted).
- ≠ Annual Program reviews , including Annual Business Plan, Budget and Risk Management plan

- ≠ Annual staff appraisals reviews
- ≠ Internal Quality Audits

4. ENTERING OoHC

4.1 Why a child enters care

Children and young people may need foster care because there are no relatives or friends able to care for them in a crisis. Sometimes birth parents are unable to care for their children due to physical or mental illness, drug and alcohol dependency, domestic violence or imprisonment. There are also situations where children and young people have been neglected or abused and need to be protected. In these circumstances children or young people are placed in statutory OoHC on either interim or final court orders.

4.2 Court Orders

The NSW Children's Court is responsible for decisions regarding the future care and protection required for children and young people. This includes:

- ≠ whether or not a child or young person should remain in the care of their birth parents or live elsewhere;
- ≠ the type of order required to meet the needs of the child or young person;
- ≠ the conditions and length of the orders; and
- ≠ any conditions that must be met by other adults involved with the child or young person.

Types of orders include:

- ≠ assessment orders;
- ≠ interim orders;
- ≠ supervision orders;
- ≠ orders allocating parental or shared parental responsibility;
- ≠ orders prohibiting an act by a person with parental responsibility;
- ≠ contact orders;
- ≠ orders for provision of support services;
- ≠ orders to attend therapeutic or treatment programs;
- ≠ variation and rescission of orders;
- ≠ and final orders.

Regarding court orders, carers can expect:

- ≠ any information they provide to be considered and where relevant used in the court process;
- ≠ to be informed of how and when the child or young person will be involved in the court process, the dates the matter is being heard at court and any outcomes in the court matter;
- ≠ to be provided with a copy of the final court order concerning the child – this information must be treated as confidential.

4.2.1 Court Orders pertaining to Foster Carers

Parenting order

Parenting orders can be made through the Family Law Court with the agreement of both parents, or the Court can make an order after a trial or hearing. The order sets out where the children will live, how much time they spend with each parent and other people, and how parental responsibility will be shared. It also includes decisions about family contact, child maintenance, the process for sorting out disagreements and any other relevant matter.

Sole parental responsibility order

A sole parental responsibility order is an option for carers wishing to make a long-term commitment to a child or young person. Sole parental responsibility gives the foster carer all the duties, powers, responsibilities and authority that, by law, parents have for their children. A foster carer can make long-term decisions for the child or young person and reach their own conclusions regarding the best interests without having to get approval from Marymead.

A carer can apply for sole parental responsibility if:

- ≠ the child or young person has been in your care for a continuous period of two years;
- ≠ the Minister for Community Services currently has full parental responsibility or aspects of parental responsibility;
- ≠ the parents or person who had responsibility for the child or young person before they came into care consent to the carer having sole parental responsibility;
- ≠ the child or young person consents to the application (if aged 12 years or over); and
- ≠ the order complements the child's identity, cultural and religious background.

For Aboriginal and Torres Strait Islander children, sole parental responsibility for a non-Indigenous carer can only be considered if:

- ≠ the child's family and community approve;
- ≠ both the Minister for Community Services and the Minister for Aboriginal Affairs consent; and
- ≠ there is clear evidence the child's cultural links and heritage will not be compromised.

4.2.2 Adoption

Adoption is a legal process that transfers all parental rights and responsibilities for a child or young person from their birth parents to the adoptive parents. Adoption orders are made by the Supreme Court of NSW. Adoption is a way of providing a permanent family for a child or young person who can't be restored to their parents or live with a relative or kinship carer.

Marymead's decision to support adoption as a case plan goal will be based on an assessment of:

- ≠ whether the adoption order is in the best interests of the child or young person;
- ≠ attachments formed between the child or young person and the proposed adoptive parents;
- ≠ views of the child or young person's parents about consent to adoption;
- ≠ ongoing contact with the child or young person's birth family and support for their culture and identity.

If the child is indigenous, adoption is generally not a consideration. This is due to the historical experience of adoption by indigenous communities and its absence in Aboriginal culture. If adoption is being considered for an indigenous child, additional procedures must be followed as set out in the *Children and Young Persons (Care and Protection) Act 2009* and the *Adoption Act 2000*.

4.3 Children's Court Processes

The Act gives the Children's Court the authority to make a variety of orders about the care and protection of a child or young person.

CS is responsible for presenting matters to the Children's Court whether the party is using services provided by a CS or an NGO. CS caseworkers prepare documents for the hearing which may include the development of a Care Plan, which outlines background information about the child or young person and a plan for placement while in care. Copies of this plan are generally provided only to those people who are a party to court proceedings. However, CS and/or Marymead caseworkers will provide the carer with information and updates.

A carer may ask to be party to the court proceedings or may be requested by the court to be involved. This usually occurs when a carer has had care of the child or young person for some time, or if they ask to be heard by the court regarding a matter that significantly affects them. Court processes can be complex, time-consuming, unsettling and stressful for all involved. Children and young people may be included in hearings and meet or speak with their legal representative, who is appointed to seek their views and represent their interests.

Generally, children over 12 years of age are presumed capable of giving proper legal instructions to their legal representative. Children under 12 years of age are presumed incapable of giving proper instructions. A legal representative for a child may apply to the Children's Court to rebut the assumptions about the child's capacity to give proper legal instructions. The caseworker will spend time preparing the child or young person for their court attendance. They will also explain the outcome of the proceedings to the carer and the child.

The child or young person may need a lot of support from their carers. Case workers may be asked to attend court as a support person. Carers are generally not required to give evidence at court.

5 CASE MANAGEMENT

Marymead Foster Care is responsible for the case management of children and young people within the program.

5.1 What is Case Management?

Case Management, is a broad term which describes the role of the central professional working with a child or young person who coordinates and delivers a range of services for the child, including:

- ≠ **Case planning** to determine the goals and objectives for the child or young person. This includes identifying adaptive and individualized strategies that will address the physical, emotional, educational, social, religious and cultural needs of the child or young person. Case planning is an interactive process involving engagement and participation of the child or young person, their family and carer, and any other key stakeholders. Case plans must be documented, with clearly identified responsibilities and timeframes for effective monitoring. Goals must be realistic and within the proximal zone of development of the child or young person and within available resources.
- ≠ **Implementation:** delivering or arranging services within available resources to meet the identified case plan goals. This should include regular communication with the child or young person and their family and carer to ensure their needs are being met.

- ≠ **Coordination of services and supports:** arranging, coordinating and following up on the delivery of services and supports.
- ≠ **Monitoring:** obtaining regular feedback from the child or young person, birth families, carers and external service providers to determine whether services are being provided in the manner determined by the case plan and whether needs have changed.
- ≠ **Review:** assessing whether the case plan goal has been effectively and efficiently met and whether modification or change to the plan is required.
- ≠ **Transition:** preparing for and supporting the move out of the system or to another service or program where appropriate.
- ≠ **Case closure:** closing a case when appropriate.

5.2 The role of Foster Care at Marymead

The Marymead Foster Care Program will work in collaboration with government agencies, relevant professionals, carers, children, young people, families and appropriate cultural and community representatives to ensure a thorough needs assessment is undertaken and all relevant parties are involved in case planning. Marymead caseworkers oversee and facilitate the case planning process, developing and implementing developmentally focused, trauma informed, competence centred and ecologically orientated Case Plans, and working collaboratively with other agencies to ensure children and young people receive the services and supports required to meet their needs while in care.

Marymead caseworkers coordinate services to best meet the developmental, health, educational, social and behavioural needs of children and young people in foster care, and assist them in developing their full potential to lead fulfilled, responsible and independent lives. This is achieved through regularly supervising placements and reviewing Case Plans to ensure plans remain relevant to the child or young person's best interests, in accordance with the Act. Casework practice will also involve liaising with and working closely CS counterparts where required.

By undertaking casework and supervision practices with children, young people, families and carers, Marymead caseworkers aim to reduce the number of placement changes, and ensure all placement-related processes are planned and structured to facilitate a smooth transition from one placement to another and to support children, young people, families and carers. This includes planning for and providing additional supports and services during all transition stages. Such stages include the period immediately before or following a placement change, placement disruption, returning home, moving to independence, children entering adolescence and major life events in foster carer's family.

Marymead caseworkers facilitate access to primary and preventative health care services for each child and young person, and ensure a child or young person's educational needs are met, either through mainstream schooling or alternative educational programs as appropriate and necessary to meet the needs and circumstances of the child or young person. Children and young people are encouraged to be actively involved in community activities. This may include school, recreational, sporting, religious and cultural activities as well as any special interests.

Marymead caseworkers implement cultural placement principles of the Act, including the principles relating to culture, language, religion and other components of diversity, and the Aboriginal and

Torres Strait Islander principles of self-determination, participation and placement (training can be provided in this area).

Marymead caseworkers are to actively promote and support children and young people in maintaining and developing important and significant relationships, including sibling relationships and friendships, while they are in foster care. This can include facilitating contact arrangements with family members, siblings and other significant people as outlined in the child or young person's Case Plan in order to promote the development and maintenance of identity, belonging, culture and religion. Children and young people are to be supported in undertaking activities that maintain their identity, for example, through regular life story work.

Marymead caseworkers maintain comprehensive care records and ensure the content accurately reflects the reasons why the child or young person entered care, their life history and achievements during their period in care.

Marymead caseworkers also provide preparation and aftercare support to young people leaving OoHC who may be returning to the family home or who may be transitioning to supported or independent living arrangements.

In critical events in a child or young person's life, such as the death of a carer or family member, it may be appropriate for a Marymead caseworker to attend the funeral if close connections have been made between caseworkers and the family.

Whilst Marymead are responsible for case management, CS will continue to play a role in a child or young person's through:

- ≠ ensure placements are culturally appropriate;
- ≠ provide information and ongoing training to assist NGO staff and carers in their role;
- ≠ participate in the development and review of the child or young person's case plan where significant levels of support or intervention are required;
- ≠ providing support to Marymead to ensure the child or young person understands their circumstances and how they came into OoHC;
- ≠ listen to, record and respond to information provided by the carer and caseworker and other agencies concerning the child;
- ≠ provide timely responses to requests for financial and other support;
- ≠ approving interstate or overseas travel;
- ≠ applying for passports; and
- ≠ coordinating and managing all court-related issues.

5.2.1 Day to Day Responsibilities

Foster care staff support foster or authorised kinship carers to meet general day-to-day responsibilities. This includes, but is not limited to provide a caring home and experiences that meet the child's physical and emotional needs, supporting the child or young person to develop and maintain their sense of identity, assisting them to observe their religion (if any) and maintaining links with their cultural identity. Carers are also responsible for making day-to-day decisions for the child as they arise.

Other important responsibilities include:

- ≠ attending meetings when required;
- ≠ contributing to the development of the child's case plan;
- ≠ assisting in achieving the goals identified and participating in case plan reviews;

- ≠ maintaining health records and keeping school records, photos, awards and other records on the child's progress;
- ≠ gathering and maintaining material for the child or young person's Life Story work and helping them to keep it up to date;
- ≠ keeping records if the child is injured or causes property damage or injury to others while in the home; and
- ≠ ensuring the child or young person is familiar with their rights under the *Charter of Rights* and supporting them to exercise these rights.

6 LOOKING AFTER CHILDREN PROGRAM (LAC)

6.1 LAC Overview

The Looking after Children program (LAC), developed in the United Kingdom, is an internationally recognised system of best practice case management of children and young people in out of home care.

LAC emphasises close cooperation between CS workers, Marymead caseworkers, foster carers and the child or young person and their birth family. LAC sets out a reporting system and schedule of regular meetings to develop and review Case Plans, provides an important measure of accountability, enables a comprehensive record of a child or young person's time in out of home care to be kept, is easily accessible by those who require it, and requires that the views and wishes of children and young people be heard and represented in all matters affecting them.

The LAC materials set out explicitly what good parental care means in practice, listing aims that a reasonable parent might be expected to hold for any child. In doing so, they require those responsible for children's care to consider all aspects of their lives, not only those that have led to a period of separation from home. The Essential Information Records 1 and 2 (EIR1&2) and the Placement Plans 1 and 2 (PP1&2) are records that hold the essential information that is frequently lost for children who spend periods in public care. They record important details about the health of the child and details of his or her family as well as educational achievements. These forms also record formal agreements about placements and other issues appropriate to short and long term planning and care. The Assessment and Action Records (A&AR) focus on the child's developmental needs, the quality of day-to-day care and the actions necessary to promote good outcomes. When used over time they enable agencies to assess outcomes for children looked after away from home.

The LAC system:

- ≠ is a guided practice system designed to improve the outcomes for children looked after away from home;
- ≠ is a tool that is designed to encompass the reality of the care team as well as ensuring that people who are closest to the child or young person remain involved;
- ≠ directs attention to the ordinary everyday goals of parenting;
- ≠ assesses children's progress across a spectrum of developmental dimensions including health and education;
- ≠ ensures that all essential information is recorded in one accessible place and is regularly updated;
- ≠ strengthens partnerships between children and young people, birth parents, carers and teachers, and helps others listen attentively to children and young people and reflect on their successes as well as their problems;

- ≠ is intended to strengthen working partnerships between key people in a child or young person's life and improves the allocation and clarification of professional responsibilities;
- ≠ rationalises documentation and creates consistency across agencies; and
- ≠ facilitates improvements in the quality of care provided.

When a child or young person moves between care placements, the original LAC documents should move to the next agency with the child or young person. The original NGO should keep a copy of the documents on the child or young person's file. Should a child return to the family home, original documents should be returned to the relevant CS office who will place the documents on the child or young person's file.

There are a number of materials which make up the LAC guided practice system. The responsibility for the completion of these materials is detailed below:

6.1.1 Essential Information Record – 1 (EIR 1)

The EIR 1 contains important personal information about the child or young person, such as their health and educational history, which carers will need at the start of the placement. When a child or young person is referred to Marymead by CS, client information required by the EIR 1 (basic information) can be located on the child or young person's CS Client Information Form, provided with the referral (please note, in cases of emergency referrals, this information is generally available within 48 hours from CS). Marymead is then responsible to ensure that parents and carers receive their copy. Only in an emergency with an unknown child should partial completion occur.

6.1.2 Essential Information Record – 2 (EIR 2)

The EIR 2 contains essential information regarding the child's background, legal status and placement history. Some information may be known to CS, generally documented within the Client Information Form, however not all information is always known, The Marymead caseworker is responsible for finding out the information and continuing to collate the EIR 2. The EIR 2 is updated before each Case Conference, or as information is received.

6.1.3 Placement Plan – 1 (PP 1)

The placement plans are a record of how the child's day-to-day needs are to be met during the placement and how responsibilities are to be divided.

The PP 1 gives the carer day-to-day responsibility for the child or young person (for example, to pick them up from school) and is an agreement about arrangements for the placement including parental contact.

Some of the information needed may be known to CS, however such knowledge of the child or young person may not be known.

For community placements, Marymead must have authority from a birth parent or other to care for the child or young person, therefore Marymead is responsible for the coordination and distribution of placement information to birth parents and carers.

6.1.4 Placement Plan – 2 (PP 2)

The PP 2 contains detailed information about the child's everyday routines, health, education, identity, contact and access, and social and leisure activities. The Marymead caseworker, in consultation with stakeholders, is responsible for completing the PP 2.

6.1.5 Action and Assessment Records (A&AR)

LAC assesses the progress of each child or young person across a spectrum of seven developmental domains: physical and psychological health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills. Six age-related records (covering ages 0-1, 1-2, 3-4, 5-9, 10-14 and 15-18) cover the seven developmental dimensions, which assess children's progress in relation to the care they receive, and focus on planning improvements. These records assist communication and build in accountability.

A&ARs are coordinated by the Marymead caseworker but may be completed by a number of different relevant people. Children under the age of five usually require the relevant A&AR completed every six months. Children aged between 5 and 17 usually need the appropriate A&AR completed annually.

6.1.6 Consultation documents

Consultation documents can be utilised to assist children/young people, birth parents and carers make their views known prior to and in preparation for Case Conferences. Where these forms are utilised, they are generally filled out by the Marymead caseworker in consultation with the child, carer or birth family.

Flexibility around consultation documents is necessary. They are not compulsory, but rather a tool that may be used, for example, by a parent who is interstate, or incarcerated, who may not be able to attend a Case Conference or who struggle to clearly articulate their ideas or views. Similarly, consultation documents may assist a child or young person who finds presenting their thoughts and ideas difficult in a group forum.

7 PLACEMENT TYPES

7.1 Statutory Care Orders (first 72 hours) and interim orders

Although CS has statutory responsibility for all children and young people, case management will, for the majority of children subject to statutory orders, be provided by Marymead. Upon the entry into OoHC, CS adopts a primary role in developing goals for ensuring the immediate and ongoing safety of children and young people. When the child or young person enters Marymead, the intensity of CS involvement should decrease over time as the child or young person's future is secured.

When a placement request is being made, CS will contact the Marymead Foster Care Program with a referral, which is recorded by the Foster Care intake worker and an EIR 1 form is completed.

At this stage, FaCS is responsible for:

- ≠ providing basic information regarding the child or young person's needs and key issues to be considered when identifying a suitable carer;
- ≠ investigating kinship placement options;
- ≠ initial assessments and care directions;
- ≠ protective and statutory issues in the court order;
- ≠ initial placement decision;
- ≠ work with birth family on care issues, including restoration;
- ≠ participating in the development of a Case Plan;
- ≠ participating in Case Conference and related consultation processes with family members;
- and
- ≠ requesting Health & Education Pathways Referral.

At this stage, Marymead will be responsible for:

- ≠ providing feedback to CS regarding the availability of suitable placements;
- ≠ completing the EIR 2 form;
- ≠ organising a Case Conference to develop Case Plan;
- ≠ developing and documenting PP 1 & 2;
- ≠ monitoring placement and delegating day-to-day responsibilities to the carer;
- ≠ where agreed, arranging supervised contact between the birth parent and extended family members and the child. (The Case Conference will determine the frequency and nature of the contact (that is, supervised or unsupervised), however Marymead will ascertain where and when the contact will occur, in consultation with the carer, the parent and the child or young person;
- ≠ arranging an initial health assessment of the child as per Health Pathways Referral;
- ≠ supporting carers in their role and identifying resources and other supports required;
- ≠ being available to the child or young person in placement;
- ≠ working with birth families on placement issues and providing support if part of the Case Plan; and
- ≠ liaising with the child care centre, pre-school or school.

7.2 Short term care

Short term care refers to care from two weeks to six months. The Case Plan completed at the time of placement is to be reviewed within four weeks of the child coming into care and then within three months of the placement. Any changes made to a child or young person's case plan is generally made within a case conference forum.

Marymead is responsible for arranging and co-ordinating case conferences and ensuring that a CS worker is available to attend in order to chair the meeting (either in person or via phone). It is important that the Marymead and CS caseworkers communicate openly when preparing the agenda for case conferences, to discuss issues that may need resolving when working with children or young people on interim orders. Marymead is responsible for recording case conference minutes, developing the child or young person's case plan and distributing the plan to all relevant parties. It is critical that birth parents are fully engaged within the care process and that they are party to the decisions and discussions concerning their parenting of their child. Some parents may choose not to engage in the process however, they must be provided with every opportunity to contribute.

7.3 Long Term Care

Settled and permanent living arrangements for children and young people are important. When they cannot be restored to their parents or family care, permanent living arrangements need to provide stability and security. This will enable children to develop stable, caring relationships with nurturing caregivers. This is one of the general principles of the Act.

When a child has been in care for longer than twelve months, the Case Conference can be held every three to six months.

When a child or young person is in long term care, CS maintains responsibility for:

- ≠ coordinating and managing all court-related issues including ensuring court requirements and statutory obligations and reporting are adhered to;
- ≠ listen to, record and respond to information provided by the carer and caseworker and other agencies concerning the child;
- ≠ provide timely responses to requests for financial and other support;
- ≠ approving interstate or overseas travel;

- ≠ applying for passports; and
- ≠ provide post restoration support of the child and family where appropriate;

Marymead's responsibility for a child or young person in long term care includes all day-to-day arrangements, covering:

- ≠ arranging and monitoring supervised contact (as appropriate) with parents and extended family members;
- ≠ supporting carers in their role and identifying resources and other supports required;
- ≠ placement planning;
- ≠ supporting placement and delegated day-to-day responsibilities with the carer;
- ≠ being available to the child in placement;
- ≠ working with birth families on issues that affect placement and providing support, if part of the Case Plan;
- ≠ liaising with the child care centre, pre-school or school;
- ≠ arranging the reviews of the Individual Learning Plan in consultation with the school, on a six monthly basis;
- ≠ ensuring medical, psychological and educational assessments and appointments are undertaken as per placement plan;
- ≠ working with CS in preparation of the birth family for restoration (if required);
- ≠ providing after care support on leaving care;
- ≠ providing preparation for independent living for young people reaching 18 years old;
- ≠ negotiating the completion of A&ARs;
- ≠ coordination and execution of regular Case Conferences;
- ≠ liaising with and providing information to CS where required; and
- ≠ Providing reports as requested by CS.

7.4 Placement of Indigenous Children or Young People

The Indigenous Placement Principles are endorsed and supported by the NSW Government. The Indigenous Placement Principles mean that an Indigenous child or young person should be placed in accordance with the first of the following options that is available and to which the child or young person does not object:

- ≠ with a member of his or her family (as defined by local custom and practice) in the correct relationship to the child or young person in accordance with Aboriginal or Torres Strait Islander law;
- ≠ with a member of his or her community in a relationship of responsibility for the child or young person according to local custom and practice; or
- ≠ with an Indigenous carer

Currently Marymead is not partnered with an Indigenous-specific agency, therefore if a child or young person cannot be placed in accordance with the principles above, and Marymead is able to provide a placement for the child or young person, written permission from CS must be provided to the Program Manager before accepting the placement. This information is to be kept on the child or young person's file. Where possible, Marymead will endeavour to provide placement for Indigenous children or young people in proximity to the child or young person's Indigenous family or community taking the following matters into account:

- ≠ family reunion should be a primary objective; and
- ≠ continuing contact with the child or young person's Indigenous family, community or culture should be ensured.

7.5 Sibling Placements

Where possible, Marymead will seek to place sibling groups together. However, it is accepted that foster families may not be in a position to offer a home to more than one child. Marymead, in consultation with CS, would not be involved in the splitting of a sibling group unless:

- ≠ it can be clearly established that their behaviour, individual needs or wishes indicate that placement should be separate;
- ≠ there were no other options; or
- ≠ the presence of one sibling constituted a danger to another

Where siblings are separated, Marymead staff and carers will endeavour to arrange as much contact between the children as possible.

If there are several children from one family entering care, each child or young person needs their own set of LAC forms completed, to take into account their individuality.

7.6 Dual Placements

Long term placement of unrelated children or young people with the same foster must be handled carefully. It may be considered following careful evaluation of the positive and negative consequences for all the children involved, as well as the carer and their family. Ideally the CS workers for both foster children need to consult with each other, and then consult with Marymead caseworkers prior to accepting referrals, in order to plan for a successful placement.

Placement of children in respite care where a long term foster child is currently living also needs careful consideration. In this case, the Marymead caseworker needs to consult with CS, as well as carers and children.

Throughout the process, great care needs to be taken in the sharing of information, in order that confidentiality is maintained where needed.

7.7 Community Placements

When a community placement occurs, an evaluation of each child or young person's situation prior to their placement is conducted. In emergencies, the assessment should be carried out immediately after the child or young person is placed in temporary care. The assessment will cover the child/young person's:

- ≠ history and family situation, including strengths and needs of all parties;
- ≠ key relationships (family and significant others);
- ≠ the wishes of the child or young person and the wishes of parents and other family members;
- ≠ current or previous involvement with child protection and OoHC services;
- ≠ immediate needs of the child or young person (safety, social, developmental, emotional, identity, personal relationships, health, education);
- ≠ special needs (for example, disability);
- ≠ indigenous, ethnic and racial identity; and
- ≠ legal issues concerning parenting orders.

Marymead is to investigate non-substitute care options for the child or young person. The investigation should include potential options such as:

- ≠ contacting significant family members and others to see if placement is possible;
- ≠ providing (or referring to) intensive family support and intervention types of services;
- and

- ≠ accessing other child care options, for example occasional/long day care, Family Day Care, school holiday arrangements.

Parents sign EIR1&2 and PP1, formally confirming their agreement to have their children cared for by Marymead.

7.8 Length of Placement

The Marymead Foster Care Program caters for respite (up to 21 days), short and long term placements. Often a placement will be required for an uncertain length of time (for example, between two and six months). It is important to give the carers as much information as possible about the expected length of time of the placement, although in some cases it will be difficult to predict the exact period of placement. In such cases the carers might negotiate to be available for a fixed period of time, for example, six weeks. In these instances the referral may be accepted on this condition.

Emergency placements may also be accepted when suitable carers are available and CS can clarify a child's situation within a negotiated period of time.

7.9 Appraisal of Placement

All placements are reviewed regularly, through Case Conferences, held every three months (or extending to every six months in long term, stable placements). Conferences provide opportunities for the child or young person, Marymead caseworker and foster family to decide if the placement is working in the best interests of the child and the foster family. It is also an opportunity to develop new strategies and to review the child or young person's Case Plan remains relevant to their needs and case planning goals. It is important to remember however that conferences are not intended to replace regular open communication between the foster family, child and caseworker, as issues arise in the placement.

8 SERVICE PROVISION

8.1 Intake

Children and young people in out of home care are entitled to a well-managed placement that has planned outcomes. Their birth families can rightfully expect this as well. Placement and case planning is based on the individual needs of the child, as identified by CS and Marymead in pre-placement stages. A child or young person's needs do not remain static, and will change according to developmental gains and other circumstances in the child or young person, their families and perhaps the carer's lives.

8.2 Referrals

It is within the scope of the Marymead Foster Care Program to accept emergency, short and long term referrals. Referrals are primarily received through the Referral Management System (RMS), but also may be received via email to the Program Manager, via Placement Matching Panel meetings (held once per month via phone for Southern and Western Regions) or via direct calls from the relevant CFRU.

Referrals in general

All referrals are received from CS through the RMS and pertain to children or young people in NSW OoHC.

Respite referrals

Respite referrals may be made by CS, community NGOs or by community members, to the Marymead respite worker. A respite referral is for ongoing respite at pre-arranged times, which is usually weekends about once every four to six weeks. The carers, the family and the child will meet each other prior to the care commencing.

Emergency referrals

Emergency action refers to when CS removes a child from the care of their family and assumes parental responsibility. This case will be before the courts within 3 days of taking the emergency action to gain other orders.

8.2.1 Considerations When Taking Referrals

When taking a referral, the following things need to be considered:

- ≠ Where is the child now? Who is with the child? If the child is in the CS office, something needs to be done as soon as possible.
- ≠ What sort of placement is being requested? If it is an **emergency placement**, then CS should be with the child and able to transport the child to the carer's home. Marymead need to let the carers know when this will happen, with an idea of time frames. Marymead also needs to ensure CS has all the information they need about the child and to keep the carer's address confidential.
- ≠ If it is a **respite** placement, arrangements will need to be made to transport the child to the carer(s).
- ≠ If the referral is **self-referred** an assessment of the family may be required.

8.2.2 Selecting an Appropriate Carer

When discussing potential placements with carers, it is critical Marymead caseworkers:

- ≠ be open and honest about any relevant information;
- ≠ give them the opportunity to ask as many questions as possible;
- ≠ ask what they would need to feel supported in the placement; and
- ≠ give them the opportunity to think about it and confirm whether they can support the placement.

Best practice issues to consider when selecting an appropriate carer include:

- ≠ the composition of the foster family;
- ≠ the foster family's practical living arrangements (for example, size of house, number of bedrooms, etc.);
- ≠ the experience and lifestyle of the foster family;
- ≠ the foster family's ability to meet the educational, child care, contact, medical and behavioural needs of the child;
- ≠ geographical location of the family (for example, is it close to the child's family home and would this be an advantage or present a problem? Will the child be able to attend the same school?);
- ≠ the length of time of placement;
- ≠ keeping a sibling group together; and
- ≠ religious, ethnic, and cultural issues – will the placement meet the child's needs in these areas?

When considering a placement, options that are least disruptive to the child or young person's routines and relationships and most supportive of their cultural and spiritual identity (where these apply) are preferred. For example, a carer who lives in a suburb close to the child's home is more

able to maintain the child in their own school, their friendships, and local activities such as sport. However, very close proximity to the family home and parents may be an issue if the child is resistant to placement or there are safety issues if the parent becomes aware of the child's abode. CARE principles will assist to guide Marymead workers when determining the suitability of a placement.

In situations where a foster child or young person is being placed in a family where the carers' own children are younger in age, care needs to be taken, and this needs to be discussed with the Program Manager or Team Leader. Flexibility is required, as it depends on the foster child/young person's behaviour (for example, whether the older child in care might be physically harmful to a younger child).

If a new carer falls pregnant then they cannot take a child for twelve months after the birth, to allow time to give to their own baby. However, if a carer already has a foster child in their care and falls pregnant, the foster child is not removed from the placement.

8.2.3 When a Referral is Accepted

When providing a referral, relevant information regarding the child or young person and his or her family circumstances, the reason for placement and the proposed length of placement should be provided by CS. Where Marymead is able to accept a placement, it is the responsibility of the caseworker at Marymead to complete LAC forms with information provided by CS.

A foster family under consideration for a referral should be provided information to make an informed decision prior to accepting a placement. Ideally referrals for long term placements should incorporate opportunities for the referred child or young person and prospective foster family to meet on several occasions (for example, through respite care) before the placement commences, but this is not always possible.

When a referral is accepted, the Marymead caseworker, in collaboration or consultation with CS, will arrange to meet the child or young person prior to entering a new household. During this initial visit, the caseworker is responsible for providing information to the child or young person regarding their new placement. This information is to include:

- ≠ a description of the members of the new household;
- ≠ reasons for placement;
- ≠ how long they will be placed there;
- ≠ how they will get to see their family and other people important to them;
- ≠ what their rights are, and what to do if they have a complaint;
- ≠ when they will be contacted and visited, and by whom; and
- ≠ contact numbers for their Marymead caseworker and their CS worker

It is important to recognise the child or young person may be experiencing feeling of grief and loss (having either been removed from home or previous placement). These events may also be the first time the child or young person is meeting their Marymead caseworker. In these situations, it is essential the Marymead caseworker remains trauma informed and relationship based, providing ample opportunity (where possible) for the child or young person to ask questions and/or voice any fears or anxieties. Where possible, these transitions should not be rushed and the child or young person is giving time to process new information and feelings that may arise.

Ideally, Marymead will provide the new foster carer/family with all the information needed to successfully care for the child or young person placed with them prior to their placement or within a very short timeframe of the placement commencing. Information provided to foster carers includes:

- ≠ a copy of the EIR 1 & 2;
- ≠ current Case Plan (where possible);
- ≠ information explaining day-to-day parental responsibility;
- ≠ all relevant background information on the child or young person's needs, including medical history, education, emotional and behavioural development and social assessments;
- ≠ emergency contact numbers; and
- ≠ family contact arrangements

Once a child or young person commences their new placement, their Marymead caseworker is to contact the child or young person to check how they are feeling and offer support, through telephone contact (if appropriate) within 24 hours of placement, and a face-to-face visit within a 48-36 hours.

8.2.4 Criteria for Not Accepting a Referral

Under certain circumstances referrals may not be considered appropriate to the Foster Care Program. Such referrals might include:

- ≠ children or young people who are old enough to say that they do not want to go into foster care and who might therefore make a placement unworkable;
- ≠ children or young people whose special needs are so great that they cannot be met by the Program (e.g. profound disabilities or behaviours that presents a danger to the child and members of the foster family); or
- ≠ children or young people where an appropriate carer cannot be found or where CS cannot provide additional resources needed to care for the child

Where a referral is deemed inappropriate for the Foster Care Program, a copy of the referral paperwork is to be coupled with a formal letter from the Program Manager, Team Leader or delegated caseworker, to CS advising of the reason for declining the referral. This information is then filed in the "Declined Referrals" folder for record keeping and statistical information.

9 CASE MANAGEMENT TRANSFERS FROM COMMUNITY SERVICES

In line with recommendations from the Wood Royal Commission (2008), the Marymead Foster Care program is an NGO that is participating in the transfer of children and young people in NSW OoHC (Foster Care) from departmental to agency care. This process will be conducted over a five year period, with transfers occurring in a structure and defined manner. Case Management Transfers (CMT) occur in a two part process, where CS Foster Carers nominate and transfer to an available agency of their choice (within their region) and the child or young person/s is then transferred to the nominated agency.

9.1 CMT PROCESS

9.1.1 Provision of Information

Following the transfer of a CS Foster Carer (see The Foster Carer), CS provide a range of information regarding the child or young person to the Marymead Foster care program prior to holding a CMT meeting. This information includes:

- ≠ Child/Young Person Case Transfer Form
- ≠ Child Assessment Tool (CAT) or report
- ≠ Care plan
- ≠ Final or Interim court order

- ≠ Original birth certificate
- ≠ Genogram
- ≠ A case plan/review
- ≠ Health assessments, specialist reports and/or reviews
- ≠ Education Assessments/Individual Education plan
- ≠ Child or young person's Medicare Card
- ≠ Child or young person's Health Care Concession Card
- ≠ Immunisation history
- ≠ Client Information Form (CIF)
- ≠ Notifications of s149B-K decisions
- ≠ If applicable, documents regarding JJ involvement, bail conditions, AVOs etc.
- ≠ Original letters and photos and available life story work including baptism certificates, school certificates
- ≠ If applicable, records of relevant consents for the use of psychotropic medication as a restricted practice and reviews
- ≠ If applicable, Behaviour Management Plan
- ≠ Any previous history summaries e.g. file review
- ≠ Most recent school reports
- ≠ If the child or young person has a current physical, behavioural or mental health condition – provide all related specialist reports and assessments (not Children's Court Clinic report)
- ≠ Victims of crime audit or referral request for audit
- ≠ Original Blue Book
- ≠ Cultural Plan if applicable
- ≠ If applicable, Teenage Education Payment application

CS will endeavour to provide as much information as possible regarding the child or young person, however due to differing practices between CS office and the transfer of children between CS Local Areas, at times some information may not be available due to being lost or remaining with their original CS office. Where further information is required, a request may be made to the relevant Child and Family Referral Unit (CFRU) via email prior to, or following, a CMT meeting.

9.1.2 CMT Meeting

CMT meetings may be held over the phone or in person. Attendees generally include: Foster Care Program Manager, Team Leader and/or Caseworker, relevant CFRU Manager Casework, CSC Manager Casework and CSC Caseworker (child or young person's allocated caseworker).

CMT meetings are held to provide a verbal handover of the child or young person's case, to identify ongoing supports required, to allocate a set day for formal Case management transfer of the case and to also identify a set day for the formal financial transfer of the child or young person's case (i.e. determining when Marymead will commence paying the child or young person's carer). A set agenda is utilised to run each CMT, covering:

1. Attendances / Apologies
2. Client Information - Client Information Form, Case Plan and Cultural issues
3. Current Placement - CAT recommendation, Carer Details and any issues
4. Health / Medical / Dental – Diagnoses, Medication / Treatment and Work Outstanding
5. Education / Employment – Details and any issues
6. Behaviour Management - Behaviour Management Plan and any issues
7. Birth Family Contact – Who, Venue, Purpose, Frequency, Duration and Supervision
8. Other Professionals – Who, Services Provided, Purpose, Frequency and Duration

9. Financial Commitments - Service and Cost, Finalisation of Payments, Transfer of Financial Commitments and Date of Financial Commitments Transfer (KiDS allowance end date)
10. Case Management Transfer - Legal Issues: Victims Compensation, s82 or s90 applications, Data Remediation – KiDS & paper file, Paper file, Baseline Information still required by NGO, Date of intended Case Management Transfer and Date of KiDS Plan Transfer to CFRU
11. Any Other Business

During the meeting, Marymead and CS will minute handover discussions, with CS providing a typed copy of their minutes to the Foster Care Program.

Once a decision is made to determine the date of CMT, Marymead then have full Case management responsibility for the child or young person as of the agreed date and will begin formal case planning from this point onwards.

10 PLANNING IN CARE (Communication, Participation & Decision Making)

10.1 Roles and responsibilities

For children and young people in the Marymead Foster Care Program, the care team includes the child or young person, the Marymead team, the carer, birth families (where possible) and CS. Other agencies and professionals may also be part of the team; however their role is defined on an individual basis and tailored to the needs of the individual child or young person.

The principles on which the roles and responsibilities are based include:

- ≠ The care team will work in partnership based on cooperation, respect and trust and in the best interests of the child or young person in care.
- ≠ The development and review of Case Plans and other significant decisions should occur in collaboration with all parties involved in the care of the child or young person; and involve the views and ideas of the child or young person.
- ≠ The person or people with day-to-day care of the child should have day-to-day parental responsibility.
- ≠ Long term parental responsibility may also be delegated but will normally remain the responsibility of the Minister of CS. In some cases it may be shared with birth parents, and in some cases a carer may be granted sole parental responsibility.
- ≠ Whilst the child is in care, Marymead will be active in the whole spectrum of the child's care network, including the birth family.
- ≠ Decision will be made in a timely and efficient manner and will be cognizant of how processes may impact the privacy, stability and daily life of the child or young person and the carer.
- ≠ The effectiveness of the roles of various parties will be underpinned by a commitment to quality and best practice standards, consistency across agencies and adequate resourcing, and support to Marymead staff, carers and birth parents.
- ≠ The new roles and arrangements will be monitored and reviewed to ensure they are working in the interests of children and young people in need of care and are in keeping with the Act and LAC.

Additional practice guidelines include:

- ≠ The Minister of FaCS, or officer of the NSW Children's Guardian or delegate, retains the right to visit any child in care, at any time and at any venue, according to the standards in OoHC.

However, any contact will normally occur with the Marymead caseworker at a time that is agreed beforehand with the carer and the child or young person.

- ≠ CS workers will only arrange meetings with foster carers in consultation with Marymead caseworkers.
- ≠ Any change in the overall case direction should be the subject of a Case Conference meeting involving, where possible, all members of the care team. If urgent consultation is required, this will occur with the care team as needed. In some cases, a workers' meeting is required before the Case Conference meeting, when clarification of complexities and issues, or resolution of conflict is needed between the Marymead and other professional, in order to achieve the best outcome for the child.
- ≠ The CS will generally delegate day-to-day parental responsibility to foster carers and Marymead. For example, foster carers will have responsibility for practical arrangements such as routine visits to doctors and signing permission notes for excursions. Marymead will usually have responsibility for arranging contact with the birth family and resolving day-to-day conflicts and issues.
- ≠ As the Minister of FaCS will generally retain long term parental responsibility, CS will therefore have a role in determining long term planning issues for the child in consultation with the care team.
- ≠ The Minister of FaCS and Office of Children's Guardian must be satisfied, in each case of delegation of the day-to-day and long term parental responsibility, that policies, procedures and principles of best child welfare practice have been followed by the care team.
- ≠ Marymead's involvement with the child's birth family will be primarily in relation to placement issues relating to contact.
- ≠ CS involvement with the birth family will generally be most intensive in the early stages prior to a final Court Order and after a child has been restored to their family. This does not exclude other Marymead programs continuing to be involved with the family and to work on the day-to-day issues around the child or young person in their placement. CS will work with the birth family on protective issues stated in the court order, for example, arranging attendance at a detoxification program. Marymead may still have contact with children who have been restored to their birth families through respite care or through Contact and Changeover services.
- ≠ Once a child has left care, CS will usually have responsibility for ongoing monitoring of the child's situation. Marymead Foster Care Program will not have responsibility for ongoing monitoring.

10.1.1 Caseworker communication with children

For every child in care, the Marymead caseworker is required to engage with the child or young person alone from time to time. In the case of babies and very young children, observing their interaction with carers and others in the household can provide information regarding whether their needs are being fulfilled.

The Marymead caseworker will visit the placement a minimum of once every four to six weeks, and may have contact with a child or young person via phone or email (dependent on the child or young person's age). All meaningful contacts, where there is some interaction between the child or young person and the Marymead caseworker, are to be recorded in the child or young person's case notes and/or home visit report. Marymead has arrangements to provide support after-hours to children and young people (and carers) as required, through the telephone on-call service. Marymead will explain to children and young people when a change in a Marymead caseworker is needed, and will provide the maximum notification time possible.

Although home visits are an important part of formal case management, visits should be conducted in a low key, casual manner where possible. Caseworkers will need to be mindful of their attire and

tone of engagement during visits, as the purpose of visits is to build and strengthen caseworker/child or young person relationships. For example, approaching a child or young person in a formal, professional manner dressed in a suit will not support the development of a therapeutic alliance as the case worker may appear unapproachable.

From time to time, caseworkers may need to have serious conversations with children or young people regarding reasons they may have entered OoHC, to discuss serious behavioural issues within the placement or to discuss issues regarding the birth family that may be confronting or distressing. It is critical these conversations are held in a trauma informed, developmentally focused and relationship based manner, with an awareness of how the conversation may impact the child or young person. Discussions of this nature need to be conducted in an environment where the child or young person feels comfortable and where privacy can be assured. Where conversations of this nature have been held, it is essential to advise the child or young person's carer of the event and what behaviours may be anticipated e.g. the child or young person may be withdrawn, anxious, angry etc. and how the child or young person can be supported to process these responses. It is also important that the child or young person is advised what information will be provided to their carer to ensure open lines of communication are maintained.

10.1.2 Participation of children and young people

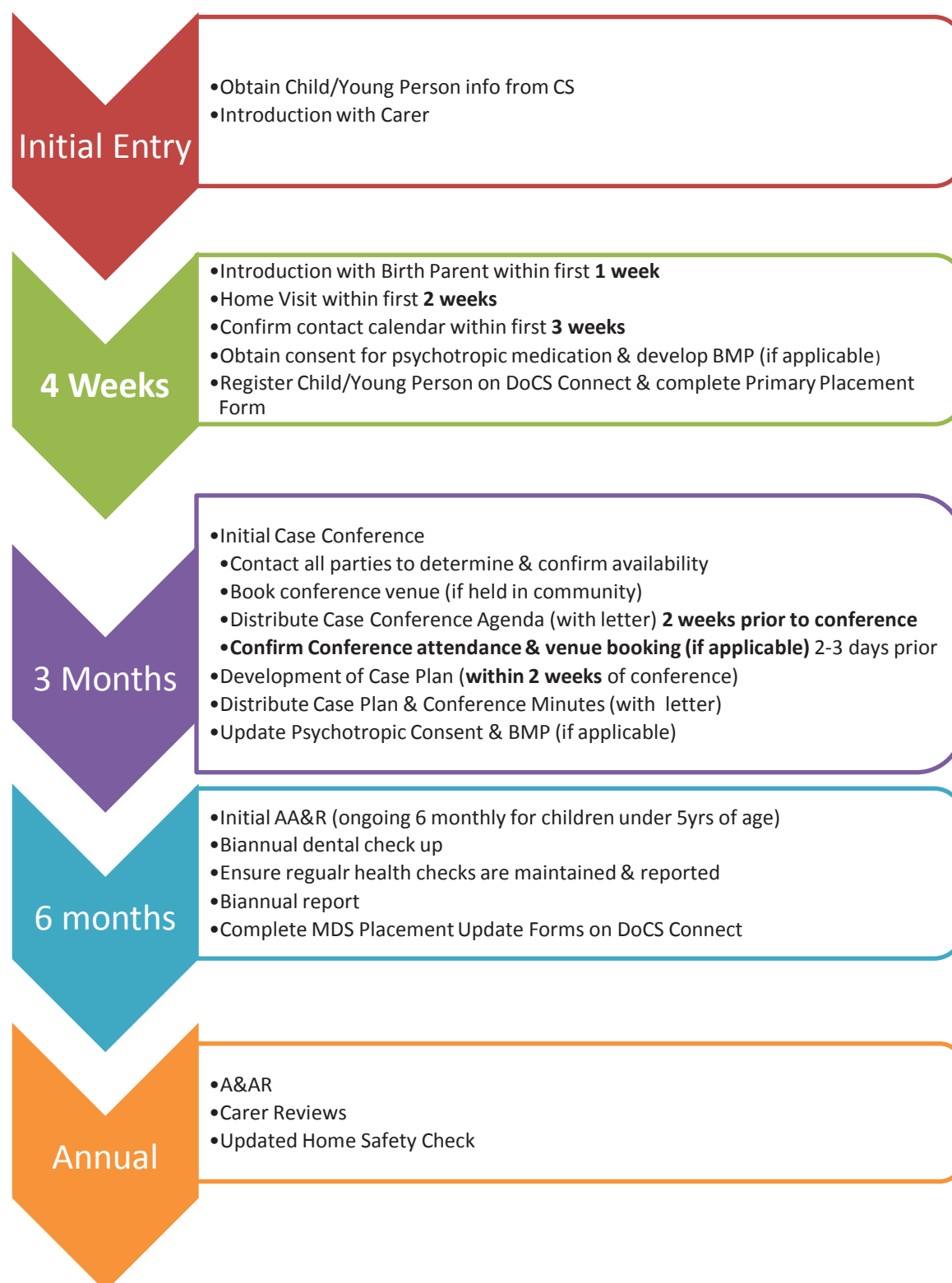
Where developmentally appropriate, Marymead caseworkers actively promote the participation of children and young people in decisions relating to their own care, taking into account the particular circumstances of the placement.

Marymead has developed specific strategies to prepare children, young people and their carers to participate in the Case Conference meeting. This includes what the child or young person can expect at the meeting, the information likely to be discussed, the need for their involvement and their rights to express their views. Practically, this can be achieved in age appropriate ways, for example, through consultation documents or informal discussion with the child during home visits.

Marymead uses interpreters and relevant community members to assist the participation of children and young people and their families, where culture or language would otherwise prevent or limit their participation.

11 CASE PLANNING

11.1 Overview of Case Management Process



11.2 Case Conference

Conference Process Flow Chart



The Case Conference forum provides an opportunity for all those involved in the child's welfare, including the child or young person, to meet with the aim of discussing relevant issues and the child's development (for example, emotional or educational needs). The particular abilities, strengths and interests of young people in foster care are identified and fostered, and they are provided with opportunities to achieve their best potential. Marymead, working in collaboration with all individuals and services within the child or young person's life, will foster particular talents within resources or may seek ways of supplementing the standard resources on behalf of the child.

The primary purposes of Case Conferences include:

- ≠ the development of plans and goals relevant and within the proximal zone of development of the child or young person;
- ≠ the monitoring of the relevance and effectiveness of developed goals accounting for new or changing developments;

- ≠ reviewing the progress of previous goals or milestones and altering or replacing elements of goal if they are no longer relevant or practicable;
 - ≠ identifying upcoming needs and planning for resources to meet identified needs;
 - ≠ identifying and requesting information required to support the child or young person; and
 - ≠ outlining responsibilities and accountabilities of all participants
- ≠ Case Conferences should be held:
 - ≠ four weeks after a child enters care (children in placements of less than four weeks will not usually have a Case Conference);
 - ≠ when changes to the Case Plan need to be made, either as a result of a court order or as a result of the individual circumstances of the child or young person (e.g. significant changes to the placement, identified imminent placement breakdown or a change in placement); and
 - ≠ every three months (regardless of where a court process is up to)

11.2.1 Who attends Case Conferences?

The Marymead caseworker is responsible for coordinating and convening Case Conferences. Invitations are to include the core care team, consisting of:

- ≠ the child or young person;
- ≠ the birth parents (including step-parents);
- ≠ the primary carer, which may be either the foster carer (including the immediate carer and the former carer where there has been a placement change since the last review);
- ≠ the Marymead caseworker (and sometimes Program Manager and/or team leader)

Additional invitees may include, but are not limited to:

- ≠ CS worker, where significant placement issues have arisen or significant support is required;
- ≠ representatives of other agencies involved with the child or young person or their family (for example, teacher, therapist, paediatrician, psychologist);
- ≠ significant others such as siblings, advocate, guardian, cultural or religious advocate; and/or
- ≠ for indigenous children or young people, an appropriate representative the child or young person's family or community (if needed)

A child or young person may choose to attend any or all of their Case Conference. Children who are old enough to understand the process may request a Case Conference. Alternatively, a child may ask his or her Marymead caseworker to represent his or her views at a Case Conference meeting. The child has the right to choose an appropriate support person to accompany them to a Case Conference if they chose to attend.

It is often appropriate for a teacher to attend a Case Conference. In this case, "Education" would usually be addressed first on the agenda, and then the teacher leaves.

Foster carers are encouraged to attend, but in some circumstances, they may not be able to. In this situation, the carers can request that the Marymead caseworker represent their views. Where there are major issues between carers and birth families, it may be necessary to hold separate meetings. Separate meetings can also be held when birth parents cannot be in the same room.

The Marymead Program Manager or Team Leaders may attend conferences if there are contentious issues, or to give support to the caseworker, or to familiarise themselves with the case.

There may be occasions when it is inappropriate to have the child or young person, one or both parents, or even a carer at the Case Conference. The reasons for this decision are to be clearly documented and advice provided as to how the views of the absent party were obtained.

Details of any party who cannot be located are to be included and advice provided as to what attempts were made to locate them.

11.2.2 Before the Case Conference

The Case Conference should be child-focussed with an emphasis on developing a clearly identified Case Plan that is agreed upon by all parties.

The Marymead caseworker is responsible for:

- ≠ setting a date, time and venue and informing all parties;
- ≠ consulting with all parties ;
- ≠ preparing and circulating the conference agenda, coupled with the template agenda letter;
- ≠ checking and updating the information in the child or young person's EIR 1&2, and PP 2; and
- ≠ identifying any financial resources/contingencies may be requested from CS prior to the conference

These points are discussed in more detail below.

In advance of the meeting, the Marymead caseworker is responsible for consulting with, and inviting, appropriate parties to attend. Consultations may be a single contact or a series of contacts, which allows the opportunity to observe and discuss issues over time. As a number of people will usually be involved, it is important that arrangements are set as early as possible to give sufficient notice. The date, time and venue is negotiated in consultation with the child or young person (if appropriate), carers, birth parents, and other attendees.

In preparing children or young people and their carers for the conference, Marymead caseworkers may discuss the following:

- ≠ what to expect in a meeting;
- ≠ information likely to be discussed;
- ≠ the need for their involvement; and
- ≠ their rights to express their views

Carers, birth family members and the child or young person may choose to utilise consultation documents or another form of written submission to be presented during the meeting, if they wish to outline a particular issue or request, are unable, or do not wish to attend. Consultation documents can be particularly helpful to allow children and young people who may find it difficult to speak in front of a room full of adults.

A standard agenda includes the following items for discussion:

1. Welcome & Introductions
2. Permanency Planning
3. Health & Medical
4. Education/Vocation
5. Emotional & Behavioural Development
6. Birth Family Contact
7. Culture & Lifestory work

8. Legal Issues (if applicable)
9. Other

All contingencies and financial requests are to be discussed with CS (if applicable) prior to the conference. Where possible, approval for financial requests or contingencies should be obtained prior to the conference. There may be some occasions when additional financial requests may be raised and discussed during Case Conference that the Marymead caseworker may be unaware of, which will need to be addressed with CS following the conference, however, this should be an exception.

11.2.3 During the Case Conference

During the conference, the Marymead caseworker, Program Manager or Team Leader chairs the conference and takes minutes. The chairperson needs to be objective, professional, impartial and non-defensive, and to remain focussed and clear and use their facilitation skills.

The Marymead caseworker takes minutes during the meeting and is responsible to explain the minutes from the conference will form the basis of the Case Plan, which will be distributed within two weeks of the conference (accompanied by the minutes). All participants are asked to review the minutes and subsequent Case Plan to ensure they are in agreement with what has been documented, or to provide dissenting views or additional information that will inform the Case Plan.

Marymead has the right, using discretion and tact, to terminate a meeting at any time if they feel there are safety concerns, inappropriate behaviour or verbal abuse occurring towards the child or other participants. For example, if a family member is abusive, the meeting can be terminated and the person asked to leave.

11.2.4 Following the Case Conference

Following the Case Conference, the Marymead caseworker is responsible for developing or updating the child or young person's case plan and to type up the minutes from the conference.

Within five working days of the Case Conference, the Marymead caseworker is complete the conference minutes and to begin working on the Case Plan. Within ten working days of the conference, the Marymead caseworker is responsible for finalising the child or young person's case plan, obtaining signatures from the Program Manager and any other Marymead staff who attended the conference.

11.3 Case Plans

A child or young person's Case Plan outlines the decisions and case planning goals regarding the child or young person whilst they are in care. The plan allocates responsibilities and timeframes for goals and decisions and provides a tool for monitoring the child or young person's progress towards goals or milestones. As discussed above, Marymead caseworkers, foster carers, parents and children and young people, in conjunction with external government, NGO and support services develop the Case Plan through conference discussions. It is critical therefore that communication between all parties involved with a child or young person is to be open, child-centred and solution focused at all times.

The Marymead Case Plan template holistically addresses the following areas:

- ≠ Permanency Planning
- ≠ Health & Medical
- ≠ Education/Vocation
- ≠ Emotional & Behavioural Development

- ≠ Birth Family Contact
- ≠ Culture & Lifestory work
- ≠ Legal Issues (if applicable)
- ≠ Other

These areas are covered in detail below:

Permanency Planning – This topic covers issues pertaining to the child or young person’s placement stability and duration. This topic is also where early discussion and planning for restoration of Leaving Care also commence.

Health & Medical – This topic covers all health and medical information for the child or young person. Discussion can include, but are not limited to: general health, referrals, immunisations, blue book records, optical and auditory requirements, specialists etc. This topic also covers paediatric or psychiatric reviews, emerging or diagnosed mental health issues and psychotropic medication recommendations or reviews.

Education/Vocation – This topic covers all educational and vocational information for the child or young person. Discussion can include, but are not limited to: behaviour and academic progress, tutoring, planning for preschool, primary, high school and tertiary education plans, school reports, camps and educational assessments. During these discussions, it is important any feedback or plans for parent teacher interviews are addressed, consideration for distance education options (if applicable) and any other feedback that relates to the school environment.

Emotional & Behavioural Development - This topic covers all emotional & behavioural development information for the child or young person, including a review or development of Behaviour Management Plans. Discussion can include, but are not limited to: general behaviour (including changes or improvement in behaviour), outbursts or challenging behaviours, social and /or peer interactions, emotional functioning, behavioural strategies, psychological interventions and counselling supports.

Birth Family Contact - This topic covers all family contact information for the child or young person. Discussion can include, but are not limited to: review of family contact (written, phone or face to face), review of contact arrangements regarding appropriateness, frequency and nature of contact, review of child or young person’s mood and affect before, during and after contact events, plans or requests for special contact events.

Culture & Lifestory work - This topic covers all cultural life story information for the child or young person. This topic is particularly important for children or young people from and ATSI or CALD backgrounds. Discussion can include, but are not limited to: cultural development, activities or plans, attendance or participation in cultural events of significance for the child or young person, arranging or maintaining contact with people or communities of cultural significance for the child or young person. This topic also covers a review of life story work conducted with the child or young person, planning for life story work, review of the child or young person’s understanding of why they came into care (at a developmentally appropriate level).

Legal Issues (if applicable) - This topic covers all legal information for the child or young person. Discussion can include, but are not limited to: victims of crime (VoC) claims and pending or current court related issues.

Other – This topic covers any further information, arrangements or plans that have not been discussed within any of the previous topics.

The Marymead caseworker is responsible for coordinating the implementation of a child or young person's Case Plan.

Case Plans (and their accompanying minutes) are distributed to all parties who attended the case conference, regardless of whether participation was in person, via phone, or in writing. When Case Plans are distributed, as per the Case Plan letter, each participant (including the child or young person if age appropriate) are requested to sign and return the final page of the plan, to demonstrate their agreement with decisions and goals set during the conference. Participants are also requested to provide changes to, or dissenting views, to the plan in writing when they return the approval page of the plan.

Where a young person is 15 years or older, it is beneficial for the young person to receive a copy of their Case Plan, independent of their carer. This act reinforces the importance of the young person being seen as their own person and responsible for their goals. Similarly, the young person may be tasked to address or complete goals within their plan, where previously their carer or caseworker may have taken the lead in a given activity.

Up to date Case Plans must be kept on the child or young person's file. Accompanying the Case Plans are copies of agenda and case plan letters to all parties. This demonstrates how Marymead ensures all parties are encouraged and supported to be engage in planning for a child or young person's life.

12 RECORDS MANAGEMENT

12.1 File Records – What information is kept on a client file?

The Marymead caseworker will be responsible for keeping the carer and children's files up to date.

Children's files are to be maintained in such a way as to allow subsequent caseworkers to grasp the child's legal status, placement history, family contact, educational needs, medical needs and any other particular needs. The file should allow the child to understand his or her history in foster care, should they elect to read the file in the future.

Children and young people's files will contain the following information:

Core Information	LACES EIR 1 & EIR 2 (most current)
Placement	Initial Placement Request & CS Information – this section includes information pertaining to the child or young person provided by CS as part of a Case Management Transfer (CMT), or when the child or young person first enters the Marymead Foster Care program. Information includes, but is not limited to: Client Information Form (CIF), Client Assessment Tool (CAT) and CMT minutes
	Care Plan
	Placement Transition - section includes information pertaining to the child or young person where plans have been developed or implemented for the child or young person to change placements or to leave OoHC.
	LACES PP 1 & PP 2 (most current)

Legal	Birth Certificate – this section may contain either an original, certified copy, or photocopy of the child or young person’s birth certificate.
	Court Orders / Court Reports – this section contains copies of the child or young person’s interim and/or final court orders and copies of s82 reports (where required or applicable)
Case Management	Case Notes
	Case Plan, Case Conference Agendas, Minutes & Correspondence – this section contains packages of case plans and their related agenda, minutes and letters pertaining to each case conference held for the child or young person.
	Cultural Plan – this section contains cultural plans where appropriate for a child or young person. Cultural plans are generally developed for children or young people from an ATSI or CALD background.
	Life Story Work e.g. awards, cards, photos etc.
	Financial Information & Briefs – this section contains Marymead briefs or requests for financial support from CS.
	Authorisation to Travel
	LACES A&AR
	Marymead Assessments – this section contains generic assessment conducted by Marymead Foster Care and may include, but is not limited to: living skills assessments, placement disclosure assessments (double filed with relevant case conference minutes).
	General Correspondence – this section contains any correspondence regarding case management activities or information for the child or young person. This section is used when the correspondence is not in direct relation to any other specified correspondence sections below.
Birth Family	Genograms
	Birth Family Correspondence – this section contains copies of any letters, pictures, cards etc. send to birth parents or significant others.
	Contact Calendar & Contact Reports
Medical	Medicare/Healthcare Cards
	Blue Book Information
	Immunisation Records
	Behaviour Management Plans/ Psychotropic Consents
	General Behaviour Management Strategies – this section contains information or resources provided to a parent or carer regarding behaviour management strategies to support the child or young person

	(not including the BMP).
	GP Reports
	Paediatric Referrals & Reports
	Psychologist/Psychiatrist Referrals, Assessments & Reports
	Dental /Auditory/Optical Reports
	Specialist Referrals, Assessments & Reports
	Health Pathways Referrals
	Medical Correspondence – this section contains correspondences regarding requests for information or engagement with a health care provider in relation to the child or young person.
Education	Education Pathways Referrals
	ILP/Education Plan
	Educational Reports
	Educational Assessments
	Educational Correspondence – this section contains any correspondence with educational professionals regarding the child or young person. Information can include, but is not limited to: emails with the school or educational provider, letters or emails with tutors etc.
Other	Other – this section includes past or expired EIR1&2 and PP1&2 forms
	General Correspondence - this section contains any correspondence of a general nature regarding the child or young person that is not in direct relation to any of the sections above.

12.2 Creating a file

Files for children or young people are black and are filed with grey dividers labelled 1-31 and A-Z. At the front of each file, a file index is inserted in a plastic sleeve and all information is filed according to the index. From time to time the index may be updated to reflect best practice needs.

12.3 Case notes

When keeping case notes, caseworkers must:

- ≠ date every entry (dd/mm/yyyy) and, if appropriate, time;
- ≠ document each action conducted, including making/receiving phone calls, emails/letters sent and received, home visits, research conducted etc;
- ≠ include their name, position, signature and date on each case note page;
- ≠ if providing a case note for an unallocated client, document their name, position, signature and date on each case note entry;
- ≠ be brief, objective, factual and accurate; and

≠ file in chronological order, with the most recent documents/correspondence on the top

It is essential that caseworkers include the date of the actual call/visit, as well as the date the case note is signed, as they may be different. For example, if the visit occurred on a Friday, and the case note was written up on the following Monday, the date of wording needs to be recorded with the caseworker's signature.

When naming another person, caseworkers must identify who the individual is, citing their position and/or profession (e.g. 'Jane, the carer' or 'John Smith, physiotherapist' etc.). It is also important to use quotation marks when directly referencing a person's statement e.g. Jane, carer, stated "Billy is completely out of control" to ensure case note entries remain factual and objective.

Where possible and appropriate, children and young people can be given the opportunity to make file entries on their own behalf.

12.4 Daily Reports

Emergency and short term foster carers are strongly encouraged to fill in daily reports or diary entries containing factual accounts of significant daily events, observations concerning the child or young person's responses to significant events (for example, contact visits), or to track a child's behaviour. Daily reports are usually required for the first month of a child in emergency or short term care.

The carer diary should be kept in a secure place, to be accessed only by the carer, Marymead caseworker and when appropriate by the child or young person. Carers are encouraged to discuss daily reports with their caseworker, so that they know to write facts in an objective manner. Carers need to be aware that daily reports and diaries are documents that could be subpoenaed.

As there is a possibility of documents being subpoenaed by court, Marymead caseworkers are to monitor the quality of documentation to ensure that reports:

- ≠ are written in a clear, concise manner;
- ≠ are factual and non-judgemental;
- ≠ are analytical in the presentation of issues; and
- ≠ provide evidence of accuracy of information and its source.

If subpoenaed, information needs to be available at short notice.

13 THE CHILD/YOUNG PERSON

13.1 Placement

13.1.1 Identifying significant people in a child's life

People who may be significant to a child or young person include: birth or adoptive parents, siblings, extended family, peers, family friends and other community members. The child or young person should be consulted as to who is important in their lives and how much information they would like the person to be given.

Significant people in the child or young person's life should be identified through conversation and active encouragement with the child or young person in care. People who are significant to the child or young person can include those related by blood, marriage, adoption or other culturally determined affiliation. The significant ties for each individual child or young person must be recognised, maintained and recorded in case plans.

Once a caseworker has explored the child's cultural background with the child or young person and has developed a clear picture of the people who may be significant in the child or young person's life, the caseworker is responsible for completing a Placement Disclosure Assessment. This assessment formally identifies who receives information about the child or young person and the level of information they will receive. Placement Disclosure Assessments must be completed within four weeks of a child or young person entering a placement and are reviewed annually as part of the child or young person's case conferences.

13.1.2 Disclosure of information regarding Indigenous children in care

Indigenous communities have a Case Conference system of family relationships that extend far beyond the generally accepted concept of family in non-indigenous culture. An indigenous child or young person's family includes connections and identification with land, wider family community networks, as well as heritage.

Where authority to access information has been granted by the relevant CFRU, ATSI children, parents and or a person previously authorised by that child or parent, may access all records, on request.

13.1.3 Determining relevant disclosure levels

It is necessary to consider the safety, welfare and well-being of children and young people in care, and their carers, in making decisions regarding the provision of information. To assist caseworkers to determine whether information may be provided, or the level of disclosure, there are five specified levels, ranging from High Level (restricted/personal information), to Low Level (non-identifying information).

The table below details examples of requested information, regarding the child in care and the placement, and the appropriate corresponding Level of Disclosure.

In general practice, Level 4 and 5 information can sometimes be released while undertaking further assessments.

Level 1 <i>High level identifying information</i>	<ul style="list-style-type: none"> ≠ Carer's surname (or other surnames of people living in house) ≠ Street address and locality of carer ≠ Home phone number ≠ Carer's employment details ≠ Activities of the carer that would be sufficient to identify the carer ≠ Name of school or childcare centre the child is attending ≠ Name of school or childcare centre carer's birth children attend
Level 2 <i>Moderate level identifying information</i>	<p>Information that would allow a person to establish Level 1 information. For example:</p> <ul style="list-style-type: none"> ≠ description of the school ≠ school principal's or teacher's name ≠ email address of carer which includes surname or employer
Level 3 <i>Low level identifying information</i>	<ul style="list-style-type: none"> ≠ Post office box address (as long as not a post office in a small town where carer lives) ≠ Carer's first name (unless name is highly unusual) ≠ Carer's email address (where surname and employer not identified) ≠ Carer's mobile number ≠ Child or young person's mobile number
Level 4 <i>Non-identifying event info</i>	<ul style="list-style-type: none"> ≠ General non-identifying information about events, hobbies, etc. ≠ Births, deaths, marriages, separations and other significant events for key people in the carer's extended family that are significant to the child ≠ Moving house or school (i.e.: information about the event, not new

	addresses or locations) ≠ Arrival or departure of other (non-identified) children or young people in the carer's home
Level 5 <i>Non-identifying information</i>	<ul style="list-style-type: none"> ≠ First name of carers ≠ Cultural identity of carers ≠ Language spoken in carer's home (other than English) ≠ Religion of carer ≠ General composition of carer's family (eg: number of children, age of children) ≠ General non-identifying descriptions of carer's background, lifestyle or experiences (e.g.: "Maria works full-time and David looks after the kids" or "They love outdoor activities")

13.1.4 Assessing the Level of Information

When assessing the level of information that should be provided to a parent or significant person, the following considerations must be made:

- ≠ Court orders specifying the level of information to be disclosed (placement information cannot be disclosed if this would be contrary to any court or tribunal orders);
- ≠ The child or young person's wishes (there must be a strong case built for not upholding the child's wishes and this must be discussed with the child or young person);
- ≠ The carer's wishes or concerns (but only in regard to the child's, carers or other family's safety, welfare or well-being);
- ≠ Other legal information which may call into question the child or young person's safety (such as recent or recurring Apprehended Violence Orders);
- ≠ Past experiences of the parent's behaviours while child/other children are in care;
- ≠ Reports from other professionals (e.g.: school teachers); and
- ≠ Information provided by CS.

Any disclosures of placement information at Levels 1- 3 must be approved by the Team leader or Program Manager.

13.1.5 Consent from the carer

Prior to the release of placement information at Levels 1- 3, the carer must be contacted by the caseworker and their written consent to the disclosure must be received. If the carer refuses to give consent or does not respond in writing within 28 days of the request to disclose placement information, Marymead may decide to continue with providing the (High Level) information, if the caseworker (in consultation with the Team Leader or Program Manager) believes there are reasonable grounds that the disclosure will not cause any safety, welfare or well-being risks to the child, carer or to the family member or any household member of the carer.

Written notification of this decision must be issued to the carer, providing the reasons there are considered to be no safety, welfare or well-being concerns. Also to be included in this written notification is the carer's right to have the decision reviewed by the Administrative Decisions Tribunal (ADT). If a carer chooses to access the ADT, all disclosures of placement information must be placed on hold until the ADT makes their ruling.

13.1.6 Denying requests to disclose information

Refusal to provide placement information must be imposed if, on reasonable grounds, it is believed that the release of information would adversely affect the safety, welfare or well-being of the child,

carer or another member of the carer's family or household. Refusal to disclose placement information to a significant person, after the receipt of a written request, must be advised to that person in writing. Whilst that person is not afforded the right to appeal, any further information disclosed by that person in response to the written notification must be considered.

13.1.7 Confirming requests for disclosure to the child

If the child is over the age of 12 years they must be given a copy of any written notifications provided to the carer, stating that placement information will be disclosed, unless it is deemed not to be in the young person's best interests to do so. This should be supported by verbal discussion with the child or young person. While parents can be provided information about the child's health, all health information sought by other significant people must be consented to, specifically by the child or young person.

All discussions, information, applications and assessments regarding the provision of placement information to parents and to other significant people must be recorded in the child or young person's case notes on their file. All information disclosure decisions should be reviewed, at minimum, annually.

Clients are also advised of the parameters of *limited confidentiality* where personal information may be disclosed to authorities including FaHCSIA, NSW Police or Mental Health services where there is concern regarding risk of harm or abuse towards children, young people, community members or the client.

13.1.8 Care environment

Marymead Foster Care Program must ensure that the living environment for children and young people is comfortable and adequate for their needs. Marymead has guidelines for assessing the adequacy of the living environment through conducting Home Safety Checks and general observations of the home during home visits.

In foster care homes, the living environment should be physically safe and hygienic, including safe recreational areas and equipment which is fitting for the child or young person's age. Universal infection control procedures are to be followed, and all carers should be trained in basic safety and hygiene precautions.

Carers' homes should have:

- ≠ smoke alarms fitted;
- ≠ first aid equipment;
- ≠ materials to prevent the spread of infection (antiseptics, soap, cleaning equipment);
- ≠ no dangerous pets;
- ≠ fenced swimming pools;
- ≠ locked cupboards for the storage of poisons, drugs and other chemicals; and
- ≠ private space for children and young people, as appropriate to their age

If children are riding bikes, they are required to wear bike helmets to comply with the law and for their own safety and well-being.

Foster carers are provided, and must comply with, the Marymead Code of Conduct and Carer Expectations which set clear guidelines that aim to minimise any risk of children and young people being harmed or suffering emotional, physical or sexual abuse.

Marymead may provide equipment which can be lent to respite carers e.g. fold-up cots, high chairs, strollers, stove guards, or car seats. When items are provided on a temporary basis, a goods register must be signed, noting when the item was given out and when it was returned (noting any change in the item's condition).

13.1.9 Normalisation

Making the lives of foster children as normal as possible is important, especially when they are in long term care. This means that caseworkers need to work in a friendly, low-key, non-invasive, non-authoritarian way. Whenever possible, the child or young person should see decisions being made in the family. Sometimes, with adolescents especially, carers may refer to Marymead and their policies as a way of saying 'no', and Marymead caseworkers should support this and at the same time reinforce with the young person that the carer has the authority to make decisions.

It is acknowledged that children and young people in care have not experienced "normal" lives and they are often asked to attend case conferences or engage in life story work that may create feelings of awkwardness or being uncomfortable. It is critical therefore, that caseworkers seek to encourage children and young people to engage at a level in which they feel comfortable. Normalising conversations may include discussing how many families are different and relate in different ways and that their lives involve two families.

Whilst trying to make things as normal as possible for children and young people in a short term placement pending a court hearing or the outcome of a case management conference, it is more likely there will be limits of normality. However, Marymead caseworkers and foster carers must endeavour to make a child or young person's day to day life as 'normal' and predictable as possible. This may include conducting home visits after school hours or in an inconspicuous manner to avoid drawing attention or further isolating the child or young person socially.

13.1.10 Placement Transition (Moving in Care)

Moving in Care refers to when a child or young person is moved from one placement to another, whether the movement is within Marymead, or to a different NGO. This is distinct from Leaving Care, where the child or young person is leaving statutory OoHC. It is widely accepted that moving house is one of the most stressful experiences that adults can have, and can generate feelings of loss and grief. A change in placement is likely to involve additional stress factors for a child or young person in care who has already experienced significant grief and loss. For any child or young person, leaving behind their carers and families, schools, and sometimes caseworkers and agencies, can be very difficult.

Foster Care placements may end due to various reasons, including, but not limited to:

- ≠ a child has turned 18 years of age and may move to supported or independent arrangements;
- ≠ a carer has agreed to care for the child for a fixed period of time only; or
- ≠ a child is being restored to his or her family.

Regardless of the reason for a placement ending, it is important that moving in care is supported to a positive experience. Whenever possible, children should do something special to mark the end of the time they have spent with their former carers, and have time to meet and spend time with their new carers or family members prior to moving.

13.1.10.1 Planned transitions

Planned transitions are usually due to a different type of care being required to match the child or young person's needs, such as the child being placed on long-term orders and their current carer only providing short-term care. In planning a transition between placements, all efforts are made to assist the child or young person to address and resolve any grief and loss issues related to the change of placement and to provide continuity for the child or young person in their significant relationships, life experience and attachments. This should include consideration of:

- ≠ continuity in schools;
- ≠ maintaining planned contact with workers with whom the child has a special relationship;
- ≠ maintaining friendships;
- ≠ enabling contact with previous carers if this will be helpful for the child;
- ≠ continuity of current special interests, recreational and sporting activities;
- ≠ ensuring the child's or young person's belongings and life story materials go with them;
- ≠ providing information allowing the child to participate in decisions about the move; and
- ≠ counselling which may focus on grief and loss, behaviour modification or other issues as required

13.1.10.2 Short Term Placements

In cases where the carer has agreed to care for the child for a fixed period of time only, that is, in short term placements, or in circumstances beyond the carer's control – for example a posting overseas or interstate, clarifying the time frame for the placement will allow changes in placement to be planned ahead of time to aid smooth transition between placements. It is also critical that the child or young person is aware of how long they will reside in the placement in an effort to create an environment of predictability and stability.

13.1.10.3 Birth Family Restoration

Where restoration is identified as a permanency planning goal, a specific restoration plan is developed by Marymead, in consultation with CS as part of the child or young person's Care Plan and case plans. Restoration plans include time frames and stages of restoration, potential respite plans, and support plans should the restoration be unsuccessful. In addition, restoration plans include further identified supports from Marymead programs or other involved NGOs or services. Each stage of restoration is carefully monitored and reviewed to support successful restoration.

Once the child has been restored to their birth family, they are no longer allocated a Marymead Foster Care caseworker as generally other supports are put in place. Restoration plans may however include strategies such as the child or young person's current carer maintaining respite care for the child or young person to ensure continuity of relationships.

13.1.10.4 Disrupted Placements

Many children and young people in foster care have experienced a multiple placements throughout their lives, despite the objective of settled and stable care. These experiences may result in feelings of insecurity, uncertainty and confusion, which can be extremely damaging for the child or young person. The impact of multiple and disrupted placements can be particularly serious for young people leaving the OoHC, potentially entering the adult world without an established support network, a consistent set of values or a sense of identity, belonging and self-worth.

Generally, placement breakdowns or moving in care do not just "happen". Marymead caseworkers and carers are responsible for assessing placement progress and need to be proactive to prevent placement breakdowns. This requires Marymead to be conscious of emerging needs or difficulties in a placement and to plan for additional supports or other relevant options. It is also important to

involve the child or young person in these discussions (where possible and appropriate) to ensure all aspects of the placement are given due consideration.

To ensure Marymead maintains a high level of quality in all placements, the Program Manager, in collaboration with caseworkers, will record the number of:

- ≠ placement breakdowns for each individual child or young person;
- ≠ placement breakdowns overall as a percentage of placements;
- ≠ changes to individual children or young people's schooling and health care services; and
- ≠ allegations of abuse in care

13.1.10.5 Placement breakdown

Marymead's casework practice identifies any Foster Care placement that is assessed as being at risk of disruption. The risk factors for placement breakdowns are discussed routinely in placement monitoring, through conversations with the child or young person and carers. Where there are signs that a placement could be disrupted e.g. carers stating they can no longer manage the child or young person, evidence of a child or young person sabotaging their placement or absconding, a pro-active approach should be taken to developing a plan to support or change the placement. In cases where a change of placement is necessary, Marymead should work cooperatively with other organisations involved and with carers to ensure a smooth transition for the child is made.

Supports or interventions to prevent placement breakdown may include:

- ≠ development or review of BMP;
- ≠ increased frequency of home visits and contact with carers;
- ≠ provision of strategies to manage challenging behaviours;
- ≠ respite options;
- ≠ open discussions with the child or young person as to how they feel in their current placement and discussing and clarifying any concerns or misconceptions

From time to time, unplanned transitions may occur due to:

- ≠ factors about the child or young person, such as challenging behaviours or support needs that are not able to be met by the placement;
- ≠ lack of information about the placement at the beginning of the placement;
- ≠ substantiated allegations of abuse in care; or
- ≠ factors about the carers, such as changed family dynamics or carer's health, that affect the carer's capacity to meet the child or young person's needs.

In all such cases the interests of the child will be the paramount concern.

Under certain circumstances Marymead may recommend that a child's placement with a carer end. Such a decision would not be taken lightly, but may occur if Marymead staff, in collaboration with the CS, believe that the placement was not meeting the needs of the child, or the carer could not work within the Foster Care Program's policies and procedures, or if the placement presented a risk to the child or any member of the foster family. The reason for the placement ending needs to be explained as honestly as possible to carers, and referrals of support offered to the family.

Carers may also request that a placement end because they believe that the placement is adversely affecting the child or a member of the foster family, or because family circumstances have changed. In these circumstances, it is important to clarify whether the current carer can maintain the

placement until a suitable placement is identified, or if the placement is required to end immediately.

If there is suspected abuse in care, Marymead caseworkers are obliged to follow Marymead procedures regarding abuse (*see 20.4 Mandatory Reporting*). This includes informing the Program Manager immediately, contacting CS and providing a mandatory report (where required) and advising the NSW Office of Children's Guardian. Where an allegation is being investigated, the child or young person will need to reside in an alternative placement until the investigation is completed and the child or young person's welfare and wellbeing can be guaranteed. These processes occur in close collaboration with CS.

13.1.10.6 Carer needs when a placement ends

Often there can be feelings of grief and loss for carers once a child's placement has ended. The Marymead caseworker role then focuses on supporting the carer, as placement breakdowns or restoration processes can potentially be distressing, especially if the carer feels the situation at home is not ideal. Marymead caseworkers have the capacity to connect carers with counselling, should this be considered necessary.

13.2 Leaving OoHC

Effective leaving and after care planning is essential for young people formally leaving OoHC. Whilst it is hoped that many young people in Foster Care will remain with their carers as they move into adulthood, as many birth children do, some young people will opt to transition into supported or independent living arrangements.

Planning for leaving OoHC begins when a young person turns 15 years of age. Within the development of a Leaving Care plan, consultation should occur with the young person, their birth parents (where possible and appropriate), carers and significant others involved in the young person's life. Authorised carers in particular have a valuable role in assisting young people to develop the skills necessary to support their successful transition to independent living.

For young people with a disability who are likely to have significant support needs upon leaving OoHC, leaving care plans may include referral to, and collaboration with CS and the Department of Ageing, Disability and Home Care (ADAH). Where this is considered an option, it is important to engage ADAHC at least two years prior to leaving OoHC to allow for adequate referral and assessment time.

Leaving care plans should include reasonable steps that will prepare the young person for the transition from OoHC and should be informed by a needs assessment e.g. living skills assessments, A&AR etc. Plans should address accommodation requirements, employment/vocation and income support, access to ongoing education and training, knowledge and understanding of personal history including cultural background, contact with family members, and independent living skills, including financial management and health and lifestyle issues. Plans should also specify, as far as can be determined, the agencies or people that will provide the services and/or provide the resources to implement the plan.

13.2.1 Moving to independent living

For some young people, they may choose to transition to independent living arrangements when they leave OoHC. Supporting young people to plan for independent living requires a considerable amount of planning, investigation and preparation to ensure the young person is successful in their endeavours. Planning for this goal should commence with a minimum of 2 years notice as part of their leaving care plan goals.

Developmental goals within the leaving care plan will need to include, but are not limited to:

- ≠ developing effective budgeting and money management skills;
- ≠ identifying and securing income source;
- ≠ living with others, including conflict resolution;
- ≠ identifying and referral to appropriate emotional and psychological supports (if required);
- ≠ cooking, cleaning and personal maintenance;
- ≠ applying for education, training and employment;
- ≠ rights and responsibilities of citizens (voting, taxation, income support etc.);
- ≠ gaining and keeping accommodation (tenants' rights and responsibilities); and
- ≠ education about sexuality and drugs

Caseworkers are also responsible for providing guidance and support to Carers regarding how to help and support the young person with the above issues. This is also a time when carers will need support, as there will no longer be departmental or foster care involvement in the young person's life once they turn 18 years of age.

13.2.2 Transition to Independent Living Allowance (TILA)

The Australian Government's Transition to Independent Living Allowance (TILA) is available to assist with some of the needs that a young person leaving care may face in establishing independent life. It helps young people leaving care to develop their resilience and build their capacity to overcome the difficult situations they may face when they start to live independently.

TILA helps with the transitional costs of young people who are leaving either formal or informal care arrangements. It complements other support services that may be provided by the NSW government or Marymead to a young person leaving care. TILA is available for young people between the ages of 15 and 25 who are preparing to, or have exited, out of home care or the juvenile justice system.

TILA is one-off support, up to the value of \$1,000, and can be applied in a number of ways to best meet the needs of a young person leaving care. This can include making a contribution to the costs involved in starting employment, education or establishing a household. It may also include life skills courses to provide young people with the skills to live independently.

Marymead can assist a young person making the transition from care to living independently to make an application for TILA through the 'administering organisation'. Funded by FAHCSIA, the administering organisation is Southern Youth and Family Services of the Act, who can provide information and eligibility guidelines. See website at www.tila.org.au

TILA is not intended as a direct payment to a young person. After approval, the money is sent to Marymead. A caseworker will then be responsible for making the purchases requested (up to \$1000) to be approved by the PM or Director depending on cost of purchases.

13.3 Legal

At times a child or young person may need to attend court on police related issues. Should this occur, their Marymead caseworker will be present at the court to ensure the child or young person receives a high level of support. At times, the Marymead program manager may also attend if required or appropriate.

13.4 Case Management

13.4.1 Pocket Money

It is highly recommended that children and young people in care receive their pocket money regularly. Pocket money costs are incorporated into the regular foster care allowance and it is recommended by CS that pocket money rates are generally twice that of the child's age per fortnight e.g. a 10 year old child may receive \$20.00 per fortnight. Pocket money is not to be withheld as a form of discipline. It is also strongly recommended that children and young people have their own bank accounts.

13.4.2 Annual Review, Action and Assessment Record

Within 6 months of entering the Marymead Foster Care program, an AA&R needs to be conducted. For children under five years of age, the AA&R needs to be completed every six months. For children over the age of five, an annual AA&R will be conducted. AA&R are designed to be completed across a two month period to allow for adequate consultation and report writing time.

13.4.3 Bi Monthly Reports

Marymead caseworkers are required to complete biannual reports. These reports serve as a summary of the child or young person's progress and may be provided to the foster carer, birth parent and any significant other (where appropriate). Reports are not required by CS, however in the interest of information sharing and collaboration, a copy will also be provided to the relevant CFRU.

13.4.4 Obtaining File Information

Marymead caseworkers are required to maintain comprehensive files on each child and young person. During the intake or CMT process, CS will provide information regarding the child or young person as discussed in 9.1.1. At times however, information regarding a child or young person may not be provided. In these situations, it is appropriate for a caseworker to contact CS or the relevant agency or service via phone, email or letter to request information regarding the child or young person.

13.4.4.1 Requesting information from CS

Initially, requests for information should be made via phone. A follow up email is then sent to confirm the request for information in writing. Caseworkers should allow up to 7 working days for information to be provided to Marymead from CS. If information is not received within this timeframe, a follow up email should be sent to the relevant CS Caseworker or CFRU requesting the information again. Should information not be received within 5 working days of the follow up email, the caseworker is to advise the Foster Care Program Manager (providing a copy of the two emails) who will contact the relevant CS Manager Casework.

13.4.4.2 Requesting information from medical practitioners

Caseworkers will need to send the relevant practitioner/medical surgery a copy of the "Request for Medical Reports Letter" via post or fax. Should information not be provided to Marymead within 7 working days of sending the letter, a follow up phone call should be conducted. At times medical services may not understand the transfer of case management. In these situations, caseworkers will need to explain that Marymead are now responsible for the care of the identified child or young person and therefore, any medical reports will need to be provided to Marymead rather than CS. If required, Marymead can resubmit the request under s16A of the Child and Young Persons (Care and Protection) Act 1998.

13.4.4.3 Requesting information from family members

At times caseworkers may request information about a child or young person's past directly from the child or young person's family members, including birth parents. It is essential that requests of this nature are handled sensitively, from a trauma informed approach. Frequently parents and family members have had poor experiences with CS and therefore may be defensive when asked questions about their children or young people. When seeking information, clarification must be provided to ensure the family member understands what information is being sourced and why.

13.5 Identity

13.5.1 Names

A child or young person's name is central to their sense of identity. Legally, a child cannot formally change their name until they reach the age of 16 years (with CS consent), or until the age of 18 when they formally exit OoHC. It is critical therefore that children and young people are encouraged to maintain the use of their birth name, rather than the name of their foster family. Where a child or young person identifies a preference to use their foster family's name, consultation between the Caseworker, Program Manager, Carers and the child must occur. It is also important to discuss this issue with the child or young person's birth family in a sensitive manner. Where a child or young person still wishes to use their foster family's name, it is important they understand any formal document regarding their person e.g. forms, school enrolment, reports etc. will utilise the child's legal name.

Children in short term care should be encouraged to call their carers by their first names or to use a pseudonym such as 'auntie/uncle'. When a child or young person is residing in a long term placement, they may choose to use the term 'mum' or 'dad' to refer their carers, however this is a decision they need to be comfortable with and under no circumstances be coerced into using. Small children may tend to call their foster carers 'mum' and 'dad' as they may be copying other children in the home, or because they see carers as mother and father figures. Where this occurs, it is important carers understand this decision may be distressing for birth parents to hear and they may expect a negative or distressed response.

13.5.2 Religion

Carers who maintain long term parental responsibility for a child have the authority to make religious decisions on a child's behalf. Generally a young person cannot make a decision, for example, to be christened, until they are 16 years of age. Some birth parents may wish for their child or young person to have on-going attendance at a particular church. Carers are expected to allow the child to practice his or her religion and to respect the child's cultural and ethnic background.

It is important that carers understand that they cannot expect their foster child or young person to adopt their religious beliefs or cultural practices. It is common however, for carers who are church-attendees to want the child or young person in their care to accompany them to such outings or events. Where this is the case, the carer must discuss this activity with their Marymead caseworker before engaging in any religious or cultural activities. Carers are expected to convey respect to the child's family of origin and, where required, to support the child to maintain religious practices of their birth family.

13.5.3 Significant Events/Important Dates/Birthdays

Around the time of each child or young person's birthday, their Marymead caseworker should endeavour to visit the child and give them a small birthday present and card from Marymead. Where possible, Marymead will endeavour to have present and card resources available to

caseworkers, however in some limited circumstances the caseworker may need to buy a present which is funded by Marymead.

It is also important to note that Marymead caseworkers may need to be sensitive to the financial situation of carers. If needed, caseworkers can supply carers with toys from Marymead to give the child as their own gift.

Birth parents often request extra contact with their child on the child's birthday, and the Marymead caseworker usually arranges for this to happen.

13.5.4 Life Story Work

Life Story work is concept that highlights the importance of a child or young person developing or maintaining a record about a child or young person's history and personal development. Life story work is based on a narrative approach where a child or young person is supported to record their thoughts and memories of their childhood, gain a clear understanding of how they came to be in OoHC, develop their emerging sense of identity and belonging and also to plan for their hopes and goals for the future. Lifestory work may be recorded in words, pictures, photos, memorabilia, awards and certificates etc.

The benefits of working with children and young people on their Life Story include:

- ≠ developing a therapeutic alliance between the child or young person, their foster carer and Marymead caseworker;
- ≠ the child or young person develops a stronger feeling of self-identity and self-esteem through learning about and accepting their past;
- ≠ bridging the gap between foster carers and parents;
- ≠ within a narrative approach, the child is better able to distinguish reality from fantasy;
- ≠ allows the child or young person to ask their caseworker questions they may not have felt safe to ask before, such as what their parents are like and why they are in care;
- ≠ using a book or folder to collate information ensures that there is a central record of the child's life for current and future reference.

Lifestory work is highly individualised and will look different for each child or young person. Some children and young people may choose to create a Lifestory book or folder; others may prefer to keep photos in an album, place posters and pictures on their walls etc. As Lifestory work also involves conversations with child or young person, it is important to be aware that at times, a child may not be open to engaging in Lifestory work. Discussion may evoke feelings and thoughts from the past they may find confronting or distressing. It is critical therefore that Lifestory work is conducted at a pace that meets the child or young person's needs and is developmentally appropriate, trauma informed and relationship based.

Life Story work should be undertaken between the child or young person and a trusted adult with whom they have meaningful relationship. Depending on the child or young person, Lifestory work may be conducted with the carer, or with the carer and Marymead Caseworker. Working together can provide a valuable opportunity for the three parties to build a close bond, develop trust and gain a stronger understanding of the child's history and emotional wellbeing.

The Life Story book must remain with the child if they move to another placement or restored to their parents' care.

Guidance regarding what Lifestory work can entail has been provided by CS through an online and downloadable Life Story book package. CS has also created a separate package for indigenous

children and young people, called My Life Story book – Aboriginal version. These documents can all be accessed at

http://www.community.nsw.gov.au/docs_menu/parents_carers_and_families/fostering_and_adoption/foster_care/are_you_a_foster_carer/life_story_work.html

13.5.5 Body Piercing

Carers cannot arrange or consent to any form of body piercing (including ears) for children or young people in their care. Where a child or young person requests to have their ears pierced, the carer will need to contact their Marymead Caseworker who will seek approval from CS.

13.5.6 Haircuts

Choosing to have a haircut is a delicate matter. If a child is in short term care, the carer needs to seek permission to have the child's haircut. When a child is in long term care, the carers (and child or young person) can make decisions about haircuts. It is important to be cognizant that some birth parents may feel deeply offended when someone else has their child's haircut and alters the appearance of their child. For a child in long term care, where there is uncertainty, the carer, child or young person is to contact their Marymead caseworker to discuss their concerns prior to the haircut.

15.5.7 Travel

Where a child or young person is planning to leave the state or country, permission from CS is required.

Caseworkers are to complete an "Authority to Travel" form and submit the form to the relevant CFRU for approval within 5-10 working days of the planned trip.

15.5.8 Photographs

Where a third party wishes to take or publish photos of a child or young person in OoHC, they must receive approval from Marymead. Where permission is granted, the following restrictions apply:

- ≠ the child or young person is NOT to be identified as a foster child, or child within OoHC
- ≠ where the third party seeks to publish the photo e.g. in a newspaper, school newsletter etc. the child's identity, that is, **name, residence or date of birth**, is not to be disclosed.

Carers cannot approve for photos to be published. This permission can only be granted by Marymead.

14 BIRTH FAMILY

14.1 Identity and Family Relationships

Based on the family involved and relationship based principles of CARE, all children and young people in OoHC are actively supported and encouraged to maintain relationships with important people in their lives. Contact between children, young people and their families may occur through letters, cards, phone calls and face to face visits.

14.1.1 Guidelines and principles of contact

When a child or young person is separated from their family, the Act requires that every effort is made to maintain important relationships in a manner that is safe for the child or young person.

This is based on the following principles:

- ≠ all children have a right to maintain links with their families, irrespective of the nature or length of separation; and
- ≠ the focus of family contact must always be to preserve and strengthen relationships, when it is in the best interest of the child.

Family contact for children and young people in foster care can help them to:

- ≠ connect with their histories;
- ≠ process and resolve grief and loss issues;
- ≠ understand and accept the reasons for their separation from their parents;
- ≠ develop positive connections with their parents, whether permanent or temporary;
- ≠ settle in their placements;
- ≠ be reunited with their families;
- ≠ develop a sense of identity; and
- ≠ alleviate anxieties regarding their about their parents' welfare.

14.1.2 Frequency of contact

It is part of the role of the Marymead caseworker to ensure that the frequency of contact is included within the child or young person's Case Plan. The purpose of contact is to provide quality, positive time with birth family members, creating memories with a high positive emotional content and a focus on the 'now' than on the future.

Contact is a right of the child or young person; however its frequency and purpose vary according to many factors, including:

- ≠ balancing the child's need for care and protection and contact with significant people;
- ≠ long term case planning goals for the child or young person, incorporating their views and wishes;
- ≠ the context in which the changes are brought about to the birth family by the circumstances that led to the child entering care;
- ≠ where restoration is planned, depending on the timeliness of this restoration, graduated and increasing regular contact may be appropriate; and
- ≠ when a child is in long term care, contact may be less frequent or as determined by the child or young person, or regular contact may occur between siblings as relationships are established.

When a child or young person enters long term care, it common for contact frequency to reduce to 4-6 times per year. The aim of reduction in contact is to support the child or young person to develop their primary relationship with their foster family. In long term care, if the situation is stable, carers are encouraged to develop informal contact arrangements with birth families.

14.1.3 Contact Arrangements

The arrangements and frequency of contact between a child or young person and their family may vary immensely from situation to situation.

Informal Contact – Informal contact is where contact arrangements are arranged through the carer and birth family directly, without the need for Marymead assistance. This type of contact can be characterised as open and flexible, where the child or young person, family member and carer family are familiar and comfortable with each other. In these circumstances, the carer will arrange for

contact to occur at a mutually agreed upon location and time and will also transport the child to contact and supervise the contact event (if supervision is required).

If informal contact arrangements are in place, the caseworker will speak with both the carer and family members regarding the frequency and outcomes of contact to ensure the experience remains positive and appropriate for the child or young person.

Formal Contact - Formal contact is when contact arrangements are arranged through the Marymead caseworker, in consultation with the child or young person, family member and carer. Formal contact arrangements are documented within a family contact schedule and held at mutually agreed location (where possible) and time. When formal contact arrangements are developed, the carer may agree to transport the child or young person to and from contact, or this task may fall to the Marymead caseworker or contact/transport worker.

Where supervision is required and it is deemed inappropriate or unsafe for the carer to supervise contacts, the Marymead caseworker will supervise contact visits or will organise for this task to be conducted by a Marymead Contact Worker. Supervised contact is discussed in further detail below.

14.1.4 Supervised Contact

Ideally children or young people should move from supervised to unsupervised contact with their birth families over a period of time. However, this is not possible when:

- ≠ parents are likely to be abusive to the child, including verbal and or emotional abuse;
- ≠ parents are likely to abduct the child;
- ≠ parents are likely to apply emotional pressure to make the child retract a disclosure;
- ≠ past or current parental actions have been severely damaging to the child; and
- ≠ the effect of contact on the child requires assessment.

Frequency of contact is determined in some cases by the parent and child or young person's wishes, and in other cases the decision is made by the courts or CS. In most cases, supervised contact is provided by a professional supervisor, for example the Marymead caseworker or Contact Worker, or through another external contact agency. Professional supervisors are expected to provide Marymead a written report detailing observations and information regarding the supervised contact which is filed in the child or young person's Marymead file. Following a supervised contact, the Marymead Caseworker or Contact worker will provide the carer with a brief overview of the visit and advise of any issues that had occurred, especially any concerns regarding the child or young person's mood and affect during or following the visit.

Where contact visits are supervised by a Marymead Contact Worker or external agency, the agency must provide feedback to the Marymead caseworker within a timely manner and raise any issues or concerns regarding the nature or outcome of the supervised visit. Any concerns will then be followed up by the caseworker with the child or young person, carer and family member.

14.1.5 Support and processing contact

It is acknowledged that contact can be perceived as invasive and a burden for the carer family as they sometimes have to cope with children who are distressed or upset in some way due to contact with their family. Contact arrangements may also restrict some carer family functioning or planning. Marymead caseworkers need to support carers in recognising the birth parent and birth family role in the life of the child or young person, and that contact between children and their birth family is extremely important to the child's identity and self-worth. Therefore, Marymead actively works to support and enhance this relationship, as well as supporting carers.

In some circumstances, family contact may not be in the best interest of the child or young person and be contrary to their immediate or long term welfare or safety. If there is evidence that the child could be significantly physically or emotionally harmed by the contact, all efforts to address these issues using supervised contact and prior discussion with parents should be taken. When alternatives cannot be found to address the issues impacting on the child or young person, contact may be suspended or terminated. If the nature of contact is specifically stated in a court order, arrangements cannot be changed without first seeking a variation of the order. This would be the responsibility of the CS.

Marymead caseworkers and foster carers, when discussing families with children, should encourage them to talk through issues of concern, and support contact with their birth families. Marymead caseworkers should talk to the carer and the child (if age appropriate) to see what effect the contact is having on the child. This is especially important in new placements, but may continue to be an issue for the child or young person as they move into a long term placement.

Marymead caseworkers should raise any concerns regarding contact with their Program Manager or Team Leader. Should contact continue to distress a child or young person and it is deemed appropriate to reduce or terminate contact, the relevant CFRU must also be advised.

It is common for children and young people to demonstrate varying reactions when contact is being planned or held. Carers should be encouraged to prepare the child for each visit, and be patient and understanding afterwards. When children or young people return from a contact visit, the carer should check in with them and observe any shifts in mood or affect. If a child appears distressed, the carer may encourage the child or young person to discuss how the contact went, however, should the child or young person decline to discuss their thoughts or feelings, the carer should remain accepting and attentive. Carers need to be honest and open with children about their parents and allow the child to talk about their families and why the child is in care. It is always important to talk about the child's family with respect, regardless of how the carers may feel about them, and the child or young person should never be made to feel they are 'caught in the middle' between their birth family and their carers.

All carers and workers are expected to show respect towards the child's birth family because it is the child's family of origin. At times this may be very difficult for carers, especially when they are caring for a child who has experienced abuse or neglect by his or her parents. In these cases, it is important for caseworkers to support carers to draw a distinction between the parent and their behaviours. The importance to a child or young person of his or her family cannot be overestimated, nor can the links that developed early in the child's life, as knowledge of their birth family is important for the child's development of identity.

14.1.6 Contact and restoration plans

When a child or young person's Case Plan includes plans for restoration, it is critical for carers and Marymead to support increased levels of contact between children and their birth families. In these situations, contact visits will assist to enhance familial relationships and support the child to develop an understanding of their family, roles and functions in preparation for their return home.

14.1.7 Contact arrangements in Emergency Care Placements

Emergency carers are usually expected to transport children or young people to and from family contact.

15 SOCIAL, EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

As part of placement matching, information is provided Marymead to foster carers about the specific emotional, social and behavioural needs of children and young people placed in their care. Support and training to foster carers is provided by Marymead to assist carers in understanding and responding to the emotional needs of the child or young person in their care (for example, grief and loss, consequences of abuse). Where it is identified a child requires additional supports, their caseworker will work with the child or young person and carer to arrange for an appropriate referral for counselling etc.

Children or young people in care are encouraged to form, develop and maintain friendships with peers, as well as to be actively involved in school and community recreational, special interest and sporting activities. It is the responsibility of the Marymead caseworker to record the interests and hobbies of individual children or young people and to support carers encourage their foster child in these pursuits.

15.1 Behaviour Support/Management

Marymead staff and carers are expected to adhere to all procedures regarding the use of behavioural support practices. There may be circumstances where a formal plan must be developed and implemented, in support of the child's own safety and as a guide to the carer or caseworker. This document is referred to as a Behaviour Management Plan or BMP.

15.1.1 Challenging Behaviour

Children in care have often been exposed to a range of traumatic experiences which may impact on their behaviours. Comparative (to the general population) high rates of mental illness and psychological problems amongst children and young people in OoHC have been observed, as well as complex and challenging behaviours. At times, children may display:

- ≠ externalised behaviours (aggression, bullying, theft, etc.); and/or
- ≠ internalised behaviours (self-harm, eating disorders, substance abuse, etc.).

There are a number of possible underlying causes to such behaviour. These may include:

- ≠ psychological trauma, including reactions to abuse or loss;
- ≠ pervasive developmental disorders;
- ≠ mental illness;
- ≠ substance abuse;
- ≠ communication difficulties;
- ≠ physical pain or discomfort; and/or
- ≠ learned behaviours

15.1.2 Behaviour Supports

Behaviours come from an interaction between the individual and their environment. Effective behaviour support draws upon all six CARE principles and seeks to identify the maladaptive behaviour, environmental influences, trauma related experiences and also a range of strength-based responses that will encourage the development of appropriate skills in managing the child or young person's emotional functioning and environmental influences.

Behaviour support plans need to be considered when a child or young person's behaviours, gestures, expressions or moods:

- ≠ pose a risk to themselves or others;

- ≠ adversely impacts on quality of life;
- ≠ are highly disruptive or inappropriate; and/or
- ≠ are uncharacteristic or unusual for the person

Caseworkers will assist carers to intervene positively in ways that address all three factors – the young person, the environment and the interaction between the two. It is paramount that interventions are applied as early as possible before they become established and ingrained as part of the child's identity and response mechanisms.

15.1.3 Behaviour Support Principles

Marymead foster carers are expected to follow NSW OoHC and Children's Guardian policies and guidelines regarding behaviour support. The focus for carers and case workers, is on encouraging and reinforcing positive behaviours rather than coercion, and follows Marymead's commitment to CARE Principles.

Principles of Behaviour Support for children in Care are:

- ≠ The safety, welfare and well-being of children and young people is the paramount consideration;
- ≠ The human rights of children and young people should be fully respected in any behaviour support policy and procedures;
- ≠ Children and young people must be given the opportunity to participate in decision making around behaviour support and should be given information and the necessary assistance to express their views;
- ≠ Behaviour support should also emphasise positive approaches and prohibit cruel, harsh, humiliating or degrading actions;
- ≠ Any analysis of the meaning and function of challenging behaviours should inform any strategy for intervention;
- ≠ Behaviour support should always take into account the past experiences of the child or young person as he/she may be responding to past trauma such as abuse, neglect, family violence or placement in care;
- ≠ Behaviour support should be sensitive to earlier life experiences and plans should include strategies that will facilitate alternative and positive behaviour;
- ≠ All behaviour support should be appropriate to the child or young person's age and developmental capacity;
- ≠ All persons designing behaviour support plans must have demonstrated skills, competencies and expertise in the area;
- ≠ Restricted behaviour management practices and strategies must be included within a formal Behaviour Management Plan;
- ≠ Foster Carers may only use behaviour management practices approved by Marymead;
- ≠ Foster Carers are accountable for the behaviour management strategies they apply to children in their care.

15.1.4 Positive Behaviour Support Strategies

The following provides some suggestions regarding appropriate behaviour support strategies:

- ≠ Provide alternatives (e.g.: offer sporting activities for children/young person as an alternative to illegal activities);
- ≠ Positive reinforcing of desired behaviours;
- ≠ Teach child new skills and behaviours (eg: teach anger management skills);
- ≠ Model positive behaviours you want to see in the child;

- ≠ Make sure child knows what is expected/what the rules of the home are;
- ≠ Applying rules consistently to all children in the house, with fair and reasonable expectations of a child's developmental stage and emotional capacity;
- ≠ Being fair and consistent with rules to ensure a child understands what is expected of them;
- ≠ Handling conflict calmly;
- ≠ Catch the child 'doing good' and acknowledge this;
- ≠ Set the child up to succeed and praise them (children in care have often had very little experience in succeeding);
- ≠ Distracting or redirecting the child/young person;
- ≠ Planned ignoring of undesired behaviours and providing positive attention as soon as a positive or desired behaviour is observed;
- ≠ Dropping/changing expectations to make sure they are realistic;
- ≠ Changing reactions to undesired behaviours (e.g.: instead of anger – do a dance);
- ≠ Time in (spend extra time with child to show you love them despite the behaviour and want to make sure they are feeling ok).

15.1.5 Restricted Practices

Legislation restricts some practices used to manage the behaviour of children and young people in care. Restricted practices may not be used to manage a child's behaviour unless the practice forms part of an approved BMP. Restricted practices include the use of:

- ≠ physical restraint,
- ≠ psychotropic medication,
- ≠ non-exclusionary time-out (when used consistently to target particular challenging behaviours). This involves withdrawing attention from the child for a period of time without putting them in another setting, like a room or a corridor, on their own, and
- ≠ exclusionary time-out. This involves the child being removed from a situation and put in another setting on their own.

15.1.5.1 Reporting use of restrictive practice by carers

Each time a foster carer uses restrictive practice it is necessary to treat the incident as a critical incident and the carer must report the incident to the child or young person's caseworker or On Call within 1 business day.

If a restrictive practice is used in a crisis, such as to prevent a child or young person from harming themselves or others, the response must involve the minimum amount of restriction or intrusion and for the least amount of time as necessary to manage the risk. If the restrictive practice is used in a manner more severe than necessary, it may:

- ≠ become an illegal response, such as keeping a child in total isolation for a long period of time or tying a child up to restrict their access; and/or
- ≠ become a child protection concern, such as forcing a child to scrub clean an entire floor with a tooth brush for spilling their dinner.

There may be an urgent need to implement a restricted practice as identified in the above consultation. If this is the case, the caseworker should seek interim permission from the Program Manager. For interim permission to be granted, consent from the appropriate guardian must also be gained. In the event that there is a public guardian appointed to the young person concerned, they will need to be contacted to gain interim consent. Consent is to be entered into the child or young person's case notes.

Whilst generally accepted in the wider community (such as sitting on the 'naughty chair'), such use of restrictive practice used as a behaviour management technique for children in care must be carefully considered, monitored and reviewed. Children in care have frequently experienced trauma and their exposure to restrictive practice needs to be carefully considered and only used where it is in the child's best interests and not considered to be a cause of potential further damage to the child.

15.1.6 Behaviour Management Plans (BMP)

Behaviour Management Plans are necessary in the following situations:

- ≠ If a child's behaviours are endangering his own or other's safety;
- ≠ If the child's behaviours severely impact on the quality of life for the child, carer or other;
- ≠ Are highly disruptive or inappropriate;
- ≠ Are uncharacteristic or unusual;
- ≠ If restrictive practices have been used by the carer

When developing a BMP, a psychologist (or equivalent skilled professional with expertise in behaviour management) must be consulted.

In order to develop a thorough and effective BMP, caseworkers may request a carer complete a Behaviour Management Tracking Sheet. The tracking sheet is used to document challenging behaviors a child or young person's may demonstrate over a period of two weeks. The tracking sheet details the following:

- ≠ Type of behaviour e.g. kicking, hitting, swearing, property damage etc.
- ≠ Frequency of behaviour i.e. hourly, daily, once/twice per week etc.
- ≠ Intensity of behavior – this is scaled as follows:
 1. *Mild* & easy to manage
 2. *Moderate* & a little difficult to manage
 3. *Difficult* & took over 20min to manage
 4. *Severe* & was unable to manage or calm the situation
- ≠ What occurred before the behaviour? I.e. what were the triggers? It is helpful to ask carers to consider the 5 senses – what could the carer/child hear, see, feel, smell, taste? Was the child or young person given a directive, asked a question, had a difficult day? What was the child or young person saying, doing, or listening to? Did the outburst happen at a critical transition time (morning time, in between activities, dinner time or bed time)?
- ≠ What strategy was used?
- ≠ What happened after the strategy was used?

Where psychotropic medication is used as a behaviour management strategy, a medical practitioner must be consulted and prescribe the psychotropic medication. Where a BMP has been developed by a Marymead caseworker, where the child has an allocated psychologist, the psychologist must **review and authorise** the plan. Where there is no psychologist, the child or young person's counsellor or pediatrician must **review** the plan.

BMPs must be submitted with a request for consent for psychotropic medication to CS.

Marymead is required to record information identified in the plan to assist the review process. All BMPs are to be reviewed every three months at a minimum or as per the review process determined by the psychologist or equivalent skilled professional.

BMPs must ensure a strength based approach to behaviour support/management and strategies are consistently applied and focus on building the child or young person's self-esteem and competencies.

15.1.7 Prohibited practices

Prohibited practices are against the law and **must not be used in any circumstances**. Prohibited practices include:

- ≠ any form of corporal punishment (for example, smacking or hitting)
- ≠ any punishment intended to humiliate or frighten a child
- ≠ any punishment that involves immobilising a child (chemical or physical restraint)
- ≠ force-feeding or depriving a child of food
- ≠ use of medication to control or restrain a child without a behaviour management plan, proper medical authorisation or legal consent
- ≠ use of aversive or punishing techniques, such as putting a child in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body
- ≠ over-correction, where the punishment is out of proportion to the behaviour (for example, making a child clean the entire room because they deliberately tipped their meal on the floor)
- ≠ confinement or containment (for example, a child is detained or forced to remain in a locked room or other place that they can't leave)
- ≠ punishment that involves threats to withhold family contact or to change any part of a child's case plan
- ≠ denying access to basic needs or supports
- ≠ unethical practices, such as rewarding a child with cigarettes
- ≠ any other act or failure to act that is an offence under the civil or criminal laws of act.

15.1.8 Supports for Foster Carers to Manage Challenging Behaviours

All foster carers and staff will be offered training in the legislative requirements of behaviour support, as well as suitable behaviour support guidelines at least on a yearly basis.

Marymead staff will work with carers to identify strategies to deal with a child's distressing or challenging behaviour. Marymead caseworkers have access to resources through the library and fact sheets, and can also gain information through supervision, team meetings and talking to colleagues.

Carers are encouraged to give their Marymead caseworker information about children's behaviours, both positive and negative. It is important for carers to remember that children or young people in care will not always behave in the same way as their own children. Early experiences have long-lasting effects and the importance of the first year of a child's life cannot be underestimated. Children or young people who have had serious and traumatic experiences, including many changes of placement, usually need more than just loving attention from carers to recover. At times this may mean possibility of referring the child to counselling or therapy.

If the child's demands on the carer are great – physically or behaviourally – the Marymead caseworker may consider requesting CS review the child or young person's Client Assessment Tool (CAT) which determines the level of subsidy provided to Marymead by CS. An increase in the child or young person's CAT level may increase the carer's allowance and also provide additional funding to seek professional supports for the child or young person.

16 HEALTH AND MEDICAL

16.1 Health Pathways Referrals

When a child formally enters OoHC, that is via an interim or long term court order, CS are responsible for arranging a health referral pathways five working days of the child or young person first entering care. Where a child or young person enters the care of Marymead and has entered OoHC after 30 June 2010 and a health pathways referral has not been conducted, the caseworker is to request a health pathways referral through their relevant CFRU.

16.2 General medical and dental checks

Children and young people should receive medical treatment and preventative checks as needed. Carers have the authority to arrange for routine medical visits for children, but they cannot give consent for surgery or invasive tests – for example, a carer could consent to a nose or ear swab, but not a blood test. Where an invasive procedure or surgery is required, CS must provide written consent before the procedure can occur (except in cases of emergency). Carers must advise the Marymead caseworker following a child or young person's attendance at a medical appointment, which is then case noted.

At times a caseworker may attend a GP or paediatric appointment where required or requested.

Carers are to take children and young people for dental reviews every six to twelve months when the child or young person is of school age, and inform Marymead when this takes place. Any follow-up dental work needs to be arranged in consultation with Marymead, preferable prior to the next Case Conference. The child or young person's attendance at dental appointments will be recorded by Marymead and verbal feedback which was provided to the carer by the dentist will be recorded where a written report is unavailable.

Where possible, caseworkers should request a report from the relevant GP or paediatrician following any appointment for the child or young person's file.

16.3 Medicare and Health Care Cards (HCC)

All children and young people in OoHC are entitled to a government (Centrelink) Health Care card and Medicare Card. Generally, CS will apply for a child or young person's HCC, however should the child or young person enter Marymead's care without this card, the caseworker can apply for the document on the child or young person's behalf.

Most private health insurance companies allow a child in long term foster care to be added to carers' private health insurance. Should a carer choose this option, they may add their foster child or young person to their private health insurance policy.

16.4 Hospital

If a child or young person is admitted to hospital in an emergency, has a significant accident or illness, or enters hospital on a planned admission, it is the Marymead caseworker's responsibility to follow up CS consent on hospital admission forms.

16.5 Consent needed for medical treatment

As indicated earlier, in the case of an emergency **only**, where an invasive procedure or surgery is recommended by a certificated doctor or dentist, for a life threatening injury or illness, the procedure can be conducted with interim permission from the Marymead Program Manager, with formal CS consent obtained as soon as possible.

A foster carer can consent to medical and dental treatment (not involving surgery) if it is advised by a doctor or dentist. For any other treatment, the foster carer must contact the Marymead caseworker for approval to proceed.

A foster carer must inform their caseworker regarding treatment they have consented to so this information is recorded on the child or young person's file.

16.6 Child and Adolescent Mental Health Service (CAMHS)

Marymead caseworkers may refer a child or young person to the Child and Adolescent Mental Health Service (CAMHS), where it is deemed in the best interest of the child or young person. Where a CAMHS referral is required, consultation must occur with a Marymead Program Manager or Team Leader before the referral is submitted.

16.7 Administering medication

When administering medication prescribed by a doctor, it must be given strictly as directed. Medical advice must be sought immediately if the child has a reaction.

When purchasing non-prescription medication, such as analgesics and cough and cold remedies, it is necessary to account for the child's medical history and any past side effects to different types of medication. This information will be recorded on the client's file.

16.8 Hepatitis, HIV/AIDS and other infectious diseases

Medical testing that involves taking tissue samples or body fluids, such as blood or urine may be done with approval from the Program Manager, except if the young person is over the age of 16 years and gives informed consent for testing. The Program Manager may only give approval for testing if:

- ≠ there are sufficient grounds to suspect the child or young person may be infected; or
- ≠ testing is considered to be in their best interests or they've asked to be tested.

In line with the Privacy and Personal Information Protection Act 1998 (NSW), where it becomes known that a child or young person has HIV/AIDS, Hepatitis C or other infectious disease if, this information may only be passed onto carers if:

- ≠ they need to know this information to provide appropriate care for the child or young person and/or
- ≠ the disease could pose a significant health risk to them or a members of their family.

If a foster carer or a member of their family has an infectious disease they are not required to inform their caseworker if:

- ≠ they are using universal infection control procedures;
- ≠ the disease doesn't affect their ability to provide adequate care

In the event that a carer becomes aware that a child or young person in their care has an infectious disease, they may not disclose this information, except to a medical practitioner or dentist, for the purpose of medical advice or treatment, or in circumstances approved by CS.

16.9 Psychotropic Medication

The use of a medication which affects cognition, mood, level of arousal, or behaviour is a restrictive practice. The administration of psychotropic medication to a child or young person in OoHC, for the purpose of controlling his or her behaviour (which differs from medication prescribed to treat a diagnosed mental illness) must be part of a comprehensive strategy described in the child or young person's BMP.

The prescribing of a psychotropic medication by a medical practitioner does not authorise its administration for a child in care. Prior to administration of any psychotropic drug, consent must be sought and granted by the Director, Child & Family Services in the relevant CS region via the approved psychotropic medication form.

The child or young person's BMP must include full details of the child or young person's clinical diagnosis, prescribing doctor, the type and dosage of psychotropic medication and frequency of reviews including medical review. It is essential that the program keeps a record of the administration of the psychotropic medication (using the appropriate medication forms) and any changes in the child or young person's behaviour (in the client's case notes and reports) during the course of their treatment. This information should be provided to the medical practitioner at the child or young person's medical review.

17 EDUCATION

All children and young people in OoHC are encouraged to engage in educational activities and attend educational institutions until a minimum age of 17 years old.

17.1 Education Pathways Referral

When a child formally enters OoHC, that is via an interim or long term court order, CS are responsible for arranging an education referral pathway within five working days of the child or young person first entering care. Where a child or young person enters the care of Marymead and has entered OoHC after 30 June 2010 and an education pathways referral has not been conducted, the caseworker is to request an education pathways referral through their relevant CFRU.

17.2 Schools and Educational Supports

Where possible and appropriate, Marymead support children or young people to remain in their usual school and continue in their normal community activities within their placement. This includes maintaining relationships or support with remedial services for children or young people who have identified learning needs.

At times, this may not be possible due to placement breakdowns/changes. In these circumstances, it is the caseworker's responsibility to source and investigate appropriate schools and or educational support services in the child or young person's new area of residence. Information may be sourced through the NSW Department of Education and Communities and through the CFRU Educational Pathways Referral team.

17.3 Contact with the school

When a child enters a Marymead placement, it is the responsibility of the caseworker to make initial contact with the local public school to advise that the child or young person will be enrolling. Enrolment forms are to be completed by the Marymead caseworker and approved by the Program Manager. The enrolment forms can be emailed or faxed to the relevant school, a copy placed on the child or young person's file and the original posted to the school for their records.

Carers are responsible for arranging transport to and from school and will be the primary person of contact for the school for day to day matters.

If the child or young person is not marked as present at their school by 9.30am and the school has not been advised otherwise, the school is to contact the foster carer immediately. The foster carer will then contact their Marymead caseworker. Similarly, if the child or young person absconds from school, the school is to inform the foster carer as soon as possible. The foster carer will then contact their Marymead caseworker. If the foster carer is not unavailable, the school is to contact the Marymead caseworker directly.

For children in short term placements, contact with the school is dependent on the child's needs. For children in long term placements, the Marymead caseworker liaises with the school or child care centre that the child attends at least once each term. Marymead systematically records the outcomes of liaison with schools or child care centres in the child or young person's case notes. Foster carers are asked to give Marymead a copy of each school report, which is placed on the child's file. It is the responsibility of the case worker to provide a copy of the child or young person's school reports to birth parents, however if the child or young person's birth parents are not to know where the child attends school, the school name and details will need to be removed prior to sending the report.

If a change of school is required, in exceptional circumstances or when a child or young person is graduating to primary or high school, this needs to occur in consultation with Marymead.

17.4 Individual Learning Plan (ILP) or Individual Education Plan (IEP)

Each child or young person in OoHC must have an ILP or IEP. These documents are produced and developed by the school, in consultation with Marymead, carers and any relevant parties.

ILP & IEP aim to:

- ≠ set both long and short term educational objectives for the student;
- ≠ identify the resources needed to achieve these objectives;
- ≠ assign responsibilities for implementing the strategies;
- ≠ provide a framework for evaluating educational outcomes for the student; and
- ≠ provide an ongoing record to ensure continuity of programming

ILP & IEP are reviewed each term at the child's school by the teaching staff involved. This system complements the 'Education' section of the LAC Assessment and Action Record.

Private, denominational and independent schools are exempt from the requirement to formulate ILP & IEP; however they have the option to use them. Where concerns or potential difficulties are identified for a child in foster care, it is the caseworker's responsibility to remain in close contact with the school to discuss support and educational strategies according to the child's individual needs.

17.5 Exclusions & Suspensions

Marymead acts as an advocate for children and young people in relation to their schooling. Where young people have been suspended or expelled from schools, Marymead will actively negotiate with the NSW Department of Education and Communities to ensure access to appropriate schooling, and work on re-entry into the school system in conjunction with the carer and the child. The NSW Department of Education and Communities takes responsibility for children and young people during school hours, even if this means providing extra support for the child or young person.

17.6 School fees

Voluntary contributions to government schools are waived for children and young people in OoHC.

Where a foster family advise they would prefer their foster child or young person to attend a private school, this decision needs to be approved by the Program Manager. Generally, Marymead will not cover private school tuition fees, however where there is evidence that there are exceptional reasons private school attendance is required, Marymead may cover part of all of the school fees. In these circumstances, it is the caseworker's responsibility to contact the school and investigate and request a possible reduction in fees for the child or young person. For Catholic schools, where the school is unwilling to reduce the fees, the Catholic Education Office may be approached to discuss the matter further (generally by the Program Manager).

17.7 School and holiday camps

All children and young people in OoHC are encouraged to attend and participate in school and holiday camps. It is the responsibility of the caseworker to discuss and investigate a child or young person's desire to attend school or holiday camps. Should they demonstrate interest, it is also the caseworker's responsibility to investigate camps of interest and provide this information to the child or young person and their carer.

Marymead generally cover any fees relating to a child or young person attending school and holiday camps, however when multiple foster children in one family are attending a camp, Marymead may negotiate with the carer to split the costs incurred for the children.

Carers are approved to sign the consent forms and the medical information forms when their child or young person attends camps; however, they need to identify their roles as 'foster carer' rather than 'parent/guardian' on the relevant forms.

Attendance or plans to attend school and holiday camps are also document within the child or young person's Case Plan.

17.8 School transport

School Student Transport Scheme

The NSW Government's School Student Transport Scheme (SSTS) provides subsidised travel for eligible school students on rail, bus, ferry and long-distance coaches. A subsidy is also available for transport to and from school in private vehicles in areas where there is no public transport. The scheme is only valid for approved travel between home and school, Monday to Friday, on school days. Application forms are available from the school TAFE or college and can be completed by the child or young person's caseworker or carer.

Assisted School Travel Program (ASTP) for students with disabilities

The Assisted School Travel Program (ASTP) aims to assist eligible students with disabilities to access educational services in government and non-government schools in NSW with a maximum of two trips per day. Transport services are available to students enrolled in special schools and support classes or in placements in regular classes if they are mobility-dependent.

To be eligible to apply for transport assistance, students must:

- ≠ have an identified disability that meets the NSW Department of Education and Communities disability criteria (May 2003)
- ≠ be enrolled in the closest appropriate government or registered non-government school to their home, after consideration of educational needs and the impact of travelling distance and time on individual learning programs

- ≠ have parents and/or carers who have shown in writing their inability to provide or arrange travel for the student either fully or in part
- ≠ be a permanent resident of NSW.

For further information on the scheme, caseworkers can contact the relevant school principal or the Assisted School Travel Unit, on 1300 338 278. Any applications for this assistance are completed and submitted by the caseworker.

17.9 Teenage Education Payment

Young People aged 15yrs and 6mths are eligible to apply for a TEP if they are enrolled in an educational institution, course or vocational course.

TEP is a payment of \$1500 per term that is designed to assist students with their educational or vocational costs. Where a child is in a long term foster care placement, this payment is provided to the care for educational or vocational costs.

Caseworkers are responsible for applying for a young person's TEP, with supporting documentation from their carer. Once approved, caseworkers are to advise their Program Manager at the commencement of each Term whether their allocated young person remains enrolled in an educational institution, course or vocational course. Upon confirmation, the Program Manager completes a Quarterly TEP report which is forwarded to the relevant CFRU for carer payment.

18 CRITICAL INCIDENTS

18.1 Reporting a critical incident

All critical incidents must be recorded in the SIR (Serious Incident Report) form. This form is to be completed by the caseworker. The incident will then be reviewed, in conjunction with other incidents, changes in behaviour, medication and BMP (if applicable), as well as any other environmental impacts, to contribute to the child or young person's ongoing reviews.

18.2 Supporting carers following a critical incident

It is the caseworker's responsibility to contact the carer within 1 business day (or earlier if required) following a critical incident to discuss and debrief regarding the incident. Dependent on the carer's emotional state and apparent understanding of the incident, the caseworker will then determine whether further action needs to be taken, or further support provided to the carer. Actions that may be taken can include, but are not limited to:

- ≠ Emergency home visit
- ≠ Increased contact with the carer
- ≠ Arranging for external support services
- ≠ Provision of strategies or supports to minimise the risk of further escalation or distress within the household

18.3 Absconding

Ideally, risks of absconding are identified as part of a child's background information or BMP. Children and young people may abscond from their placements due to:

- ≠ High emotion;
- ≠ Reactive response to anger, frustration or disappointment;

- ≠ Feelings of insecurity or fear;
- ≠ Learned response; or
- ≠ Peer pressure

Where a child or young person absconds, the following procedures should be followed:

1. When a carer first notices a child missing, they need to use their common sense and make an extensive search around the house (including in cupboards, under doonas and inside vehicles), as well as call likely friends and the school;
2. If during business hours, the carer is to contact their Marymead caseworker and if after business hours, the on-call worker at Marymead, within half an hour of noticing the child's absence. This time limit is dependent on age – the younger the child, the sooner the notification;
3. Marymead will contact the police to advise the child or young person is missing;
4. The Carer is to stay home in case the child returns;
5. Discussion with the child or young person regarding reasons behind their behaviour are to be discussed only when they have returned, are calm and safe and are willing to discuss what was going on for them – this final stage may take some time, up to a number of days, before the child or young person is willing to discuss their behaviour.

18.4 Death of a child

In the event of a death of a child in care, carers are to inform their Marymead caseworker or On Call immediately. The Program Manager will then inform the Marymead Director (Services for Children and Young People) who will inform the Marymead CEO and Marymead Board. The Program Manager will also advise CS and the NSW Children's Guardian. CS and the Marymead Program Manager will consult regarding who will inform the birth parents and how to support the carer. Marymead and CS will work with the carer (where possible and appropriate) to organise the funeral in a timely manner.

Caseworkers need to be aware that a child death case review may be conducted by CS and Marymead, and that all records of the child held by Marymead may be requested.

If a child's parent or sibling dies, it is the caseworker's responsibility to visit the child or young person to advise of the news and to support the child or young person to attend the funeral (if age appropriate) It is critical that the child or young person is able to access support whilst they go through the process of mourning.

18.5 Removal of organ & tissue where state has sole parental responsibility

This procedure is relevant only where the state has *sole* parental responsibility of a child or young person in care. The Principal Care Officer is the Principal Officer of the designated agency. In the case of Marymead, this is the CEO; and only where Marymead retains full case management; otherwise PCO responsibility sits with the Director-General of Human Services

In the event that a child or young person has expressed a wish to donate tissue or there is no recorded objection to donating organs or tissue (for the express purpose of transplantation to the body of a living person), the Principal Care Officer (The Principal Officer of the designated agency – in the case of Marymead, this is the CEO) is to contact any parties considered appropriate to consult in determining whether to consent or object to the removal of tissue. These parties may include: birth parents, foster parents, extended family, ATSI community, and any other persons considered to be relevant by the Principal Care Officer.

The Principal Care Officer must not give consent unless all parties believed to be relevant to consult, have been consulted and their wishes recorded. Consent may only be given if all parties consent. The Designated Officer of the hospital will make reasonable enquiries as to the child/young person's wishes prior to providing their own consent. Under Section 25 of the *Human Tissue Act 1983*, the coroner must also give consent prior to the removal of tissue from the deceased child or young person's body.

Further detail regarding this procedure may be found in the Guidelines of the Children's Guardian.

19 THE FOSTER CARER

The Marymead Foster Care Program depends on voluntary families and individuals for it to continue. Interest in being a carer does not automatically lead to becoming a carer. The Marymead Training and Recruitment Team are obliged to assess interested people and make a decision as to their suitability.

19.1 Target Group

Potential foster carers are people whose lives are stable and established, and able to give time to a child. The target group for potential foster carers are adults over the age of 25 who:

- ≠ Demonstrate values that align with the CARE principles;
- ≠ are single, married or partnered;
- ≠ are with or without children;
- ≠ have a current driver's licence;
- ≠ have access to a car with comprehensive insurance;
- ≠ have a phone;
- ≠ live in a physical environment suitable to children;
- ≠ are willing to undergo the assessment and training process;
- ≠ do not have a child under the age of one year or are expecting a child; and
- ≠ are willing to work within the guidelines of the Marymead Foster Care Program.

Specific considerations need to be made around potential carers involved in adoption or IVF.

19.1.1 Specialist foster carers

As well as the requirements listed above, the target group for **specialist foster carers** also includes:

- ≠ couples or individuals with the competencies to effectively care for and support children and young people with complex and/or high support needs;
- ≠ carers whose own children are either no longer living at home or are considerably older than the target group of children and young people;
- ≠ carers who will not accept placement of other children for the duration of the specialist foster placement;
- ≠ carers who understand that one adult needs to be readily available at all times to supervise the child or young person, attend meetings and appointments in relation to the child in their care, and may need to ensure that their employment allows them to fulfil this obligation; and
- ≠ carers from relevant backgrounds and with the competencies to meet the diverse needs of children requiring placement (specific strategies may need to be developed to recruit these carers).

19.2 Becoming a Carer

Assessment of applicants involves motivational interviews, obtaining cleared Working with Children Checks (WWCC), personal and medical referee checks, assessments and CARE training. There are several stages to becoming a carer:

- ≠ initial enquiry;
- ≠ registering interest;
- ≠ application;
- ≠ CARE training;
- ≠ Assessment; and
- ≠ Acceptance/authorisation as a foster carer (if the candidate is successful)

19.2.1 Initial enquiry stage

When a potential carer phones and expresses an interest in becoming a foster carer, they are referred to the Recruitment and Training Coordinator in the Foster Care Program. During the enquiry, information is gathered by the coordinator and entered into the NSW Foster Care Carer enquiry database.

The enquirer is sent, with a cover letter, the information booklet entitled “Marymead NSW Foster Care Information” which explains the Marymead NSW Foster Care Program in easy-to-read, CARE-based terminology. The booklet includes:

- ≠ information on what foster care is;
- ≠ main requirements for foster carers;
- ≠ what is involved in becoming a foster carer;
- ≠ how carers will receive help or guidance in the care of a foster child;
- ≠ financial assistance available for foster carers;
- ≠ types kind of children are placed in foster care;
- ≠ types of foster care provided;
- ≠ birth family information;
- ≠ how foster care differs from adoption; and
- ≠ legal guardian information.

19.2.2 Potential Carer Application

Where potential carers advise they wish to pursue becoming a carer, a registration of interest form is sent. Once a registration is returned, the applicant/s is then provided an application form, along with the following requests for information:

- ≠ NSW WWCC (one copy for each adult in the house over the age of 18yrs);
- ≠ Medical referee form for completion by their regular doctor;
- ≠ 2 Personal referee forms for completion by 2 nominated individuals who have known the carer for over 12 months;
- ≠ Request for Life Story information (with instructions for completion).

Upon the return of the above information, an initial interview is booked with the potential carer. During this interview, the Training & Recruitment Coordinator conducts a motivational interview and a home safety check. Following this interview, where the applicant/s is deemed suitable to progress, they will be advised of the upcoming CARE training details.

During the time between conducting the motivational interview and home safety check, the Training & Recruitment Coordinator is also responsible for processing the potential carer's WWCC and obtaining medical and referee feedback.

19.2.3 Carer Training

All new applicant/s are required to attend and participate in Foster Carer CARE training. Training is held over a 3 day period and requires applicant/s to complete required readings, journals and homework at home as well as class room participation.

When an applicant/s has successfully completed their Foster Carer CARE training, they are provided with a certificate of completion, detailing the number of hours completed for the course. A copy of their certificate is provided to their nominated mailing address, as well as a copy of their file.

Where an applicant/s has completed their training successfully, they proceed to the assessment component of their application.

19.2.4 Carer Assessment

The carer assessment is the final component of the carer application. The purpose of the assessment, based on the Step by Step model of assessment incorporating CARE principles, is to allow both Marymead and the applicant/s to make an informed decision as to the applicant's suitability. Assessments are coordinated by the Training & Recruitment Coordinator and conducted by a Marymead Assessor over a number of interviews. Assessors conducting the interview assess families both on a risk factor basis and with a view to discovering the strengths of particular families and matching children with carers.

In the course of the assessment process the applicant/s are given information about the program it's functions and processes and information regarding foster carers' responsibilities, to help the applicant/s decide whether they would like to be foster carers. During this process, applicants may choose not to proceed with their application, but the final decision as to an applicant's suitability rests with Marymead staff.

Assessors conducting the interviews must sign and date all interviews.

The assessment comprises of the following sections:

- ≠ Motivation to be a carer
- ≠ Networks of support
- ≠ Cultural awareness & worldview
- ≠ Impact of caring on carer's own children (if applicable)
- ≠ Attachment
- ≠ Trauma, grief and loss
- ≠ Dealing with stress
- ≠ Relationship with partner (if applicable)
- ≠ Infertility
- ≠ Working within a case plan framework
- ≠ Working with birth families
- ≠ Life story work
- ≠ Promoting the positive identity of a child
- ≠ Advocacy skills
- ≠ Providing emotional care
- ≠ Strength based and flexible response to children
- ≠ Managing behaviour

- ≠ Participation and decision-making
- ≠ Promoting educational engagement
- ≠ Understanding adolescent behaviour
- ≠ Impact of abuse, including sexual abuse
- ≠ Establishing appropriate house guidelines
- ≠ Confidentiality
- ≠ Commitment to on-going learning
- ≠ Creating a safe physical environment

At the conclusion of the applicant/s assessment, the Assessor is responsible for collating all information and providing a report summarising their findings. The final report provides information regarding the strengths and weakness of the applicant, any identified supports that may be required and a summary of the suitability of the applicant/s regarding their ability to provide quality foster care for children and young people in OoHC.

In consultation with the Training & Recruitment Coordinator and Program Manager, analyse the findings of the applicant/s training feedback and assessment responses to determine the applicant/s suitability to be an authorised carer with Marymead.

If the applicant/s is deemed suitable, that is:

- ≠ their WWCC are returned with a cleared outcome;
- ≠ their referee responses indicate their suitability to be foster carers;
- ≠ they have completed all requirements of CARE training; and
- ≠ their assessment responses indicate they understand the roles and responsibilities of being a foster carer and can respond appropriately and supportively of children in their care

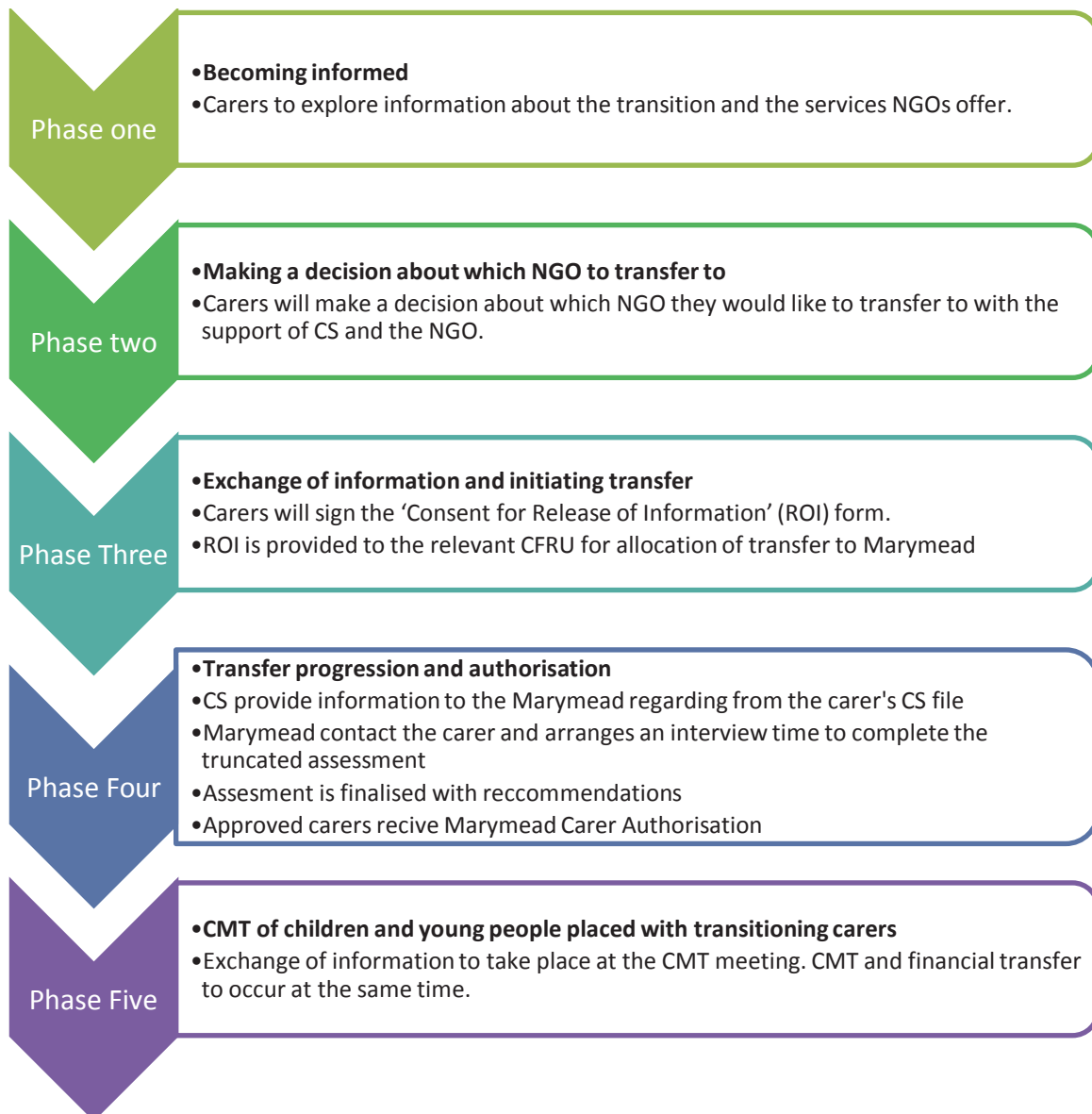
The applicant is then advised in writing by the Program Manager or Training and Recruitment Coordinator that they have been successful in their application and they are provided with a letter of authorisation.

Where the applicant/s is deemed unsuitable, they are advised in writing by the Program Manager or Training and Recruitment Coordinator that they were unsuccessful in their application. The letter also includes an explanation as to why they were unsuccessful.

19.2.5 Carer Transfers from CS

Carer transfers from CS differ significantly from applying to becoming a foster carer. It is acknowledged CS carers are trained and authorised carers within the department, and as such are not required to lodge application to become new carers with Marymead. Processes for CS carers to transfer to an NGO have been developed by CS and are detailed below

19.2.5.1 CS Carer Transfer Process



19.2.5.2 CS Carer Assessments

Marymead assessment for transferring CS carers is a truncated version of the Step by Step assessment model. The topics covered in the assessment include:

- ≠ Home safety check
- ≠ Networks of support
- ≠ Cultural awareness & worldview
- ≠ Impact of caring on carer's own children (if applicable)
- ≠ Attachment
- ≠ Trauma, grief and loss
- ≠ Dealing with stress
- ≠ Working within a case plan framework
- ≠ Working with birth families
- ≠ Life story work
- ≠ Promoting the positive identity of a child
- ≠ Advocacy skills
- ≠ Providing emotional care

- ≠ Strength based and flexible response to children
- ≠ Managing behaviour
- ≠ Participation and decision-making
- ≠ Promoting educational engagement
- ≠ Understanding adolescent behaviour
- ≠ Impact of abuse, including sexual abuse
- ≠ Establishing appropriate house guidelines
- ≠ Confidentiality
- ≠ Commitment to on-going learning
- ≠ Creating a safe physical environment

Assessments are completed by members of the NSW Foster Care team. Final recommendations (within the assessment) are completed by the Program Manager. Once an assessment is complete, a copy of the assessment is provided to the transferring carer for their review and approval. Once this is received, the carer receives their Marymead Carer Authorisation.

19.2.6 Application Forms

19.2.6.1 Working with Children Checks (WWCC)

Marymead requests a WWCC for potential carers and any adult person residing in the home as part of the obligation to ensure that they are 'fit and proper'. WWCC are processed by the Office of Communities, Commission for Children and Young People. The WWCC investigate three key "relevant records" regarding people who will be working with children or young people. These records are:

- ≠ **relevant apprehended violence orders (AVOs)**
- ≠ **relevant employment proceedings – this includes:**
 - reportable conduct - any sexual offence or sexual misconduct, committed against, with or in the presence of a child, including a child pornography offence;
 - any child-related personal violence offence;
 - any assault, ill treatment or neglect of a child;
 - any behaviour that causes psychological harm to a child; or
 - an act of violence committed by an employee in the course of employment and in the presence of a child.
- ≠ **Relevant criminal records – this includes:**
 - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
 - any assault, ill treatment, neglect of, or psychological harm to, a child;
 - any registrable offence;
 - offences of attempting, or of conspiracy or incitement, to commit any of the above offences; that
 - if committed in New South Wales and was punishable by penal servitude or imprisonment for 12 months or more; or
 - if committed elsewhere and would have been an offence punishable by penal servitude or imprisonment for 12 months or more if it had been committed in New South Wales.
 - A relevant criminal record includes all matters irrespective of whether they are otherwise considered spent and all relevant offences committed as a juvenile.
 - Relevant criminal records include charges which:
 - may have not been heard or finalised by a court; or
 - are proven but have not led to a conviction; or
 - have been dismissed, withdrawn or discharged by a court.

- *A relevant criminal record does not include an offence:*
 - that was a serious sex offence when committed if the conduct constituting the offence has ceased to be an offence in NSW; or
 - involving sexual activity or an act of indecency if the conduct occurred in a public place and it would not have been an offence in NSW if it did not occur in a public place.

WWCC are processed by the Marymead HR Manager, Training and Recruitment Coordinator or the Program Manager.

WWCC are sent to workingwithchildren@ccer.catholic.org.au for processing and can take up to two weeks to return, depending on the number of checks received by the department for processing. Cleared WWCC are then placed on the carer's file.

Where a WWCC results indicate a history of relevant records and the applicant is deemed unsuitable to be a foster carer (as a direct result of the WWCC), Marymead must notify the Commission for Children and Young People. Fail to do so may result in legal action against Marymead.

For further information, please see <https://check.kids.nsw.gov.au/index.php#employing-staff>.

19.2.6.2 Home safety check

Home safety checks are conducted in applicant/s homes. The home safety checklist includes an in-depth review of:

- ≠ Each room of the applicant/s residence
- ≠ First aid equipment
- ≠ Universal safety controls (see <http://www.health.nsw.gov.au/factsheets/Pages/default.aspx>)
- ≠ Fire safety equipment
- ≠ Home heating safety
- ≠ Safe storage of guns, knives etc.
- ≠ General storage
- ≠ Electrical equipment
- ≠ Storage of chemicals, alcohol & medicines
- ≠ Use of childproof locks (where applicable)
- ≠ Child's bedroom
- ≠ Garden and outdoor areas
- ≠ Safety around pools/spas (if applicable)
- ≠ Pets or animals at the residence
- ≠ Car safety, restraints, applicant licence and comprehensive insurance

Generally photographs are not required, however in situations where this may be appropriate e.g. assessing property damage or serious concerns within the home or surrounds, photographs may be taken. In order for this to occur, **written consent from the applicant/s is required** and all photographs are to be stored securely in the carer file at Marymead.

Should significant changes be made to a carer's house, e.g. renovations or major landscaping, or they move residence, Marymead need to be informed and a new home safety check will be required. In addition, updated home safety checks are conducted as part of the carer's annual review process.

Foster carers have a duty of care to maintain an environment that promotes the safety and well-being of the child or young person in their care, appropriate to the child or young person's age. Safety requirements for foster carers are as per recommendations made by Kidsafe Child Accident

Prevention Foundation of Australia. Further information can be located at

http://www.kidsafensw.org/imagesDB/wysiwyg/SaferHomesforChildrenFINAL21April2006_3.pdf

19.2.6.3 Medical Referees

Medical referee checks are conducted to ensure an applicant is healthy and medically fit to provide care to a child or young person. Medical check questionnaires are provided to the applicant and their medical practitioner that covers:

- ≠ History of or current respiratory disorders
- ≠ History of or current rheumatism or locomotor disease
- ≠ History of or current nervous disorder, depression, anxiety state, or mental illness
- ≠ History of or current head injury, fits, or other neurological disease
- ≠ History of or current genito-urinary disease
- ≠ History of or current diabetes or thyroid disorder
- ≠ History of or current form of blood-borne disease
- ≠ History of or current persistent indigestion, peptic ulcer, intestinal or liver disease
- ≠ History of or current malignant or suspected malignant disease
- ≠ Previous operations or hospitalization records
- ≠ History of or current allergies
- ≠ Fertility
- ≠ Family history of any diseases or conditions
- ≠ Smoking status
- ≠ Use of prescribed or un-prescribed drugs
- ≠ Any other health or medical concerns or issues

19.2.6.4 Personal Referees

Personal referee checks are conducted with at least two individuals who are not related to the applicant and have known the applicant for a minimum of 12 months. Personal referee checks are also in the form of a questionnaire, covering the following points:

- ≠ Type of relationship and length of time known
- ≠ Applicant/s strengths and weaknesses
- ≠ Known religious/political beliefs and how these influence the applicant/s life
- ≠ Applicant/s experience with children
- ≠ Whether the applicant/s has time to care for children
- ≠ Whether the referee would recommend the applicant to be a suitable carer
- ≠ Applicant/s ability with children to:
 - Be firm
 - Be reasonably consistent
 - To understand child's viewpoint
 - To let a child do things on his / her own
 - To show warmth and affection to children
 - To like a child despite his / her misbehaviour
 - To put a child's needs ahead of his / her own
 - Admit error
 - Accept professional help with problems if needed
 - Be resourceful
 - Be patient

The questionnaire also explores the applicant/s personal characteristics and asks for comment on the following traits:

- ≠ Easily hurt feelings
- ≠ Tension
- ≠ Irritability
- ≠ Nervousness
- ≠ Temper Tantrums
- ≠ Drinking
- ≠ Gambling
- ≠ Use of Illegal Drugs
- ≠ Excessive use of Medication
- ≠ Illnesses
- ≠ Use of Smacking

19.2.7 Authorised Carers

19.2.7.1 Carer Code of Conduct & Carer Expectations

Once a carer is authorised, they are requested to sign a Carer Code of Conduct and Carer Expectations, prior to taking on the care of any children or young people. The Code of Conduct and Carer Expectations are thorough documents that provide direction to carers regarding:

- ≠ General
 - Follow the lawful policies, procedures and guidelines brought to your attention by Marymead
 - Maintain the rights of the child and young person in your care as set out in the NSW Charter of Rights for Children and Young People in Out-of-Home Care in NSW
 - Immediately report to the designated agency any allegations or incidents of abuse, neglect
 - or ill-treatment you are aware of
 - Permit and support access by the designated agency, at any reasonable hour and on reasonable notice, to the child or young person for the purpose of consultation, assessment, monitoring, case planning and case management
 - Actively participate in the development, implementation and review of case plans for the child and young person in your care.

- ≠ Care environment
 - Provide a physical environment that is safe, clean and comfortable and meets the needs of the child or young person in your care
 - Respect the child or young person's personal privacy and ensure secure storage and respect of their belongings
 - Provide a range of age and developmentally appropriate social and recreational activities and experiences
 - Permit and support access by the designated agency, at any reasonable hour and on reasonable notice, to the home environment for assessment of safety and suitability prior to and during placements
 - Report immediately to the designated agency any incidents in the care environment or any change in household membership
 - Not discharge the child or young person into the care of any other person, other than a staff member of Marymead, having supervisory responsibility, or a person with parental responsibility for the child or young person without the written approval from Marymead or by court order.
 - Provide a care environment where the child or young person is not exposed to physical, sexual, psychological or verbal abuse, ill treatment or neglect.

- ≠ Family and significant others
 - Recognise and respect that the child or young person has a right to maintain relationships with birth family, other significant individuals and their cultural and/or religious community where appropriate and safe to do so
 - Support these relationships in accordance with the child or young person's care plan and any relevant court orders.

- ≠ The Children and Young Persons (Care and Protection) Regulation requires an authorised carer to immediately notify the designated agency of any of the following occurs:
 - the child or young person is expelled or suspended from school,
 - absent without permission from care of the carer for a period of 24 hours or more, absent without permission (whether or not while in the care of the authorised carer) from NSW for any period, or
 - suffers a serious accident, injury, illness or death,
 - the authorised carer becomes a parent to another child or young person or
 - the authorised carer or any other members of the household are charged with or convicted of an offence for which a penalty of imprisonment for 12 months or more may be imposed.
 - Occasional arrangements, such as a sleep-over at a friend's house, play-dates and babysitting, do not constitute a "discharge" of care.

- ≠ Identity, emotional and social development
 - Support the child or young person to feel safe and develop a sense of security
 - Take appropriate measures, with support and assistance from Marymead, to
 - promote the physical, cognitive and psychological recovery, rehabilitation and social
 - reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse
 - Support the child and young person to develop a positive sense of identity
 - Allow the child or young person to observe his or her religion (if any)
 - Assist in implementing the cultural support plans for Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people in care
 - Support and encourage the development of positive peer relationships
 - Respect the right of the child or young person to express their views freely about decisions that affect them and give due weight to those views with regard to the age and maturity of the child or young person.

- ≠ Wellbeing, health and education
 - Follow the behaviour management policy of Marymead. This will include ways to encourage positive behaviour in children and young people and appropriate actions to respond to challenging behaviours
 - Only use behaviour management practices as described in the behaviour management policy or approved by Marymead. The use any physical punishment or coercion, immobilisation, force-feeding, deprivation of food or any punishment intended to humiliate or frighten a child or young person is not permitted
 - Report any incident where physical restraint has been used following the protocol for critical incident/event reporting within Marymead. These reports enable the Marymead to respond quickly and provide appropriate support
 - Dispense medication, particularly psychotropic medication, according to medical advice.
 - Not reduce or withdraw medication without medical advice and Marymead's consent

- Ensure the child or young person's health, wellbeing and dental needs are met and any planned intervention is carried out
 - Immediately notify Marymead of any major medical events, surgery, hospitalisation and school suspension or expulsion
 - Regularly provide information to Marymead about the child or young person's well-being, including issues that may arise about their development, health, behaviour and educational progress
 - Not require a child or young person in your care to perform duties that are unreasonable for their age and physical and intellectual development
 - Provide an environment and activities which support learning and assist the child or young person in meeting their educational needs and future goals.
- ≠ Leaving care
- In consultation with and with the assistance of Marymead, implement plans to assist the young person for transition to adulthood. This will include teaching the young person the skills required for independent living. This is required under Article 16.4 of the United Nations Convention on the Rights of Persons with Disabilities.
- ≠ The Children and Young Persons (Care and Protection) Act 1998 permits physical restraint to only be used in extreme situations where there is a risk of serious injury to the child, young person or another person.
- ≠ Where the young person has a disability or disabilities, in consultation with and with the assistance of the designated agency and Ageing, Disability and Home Care, implement plans for a transition period to independent living or a more supportive accommodation option if required, depending on the young person's needs.

19.2.7.2 Letter of Authorisation

Carers also receive a Marymead letter of authorisation that advises they are considered authorised kinship/foster carers with the agency. This letter can be provided to schools, doctors and government departments to demonstrate their authority for a particular child or young person. This letter is provided to carers by the Program Manager.

19.2.7.3 Confirmation of Placement

When a child is placed in the care of a carer, they receive a Confirmation of Placement letter that details the child or young person's name and date of birth and identified this child has been placed with the carer as an authorised delegate of Marymead and CS. This letter is provided to carers by the Program Manager.

19.2.7.4 Carer Bank Details

Once an assessment or transfer has been completed, Marymead requests a copy of the carer's nominated bank details to ensure they are paid in a timely and efficient manner for the child in their care.

19.2.7.5 Welcome Letter & General Information

When carers have completed their assessment or transfer, they are provided with a welcome letter, detailing the support they will receive as an authorised carer and information regarding the following:

- ≠ Carer Allowances
- ≠ When to consult, inform or provide information to Marymead
- ≠ What to do in an emergency

For new carers, the welcome letter can be sent by the Training and recruitment Coordinator or Program Manager. For transferring carers, the welcome letter can be sent by the Program Manager or Team Leader.

19.3.1 Ongoing training

Marymead carers are expected to attend at least two training sessions per year. Where possible, Marymead will provide internal training, however carers are encouraged to identify external training opportunities of interest. In working closely with carers, caseworkers will also identify training requirements and discuss these with carers and will support carers to enrol in such training.

Training topics may include, but are not limited to:

- ≠ Specific diagnosis training e.g. autism, foetal alcohol syndrome etc.
- ≠ Managing challenging behaviour
- ≠ Cultural competence
- ≠ Response Ability Pathways (RAP)
- ≠ Therapeutic Crisis Intervention (TCI)

Carers are also provided with information about Connecting Carers, who provide training and advocacy to NSW foster and kinship carers. Further information regarding this association can be located at <http://www.connectingcarersnsw.com.au>.

19.4 Carer Files

Once a registration of interest from a prospective carer has been received, a carer file will be opened. The Training and Recruitment Coordinator will compile the initial file, however for transferring carers, this responsibility lies with the Program Manager or Team Leader.

19.4.1 Contents of carer files

The file contains the following:

- ≠ Contact & Banking Details
- ≠ Carer Application & Assessment
- ≠ WWCC
- ≠ Authorisation Letters
- ≠ Code of Conduct
- ≠ Home Safety Checks
- ≠ Case Notes
- ≠ Annual Reviews
- ≠ Training Register & Certificates
- ≠ Correspondence

22.4.2 Marymead foster carers moving to another foster care agency

Where a carer transfers to another foster care agency, the carer is required to formally resign as an authorized carer from Marymead. Marymead may also provide a **copy** of carer's assessment and other relevant information to the new agency, if requested. Where this occurs, written permission from the carer is required.

When a carer formally leaves Marymead, a file case note detailing debriefing discussions if to be placed at the front of the file, along with the carer's resignation letter.

The transfer of any information to a new agency is the responsibility of the Team Leader.

19.5 Providing Care & Decision Making

19.5.1 Carer's role

The Act defines parental responsibility as 'all duties, powers, responsibilities and authority parents have by law in relation to their children.' Parental responsibility includes responsibility for the day-to-day or long term care, welfare and development of the child or young person.

FaCS and/or the child or young person's parents will generally have the parental responsibility for the long term care, welfare and development of a child or young person. The carer is able to make practical arrangements and decisions about certain matters depending on what parental responsibility they have been delegated. A carer may have parental responsibility following emergency action, or day-to-day parental responsibility.

The Act says that no one can exercise his or her parental responsibility in a way that is incompatible with the Minister's parental responsibility. If a carer is in doubt about what decisions they are able to make, they can contact their Marymead caseworker,

The carer's role, therefore, is:

- ≠ to provide day-to-day care of the child or young person;
- ≠ to provide food, clothing and shelter in a physically safe environment;
- ≠ to provide the child with emotional support;
- ≠ to attend to the child's medical, educational and social needs; and
- ≠ to provide structure, routine and discipline appropriate to the age of the child or young person and in accordance with Marymead Foster Care Program's discipline policy.

The carer will make day-to-day decisions about whether a child is well enough to attend school, determining whether a social outing is safe and suitable, arranging and attending general medical, optical and auditory reviews, attending parent-teacher interviews, approving one-off sleep overs and all other day to day functions of the house.

Carers are obliged to report any concerns about the child in their care; changes in their domestic arrangements that may affect the child; and if they or the child are intending to leave the NSW overnight or to travel a significant distance on a day trip to Marymead staff. Carers may not entrust the care of the child to others without consulting Marymead staff.

19.5.2 Day-to-day Parental Responsibility – Respite Care

When a child or young person is placed in respite care, the parental responsibility is limited to the following issues:

- ≠ Bedtime arrangements;
- ≠ Meals;
- ≠ Providing school lunches;
- ≠ Monitoring the emotional development of the child or young person in care; and
- ≠ Deciding on appropriate transport for a child to and from school.

19.5.3 Day-to-day Parental Responsibility – Short and Long Term Care

Carers will have the day-to-day care, welfare and development of a child or young person. The practical arrangements and decision-making a person with parental responsibility makes from day-to-day includes such issues as:

- ≠ Bedtime arrangements;
- ≠ Pocket money;
- ≠ Meals;
- ≠ Haircuts (long term care only);
- ≠ Whether make-up is worn;
- ≠ Clothing;
- ≠ Babysitting (with consultation);
- ≠ Short trips away provided that pre-existing contact arrangements are maintained (with consultation – FaCS must know where a child is at all times);
- ≠ Routine visits to and from treatments by doctors and dentists;
- ≠ Who a child or young person associates with and how, when and where they do it (for example, school friends) (with consultation);
- ≠ Providing school lunches and uniforms;
- ≠ Overseeing child's day-to-day educational progress;
- ≠ Giving consent for daytime school excursions (consultation required for overnight camps);
- ≠ Permission to join and attend recreational activities;
- ≠ Monitoring the emotional development of the child or young person in care; and
- ≠ Deciding on appropriate transport for a child to and from school (for example, car or bus).

19.5.4 Marymead's Role

Marymead are responsible for the following

- ≠ Permanency planning goals and direction
- ≠ Development and monitoring of Case planning goals
- ≠ Permission to changing schools
- ≠ Permission to change contact arrangements (where not court ordered)
- ≠ Any other case planning responsibilities that no longer sit with CS

19.5.5 CS Role

CS retain responsibility for:

- ≠ Court related issues
- ≠ Permission to leave the state or country
- ≠ Applying for passports
- ≠ Requesting original birth certificates
- ≠ Permission for invasive medical procedures or surgery

Attachment 20 (When to Inform or Consult Marymead) shows examples of when carers specifically need to contact their Marymead caseworker regarding the care of a child.

19.6 Review of Carers

Reviews of existing carers takes place annually, or as required, in order ensuring the appropriateness of continuing to place foster children in the carer's home. Reviews provide Marymead and foster carer/s formal opportunities to discuss the care they provide; any placement breakdowns or challenges; identification of any changes; extra supports that are required; and a general overview of placements for the carers.

19.6.1 Review process

In the lead up to a review interview, foster carers are mailed (or emailed) a review form that needs to be completed and returned to the Program Manager. Where there is an identified relationship strain between the carer and their allocated caseworker, the Program Manager or Team leader may

attend the carer's home to discuss any concerns raised in person. A Marymead caseworker will also visit the carer to complete an up to date home safety check. Issues that may be discussed or raised during a review may include:

- ≠ Changes in family circumstances or dynamics;
- ≠ Changes in employment;
- ≠ Home environment;
- ≠ Review of past placements;
- ≠ Health of carers;
- ≠ Training and support;
- ≠ Placement stability; and
- ≠ Any other relevant information.

Marymead are committed to ensuring that all reviews are:

- ≠ Focussed on the best interest of the child and supporting carers to meet the standards of care;
- ≠ Fair for all concerned, with foster carers given the opportunity to respond to concerns;
- ≠ Respectful and courteous;
- ≠ Timely; and
- ≠ Transparent, with decisions and actions clearly explained.

A change in household composition (for example, change of address, additional adults move into the home) requires renewed assessment procedures. Changes to household environment (e.g. renovations or significant landscaping) will require a home safety check.

19.6.2 Independent assessment of a child

At times, the court may order an assessment of a child or young person and their family. This may involve observing the child in a number of situations, including the foster home. The independent observer may wish to speak to the foster carers. Carers may need support and clarification of the process from Marymead and may wish to have a Marymead staff member present during a court officer's visit to the home.

19.7 Communication with Marymead

19.7.1 General foster care

Carers need to advise Marymead if there is a change in their circumstances, for example, one adult is going away; an adult moving into the home; someone in the family is very ill; moving house; or carers are feeling stressed or concerned about their placements/level of support being received etc.

If carers are planning a holidays, they are required to advise their Marymead caseworker of the trip dates, location how they can be contacted in an emergency. If the holiday disrupts normal parental contact, contact will need to be re-scheduled by the Marymead caseworker. It is important to note that if a child is residing with a carer on short term orders; the child may not be approved to travel away from the home for a holiday. In order to assist the planning process, caseworkers should contact each carer prior to school holiday periods to obtain information regarding proposed holidays, the need to enrol the foster child or young person school holiday camps, or to plan for respite needs.

19.8 Carer De-authorisation

At times, Marymead may deem a carer to no longer be suitable for a caring role for a particular child or young person, or, in more serious situations, may deem a carer to be unsuitable for foster care altogether. The criteria for de-authorisation include:

- ≠ continued unsatisfactory performance by the carer in following Marymead's policies and care expectations after documented action plans have been tried;
- ≠ the needs of the carer's own children or young people not being met due to placements of a particular type;
- ≠ the needs of current children or young people in care not being met due to placements of a particular type;
- ≠ substantiated allegations of abuse in care; and/or
- ≠ continuing placement breakdowns resulting from similar factors in each case

In the event one (or more) of the above factors are identified, Marymead must undertake the following steps:

1. Work closely with the carer to address placement concerns or support needs by:
 - a) increasing home visits and contact with the carer
 - b) implementing strategies within a formalised plan
 - c) conduct regular placement reviews in collaboration with the Team Leader or Program Manager.

If the quality of care provided to the child or young person has not improved:

2. Arrange a formal carer review to discuss the placement concerns and investigate and identify any strategies that will improve the level of support and care provided to the child or young person in the household. This review must include the Program Manager.

If the carer is unable or unwilling to implement identified strategies and changes within the placement:

3. Caseworker and Program Manager are to identify suitable emergency placement to remove the child or young person.
4. Program Manager is to advise CFRU of the placement breakdown and provide a letter to the carer advising the child in their care will be removed and placed into a suitable alternative placement.
5. Once the child or young person has been re-placed, the Program manager is to provide the carer with a letter of de-authorisation and forward a copy of this letter to the relevant CFRU.

At times this process may move quickly, depending on the severity and nature of the concern. Where a child or young person is deemed at risk, they may be removed immediately from the placement in consultation with the Marymead Director, Program Manager and relevant CFRU office.

19.9 Financial Arrangements

NSW Foster Carers are volunteers that receive a fortnightly, tax-free, Foster Care allowance. The allowance is not counted as income for the purposes of Child Care Benefit and Family Tax Benefit.

A Foster Care allowance is expected to cover the following costs for children or young people in their care:

- ≠ Food
- ≠ Household provisions

- ≠ Shelter
- ≠ Holidays
- ≠ General hygiene needs
- ≠ Haircuts
- ≠ Clothing and footwear
- ≠ Pocket money
- ≠ Daily travel & suitable car restraints
- ≠ Hobbies & sporting activities
- ≠ Gifts
- ≠ General Educational costs
- ≠ General Medical costs
- ≠ General Pharmaceutical Costs

Carer Allowance Parameters

Where carers provide day to day and overnight support for the majority of the fortnight, they will be paid their regular full fortnightly allowance as described in section 19.9. Where direct care is provided to a child or young person by a third party for a period greater than 8 days in the fortnight, the carer payment will be distributed pro-rata, that is, each carer will receive payment for each bed night they have provided care. Where this situation occurs, the primary will not receive a full fortnightly carer allowance.

An example of this arrangement may be:

Child resides with, and receives care from their primary carer for 8 days (Week One: Monday, Wednesday, Thursday & Friday; Week Two Tuesday, Wednesday, Friday & Saturday) in the fortnight. The child also resides with, and receives care from their respite carer for the remaining 6 days (Week One: Tuesday, Saturday & Sunday; Week Two: Monday, Thursday & Sunday) in the fortnight. The primary carer will receive a care allowance for 8 bed nights and the respite carer will receive payment for 6 bed nights, totalling 14 bed nights.

19.9.1 Contingencies

In addition to the Foster Care allowance, Marymead or CS may provide additional payment to cover exceptional costs that may include:

- ≠ Additional tuition fees
- ≠ Private school fees, where the child or young person is approved by Marymead to attend
- ≠ Additional medical costs e.g. prescribed medication, surgery etc.
- ≠ Additional dental, optical or orthopaedic costs
- ≠ Additional travel or accommodation costs to support birth family contact

Where additional financial support is required, the carer to discuss their needs with their caseworker. Caseworkers must develop a financial brief that is provided to the program Manager. Where costs are exceptional, above the funding received by the program, the Program Manager may submit a request for an “exception payment” from CS.

Exception Payments must be approved by the relevant CFRU, with supporting documentation.

19.9.2 Child Care Costs

Child care costs (for example, day care, after school care and/or vacation care) are covered by Marymead where the foster carer requires the child care for employment. Non-work related child care costs (for example, babysitting) are not reimbursed. Child Care Benefit (CCB) is a federally funded benefit administered by the Family Assistance Office to assist families with their child care

costs. Foster carers may be eligible for CCB under certain circumstances. Further information regarding CCB can be located at

<http://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit>.

19.9.3 Other Centrelink payments

Youth allowance: Young people in foster care may be entitled to Youth Allowance from the age of 16. Where a young person resides in a long term foster care placement, this allowance is paid to the foster carer to assist in cover the day to day costs of the young person. It is important carers and caseworkers plan with the young person regarding how the money will be allocated as part of the young person's life skills development and leaving care plan. Saving towards independence is encouraged. Further information on youth allowance can be located at

http://www.humanservices.gov.au/customer/information/centrelink-website?utm_id=7.

Disability Pension: Where a young person is entitled to a disability pension, it is likely their carer will be receiving a higher subsidy to cover the young person's support requirements. Where a young person is working towards leaving care and has an identified disability that requires ongoing support into adulthood, it is the caseworker's responsibility to liaise with the relevant CFRU and DADHC team to ensure support plans are developed well in advance.

19.9.4 Procedures around payment

Carer bank details are collected by Marymead when a carer commences their first placement with Marymead. The appropriate foster care subsidy is paid into the carer's bank account fortnightly.

Carer payments may vary depending on the age and CAT score of the child or young person in their care. Where carers require reimbursement, a copy of the receipt of payment is required and the carer is reimbursed on the next pay cycle.

It is the responsibility of the Program Manager or administration officer to ensure the carer pay spread sheet is forwarded to Marymead accounts department a minimum of one day prior to carer pays (which coincides with the Marymead staff pay day).

19.10 Caring for Children and Smoking

Due to the serious health risks associated with smoking, including passive smoking, foster carers who are smokers are advised that they **must not** smoke in any enclosed spaces, such as inside their homes or cars at any time.

Carers are expected to display positive role modelling and to lead by example by not smoking in front of them. **At no time should a child or young people be supplied with cigarettes or be given money to purchase cigarettes.**

When smoking outside their home, carers are not to smoke outside a child or young person's bedroom (balancing that with the need for supervision of younger children).

No children under the age of two or children and young people with heart/lung conditions, including respiratory allergies, infections and asthma, will be placed with carers who smoke. It is not sufficient that carers agree to smoke outdoors as chemicals from the smoke are carried into the home via hair and clothing which the child or young person could then inhale.

Carers of children in long established foster placements who smoke will be made aware of the dangers of passive smoking and are required to adhere to this policy.

Caseworkers are also entitled to a smoke-free working environment and therefore we ask carers to refrain from smoking during a caseworker's visit.

Legal advice from CS has stated that carers may risk being sued (personally) in the future should a child or young person be affected by their smoking.

20 RIGHTS & RESPONSIBILITIES

20.1 Stakeholder Rights

The following rights and statements of commitment outline clearly to children, young people, birth families, carers and caseworkers their rights and related responsibilities.

20.1.1 Children and Young People

Marymead should provide appropriate, age related, printed information to children and young people in care to inform them of their rights (Charter of Rights). This should be provided to them as soon as practicable to the time when the child and their Marymead caseworker first meet.

Clients have a right to:

- ≠ be treated with respect and dignity by Marymead employees and group members;
- ≠ receive professional and ethical service from Marymead;
- ≠ confidentiality and respect for their privacy in the way information is used by workers and other services;
- ≠ have access to official records and information kept about them by Marymead;
- ≠ have access to support persons or an advocate of their choice in any matters relating to service provision;
- ≠ a service which is responsive to religious, cultural, social and physical needs;
- ≠ know their own life story and have access to information about their history and birth family;
- ≠ easy and facilitated contact with their birth family, if appropriate;
- ≠ be included in decisions about their life in a way that is appropriate for their age and stage of development information on how they can make complaints about things they are unhappy with, and to have their complaints listened to and dealt with fairly and promptly, and be able to complain about the service without fear of retribution; and
- ≠ refuse a service without impacting their right to access services in the future.

Clients have a responsibility to:

- ≠ treat Marymead employees and clients with respect;
- ≠ ensure they do not threaten, intimidate or discriminate any Marymead employee or group member; and
- ≠ allow NSW Foster Care services to be delivered within the parameters of organisational policies and procedures.

20.1.2 Families Whose Children are in Care

Marymead is responsible for providing birth parents or family members with information regarding their rights. In accordance with good practice, Marymead also has printed information for birth parents or family members regarding their rights.

Birth parents or family members have a right to:

- ≠ Respect as a person and as part of their child's history;
- ≠ Expect the service system and care placement is working in the best interests of their child;
- ≠ Expect that all options are explored (for example, family support or placement with a family member) before their child is taken into care;

- ≠ Information that helps them understand how the care system works and who has responsibility for what;
- ≠ Be included in discussions about their child's life if they are in care;
- ≠ Access to information that supports their involvement in decision-making processes concerning their child;
- ≠ Have an ongoing relationship and contact with their child (unless this is contrary to the child's safety and interests);
- ≠ Opportunities and resources to overcome difficulties that may have led to their child being in care;
- ≠ Know about and celebrate milestones in their child's life;
- ≠ Support and resources when there is a plan to restore the child to their care – both before and after restoration; and
- ≠ Truthful information and facts about the decisions and circumstances concerning care of the child.

Regarding the rights of birth parents and families, Marymead caseworkers and carers have a responsibility to:

- ≠ Not be judgmental or critical of the child's birth family;
- ≠ Respect the birth parents and families point of view;
- ≠ Support parents and other family members to participate in decision-making;
- ≠ See the birth parent and family as partners in the shared parenting of the child in care, except where this poses undue safety risks to the child or others;
- ≠ Be trained in working with or managing the relationships with the birth parents and family members;
- ≠ Assist the child in knowing about their family and maintain positive relationships, including helping them to deal with the issues that can arise through family contact; and
- ≠ See that the child understands and maintains links with their cultural heritage to strengthen their identity.

20.1.3 Carers

In accordance with best practice, Marymead provides printed information to carers to inform them of their rights. This should be provided to new carers during their training.

Carers have a right to:

- ≠ Be treated with consideration, respect, and dignity;
- ≠ Expect that people who come to work with them have had training and experience that help them understand foster care;
- ≠ Comprehensive initial assessment and training that gives them realistic expectations and understanding of foster care;
- ≠ Have a say about what's working and not working for children in their care and in the wider foster care system, and contribute to finding solutions;
- ≠ Be included as a valued and equal member of the foster care team whose knowledge and experience is appreciated;
- ≠ Be given reasons for a decision to remove a child from their care;
- ≠ Be informed of agency policies and procedures that relate to their role as a carer;
- ≠ Have assistance dealing with loss and grief when a foster child leaves their care;
- ≠ Full information regarding a child at the time of and during placement;
- ≠ Receive feedback about their role as a carer and be provided with opportunities and support to address issues that arise;

- ≠ Expect that their skills and capacities as a carer are matched with the needs of particular children or young people placed with them;
- ≠ Have access to planned respite that meets their needs and is appropriate for the child or young person they care for;
- ≠ Privacy and safety for them and their family, and confidentiality regarding issues that arise in the foster family home;
- ≠ Decline placements and initiate termination of a placement where it is detrimental to the child, poses a safety risk for the foster family or is otherwise unworkable;
- ≠ Recognition that they are part of a family and have the needs and circumstances of others in their family taken into account in decision-making and care arrangements;
- ≠ Access to legal representation when they are a party in the case;
- ≠ Receive ongoing training and support that enhances their skills and abilities as a carer;
- ≠ Receive relevant foster care subsidies as recompense for the costs of providing care; and
- ≠ Fair, timely and impartial investigation of complaints about them or their family, and access to due process, including having a person of their choosing provide support or advocacy in the process.

Regarding the rights of carers, Marymead caseworkers have a responsibility to:

- ≠ See carers as important and equal members of the care team and respect the experience and knowledge they have through their day-to-day parenting;
- ≠ Be open in communication with carers and respect their point of view;
- ≠ Accept responsibility for their own decisions and actions;
- ≠ Provide all available information to carers before and during any placement;
- ≠ Raise early and directly any issues or concerns with a carer or a foster placement, and be willing to work to resolve them;
- ≠ Protect the privacy and safety of carers and their families;
- ≠ Advocate for resources and support on behalf of the child in care and in support of the placement working;
- ≠ Encourage and actively consider the views and needs of carers and their families in any decision-making;
- ≠ Work with others in the sector to ensure initial and ongoing training of carers is relevant, consistent and in line with best practice;
- ≠ Be flexible and open to negotiating processes and arrangements that work for all parties involved in care decisions;
- ≠ Provide avenues for carers to receive after-hours and emergency support or assistance;
- ≠ Respond to concerns or issues raised by carers in a timely and respectful way and provide feedback on how the issue is being addressed;
- ≠ Find, wherever possible, alternative care placements in the event of an emergency involving the foster family or where there is unforeseen placement breakdown;
- ≠ Not exert undue pressure on carers to accept placements or continue placements that are not working;
- ≠ Recognise the value carers get from meeting and sharing experiences with other carers and support the formation of links and networks to achieve this;
- ≠ Participate in information and training sessions that increase the caseworker's knowledge of foster care; and
- ≠ Ensure carers are informed of their rights and provided with information, support and due process in any investigation of allegations made against them.

20.1.4 Marymead NSW Foster Care Staff

Marymead staff have a right to:

- ≠ be treated with respect and have their skills and experience valued and recognised;
- ≠ be protected from abusive behaviour from others, including co-workers, clients and staff from other agencies;
- ≠ regular and high quality training and development, including opportunities to learn from others working in their field;
- ≠ access as required debriefing and timely support after critical incidents or dealing with stressful case management decisions and issues;
- ≠ regular and appropriate supervision and support;
- ≠ expect that occupational health and safety standards will be complied with in the workplace;
- ≠ work as part of a team, whether they are involved in casework, administration or management;
- ≠ reasonable workloads that allow for the achievement of best practice based on standards in the family support sector, understanding that, at times, they are limited by system constraints that are beyond their personal control – for example, when financial or staffing constraints mean an alternative activity must be sought;
- ≠ make complaints about issues that arise in the workplace or through practice and to have these complaints dealt with in a fair and timely way;
- ≠ contribute their experience and thinking to improvements in the way Marymead is working and to how the system is working overall;
- ≠ make and learn from mistakes, accepting consequences if they have been negligent and placed others at risk;
- ≠ feel safe and have support and protection in situations that involve risk; and honest and direct dealing and fair process when there are concerns raised about them.

Marymead staff have a responsibility to:

- ≠ ensure their own safety and safety of others by following Marymead Operations Manual as well as the NSW Foster Care Procedures Manual;
- ≠ work in a manner that promotes and achieves best outcomes for children and families;
- ≠ work in a manner that is transparent and honest;
- ≠ ensure that group activities are conducted in accordance with respectful and ethical practice, through respecting diversity, listening, and being non-judgemental, and maintaining client's safety, privacy and confidentiality within organisational and legal boundaries;
- ≠ ensure that all intervention practices are aimed at empowering clients and developing their competencies and social skills;
- ≠ engage with clients as individuals, accounting for their differing needs and worldviews;
- ≠ work collaboratively and in a respectful way with staff from other agencies (where required);
- ≠ listen to and respect the points of view of all clients;
- ≠ provide resources that may assist clients to achieve their skill potential;
- ≠ follow through on agreed activities with clients, including referring on to other agencies;
- ≠ ensure they are up to date with best-practice models and interventions to support successful group delivery.

Regarding the rights of children and young people, Marymead caseworkers and carers have a responsibility to:

- ≠ Look out for the child and always see their best interests as most important;
- ≠ See them as individuals and understand what they need and want;
- ≠ Work well with the other professionals and agencies that the child comes into contact with;
- ≠ Listen to the child and always take into account their wishes, views and suggestions;
- ≠ Respect their point of view, and maintain their privacy and confidentiality;
- ≠ Look after and share information on behalf of the child in a way that helps everyone involved make good decisions;
- ≠ Provide resources that help them achieve their potential throughout their childhood and into adulthood;
- ≠ Avoid changing placements unnecessarily and understand that multiple placements are damaging to the child; and
- ≠ Support the child as they move towards independence and begin life as an adult.

Marymead caseworkers also have a responsibility to:

- ≠ Provide appropriate support to other important adults in the child's life;
- ≠ Make sure the adults who work with the child are trained and supported;
- ≠ Choose carers carefully, train them well and support the placement so that it meets the child's needs;
- ≠ Help make contact with the child's family a safe and positive experience for them; and
- ≠ Where returning to live with their birth family is right for the child and possible, provide their family and the child with the resources and support they need to make it work, in accordance with the restoration plan developed with FaCS.

20.2 Interpreter Services

Marymead value our culturally and linguistically diverse clients and can arrange for an interpreting service to work collaboratively with our clients and staff to ensure client receive appropriate support. Given Marymead frequently provides counselling support to clients, it is recognised a translating service may be a more suitable option for translation over a family member or child to ensure client's privacy is upheld.

Where it is identified an interpreter is required, staff are to contact the Translating and Interpreting Service (TIS) on **131 450**. Staff will need to provide an organisational or program code for invoicing purposes. The program's TIS code will be provided by the Family Skills Program Manager.

Please see the Marymead *Access to Services* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

20.3 Confidentiality

It is recognised clients frequently share personal and sensitive information as part of their group participation experience. Marymead are required to advise clients that confidentiality will be maintained where possible and appropriate, however at times information regarding clients may need to be shared. Where Marymead provide assistance to clients that require them to share information with external services, clients will be required to complete '*Consent to Release and Exchange Information*' form. This document provides written permission for Marymead staff to share information with specified individuals or agencies to ensure clients can receive optimum levels of support.

20.4 Mandatory Reporting

In all circumstances where a staff member suspects, on reasonable grounds, that a child or young person has experienced non-accidental physical injury, sexual abuse, emotional abuse or neglect, the staff member must take appropriate action to address the suspected abuse or neglect. Under the Act Marymead staff who work in services for children are mandatory reporters.

As mandatory reporters, staff are required to report to CS any current concern for any child under 16 years of age who they have reasonable grounds to believe is at risk of significant harm due to abuse or neglect, where the grounds arise during the course of the person's work. In addition Marymead policy requires all employees, regardless of their position within the agency, to report such children to their Program Manager and Director, as well as CS.

For further policy and procedures refer to the Marymead Child Protection Policy and Procedures located at http://m-net/intranet/publish/mnet/Ops_Manual.php.

20.5 Complaints & Feedback

For further information, please see the Marymead *Client Feedback, Complaints and Disputes* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

21 RECORDS MANAGEMENT

21.1 Daily confidentiality

All personal information concerning children and young people and their families is to be kept secure, so that only those who need to access it can do so.

Files containing personal information should be kept in a secure area and in lockable filing systems. Files in use should not be left on desks when staff are not using them, but locked away. If names are on the outside of files, they should be turned face downwards. Files are not to be left in cars, and files are not to be taken home by a caseworker unless prior permission has been obtained from their supervisor or team leader. Caseworkers are to strive to ensure no confidential material is left at the photocopier or printer. Confidentiality of records should be maintained at all times using a 'need to know' principle to determine access.

21.2 When a child moves from the Marymead Foster Care Program

When a child moves from Marymead's Foster Care Program, a placement summary should be written and placed in the file before archiving.

When a child or young person moves between care placements, the original LAC documents are to be provided to the next agency with the child or young person. A copy of these LAC forms is also to remain on the child or young person's Marymead file.

Marymead are to retain files for children or young people who have left the care of Marymead for a period of seven years. Following this period, the files are provided to CS for archiving. It is important to note, all files pertaining to ATSI children or young people are kept permanently and never destroyed.

21.3 Client Access to Files/Records

Please see the Marymead *Client Records, Privacy and Confidentiality* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

21.4 Subpoenas

It is critical staff are aware that all information documented regarding our clients may be open to subpoena. In the event information regarding a client is required by a court of law, Marymead will be issued with a subpoena from the relevant court, which includes formal instructions as to what information is required, preferred collection method and date the information is required by the courts.

For further information, please see the Marymead *Client Records, Privacy and Confidentiality* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php and <http://www.psychology.org.au/Content.aspx?ID=3923>

21.5 Filing System

NSW Foster Care maintains a secure filing system through ensuring all client information is kept in secured, locked cupboards and/or filing cabinets. Electronic information is stored on a Marymead driver that has secured access which is back-up each day, with back up data stored in a secured, offsite location (to protect the files against fire or damage overnight).

21.6 Secure Storage of Data

Please see the Marymead *Client Records, Privacy and Confidentiality* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

21.7 Email Assess & Usage

Please see the Marymead *Use of Motor Vehicles, Telephones and Information Technology and Email Policy* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

22 VEHICLE USE

22.1 Private Vehicles

Please see the Marymead *Use of Motor Vehicles, Telephones and Information Technology* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

22.2 Marymead Vehicles

Please see the Marymead *Use of Motor Vehicles, Telephones and Information Technology* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

22.3 Transporting Children

Drivers should be aware of and insist on the correct use of car restraints and use of seat belts for every person in the vehicle. All vehicles used to transport children or young people are to use an approved child restraint appropriate to the child's weight and size, which has been correctly fitted and is suitable to the vehicle. Never use a child booster seat or baby capsule in the front passenger seat. Child safety locks should be activated when children are in the car.

Children should sit in the rear seats of the car. If a car is fitted with a front passenger airbag, children must be 12 years or older before they can safely sit in the front passenger seat. An adult seat belt is more appropriate for a child who weighs over 26kg, or who has outgrown the booster seat. If there is no alternative and a child must sit in the front seat, the heaviest child should be in the front. If children are required to sit in the front seat, the cigarette lighter should be removed.

The Act states it is an offence to leave a child in a motor vehicle without proper supervision for such period or in such circumstances that the child becomes or is likely to become emotionally distressed; or the child's or young person's health becomes or is likely to become permanently or temporarily impaired. A maximum penalty applies.

22.4 Motorcycle Use

Children of client families being transported by Marymead staff are not to travel on motorcycles under any circumstances.

22.5 Marymead Motor Vehicle Accident Procedures

Please see the Marymead *Use of Motor Vehicles, Telephones and Information Technology* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

23 PROGRAM ADMINISTRATION

23.1 Team Meetings & Supervision

Team meetings are held fortnightly. Individual line management meetings are held with each staff member every four to six weeks, as well as supervision sessions with a staff's nominated supervisor. The Foster Care Program also holds an annual planning day, involving all team members, with the purpose of reflecting on achievements and challenges in the preceding year and developing a team vision for the upcoming year. Participation in the larger Marymead team is encouraged. All Program Managers attend fortnightly Managers meetings, and an **all Marymead staff** meeting is held every three months. Monthly Office of children's Guardian (OCG) meetings are also held to review and ensure all client files and practices are meeting the NSW OOHC standards.

The Marymead Operations Manual outlines principles of Line Management. Line Management provides caseworkers opportunities to discuss all aspects of their caseload, administrative practices and personal issues that have bearing on their working life. Formal supervision differs, with a focus on providing guidance and direction, professional development, giving feedback about achievements and areas for improvement, and identifying training and professional development needs.

Both caseworker and supervisor have responsibility for input into the supervision agenda. In addition, caseworkers are encouraged to consult their supervisor when they have concerns about any aspect of case management or administrative practice. In the absence of the supervisor, staff should consult the Team Leader or Program Manager.

Debriefing, (for example, after a stressful home visit), will be available and provided by the Team Leader or Program Manager. Guidelines on how support is provided to Marymead staff in the case of critical incidents are developed, and are outlined in the Marymead Operations Manual.

It is expected that staff will arrange suitable supervision times in consultation with their Program Manager.

For further information, please see the Marymead *Supervision/Support for Practice and Appraisal* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php

23.2 Petty Cash

Where staff are approved by the NSW Foster Care Program Manager, to use their own money to make larger purchases on behalf of the Foster Care Program (for amounts over \$50.00) staff are to

complete and provide a Marymead *Petty Cash Form* <http://m-net/intranet/publish/mnet/Forms.php> to the Foster Care Program Manager.

23.3 Timesheets, Salary & Pays

Marymead staff are paid on a fortnightly pay cycle. Staff are responsible for providing an accurate timesheet to the NSW Foster Care Program Manager by 9am on the Monday of each pay week.

Information regarding staff wages and rates of pay can be located on the *Marymead Collective Teamwork Agreement 2008-2012* (<http://m-net/intranet/documents/3/69/Collective%20Teamwork%20Agreement%202008-2012.pdf>) and within individual staff employment contract.

Any questions regarding rates of pay, hours of employment etc. should be directed to the NSW Foster Care Program Manager.

24 TRAINING & PROFESSIONAL DEVELOPMENT

24.1 Program Induction

The Program Manager or Team Leader is responsible for inducting all new staff. The Foster Care induction process is conducted over a 2 month period and covers the following:

- ≠ Staff Meet & Greet
- ≠ Site Induction
- ≠ Staff Roles
- ≠ Organisational Framework
- ≠ CARE
- ≠ Key Stakeholders
- ≠ Program Specifics
- ≠ Team Meetings
- ≠ Appraisals
- ≠ Supervision & Line Management
- ≠ Training
- ≠ Self-Care
- ≠ Procedures
- ≠ Policy & Procedure
- ≠ Complaints
- ≠ Audits
- ≠ Staff Ethics
- ≠ WHS
- ≠ Travel
- ≠ Caseworker Responsibilities
- ≠ Mandatory Reporting
- ≠ Reportable Conduct
- ≠ Restricted Practice
- ≠ Referrals
- ≠ Community Services Transfers
- ≠ New Referrals
- ≠ Case Allocations

- ≠ IT Navigation
- ≠ Case Planning – (using Case Study Example)
- ≠ Children & YP's Files
- ≠ Carer Files
- ≠ Home Visits
- ≠ Case Conferences
- ≠ Case Plan
- ≠ Behaviour Management Plans (BMP)
- ≠ Lifestory Work
- ≠ Placement Disclosure
- ≠ Birth Family Contact
- ≠ Carer Reviews
- ≠ Community Services Forms

24.2 Core Training

Staff are required to complete core training for NSW Foster Care that includes:

- ≠ CARE Training
- ≠ permanency planning; and
- ≠ LAC

Where additional training, seminars or conferences of relevance and interest to staff is identified, staff are required to discuss and seek approval regarding the session from the Foster Care Program Manager. Approval to attend requested courses may or may not be granted based on a number of factors including total cost to attend (including transport and/or accommodation if appropriate), Program budget allocations, relevance to staff's role and capacity to be away from the program.

Staff are also required to document training attended on the Marymead *Training Register*, found at <http://m-net/intranet/publish/mnet/Documents.php>

For further information, please see please see the Marymead *Staff Professional Development* located within the Marymead Operations Manual: http://m-net/intranet/publish/mnet/Ops_Manual.php and the *Marymead Collective Teamwork Agreement 2008-2012*: <http://m-net/intranet/documents/3/69/Collective%20Teamwork%20Agreement%202008-2012.pdf>

25 STAFF SAFTEY

For general risk assessment and management procedures for Marymead as a whole, refer to the Marymead Operations Manual http://m-net/intranet/publish/mnet/Ops_Manual.php. Forms for Critical Incident Reports and Worker Safety Risk Assessment Checklist are also found in the Marymead Operations Manual.

25.1 Safety guidelines for Foster Care

Working in the Marymead Foster Care Program can involve contact with volatile clients both at Marymead and on home visits, therefore staff safety is paramount. Several safety and risk management procedures are listed below.

The worker has the right to refuse to see a client on safety grounds.

While Marymead has a responsibility to address issues of worker safety, individual workers are also responsible for monitoring their working environments for potential hazards and taking steps to address them. Good teamwork should allow team members to express any safety concerns they have, for other workers as much as for themselves.

25.2 Critical Incidents

All staff and carers have a right to feel safe at all times during the course of their work. Therefore a critical incident may include:

- ≠ Being in a situation where a client becomes violent to you or someone else;
- ≠ Being threatened with a weapon (could include a gun or a stick or other implement);
- ≠ Being threatened with violence or threat to harm in a more general sense;
- ≠ Being in any situation where a staff member feels that their personal safety is threatened or where they fear for someone else's safety. This includes intimidating and aggressive behaviour. It may also include witnessing violence to someone else or hearing threats to harm someone else;
- ≠ Being in the presence of a client who is extremely escalated and agitated. In this situation a worker may feel generally unsafe or feel unable to predict what might occur;
- ≠ A threat of suicide or a suicide attempt;
- ≠ Witnessing an accident or something such as a drug overdose;
- ≠ Witnessing some 'out of control' mental health issues; and/or
- ≠ Hearing about highly traumatic material. At times material/stories may be highly traumatic to an individual worker due to their own life experience. Thus if something disturbs a worker, it could be regarded as a critical incident for that individual worker.

25.3 Reporting a critical incident

All critical incidents must be recorded on a SIR (Serious Incident Report) form. This form is to be completed by the caseworker. The incident will then be reviewed by the caseworker with their Program Manager or Team Leader, in conjunction with other incidents, changes in behaviour and medication, as well as any other environmental impacts, to contribute to the child or young person's ongoing reviews.

25.4 Action taken to support carers after a critical incident

Caseworkers are to discuss all serious incidents carers. Discussions may include:

- ≠ Type of incident
- ≠ Frequency and intensity of incidents
- ≠ Identified triggers to escalated behaviours
- ≠ Strategies to intervene when a child or young person, or birth family member, are triggered or escalating
- ≠ Property damage as a result of incidents
- ≠ Ongoing support needs to manage challenging situations, including training

25.5 Off Site activities

25.5.1 Home visits – general

When leaving the office, workers **must** advise the Program Manager or Team Leader of:

- ≠ What family they are visiting
- ≠ Purpose of the visit

- ≠ Time of the visit
- ≠ Anticipated return time
- ≠ Confirmation that they are available on their work mobile when away from the office

25.5.2 Visiting a client for the first time (carer or birth family)

Where caseworkers are visiting families that are unknown to the program, the meeting should take place either at Marymead or in a neutral place – never in the client’s home. For first visits and when conducting safety checks at carer’s homes, it is advisable to have two caseworkers present.

Before conducting a visit, caseworkers need to identify any safety concerns around the family and discuss appropriate strategies with the Program Manager or Team Leader. Concerns may include, but are not limited to: history of violence, police involvement, drug and alcohol use, or mental health problems that impact negatively on the client’s behaviour.

If workers are not planning to return to the office after a visit where there are safety concerns, the worker is to phone and report to the Program Manager or Team Leader to advise when they have left the house safely.

All staff are advised to inform their own families of Marymead’s office and on-call numbers to phone if they are not home when expected.

25.5.3 Staff safety

If at any time a caseworker does not feel safe to continue a home visit, they should leave the house as soon and as calmly as possible. The caseworker may take whatever steps they believe to be necessary to ensure their immediate safety, including leaving the immediate location, or calling the police or other emergency services. When reasonable personal safety has been secured, any steps should be taken to pursue the safety needs of client family members or other people. **A caseworker’s immediate safety is critical:** once secure and safe, caseworkers are then in a position to help those left behind.

When arriving at a home visit, caseworkers are required to park their car where it cannot be ‘boxed in’; pointing in the direction they need to go when they leave. This means avoiding parking in driveways, and being aware if the house is in a cul-de-sac, a dead-end street or a battle-axe block. It is advisable to keep the car keys in a pocket, in the event a prompt exit is required.

When leaving a home visit, caseworkers are to get straight into the car and drive away immediately. Do not linger outside the house. If the worker needs to make a phone call or consult a street directory, they are to drive on and stop again further away.

If a caseworker’s car is followed by an angry client, they are to drive directly to the nearest police station or to Marymead, whichever is closer. Remain in the car and sound horn.

25.5.4 Remote/Lone Workers

25.5.4.1 Emergency action if a worker has not kept to anticipated movements

- ≠ After one hour, phone the staff member on their mobile phone
- ≠ Phone the client’s home, where the staff member was expected to be
- ≠ Phone the home of the previous or next expected visit
- ≠ Phone the worker’s home number and contact numbers
- ≠ Two staff members attend the client’s home, where the staff member was expected to be
- ≠ Contact police (**000 or 112 for mobile calls**)