

MacKillop Family Services

Out of Home Care Practice Manual NSW Services July 2011, (Revised July 2013)

This Practice Manual applies to Foster Care and Residential Care Services.

CONTENTS

PART A: INFORMATION FOR ALL OUT OF HOME CARE STAFF	9
1. OVERVIEW OF MANUAL	9
1.1 What Guides the Work of MacKillop Family Services (MacKillop)	10
1.1.1 Statement of Purpose	10
1.2 Values Statements	10
1.3 Out-of-Home Care Services.....	11
1.4 Peak Bodies, Advocacy and Support Groups.....	11
1.4.1 Association of Children's Welfare Agencies (ACWA)	12
1.4.2 The CREATE Foundation	12
1.4.3 Australian Foster Care Association (AFCA)	13
1.4.4 Support Organisations	13
1.5 Statutory Authorities	13
1.5.1 Children's Guardian	13
1.5.2 NSW Ombudsman.....	14
1.5.3 Commission for Children and Young People	14
2. THE CHILD PROTECTION SYSTEM IN NSW.....	15
2.1 Legislative and Compliance Obligations.....	15
2.1.1 Children and Young Persons (Care and Protection) Act 1998	15
2.1.2 Recent Changes to the Law	15
2.1.3 Interagency Practice in Child Protection.....	16
2.1.4 Mandatory Reporting.....	16
2.2 Children and Young Persons (Care and Protection) Regulation 2012	17
2.3 Keep Them Safe	17
2.5 NSW Standards for Statutory Out-of-Home Care.....	19
3. BACKGROUND TO CHILDREN AND YOUNG PEOPLE IN OUR CARE	21
3.1 A Focus on Responding to the Effects of Trauma	21
3.1.1 Attachment.....	22
3.1.2 Trauma Guides	22
3.2 Characteristics of children and young people in care.....	23
3.2.1 Intellectual Disability.....	23
3.2.2 Neuro-Developmental Problems	23

3.2.3	Mental Illness or Disorders.....	23
3.2.4	Self-harm and Young People in Care.....	24
3.2.5	Selected Bibliography.....	25
4.	CHILDREN'S COURT PROCESSES.....	26
5.	TYPE OF OUT OF HOME CARE PlacEMENT.....	27
5.1	Pathways to Care.....	27
5.2	Foster Care.....	27
5.2.1	Relative and Kinship Care.....	27
5.2.2	General Foster Care.....	28
5.2.3	Intensive Foster Care.....	29
5.2.4	Voluntary Out of Home Care.....	29
5.2.5	Supported Family Group Homes.....	30
5.3	Residential Care.....	31
5.4	Intensive Residential Treatment.....	31
5.5	Supported Independent Living.....	31
5.6	Leaving Care and Aftercare Services.....	31
5.7	Wraparound Support Services.....	32
5.8	Sole Parental Responsibility.....	32
6.	KEY PRINCIPLES UNDERPINNING OUR WORK IN OUT OF HOME CARE.....	34
6.1	The United Nations Convention on the Rights of the Child.....	34
6.2	Charter of Rights.....	34
6.3	Client Perspective.....	35
6.4	Identity and Family Focus.....	37
6.5	Access and Equity.....	38
6.6	Cultural Competency.....	39
6.6.1	Cultural Competence and Aboriginal Children, Young People - Their Families, and Communities.....	39
6.6.2	Working with Children, Young People and Families from Culturally and Linguistically Diverse (CALD) Communities.....	41
6.7	Complaints from Children and Young People.....	43
6.8	Staff Code of Conduct.....	44
6.8.1	Confidentiality.....	45
6.8.2	Duty of Care.....	45

6.8.3	Media and Public Comment	46
6.8.4	Smoking and Alcohol	46
7.	MACKILLOP Family Services PRACTICE FRAMEWORKS.....	48
7.1	The Sanctuary Model.....	48
8.	ROLES AND RESPONSIBILITIES IN Out of HOME CARE.....	51
8.1	A Collaborative Approach.....	51
8.2	Responsibilities.....	51
8.2.1	Foster Carers	51
8.2.2	Residential Care Workers	52
8.2.3	MacKillop Family Services Case Workers	53
8.2.4	Community Services Caseworker Responsibilities	53
8.3	Shared Responsibilities	53
8.4	Decision Making	54
8.4.1	Other Key Workers/Professionals	54
8.4.2	Dispute Resolution.....	54
8.5	Information Sharing, Confidentiality and Privacy	54
8.5.1	Keeping a Child or Young Person Informed	54
8.5.2	Privacy of Foster Carer Information.....	55
9.	CLIENT DATA AND MANAGEMENT INFORMATION SYSTEMS	57
9.1	Record Keeping in Out of Home Care.....	57
9.1.1	Disclosing Information to Parents and Other Significant Persons	58
9.2	Client Files - A Part of History	59
9.3	File Management Standards	60
9.4	MacKillop Records Data System	62
10.	DIRECT PRACTICE WITH CLIENTS: ASSESSMENT, PLANNING AND ACTION....	64
10.1	Introduction.....	64
10.2	Planning.....	64
10.2.1	Case Planning.....	64
10.2.2	Case Plan from Department of Family and Community Services	65
10.2.3	Case Planning Activities.....	66
10.3	Placement Reviews	69
10.3.1	Principles that Underpin these Guidelines	69

10.3.2	When Must Placement Review be Completed?.....	70
10.3.3	Who Should Participate in a Placement Review?	70
10.3.4	Placement Reviews at a Case Conference.....	72
10.3.5	Where There Is No Case Conference	73
10.3.6	What the Placement Review Should Cover	73
10.3.7	Outcomes of the Placement Review	76
10.3.8	Recording Placement Reviews.....	76
10.4	Looking After Children (LACES)	76
10.4.1	Essential Information Record Part 1 (EIR1)	78
10.4.2	Essential Information Record Part 2 (EIR2)	78
10.4.3	Care Plan.....	79
10.4.4	Placement Plan Part 1 (PP1).....	79
10.4.5	Placement Plan Part 2 (PP2).....	79
10.4.6	Review of Arrangements.....	79
10.4.7	Assessment and Action Record (A&AR).....	80
10.5	Additional Assessment and Planning Processes	81
10.5.1	Cultural Support Plans for Aboriginal and Torres Strait Islander Children and Young People	81
10.5.2	Developing Plans for Working with CALD Children and Young People.....	81
10.5.3	Behaviour Support Plans	81
10.5.4	Placement Changes and Planning	82
10.5.5	Transitioning or Leaving Care	82
10.5.6	Sharing planning records.....	84
10.6	Life Story	84
10.6.1	Benefits of Keeping a Life Story Book	84
11.	SERIOUS INCIDENTS.....	86
11.1	When a Child or Young Person is Missing.....	86
11.2	Police Involvement	87
11.3	Incident Reports	87
12.	WORKER SAFETY AND SUPPORT	88
12.1	At the Office	88
12.2	For Home Visits	89
13.	ADDITIONAL Practices AND PROCEDURES IN OUT OF HOME CARE	90

13.1	Entry to Care Welcome and Processes.....	90
13.2	Medication Guidelines.....	91
14.	ADDITIONAL PRACTICES.....	93
14.1	Responding to Allegations of Abuse/Reportable Conduct.....	93
14.2	Sex Education	93
14.3	Chroming and Substance Abuse	93
14.4	On Call Procedures	94
14.5	Responding to Risk Taking Behaviour.....	94
14.6	Signing Consents for Activities	96
	PART B: PRACTICE SPECIFIC TO FOSTER CARE.....	97
15.	Carer Recruitment, Assessment, Training, Authorisation and Review.....	97
15.1	Foster Carer Recruitment and Authorisation Process	97
15.1.1	Foster Carer Agreement.....	99
15.1.2	Code of Conduct for Authorised Foster, Relative and Kinship Carers.....	99
15.1.3	Foster Carer Authorisation Letter	99
16.	Foster Carer Review Process.....	100
16.1	Foster Carer Review Letter	100
16.2	Foster Carer Review - Introduction to Review for Carers.....	100
16.3	Foster Carer Review.....	100
17.	Carer Support and Supervision.....	101
17.1	Information for Carer Support and Supervision	101
17.2	Carer Support and Supervision Pro Forma	101
18	ADDITIONAL CARER PROCESSES.....	101
18.1	Carer File Structure Guidelines.....	101
18.2	Carer Profile Sheet	102
18.3	Carer Exit Processes.....	102
19	Client processes	102
19.1	Matching Considerations in Foster Care.....	102
19.2	Client Contact Summary Sheet.....	102
19.3	Post Placement Review	103
19.5	Guidelines on Religious Instruction for Children and Young Persons in Out-Of-Home Care	103
20	PROCEDURES FOR SPECIFIC PROGRAMS	104

20.1	Relative/Kinship Care	104
20.2	Therapeutic Care (Foster Care Plus)	104
PART C: PRACTICE SPECIFIC TO RESIDENTIAL CARE.....		106
21.	Good Residential Care Practice.....	106
21.1	The Role of Residential Care Staff.....	106
21.2	Building Relationship in Residential Care	107
21.2.2	Maintaining a Child Safe Organisation.....	108
21.2.4	Physical Contact with Children and Young People	109
22.	COMMUNICATION AND INFORMATION MANAGEMENT	111
22.1	The Importance of Recording Information.....	111
22.2	Communication.....	111
23.	WORKING WITH FAMILIES AND COMMUNITIES	111
23.1	Working with Families and Significant Others.....	111
23.2	Linking with the Community.....	112
23.3	Developing Connections with Local and Other Services	112
23.4	Contact with Neighbours	113
24.	HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE	114
24.1	Nutrition.....	114
24.2	Food Safety.....	115
24.3	Medical and Dental Treatment.....	115
24.4	Emergencies and Accidents	116
24.5	Medication.....	116
24.6	Ambulance Service.....	117
24.7	Infection Control Procedures	117
24.8	HIV/Aids	117
24.9	Hepatitis C.....	118
24.10	Sun Protection.....	118
25.	WORKING IN THE BEST INTERESTS OF CHILDREN AND YOUNG PEOPLE.....	119
25.1	Expected Standards of Behaviour	119
25.2	Supervision of Children and Young People	119
25.3	Managing Drug Affected Behaviour	119
25.4	Responding to Risk Taking Behaviour	120

25.6	Violence Behaviour (Toward Staff and Others)	120
25.7	Guidelines for Use of Restraint in Residential Houses	121
25.8	Searches and Confiscating Property.....	121
26.	HOUSE PRACTICES	122
26.1	Pocket Money and Money for Outings.....	122
26.2	Clothes.....	122
26.3	DVD (and Other Media) Rating Policy.....	122
26.4	Bedtimes and Curfews	123
26.5	Telephone Calls	123
26.6	Chores and Responsibilities of Children and Young People	124
27.	ACTIVITIES OUTSIDE THE RESIDENTIAL HOUSE	126
27.1	Education Training and Day Programs.....	126
27.2	Recreational Activities	126
27.3	Camps and Overnight Excursions	126
27.4	Permission for Activities Outside Work Hours.....	126
27.5	Access Arrangements.....	127
27.6	Overnight Stays.....	127
28.	OCCUPATIONAL HEALTH AND SAFETY	128
28.3	MAINTENANCE REquests	128
29.	MONEY MANAGEMENT	129
29.1	Provisions.....	129
29.2	Household Accounts and Petty Cash.....	129

PART A: INFORMATION FOR ALL OUT OF HOME CARE STAFF

1. OVERVIEW OF MANUAL

This NSW Out-of-Home Care Practice Manual has been developed as one of a set of documents to assist MacKillop Family Services (MacKillop) program staff in their work. All staff work in one of the major service areas of disability, education, family support and mediation, homelessness, unaccompanied minor refugee services, out-of-home care and heritage and information services.

As employees of MacKillop all workers are bound by the policies and procedures of the organisation which are contained in the **MacKillop Policy and Procedures Manual** (Previously called the Operations Manual). All new employees are required to review this **Policy and Procedures Manual** and sign that they have done so. It is strongly advised that you familiarise yourself with its contents. It is very comprehensive and contains information with respect to:

- Organisational Information
- Human Resources
- Client and Practice Policies
- Administrative Procedures
- Volunteer Policies
- Occupational Health and Safety Policies

The Policy and Procedures Manual is regularly updated. If there is any inconsistency between statements in the Policy and Procedures Manual and the NSW Out of Home Case Practice Manual, or any other program or service documentation, the MacKillop Policy and Procedures will take precedence.

The NSW Out-of-Home Care Practice Manual provides an overview of the key policies, standards and practice requirements for support workers in this area of work. It is divided into three sections:

Part A: Information for all Out of Home Care Staff

Part B: Practice specific to Foster Care

Part C: Practice specific to Residential Services

Should you spot any information that is incorrect or dated, please contact the Quality and Compliance team.

The MacKillop Policy and Procedures Manual and NSW Out-of-Home Care Practice Manual are available on the MacKillop Intranet.

Throughout this document **hyperlinks** are included to link directly to external websites, policy and procedure documents and other resources. To access these documents simple press the Control key and click on the highlighted text.

For example, pressing ‘Control’ and clicking on **MacKillop** will take you to the organisation’s website.

1.1 What Guides the Work of MacKillop Family Services (MacKillop)

MacKillop Family Services was established in 1997, an amalgamation of the seven child welfare agencies of the Sisters of St Joseph, Christian Brothers and the Sisters of Mercy. The oldest of these works can be traced back to 1854 when Father Ward opened a house in Prahran (Melbourne) for homeless and destitute Catholic children. Today, MacKillop provides a wide range of services, including disability, education, family support and mediation, homelessness, unaccompanied minor refugee services, out-of-home care and heritage and information services.

MacKillop prides itself on providing services that are identifiably “MacKillop” and reflect our values, ethos and culture.

1.1.1 Statement of Purpose

MacKillop exists to support, to foster hope and to promote justice for children, young people and their families, particularly those who experience distress, disadvantage and abuse.

In keeping with our values:

- we work together to foster hope, to empower and to affirm the unique dignity of each person;
- we commit ourselves to support those adults, who as children lived in the homes which joined together to form MacKillop;
- we stand in partnership with those at the margins in the struggle for justice and human dignity; and
- we advocate for positive social change and a just society.

Put more simply our purpose is: *‘...to promote justice and foster hope...’*

1.2 Values Statements

We commit to the following five foundational values, which we seek to embed in the culture of our organisation and practice:

- Justice:** We believe in the right of all people, regardless of belief or culture, to be treated justly and fairly
- Hope:** We commit to creating an atmosphere of hope where people find meaning in their experiences and relationships
- Collaboration:** We commit to working in a collaborative spirit through cooperation, coordination and partnership
- Compassion:** We commit to creating an attitude of openness to others and to their circumstances
- Respect:** We seek to listen and learn from each other and build relationships with respect

1.3 Out-of-Home Care Services

“Out-of-Home Care” is the term used in NSW when a child or young person is placed in care away from their parents/guardians. The vast majority of children and young people are placed in care following child protection intervention and in accordance with an order granted by the Children’s Court. However a small number of children and young people are in out-of-home care on a voluntary basis with no court order requiring them to live away from their parents/guardians.

MacKillop is part of a broader service system that supports and provides care for children and young people who are unable to remain in the full time care and placement of their family. The key players in this system are the state government child protection services Department of Family and Community Services and the agencies which provide the placements and support for children and young people.

Many CSOs also provide additional services, funded by a mix of state and commonwealth government funds, philanthropic trusts and other fundraising efforts. Most funds, particularly those from government, are allocated according to strict funding guidelines, and community agencies enter into funding and service agreements which require them to meet specific policies and regulations. For example, our out-of-home care services are required to be accredited against the Children’s Guardian’s *NSW Standards for Statutory Out-of-Home Care 2010*. These requirements are detailed in Section 2 of this Guide.

1.4 Peak Bodies, Advocacy and Support Groups

The out-of-home care service system also includes a number of peak bodies whose role is usually that of providing support, training, advocacy (usually to government bodies) on behalf of either individuals or service providers, and acting as key spokespersons for a particular sector. The key peak bodies in NSW include Association of Child Welfare

Agencies (ACWA), the CREATE Foundation and the Australian Foster Care Association (AFCA).

1.4.1 Association of Children's Welfare Agencies (ACWA)

The Association of Children's Welfare Agencies (ACWA) has been representing the voice of NSW non-government community service organisations that deliver services to vulnerable children, young people and their families for more than 50 years. The peak body was founded in 1958 with the objectives of supporting non-government agencies and improving the quality of services to children and young people who need to live away from their families.

ACWA supports a membership base of more than 100 agencies. ACWA's activities include:

- Advocacy
- Policy development
- Research
- Consultation
- Members Support
- Information Sharing
- Sector conferences and Seminars
- Publications
- Projects
- Partnerships
- Sector Development

ACWA established the Centre for Community Welfare Training (CCWT) as its learning and development arm in 1987. CCWT provides training opportunities for people working across the community welfare sector in NSW and with vulnerable children, young people and families in particular.

1.4.2 The CREATE Foundation

CREATE represents the interests of children and young people and provides a diverse range of services, programs and initiatives to inspire achievement and participation of children and young people in care (both residential and foster care), and those who work with them and for them. CREATE runs programs and services to:

- Connect children and young people to each other and their communities.
- Build skills and resources for children and young people in care.
- Provide easy to use information about living skills and transition from care through their website www.createyourfuture.org.au

- Change the care system from the inside out through the participation of children and young people themselves.

There are CREATE centres covering every state and territory in Australia.

1.4.3 Australian Foster Care Association (AFCA)

AFCA is a membership based voluntary organisation supporting and representing the voices of foster carers, their families and the children they care for throughout Australia. AFCA works in partnership with other community organisations in the child and family welfare sector to provide the support necessary for children and young people unable to live at home to achieve better outcomes.

1.4.4 Support Organisations

There are many foster care support groups around NSW. These group activities provide invaluable opportunities for carers to talk to one another swap advice and build support networks with other foster parents in the area.

[Connecting Carers NSW](#) - support and training to foster, kinship and relative carers across NSW – Phone: 1300 794 653

[Foster Parents Support Network](#) - support for foster carers in Sydney and regional areas - Phone: 1800 262 445

[Aboriginal Statewide Foster Carer Support Service](#) - helps carers to provide quality, culturally appropriate care for kids – Phone: 1800 888 698

1.5 Statutory Authorities

Other external organisations with oversight over the out-of-home care system include the Children's Guardian, the NSW Ombudsman and the Commission for Children and Young People.

1.5.1 Children's Guardian

The Office of the Children's Guardian is an organisation established to promote the best interests of children and young people in out-of-home-care. The key functions of the Children's Guardian are to accredit agencies and monitor designated agencies under the Act and Regulations. The NSW OOHC Standards are used by the Office of the Children's Guardian for the accreditation and quality improvement of Out-Of-Home-Care Services in NSW. The Office of the Children's Guardian has prepared benchmark policies for each of these standards.

1.5.2 NSW Ombudsman

Under the *Community Services Legislation Amendment Act 2002*, the Ombudsman has the power to investigate complaints about individual cases and may on application or on his own initiative, reviews the situation of a child or group of children in care. Such a review examines the various aspects of the welfare, status, progress and circumstances of the child or children who are the subject of the review. In addition, the Ombudsman now has the function to review the deaths of children and young people who are in Out of Home Care, or who have been notified to Community Services (CS) within three years prior to their deaths, as well as adults and children with disabilities who die whilst in residential care.

The NSW Ombudsman also has responsibility for the coordination of Community Visitors. Official Community Visitors aim to advocate for and protect the interests of children, young people and people with disabilities living in full-time residential care provided or funded by Department of Community Services or the Department of Ageing, Disability and Home Care.

Agencies are required to notify the NSW Ombudsman of any reportable allegations and convictions that concern their employees. Designated agencies such as MacKillop need to report such allegations and convictions, whether or not they arise in the course of the employee's work.

For further information regarding Reportable Conduct refer to **NSW Procedure on Reportable Conduct**.

1.5.3 Commission for Children and Young People

The Commission administers the [Commission for Children and Young People Act 1998](#). The following principles guide the work of the Commission:

- The safety, welfare and wellbeing of children are paramount.
- The views of children and young people are taken seriously.
- The relationships between children, their families and their communities are important for their safety, welfare and wellbeing.
- Vulnerable children and young people will be given priority.

The Commission does not have the function of dealing directly with the complaints or concerns of individual children. It can however provide advice, information and make referrals.

The work of the Commission includes:

- Promoting ways for children and young people to participate
- Having input into laws and policies that affect children and young people

- Undertaking research, including research for the NSW Child Death Review Team
- Promoting awareness and understanding about kids' issues
- Building child-safe and child-friendly organisations
- Implementing and monitoring the Working With Children Check
- Administering the Child Sex Offender Counsellor Accreditation Scheme
- Producing publications and resources about kids' issues

2. THE CHILD PROTECTION SYSTEM IN NSW

Staff and volunteers in the out of home care sector need to have an understanding of the child protection system as most of the children and young people they work with are involved with this system.

The aim of New South Wales' child protection system is to protect children and young people from significant harm resulting from abuse and neglect. The child protection system is governed by the *Children and Young Persons (Care and Protection) Act 1998* and *Children and Young Persons (Care and Protection) Regulations 2012*. This gives child protection workers the authority to investigate allegations of child abuse and neglect and, when necessary, to apply to the Children's Court to remove children and young people from the care of their parents.

2.1 Legislative and Compliance Obligations

Key legislative frameworks influence our work in out of home care. These are:

The Children and Young Persons (Care and Protection) Act 1998 and the *Children and Young Persons (Care and Protection) Regulations 2012*

2.1.1 Children and Young Persons (Care and Protection) Act 1998

The *Children and Young Persons (Care and Protection) Act 1998* deals with matters relating to the welfare of children and young people in New South Wales.

This includes the reporting and investigation of child abuse, licensing of child care services, employment of children, care proceedings in the Children's Court, and those cases in which the State has parental responsibility for children and young people. The NSW Department of Family and Community Services can intervene in matters where the welfare of the child is in issue. Intervention will range from the provision of family support and respite child care to the very extreme action of removing a child from his or her family.

2.1.2 Recent Changes to the Law

Following an extensive review of the NSW child protection system, the *Children*

Legislation Amendment (Wood Inquiry Recommendations) Act 2009 was introduced.

Amendments made by this Act include:

- (a) raising the reporting threshold to “at risk of *significant harm*” (from 24 January 2010);
- (b) setting up an alternative reporting process for mandatory reporters in major government agencies (from 24 January 2010);
- (c) permitting the exchange of information between government and nongovernment agencies involved with children and young people (from 30 October 2009);
- (d) making some changes to the Children’s Court and its procedure (from 1 June 2009).

2.1.3 Interagency Practice in Child Protection

The *Children and Young Persons (Care and Protection) Act 1998* provides the framework for promoting a partnership approach to child protection. The legislation recognises that responsibility is shared across:

- government agencies
- non-government agencies
- families
- corporations
- business agencies
- the community

The principles contained in Sections 9 and 10 of the Act guide government and non-government agencies in exercising their responsibilities under the Act, and in relating with each other and with children and young people at risk of harm.

Sections 11 to 14 of the Act contain important additional principles for government and nongovernment agencies in relation to Aboriginal and Torres Strait Islander children and young people, their families and communities.

The *Child Wellbeing and Child Protection – NSW Interagency Guidelines* are available from the website

http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/child_protection_services/interagency_guidelines.html

2.1.4 Mandatory Reporting

The *Children and Young Persons (Care and Protection) Act 1998* also sets out the obligations with regard to mandatory reporting. MacKillop procedure *on **Mandatory***

Reporting sets out the organisational response for all staff and is compliant with the responsibilities outlined in the Act.

2.2 Children and Young Persons (Care and Protection) Regulation 2012

The *Children and Young Persons (Care and Protection) Regulation 2012* provide the legislative framework for the Children’s Guardian’s out-of-home care accreditation program and quality improvement program. The Regulation also specifies the categories of individuals who may be authorised by a designated agency as an “authorised carer” and includes a *Code of Conduct for Authorised Foster, Relative and Kinship Carers* (see Part B of this manual)

2.3 Keep Them Safe

Keep them Safe (KTS) sets out the NSW Government’s five year plan to improve the safety and wellbeing of children and young people. It was developed in response to the *Report of the Special Commission of Inquiry into Child Protection Services* in NSW that was conducted by the Hon James Wood AO QC during 2008.

KTS sets out a new direction backed by evidence-based strategies to dramatically change the way children and families are supported and protected.

KTS includes a Government response to each of the Inquiry’s 111 recommendations. KTS recognises that caring and supporting children is first and foremost the responsibility of parents, families and communities. When Government support becomes necessary, child protection is not the sole responsibility of the Department of Family and Community Services but a collective responsibility.

KTS recognises the need to address the underlying factors that lead to abuse and neglect such as poverty, isolation, domestic violence, mental illness and drug and alcohol abuse. The Plan also recognises that we need to get help to families earlier so they do not escalate into the statutory child protection system.

The goal of KTS is that all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential.

For further information, visit the [Keep them Safe](#) website.

2.3 Maintaining a Child Safe Organisation

When developing and maintaining a positive relationship with children and young people, child safe principles guide our practice. A child safe organisation:

- **Welcomes children and their families/carers**

Staff and volunteers readily interact with children and young people in an age appropriate and respectful way

Children and young people are treated as individuals and we strive to understand each child's individual needs and interests

Staff and volunteers listen to children and encourage their participation

Children and young people are supported and comforted in an appropriate way consistent with their wishes

- **Recognises that children and young people are vulnerable**

All staff and volunteers accept their role as essentially to protect children and young people

We accept there is a difference in power between a child and an adult

Equipment and activities must be appropriate

Information must be treated confidentially

- **Actively encourages the participation of Aboriginal children**

Our staff and volunteers acknowledge and show respect for Aboriginal culture

- **Recognises and responds to the particular needs of children from diverse cultural, linguistic and religious backgrounds**

Cultural diversity is welcomed and celebrated

Our staff and volunteers acknowledge and show respect for their diversity

- **Recognises and responds to children with special needs including a disability**

Our service is accessible and provides children with opportunities for inclusion and participation in normal day to day activities.

Our relationship with children and young people is respectful and developmentally appropriate

- **Encourages children to participate in making decisions**

Children and young people must be asked their views and these must be respected and taken into consideration in making decisions

Children and young people must be involved in discussing appropriate behaviour

- **Carefully recruits and manages its staff and volunteers**

- **Ensures the commitment to child safety is clear and shared by all**

- **Educates staff and volunteers about child safety.**

2.5 NSW Standards for Statutory Out-of-Home Care

The *NSW Standards for Statutory Out-of-Home Care* (the *Standards*) are used by the Children's Guardian for the accreditation and quality improvement of statutory out-of-home care services in NSW. The *Standards* establish minimum requirements for accreditation and provide a framework for continuous improvement in the quality of statutory out-of-home care services. The *Standards* and the manner in which performance against them is assessed do not stay static – they will evolve as legislation changes and new research is published.

There are a total of 22 standards divided between four sections as follows:

Section 1 - Children and Young People – Care and Wellbeing

Standard 1 Children's Rights

Standard 2 Building a Positive Care Environment

Standard 3 Child Protection

Standard 4 Identity

Standard 5 Family and Significant Others

Standard 6 Participation in Decision Making

Standard 7 Confidentiality and Privacy

Standard 8 Emotional and Social Development

Standard 9 Health

Standard 10 Education

Section 2 - Casework Practice to Support Care

Standard 11 Initial Assessment and Placement in Out-Of-Home Care

Standard 12 Case Planning and Review

Standard 13 Case Work and Monitoring Placements

Standard 14 Behaviour Support/Management Plans

Standard 15 Planning for Leaving Care

Standard 16 Documentation and Record Keeping

Section 3 - Management of Carers and Staff – People Who Manage and Care for Kids

Standard 17 Assessment and Selection

Standard 18 Training and Development

Standard 19 Supervision and Support

Standard 20 Record Keeping, Privacy, Confidentiality and Complaints for Carers and Staff

Section 4 - Organisational Management

Standard 21 Governance

Standard 22 Strategic Planning and Evaluation Processes

MacKillop is required to maintain accreditation to continue to deliver services to young people in out of home care.

See the Children's Guardian website for further information

<http://www.kidsguardian.nsw.gov.au/accreditation/nsw-out-of-home-care-standards>

3. BACKGROUND TO CHILDREN AND YOUNG PEOPLE IN OUR CARE

There is widespread agreement that out of home care services in New South Wales are occupied by children and young people with increasingly complex needs. Children and young people are significantly affected by past trauma, often resulting from abuse, and disrupted attachments. Over the last 10 years or so there has been greater understanding of the deep seated nature of the effect of trauma on children and young people's development.

Left unrecognised and untreated, abuse related trauma is cumulative in its impact (*Tucci, Mitchell and Goddard: 2005*) with the potential for children to experience a range of negative emotional, psychological and behavioural manifestations that interfere with normal developmental trajectories (*Rossmann and Rosenberg: 1998*). As *Tucci et al (2005)* have noted these children have little insight into the connection between what they do, what they feel and what has happened to them. Children and young people can present with a range of complex needs and challenging behaviours that places significant demands on MacKillop and our carers if placement stability and effective, timely treatment is to be provided.

Researchers such as *Perry (1997)* and *Tucci et al (2005)* highlighted how the expanding use of new technologies to map brain functioning and development of children and young people who experience abuse and family violence has enabled the rapid evolution of a new paradigm for understanding through the neurobiology of trauma. This paradigm emphasises the interconnection between children's adaptive physiological, emotional and cognitive responses to traumatic stress and the development of attachment based identity formation. It clarifies the primary role of a familiar attachment figure in assisting in the regulation of the child's affective states reinforcing neurobiological associations that promote positive resolution of future stressful experiences.

The work of the [Australian Childhood Foundation](#) can provide further details of this rapidly developing body of knowledge.

3.1 A Focus on Responding to the Effects of Trauma

Children and young people with trauma-based behaviour patterns need very careful assessment, understanding and management and their individual needs should determine our service responses. For example, the commonly-employed behaviour management techniques based on the reinforcement or punishment of behaviours, is not only ineffective in changing trauma-generated behaviours (which are often characterised by emotional flooding) but can sometimes lead to re-traumatisation. New therapeutic care models have been proposed and are being implemented that are organised around our emerging understanding of trauma-based symptomology (*Bloom, 1997*). MacKillop is participating in these programs in some areas and applying learning across all out-of-home care services. Additionally, MacKillop's adoption of the Sanctuary Model (*see Section 7*) is an

organisational acknowledgement of the need to work across all programs in a trauma informed approach.

3.1.1 Attachment

Attachment is a word used to describe a theory of how emotional connection is established between a baby and their carer in the first three years of life. There is evidence to suggest that trauma in the first three years of a child's life can negatively impact upon a child's ongoing physiological and emotional safety and the child reaching a state of secure attachment. Many children traumatised at home with parents or others are placed in out of home care. Sometimes, placements breakdown because of attachment disordered behaviour further adding to their traumatised state. It is imperative that staff with MacKillop know about attachment disorders and therapeutic/attachment parenting.

Attachment parenting is sometimes called (re)intuitive parenting (the parent /carer intuitively ascertain what it is that the child needs and meets those needs for the child). To be an intuitive and therapeutic carer we need to understand the effects of childhood trauma, be willing to work to the principles and practices outlined in this Manual and be motivated enough to actually carry through the intuitive parenting, e.g., consistently responding to the 14 year old whose behaviour taunts us to respond in an inappropriate manner that does not acknowledge their history or developmental age.

At all times we must remember that attachment trauma has the ability to affect every caring and intimate relationship for the rest of a child's life. That includes the child's relationship with us and MacKillop. It is our job, not the child's to help heal the trauma. In fact, appropriate responses in these situations, places a great deal of responsibility on carers to attune to and cope with the challenging attachment disordered child.

3.1.2 Trauma Guides

The Department Of Human Services in Victoria has developed a ***Guide to working with children and young people that have experienced trauma***. These guides are designed to inform good practice and assist with the task of an overall assessment and should be understood by all staff and carers working in MacKillop out of home care services. Trauma Guides are also available specific to the following age groups:

[1-12 Months](#)

[12 Months – 3 Years](#)

[3 – 5 Years](#)

[5-7 Years](#)

[7-9 Years](#)

[9 – 12 Years](#)

12 – 18 Years

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource>

3.2 Characteristics of children and young people in care

Children and young people may present to our services from a variety of backgrounds and circumstances. The following sections briefly outline characteristics that may be a feature of the lives of some of the children and young people coming into our care. Care should be taken by staff to avoid labelling children and young people with particular diagnoses. Our work is to ensure children and young people receive (specialist and other) services and supports that best match their particular needs. Staff should seek specialised advice and support should they believe it is warranted to assist their work with children and young people.

3.2.1 Intellectual Disability

The data vary but it appears that a large percentage (up to 40%) of children and young people classified as having complex needs have an intellectual disability, often in the 'mild' range. This has implications for the type of care and education program that is provided and the mix of clients as these children and young people can be quite vulnerable to both abuse and being misled by peers and others.

3.2.2 Neuro-Developmental Problems

A significant percentage of young people in out of home care have neuro-developmental problems (*Rutter, 2000*). Sometimes these are formally diagnosed conditions and sometimes these are inferred by the pattern of behaviours. Known conditions include the Autism Spectrum Disorders, Foetal Alcohol Syndrome/Effect, Attention Deficit/Hyperactivity Disorder, Tourette's Disorder, Right Hemisphere Deficit Syndrome or Nonverbal Learning Disorder, along with a number of chromosomal disorders and learning disabilities. Again, these all have major implications for our understanding of the child's needs, our management of their behaviours, and the design of intervention programs.

3.2.3 Mental Illness or Disorders

Children and young people in out of home care have formally diagnosed mental health problems often including one of the mood disorders (such as depression or bi-polar disorder), anxiety disorders (such as obsessional-compulsive disorder or a phobia), or early onset psychosis. In such cases, the mental health needs of the young people are a key consideration for both case planning and intervention. In Victoria, research (*DHS 2006*)

has highlighted the high proportion of children and young people in residential care with significant mental health issues.

3.2.4 Self-harm and Young People in Care¹

Deliberate self-harm (also known as self-injury) is a child or young person inflicts physical harm on themselves. Some examples are cutting, burning, biting or hitting, pulling out hair or scratching and picking at sores. Deliberate self-harm is not necessarily a suicide attempt, and engaging in self-harm may not mean that someone wants to die. Most commonly deliberate self-harm is a behaviour that is used to cope with difficult or painful feelings.

People who deliberately harm themselves have often had tough experiences or relationships in their lives. The traumatic experience of being placed in out of home care may be a precursor to episodes of self-harm. In addition a young person may have:

- Been bullied or discriminated against
- Lost someone close, such as a parent, brother, sister or friend
- Broken up with a boyfriend or girlfriend
- Been physically or sexually abused
- Experienced a serious illness or disability that affects the way they feel about themselves
- Experienced problems with family, school or peer groups

Deliberate self-harm may be used as a way to cope with experiences and the strong feelings associated with it. Self-harm may:

- **Provide a way to express difficult or hidden feelings:** It is not uncommon for a young person to feel numb or empty as a result of overwhelming feelings and engaging in deliberate self-harm may provide a temporary sense of feeling again. It may also provide a way to express anger, sadness, grief or hurt.
- **Be a way of communicating to people that they need some support:** When a young person feels unable to use words or any other way to do so.
- **Be a way the young person proves that they are not 'invisible'.**
- **Provide a feeling of control:** A young person might feel that self-harm is one way of having a sense of control over their life, feelings, or body, especially if they feel as if other things in their life are out of control.

Deliberate self-harm can bring an immediate sense of relief but it is only a temporary solution and may also cause permanent damage to their body. Psychologically, it may be associated with a sense of guilt, depression, low self-esteem or self-hatred along with a tendency to isolate themselves from others.

All instances of self-harm should be recorded. If you have concerns or question regarding self-harm consult your supervisor. At times, staff will need to assess the risk to a young person by considering the likelihood of self harm and the likely consequences of it. In conducting a risk assessment, the following criteria should be considered:

- When did they last self-harm?
- How often do they self-harm?
- Where do they do it?
- How do they do it?
- Who do they normally speak with?
- Do they have access to any other support?
- Have they got a plan?
- Have they got suicidal ideation?

Young people with a history of self harm should have an incident support plan developed in conjunction with the Support Team to guide staff.

Adapted from material on reachout.com.au <http://www.reachout.com.au/>

3.2.5 Selected Bibliography

Bloom, S., (1997) *Creating Sanctuary: towards the evolution of sane societies*, Routledge, New York.

Perry, B., (1997) 'Incubated in terror: neurobiological factors in the 'cycle of violence'', in J.D. Osofsky (Ed.) *Children in a Violent Society*, Guilford Press, New York.

Rossmann, B. and Roseberg, M, (1998), 'The Multiple Victimization of Children: Incidence and Conceptual Issues', *Journal of Aggression, Maltreatment & Trauma*, 2 (1), pp. 1-5.

Rutter, M., (2000) 'Genetic studies of Autism: from the 1970s into the Millennium', *Journal of Abnormal Child Psychology*, 28 (1), pp. 3-14.

Tucci, J., Mitchell, J. & Goddard, C. (2005). *The Changing Face of Parenting*, Melbourne: Australian Childhood Foundation.

4. CHILDREN'S COURT PROCESSES

The Children's Court has the authority to make a variety of orders about the care and protection of a child or young person. These include:

- assessment orders
- interim care orders
- supervision orders
- orders allocating parental responsibility for a child or young person
- orders prohibiting an act by a person with parental responsibility
- contact orders
- orders for the provision of support services
- orders to attend therapeutic or treatment programs
- variation and rescission of orders.

Community Services is responsible for presenting matters to the Children's Court but the designated agency, which has supervisory responsibility for the placement, will be involved in developing the care plan.

The Department of Family and Community Services deals with the Children's Court in both instances when it has case management and when this is transferred to MacKillop. MacKillop will give the child and family regional unit background information and a formal request for a new care order or for a return to court to change a care order's conditions. The community services centre, in conjunction with Community Services Legal Services, will carry out the court work.

5. TYPE OF OUT OF HOME CARE PLACEMENT

Out-of-home care includes three main types of care – foster care (including kinship care and relative care) residential care and supported independent living. In addition, there are some instances when specially tailored supported community placements may be established for young people.

All types of care arrangements allow for varying degrees of complexity and difficulty and MacKillop receives funding across all degrees including those placements designated most complex. Funding is received from the Department of Family and Community Services (DFCS).

5.1 Pathways to Care

A child's entry into out-of-home care can be through:

- a request from a parent to a designated agency, DFCS or Ageing, Disability and Home Care (DADHC), for a voluntary care placement
- a temporary care arrangement (usually between DFCS and a parent)
- a DFCS decision followed by the Children's Court making a care order after determining that a child or young person needs care and protection.

5.2 Foster Care

Foster care is out of home care placement provided by carers in their own homes supported by agencies. For children under 12, foster care is preferable to residential care.

5.2.1 Relative and Kinship Care

See [Relative and Kinship Care Model](#)

Relative and kinship care is an out of home care option that places the child or young person with familiar people and in familiar surroundings. It can help them stay in contact with other relatives and networks. Relative and kinship care arrangements have increased significantly over the past decade and are now a major placement option for a significant number of children and young people entering statutory out-of-home care.

An effective kinship care service shares many of the same characteristics of a foster care service, such as providing children and young people with case management, casework and support services, and in authorising, training and supporting carers. However, the level of both monitoring and casework support for relative and kinship carers will vary according to individual need, the nature and quality of the care relationship, or changed circumstances over time. In particular, relative and kinship carers are likely to need help with managing family relationships.

Relative Care

'Relative care' is the care of a child or young person by an extended family member whose relationship is defined by the *Children and Young Persons (Care and Protection) Regulation 2000*, under Part 2, clause 5. A child or young person is "related" to, or a "relative" of, another person, for the purposes of the Act:

(a) if the child or young person is the child, step-child, grandchild, brother, sister, step-brother, step-sister, uncle, aunt, niece or nephew (whether by consanguinity or affinity) of the other person, or

(b) if the other person has parental responsibility for the child or young person (but not including the Minister or a person who has parental responsibility other than in his or her personal capacity), or

(c) if the child or young person has been placed in the care or custody of the other person in accordance with the *Adoption of Children Act 1965*.

Kinship Care

The *Children and Young Persons (Care and Protection) Act 1998* does not include a definition of kinship care. The term *kinship* is a flexible concept which embodies different meanings for different cultural groups with regard to social relationships, personal family connections and expectations of responsibilities and behaviour. For the purposes of this policy kinship is defined as *care with a person who is not a relative of a child or young person, but who shares a cultural, tribal and/or community connection that is recognised by that child or young person's family and community*.

5.2.2 General Foster Care

See [General Foster Care Service Model](#)

General foster care is defined as care for children and young people aged 0-17 years which is provided on a short or long term basis by authorised carers in their own homes, or in a home owned or rented by an agency, who are reimbursed for expenses.¹ It does not include voluntary foster care other than that which has been arranged by the Director-General under Section 151 of the *Children and Young Persons (Care and Protection Act) 1998*.

An authorised carer is a single person or couple authorised as a foster or relative/kinship carer by a designated agency, or the principal officer of a designated agency, or any person authorised according to the regulations.

When placement within a child or young person's relative or kinship care network is not possible, foster care is usually the most appropriate option for them. Authorised carers provide foster care in their own home to children unrelated to them. Generally, no more

than six children (including the carer's own children) should be in a placement at any one time. This ensures that the carer can give the level of individual attention that each child needs.

5.2.3 Intensive Foster Care

See [Intensive Foster Care Service Model](#)

Intensive foster care is a form of foster care specifically designed to meet the needs of children and young people assessed as having complex and high support needs, or for particular groups of children (like siblings) that together present a more complex caring role, or for children and young people at critical phases in their development. Caring for such children and young people within a foster home environment can be extremely challenging, and the level of support and training, and remuneration that needs to be offered to carers to assist them and provide them with recognition for their role is higher than in the more standard forms of foster care. Children and young people in intensive foster care are provided with intensive case management, by caseworkers who have a capped caseload, which will usually involve the coordination of a range of services and interventions that have been identified through a comprehensive process of assessment and review. Intensive foster care can be the most suitable placement for the small number of children and young people assessed as having complex and high support needs. It is also suitable for particular groups of children (such as large sibling groups) who together present a more complex caring role.

5.2.4 Voluntary Out of Home Care

Voluntary out-of-home care (VOOHC) refers to those situations where a parent of a child or young person makes a voluntary arrangement with an organisation for the placement of their child or young person in out-of-home care. A child or young person (person under the age of 18) is in VOOHC, subject to the exceptions outlined below, when:

- he or she stays at a places other than his/her usual home for one or more nights;
- he or she is in the care and control of a person other than his/her parent (i.e. the person with parental responsibility for the child or young person); and
- his/her parent has entered into an arrangement with an organisation to provide or arrange that care (a voluntary arrangement).

All children and young people who are in such care on or after **24 January 2010** are in VOOHC for the purposes of the *Children and Young Persons (Care and Protection) Act 1998* ("the Act") and *Children and Young Persons (Care and Protection) Regulation 2012* ("the Regulation").

Voluntary Out-Of-Home Care Does Not Include:

- care where the parent enters into an arrangement with an individual to provide care (e.g. a parent arranging for a friend to care for their child whilst they are overseas);
- care where the child or young person arranges their own placement (e.g. where a child self-admits to a youth refuge);
- care provided in accordance with a court order (statutory care);
- care provided, arranged or otherwise supported by Community Services after Community Services has formed the opinion that the child or young person is in need of care and protection (supported care);
- care where a child or young person resides outside New South Wales (this may be relevant where care is arranged in some border areas);
- boarding services provided by a school, training establishment, university or affiliated body to enable children and young people to attend a school, training establishment or university;
- a holiday camp, outdoor recreation centre or similar facility where children and young people undertake or receive education, training or instruction in academic, religious, athletic or recreational pursuits unless its primary purpose is to provide respite or address the challenging behaviour of the child or young person;
- care provided by the public health system or in a licensed private hospital;
- care provided by a licensed provider of children's services (e.g.: a crèche for children of shift workers);
- care arranged by an organisation, where the care is provided by a relative of the child or young person;
- SAAP arrangements funded under the *Supported Accommodation Assistance Act 1994* (Cth); or
- Adoption services under the *Adoption Act 2000*.

MacKillop is required to comply with the Children's Guardian Statutory Procedures for Voluntary Out-of-Home in NSW. Staff should ensure their practice is compliant with the procedures.

<http://www.kidsguardian.nsw.gov.au/voluntary-out-of-home-care>

5.2.5 Supported Family Group Homes

See [Supported Family Group Home Service Model](#)

When older adolescents do not want to live in a family situation, or a large sibling group cannot all be placed together in a relative, kinship or foster care placement, a supported family group home may meet their needs.

Supported family group homes are houses in the community that provide placements in a family-like setting for a specific group of between four to six children or young people. Supported family group home carers are employed, contracted or reimbursed expenses to provide live-in, 24-hour-a-day care and supervision, seven days per week.

5.3 Residential Care

See [Residential Care Service Model](#)

A small number of young people aged 12 years and older, who are unsuited to family-based placements because of their challenging behaviour and high support needs, or have said they prefer not to, may benefit from living in a small residential service (between two and five residents). Although the minimum age for entry into the program is 12 years, younger children could be considered for admission if comprehensive assessment found they had special needs that could not be adequately met in a family-based placement.

Key features include a community-based setting and skilled direct care staff. There is also access to multidisciplinary specialist services, such as psychologists, psychiatrists, and drug and alcohol counsellors, to help prepare young people to function with increased levels of confidence and independence in future placements.

5.4 Intensive Residential Treatment

See [Intensive Residential Treatment Service Model](#)

There is a very small group of children and young people with extremely high needs and complex behaviours. They need more intensive therapeutic and programmed support than can be offered in other services, such as intensive foster care or general forms of residential care. An intensive, time-limited (6–12 months maximum) program of integrated, individually tailored interventions, which deal with behavioural, social and emotional issues in an intensive residential treatment service, may best meet their needs.

5.5 Supported Independent Living

See [Supported Independent Living Service Model](#)

Some young people need support to help them make a smooth transition from out-of-home care to independent living, self-reliance and adulthood. Supported independent living programs help these young people with public, community or private rental accommodation, case management and support services for up to two years.

5.6 Leaving Care and Aftercare Services

This model describes requirements for arranging and providing assistance, based on assessment of need, to young people aged 15 to 24 years who leave statutory care, and considerations for assistance for care leavers who are 25 years or older.

All young people over the age of 15 must have a leaving care plan. The agency with supervisory responsibility for the young person's placement needs to develop and implement the plan. It should include reasonable steps to prepare the young person for their transition from out-of-home care.

Young people leaving care should be given information and, if needed, referrals to mainstream services. . See [Leaving care for independent living](#).

5.7 Wraparound Support Services

See [Wraparound Services Model](#)

The term ‘wraparound services’ refers to the individualised services which deal with the needs of the child or young person in care, found during the assessment and case planning process. Not all children in care will need wraparound services.

Wraparound services are critical to achieving two key aims:

- quality, stable out-of-home care placements
- optimal developmental, emotional and physical outcomes for children and young people.

Targeted wraparound services aim to improve social, emotional, educational and physical health outcomes for children and young people in care. The services provided should be based on a needs assessment which focuses on particular points in a child’s development or experience. This assessment may find that one or more of the supports identified might be needed at different stages of a placement, or that other types of supports are required based on individual needs.

The following services are priority supports frequently needed for children in care:

- respite care psychological and counselling services, including behaviour management support specialist medical and allied health services educational support services.

5.8 Sole Parental Responsibility

Authorised carers can apply for ‘sole parental responsibility’ for a child or young person who has been in their care for two years or more.

A sole parental responsibility order is a long term order intended to last until the child or young person is 18 years old, and there are limited circumstances under which they may be varied or cancelled.

The order gives the carer all the powers and responsibilities which parents have in relation to their children under the law. It reduces the involvement of Community Services and the designated agency by allowing the carer to make long-term decisions for the child or young person.

An application for sole parental responsibility can only be made with the consent of the person with parental responsibility for the child. . If the child is aged over 12 the order will also require their consent. This means that agreement needs to be reached by all about

what is best for the child, and everyone must be committed to the case plan. See the [fact sheet on sole parental responsibility](#) for more details.

6. KEY PRINCIPLES UNDERPINNING OUR WORK IN OUT OF HOME CARE

A number of key principles and guidelines underpin our practice, roles and responsibilities in out of home care.

6.1 The United Nations Convention on the Rights of the Child

The Convention on the Rights of the Child, adopted by the United Nations in 1989 and ratified by Australia, sets out the undertaking of the international community in recognising children as independent persons with their own integrity and human rights. Containing 54 articles in all, it enshrines the rights of individual children as well as how adults and governments should work together to make sure all children get all their rights.

See www.unicef.org.au for further information

6.2 Charter of Rights

The Charter of Rights outlines the general rights and responsibilities of every child and young person in out-of home care. These rights reflect those of any child or young person. The *Children and Young Persons (Care and Protection) Act 1998* requires that these rights are supported by carers and caseworkers. The purpose of the charter of rights is to:

- provide children and young people in out-of-home care with a clear statement of their rights and responsibilities
- provide a guide for carers and workers who have responsibility for ensuring children and young people in out-of-home care know about their rights and responsibilities
- help children and young people in out-of-home care assert their rights

Two comic-style Charter of Rights booklets are available for children and young people. One is for children aged 7 to 12. The other is for young people aged 13 to 18.

All MacKillop staff and carers are required to uphold the rights set out in the Charter.

The key elements of the Charter are as follows:

The Charter outlines the following rights for children and young people in out-of-home care:

- You have the right to have contact with your family and community
- You have the right to be told why you are in care and to keep a record of your time in care

- You have the right to ask for any information that is being kept about you, to read your file and to add information to your file
- You have the right to be treated fairly
- You have the right to be treated with respect
- You have the right to feel safe and not be abused
- You have the right to complain
- You have the right to services that promote your health and wellbeing
- You have the right to ask for extra help with your education
- If you have to go to court, you have the right to be helped and supported
- You have the right to do things that you enjoy
- You have the right to your own beliefs and way of life
- You have the right to make choices about everyday matters
- You have the right to say what you are thinking and feeling
- You have the right to take part in making important decisions affecting your life
- Before leaving care, you have the right to be involved in planning the kind of support and assistance you may need after leaving care

Copies of the [Charter of Rights](#) must be provided to all children and young people in our care and be on display at all MacKillop worksites.

6.3 Client Perspective

MacKillop has made a commitment to gather consumer feedback from the children, young people, individuals, families and carers who access services in order to:

- Give a voice to clients
- Be responsive to client needs
- Improve service delivery
- Build client confidence in themselves & the organisation
- Ensure accountability to clients, staff and funding bodies

Clients are to be given the opportunity to provide feedback about how they experience our services. Recognising the value of client feedback and participation is a key focus of accreditation and quality improvement strategies and MacKillop is required to demonstrate evidence of our feedback systems.

Beyond our compliance obligations it is important to remember that developing and supporting systems of client feedback is simply good practice.

Gathering Client Feedback

Ensuring the young people and families we work with have the opportunity to provide feedback on their experience of life in our service is a key aspect of our work. Staff in out of home care programs are encouraged to develop strategies with their team about specific strategies to gather feedback from their client group.

Feedback is a valuable source of information about how we can improve our services and it can encourage young people's sense of control over their environment and their life. It is not always achievable to meet all views and suggestions and it is important that staff work with young people to explain the boundaries as to what is possible.

Creating feedback systems in out of home care is a challenging task – it may take considerable time to put in place the strategy (or strategies) that engage children and young people. It is important that our responses to the feedback we receive from children, young people and families are clear and that we follow through on any promised action. If you are unsure how to respond to a suggestion from a young person consult your line manager.

Feedback processes should be:

- accessible to all clients
- an opportunity to improve services

Children, young people and their families must be provided with clear information about opportunities for feedback when they enter the service and throughout their time with MacKillop.

Staff should pay particular attention to developing processes to gather information about:

- A child's, young person's and families' perspectives on needs
- What children, young people and their families value
- The quality and impact of services

Formal Processes for Gathering Feedback

While workers are continually engaging in informal processes of gathering feedback from clients, formal processes are also an important part of practice to ensure that all clients have a voice in order to improve our services. Clients are to be encouraged to provide feedback and be advised that it can be received at any time.

Guidelines for Formal Feedback Processes

The following section outlines the key considerations to be addressed when refining your system of client feedback:

- **Boundaries of enquiry:** What outcomes will the feedback process provide?

- Responsibility of enquiry: Who will be responsible for promoting, carrying out, recording, analysing, reporting and reviewing of the feedback process?
- Choosing an appropriate feedback method: Who is the method targeting; who is missing out? Is the feedback method accessible to the client group? When and how often will the method be carried out?
- Making sense of the feedback: How will the feedback be documented and analysed? What will the service do with the information? How will the outcomes be reported to the client group and the organisation? How will the feedback method be reviewed by the service and by the clients involved?

All MacKillop programs and services have systems in place to gather, aggregate and present back client feedback.

Online resources include:

[NSW Commission for Children and Young People Taking PARTicipation Seriously](#)

6.4 Identity and Family Focus

Many children and young people in out of home care will return to the care of their family and for virtually all children and young people, families are the primary and enduring source of a sense of identity and self-worth. A 'family' may be parents or siblings, or extended 'kith and kin'. This relationship is more enduring where it has been nurtured and supported during the child or young person's placement in care. It is very important that casework practice places great emphasis on the connection of children and adolescents with their family and community networks.

Most often the connection with family is maintained by access or regular visits with family members. Carers and staff play a vital role in supporting a child or young person before, after and sometimes during this contact. Decisions about the frequency of contact and the level of supervision of children and young people in out of home care are made by either the Children's Court or a person with parental responsibility of the child or young person [usually the Department of Family and Community Services]. Often the primary goal of a child or young person's Case Plan is to reunite them with their family; however it may not always be possible or desirable for all. Nonetheless, families can still be 'engaged' in the lives of their children without compromising protection. The focus would therefore be on maintaining or developing a positive and sustainable relationship between the young person and their family. Where it is not possible for the child or young person to have direct contact with their parents, it may still be possible to facilitate contact with siblings and extended family/community.

The importance of a strong commitment to engage families of children and young people in placement cannot be overstated. Strategies for engaging families will vary according to the situation, the needs of the client and family and available resources. It is important that a child or young person's family:

- Is treated respectfully and with dignity at all times and not be spoken to or about in derogatory ways.
- Have their needs recognised and considered.
- Is acknowledged as possessing unique knowledge regarding their child.
- Is encouraged to participate in the decisions affecting the life of their child and offered opportunities to inform decision making forums, such as case planning meetings.
- Is assisted to resolve any issue relating to the care of their child.
- Is given information about relevant grievance and appeal systems and assistance to utilise these.
- Is protected from discrimination at all times.

Marginalised children and young people sometimes have no family, or are disengaged from their family and community networks. In such cases work should focus on re-engaging these family and community networks or on identifying potential alternative links, such as mentoring, and encourage these relationships. Each child or young person should be given the opportunity to maintain and form significant, consistent and enduring emotional connections with one or more primary individuals in their life. These relationships should be taken into account when decisions are made. Often the carers provide these connections, and can link the child/young person to alternative family networks.

MacKillop is responsible for the maintenance of individual personal records for each client including details of their placement, records of their life experiences and achievements, photographs and records of significant events and people in their lives. All children and young people in out of home care are encouraged to develop their own life book/life records during their time in care. The information gathered by carers and as part of the Looking After Children process (see section 10.4 Looking After Children) is a good source of information to be included in life records. Further resources are available on the MacKillop Intranet.

6.5 Access and Equity

MacKillop programs are open to all eligible children and young people regardless of their gender, cultural background, religion, disability, health status or sexuality. Service access for children and young people with disabilities will be assessed on a case by case basis and can be dependant of the physical environment of the residential properties. MacKillop has a number of strategies for promoting accessibility; including equal opportunity recruitment and selection processes, training and professional development opportunities, planning and evaluation processes that are inclusive and reflect community and target group profiles.

MacKillop actively promotes the policies and strategies of anti-discrimination as outlined in the Anti-Discrimination Act 1977.

6.6 Cultural Competency

MacKillop programs and practice seek to maintain an environment and organisational culture which is socially inclusive and respectful of cultural diversity. It is about genuinely respecting the unique identity of each and every child; and actively involving the child's community whenever and wherever possible.

Workers are required to be aware of; the cultural background, key areas of disadvantage, any specific cultural needs of any child, young person or family with whom they are engaged, and ensure that the service response is culturally safe in practices, culturally sensitive to, respectful and inclusive of, cultural diversity. Also, self-determination and participation should occur wherever possible in all aspects of the child, young person's or family's wellbeing.

Workers will identify, with the participation of young people and significant others, the cultural background of young people in their care and ensure consideration and sensitivity to their background and identified cultural links in assessment and case planning and review processes. Programs will ensure staff and volunteers are trained, resourced and supported to work in a culturally inclusive way with the young people and families.

6.6.1 Cultural Competence and Aboriginal Children, Young People - Their Families, and Communities

Understanding the history, culture, past policy and practices and the impact on Aboriginal peoples is imperative to culturally competent service delivery.

MacKillop is committed to working collaboratively and in partnership with Aboriginal communities and organisations to assist in the development of culturally appropriate services and programs for Aboriginal children and families.

Understanding the history, culture, past policy and practices and the impact on Aboriginal communities and peoples is also imperative for a culturally competent MacKillop workforce.

Cultural competence is defined as:

A set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations.²

Workers are required to understand the lens of culture for Aboriginal children and families - who live in a dominant culture, that is very different to their culture and who therefore must straddle both cultures; this is their historical and every day experience - to enable the provision of culturally sensitive, respectful and appropriate services.

It is always difficult to define one's own culture as we exist within it. As Aboriginal leader Dr. Alf Bamblett has put it:

'culture is to people as water is to fish – we take our own culture for granted as it is part of our identity and part of our very being'.

MacKillop staff are required to develop an understanding of Aboriginal culture, which is all-embracing and culturally competent. Cultural competence will assist MacKillop to better understand how to appropriately address the range of safety, stability and development issues for each child. It also helps workers to see the child and their relationships from the perspective of their own community and not just from our own cultural bias.

Our work should be consistent with the child's best interests and the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles (s.13 Children and Young Persons (Care and Protection) Act 1998) which governs placement practice of Aboriginal children and young people in out of home care. (See Procedure NSW-P-006 Aboriginal and Torres Strait Islander Child Placement Principle) It aims to enhance and preserve the connections an Aboriginal child or young person has with their family, community and cultural identity; and minimise the risk of another Stolen Generations. Workers need to be aware that the proper placement of Aboriginal children requires an understanding of cultural competence, self-management and self-determination (s. 11-14). When placement of an Aboriginal child or young person in a MacKillop non-Aboriginal out of home care setting occurs, this placement should be consistently monitored and reviewed with continued restoration efforts with family or extended family or the Aboriginal community.

The possibility of restoration requires whole of Aboriginal family decision making, which is in recognition of the principles of Aboriginal self-management and self-determination.

² Chart Tong and Terry Cross, *Cross Cultural Partnerships for Child Abuse Prevention with Native American Communities*, Portland, Oregon: Northwest Indian Child Welfare Institute, 1991, p.12.

A cultural plan must be developed for all Aboriginal and Torres Strait Islander children placed with MacKillop. These must be monitored and reviewed with regularity and consistency.

If a permanency plan indicates an intention to provide permanent placement through an order for sole parental responsibility or adoption of an Aboriginal or Torres Strait Islander child or young person with a non-Aboriginal or non-Torres Strait Islander person or persons, such an order should be made only:

- (a) if no suitable permanent placement can be found with an Aboriginal or Torres Strait Islander person or persons in accordance with the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles, and
- (b) in consultation with the child or young person, where appropriate, and
- (c) in consultation with a local, community-based and relevant Aboriginal or Torres Strait Islander organisation and the local Aboriginal or Torres Strait Islander community, and
- (d) if the child or young person is able to be placed with a culturally appropriate family, and
- (e) with the approval of the Minister for Community Services and the Minister for Aboriginal Affairs (s.78A).

6.6.2 Working with Children, Young People and Families from Culturally and Linguistically Diverse (CALD) Communities

Cultural awareness recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people. Even if we are not from a culturally and linguistically diverse (CALD) background, our own family and community values, beliefs and practices influences the way we interact with others. Being aware of our own cultural background is the first step in being culturally aware. You don't need to be an expert in every culture or have all the answers to be culturally aware; rather, cultural awareness helps you to explore cultural issues with young people that you work with more sensitively.

In your role at MacKillop, you may work with children, young people and families from culturally and linguistically diverse cultures or families with their own unique culture. Information about specific cultural practices will help to increase your cultural knowledge by providing an overview of cultural characteristics and issues. However, it is always important to identify individual needs and preferences and remember that no individual can be reduced to a set of cultural norms.

Of particular relevance to children, young people and families that come into contact with MacKillop are the attitudes toward government/welfare systems and their intervention in

family life. In many cultures, it is discouraged for families to disclose or discuss their family related concerns with outsiders.

Within CALD cultures, peoples' values, behaviour and beliefs can vary enormously. Factors contributing to differences include separation from family, time of arrival in Australia, length of settlement, socio-economic background, level of education, rural or urban residence, identification with cultural and religious background, and different life experiences.

Cultural awareness entails an understanding of the migration process itself. Migration is a key influence on a person's life, with differing effects due to the different experiences of pre-migration, migration and resettlement.

While some migrants undergo a relatively easy transition, most migrants will experience some - if not many - challenges in adjusting to life in a new country.

Some of the many post-migration stressors include: the stress of separation from homeland, family members, friends and support networks; racial discrimination; changes in lifestyle and socio-economic status; culture shock; language barriers; and the ongoing trauma of pre-migration experiences, which may have included war and political instability, physical and psychological abuse, and traveling as a refugee or living in a refugee camp.

Any worker or volunteer who commences working with children, young people and families from a CALD background will be encouraged to become familiar with the specific information relevant to that cultural group. This may be through training, reading literature or specifically designed processes.

Key Considerations

- Be aware of your own cultural influences.
- Be aware of judging other people's behaviour and beliefs according to the standards of your own culture.
- Be aware of making assumptions about cultural influences and applying generalisations to individuals.
- Understand that the behaviour and beliefs of people within each culture can vary considerably.
- Understand that the extent to which people adopt practices of their new country and retain those from their cultural background can vary within communities, even within families.
- Understand that not all people identify with their cultural or religious background.
- Understand that culture is fluid, and there can be ongoing changes as a result of external influences and personal experience.
- Increase your knowledge about different cultural practices and issues through cultural background information sessions and/or resources and cultural awareness training.

- Understand the importance of appropriate communication.

Material in this section has been modified from the **Centre for Cultural Diversity in Ageing**.

6.7 Complaints from Children and Young People

Client Complaint procedures are set out in the MacKillop Policy and Procedures Manual. These procedures emphasise that clients and their families have a right to:

- To be heard and have a say in their placement or service
- To be treated fairly and with respect
- To feel safe in placement.

How we respond to complaints is an important measure of our commitment to the values of the organisation. Complaints are a critical source of information about the quality of our services. We will be alert to the potential for service improvement arising from any problems or suggestions for change by clients and their representatives. Our complaints approach aims to offer

- Control & autonomy for the client
- Fair, agreed and documented process
- Thorough, swift & transparent process of investigation
- Emphasis on resolution satisfactory to the complainant

Our commitment is to ensure our clients are:

- treated fairly, equally & with respect
- heard and have the right to have a say in the placement or services they receive
- safe and are free from abuse, neglect, intimidation & harassment
- informed of complaints processes
- able to access to support or advocacy
- able to make complaints without fear of reprisal
- protected through our approach to privacy & confidentiality

Key considerations in handling complaints:

- Respond fully, fairly & as quickly as possible
- Attempt to resolve complaint at the level it is first raised where possible
- All complaints are to be taken seriously
- Assistance of a client advocate will be offered
- Respondents are to be offered support
- Our response should be culturally sensitive
- All complaints are to be recorded

- Complainants are informed about all options available including external complaints and advocacy bodies

If you are unsure how to respond to a complaint you should consult your line manager as soon as possible.

All children and young people in our care will be provided with information on how to make a complaint at the commencement of their placement and at regular intervals thereafter.

6.8 Staff Code of Conduct

MacKillop's Code of Conduct is outlined in the Policy and Procedures Manual (**B-2 Code of Conduct**). The Code of Conduct establishes a standard of behaviour and conduct consistent with the MacKillop Family Services mission and values and applies to **all** staff, whether full or part time, permanent or casual. **In order to fully understand their responsibilities, all staff must review the Staff Conduct as soon as possible after commencing work with MacKillop.**

Why Have a Code of Conduct?

This Code of Conduct is a guide to the standard of behaviour expected of employees of MacKillop Family Services. It has been designed to help staff understand our responsibilities and obligations, and to provide guidance when we are faced with ethical dilemmas or potential conflicts of interest in our work.

A Code of Conduct cannot cover every situation. If you are unsure of the appropriate action to be taken in a given situation you should first discuss the matter with your supervisor or manager.

All staff should be familiar with the following areas covered in the MacKillop Code of Conduct:

Conflict of Interest

- § Financial
- § Personal relationships

Integrity and Professional Responsibilities

- § Respect for persons
- § Duty of Care for clients
- § Acceptance of gifts or other benefits
- § Influence to secure advantage
- § Privacy and use of personal information and MacKillop's confidential information
- § Public Comment

- § Personal presentation

Safety and Security

- § Occupational Health & Safety
- § Use of MacKillop's facilities and equipment
- § Substance abuse or misuse

MacKillop Policy and Compliance Framework

- § Financial Administration
- § Improper Conduct
- § Information Technology
- § Outside Employment
- § Discrimination and Harassment

6.8.1 Confidentiality

All MacKillop staff must respect the privacy of clients by holding information obtained in the course of service delivery in confidence. Staff must access and share information responsibly with those who have a specific need to know and in accordance with MacKillop policies and procedures and Commonwealth and State legislation. Any confidential information must be stored in a secure location.

6.8.2 Duty of Care

All MacKillop staff has a responsibility to clients not to be careless or negligent. MacKillop staff are required to take all reasonable care to avoid placing a client at risk of injury or harm. The organisation and its staff also have a duty of care to anyone who is likely to be affected by the activities of the organisation. This may include neighbours, members of the public and family members as well as clients.

Some important general points on duty of care are as follows:

- § The concept of duty of care arises from the law of negligence.
- § A duty of care can be defined as a duty to take reasonable care of a person.
- § Reasonable care is assessed by considering how a hypothetical reasonable person would have acted in the same situation.
- § Lack of action can constitute a breach of duty of care.
- § Most clients referred to MacKillop Family Services are vulnerable by virtue of their circumstances and the agency must take this into account.
- § Duty of care may also extend to others who are affected by the work of MacKillop such as the families of clients, to carers and to other community members such as neighbours

§ Staff must take steps to avoid reasonably foreseeable risks of injury. Before undertaking any activity with clients staff must consider the relevant guidelines and directions, the benefits of the activity, what risks may be involved, what reasonable precautions should be taken and then use their professional judgement in deciding how to proceed. Unusual activities need to be discussed with the relevant House Supervisor/Coordinator

6.8.3 Media and Public Comment

Individuals are encouraged to take pride in their professional endeavours, to develop positive reputations and to contribute to public discussion in their professional field.

However, unless authorised specifically to do so, individuals must not make public comment on behalf of MacKillop or in a context where a comment could be interpreted as a statement on behalf of MacKillop.

The only MacKillop staff authorised to speak to the media are the CEO and the General Manager of Community Relations. Staff who are approached by the media for comment **must** refer the request to their Program Manager, and **not** make comment directly.

Other areas of public comment include public speaking engagements, comment on radio or television and expressing views in letters to newspapers, online blogs, websites or in books or journals or notices where it might be expected that the publication or circulation of the comment will spread to the community at large. Requests to be involved in any of these activities should be discussed with management.

6.8.4 Smoking and Alcohol

Section B-20 of the Policy and Procedures Manual sets out the agency policy in relation to smoking.

Clients and staff are not permitted to smoke in residential houses, offices or in other enclosed spaces. All smoking must be outside the house or office.

As smoking is a serious threat to the health of young people, staff should not encourage or condone smoking in any way. For example staff who are smokers should be aware that they are often taken as role models by young people and, where possible, should not smoke in the company of residents while they are at work.

Under no circumstances should staff give cigarettes to residents.

Section C-25 of the Policy and Procedures Manual sets out the policy in relation to the consumption and storage of alcohol in residential houses

7. MACKILLOP FAMILY SERVICES PRACTICE FRAMEWORKS

7.1 The Sanctuary Model

In addition to external frameworks, MacKillop introduced the Sanctuary Model in 2012 as an overarching practice framework for the organisation.

The Sanctuary Model® is a blueprint for clinical and organisational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. Recognising that adversity is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek services, *but equally* on the people and systems that provide those services

A trauma-informed organisation is one that recognises the inherent vulnerability of all human beings to the effects of trauma and organises system-wide interventions aimed at mitigating the negative effects of adversity and stress that are manifested in the clients served and the organisation itself.

1. The Sanctuary Model is comprised of three primary components:
2. Theoretical philosophies which form the underpinnings of the model
3. The trauma-informed shared language represented by the acronym SELF
4. A set of practical tools, known as the Sanctuary Tool Kit

Theoretical Underpinnings

The Effects of Trauma Exposure: The Sanctuary Model identifies the experience of trauma along a wide continuum that includes both discrete events and ongoing, cumulative and perhaps intangible experiences like racism and poverty. Trauma is defined as an experience in which a person's internal resources are not adequate to cope with external stressors. Trauma theory suggests that many of the behavioural symptoms that we see in individuals are a direct result of coping with adverse experiences. What we identify as maladaptive behaviours are really misapplied survival skills (e.g., aggression). Changes in brain chemistry that result from the trauma can cause that person to perceive threat when it does not exist and apply the survival skill of aggression in other stressful situations. For example, a child who has been physically abused may respond to teasing by a classmate with physical aggression – a “fight or flight” response to stress. In order to intervene effectively, we must move from a position of blame to one of questioning. The first step in recognising the influence of the past on current behaviours and functioning is to change the central question we ask about clients from, “What's wrong with you?” to “What's happened to you?”

Parallel Process: The Sanctuary Model recognises that just as human beings are susceptible to the misapplication of survival skills, organisations themselves are equally vulnerable.

There is a parallel between the traumatic symptoms we see in clients and those that we see

in an organisation. Just as we see individuals who have experienced trauma responding with isolative behaviour and withdrawal from the community, we also see organisations facing financial or political stressors respond with isolationism, rigidity and hierarchical decision-making. Intervening in this parallel process requires shifting behaviours and thinking to align with a specific set of values.

The Seven Sanctuary Commitments:

The Seven Sanctuary Commitments are a set of values that Sanctuary outlines as a way to lead individuals and organisations away from trauma-reactive behaviours:

1. **Nonviolence:** Building and modelling safety skills
2. **Emotional Intelligence:** Teaching and modelling affect management skills
3. **Inquiry & Social Learning:** Building and modelling cognitive skills
4. **Shared Governance:** Creating and modelling civic skills of self-control, self-discipline, and administration of healthy authority
5. **Open Communication:** Overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, and teach healthy boundaries
6. **Social Responsibility:** Rebuilding social connection skills, establish healthy attachment relationships
7. **Growth and Change:** Restoring hope, meaning, purpose

The Shared Language of SELF

To build a consistent framework across all staff in an organisation, the Sanctuary Model introduced SELF: Safety, Emotion management, Loss and Future. Using SELF as an organising framework allows people to focus on the most important aspects of helping people heal from trauma in a simple and accessible way.

Sanctuary Tool Kit

The Sanctuary Tool Kit is a set of practical and simple interventions that reinforce the language and philosophical underpinnings of the Sanctuary Model. These tools – community meetings, safety plans, SELF treatment planning conferencing, team meetings, self-care planning, and SELF psycho-education – are daily practices for both staff and clients to support an organisation's creation of a trauma-informed culture.

Organisations that have made the commitment to implement Sanctuary, to train staff in the philosophical underpinnings, embrace the language of SELF and use the Sanctuary tools have found improved outcomes for clients, improved staff retention and satisfaction, and decreased violence. While many models address the individual and group treatment needs of vulnerable clients, Sanctuary is unique in that it instructs leaders and community members not only in the treatment of clients, but also in creating safer, better-functioning

organisations. For more research and publications on the Sanctuary Model, please visit <http://www.sanctuaryweb.com/>.

8. ROLES AND RESPONSIBILITIES IN OUT OF HOME CARE

8.1 A Collaborative Approach

If children and young people are to receive good quality care, it is important that all those involved in this care understand their own and each other's responsibilities. These can change over the time of a placement so clear, open and regular communication between caregivers and staff and others associated with the case plan is important to ensure that children and young people are well cared for. When information is not shared or when information is misunderstood the best outcomes that we strive for are compromised and the child or young person suffers as a result.

Current legislation requires a collaborative approach to service with well coordinated "joined up" efforts making best use of our resources and others associated with the Case Plan. Open and clear communication is an essential component of our work if plans are to lead to the best possible outcomes for children and young people in our care. Research has indicated that effective collaboration contributes to positive outcomes and breakdowns in collaboration between individuals and across agencies can place children young people and their families at risk.

8.2 Responsibilities

The following section outlines the key roles and responsibilities of different people involved with a child in out of home care.

8.2.1 Foster Carers

Carers can expect to:

- receive support and information from the caseworker and other professionals to help provide better care for the child or young person placed with them
- be given necessary information (including medical details) about the child to enable them to make an informed decision about whether or not you accept a placement and effectively care for them
- participate in decision-making processes in such a way that their opinions and experience with the child are properly considered
- make certain day-to-day decisions about the care and control of the child
- be informed about decisions that are made and any other information that may have an impact on the care of the child.

Code of Conduct

Foster carers sign a NSW Foster Carer Agreement that is consistent with the *Code of Conduct for Authorised Foster, Relative and Kinship Carers*, as part of the authorisation

process. The code sets out the minimum standards for providing care they are required to meet and should be provided to foster carers.

Day-to-Day Responsibilities

The foster carer's general day-to-day responsibilities are to provide a caring home and experiences that meet the child's physical and emotional needs. This includes keeping their identity, assisting them to observe their religion, if any, and maintaining links with their cultural identity.

Foster carers are also responsible for making day-to-day decisions for the child as they arise and getting advice from the caseworker.

Other important responsibilities include:

- attending meetings when required
- contributing to the development of the child's case plan and other *Looking After Children* records
- assisting in achieving the goals identified and participating in case plan reviews
- maintaining health records and keeping school records, photos, awards and other records on the child's progress during your placement
- gathering material for the child's *Life Story Book* and helping them to keep it up to date
- keeping records if the child is injured or causes property damage or injury to others while in the placement
- ensuring the child is familiar with their rights under the *Charter of Rights* and supporting them to exercise these rights.

8.2.2 Residential Care Workers

Residential care workers provide the day-to-day care of the child or young person.

Other important responsibilities include:

- Develop a positive and genuine relationship with child or young person
- Provide a stable, safe and nurturing environment for children and young people.
- Contribute to the development and fulfilment of the child or young person's Case Plan and Care Plan within the *Looking After Children* (LACES) framework (see Section 10).
- Ensure that the agency and child protection staff and the child or young person's parents are informed of the child or young person's progress. In particular, concerns about ongoing placement stability must be communicated as soon as they arise.
- Maintain confidentiality and privacy, and not disclose personal and confidential information in an inappropriate manner.

- Provide a safe and developmentally appropriate living environment for the child or young person and one which is consistent with the Charter of Rights.

8.2.3 MacKillop Family Services Case Workers

Where a child or young person has been placed in foster care with MacKillop Family Services, the MacKillop caseworker takes primary responsibilities for the following tasks:

- ensure placements are culturally appropriate
- provide information and ongoing training to assist carers in their role
- lead the development, implementation and review of the child's case plan
- ensure carers and /or agency workers involved with the child and families contribute to the development and implementation of the case plan
- work with the carers and the child to ensure they understand their circumstances and their needs are being met in the placement
- listen to, record and respond to information provided by carers and other agencies concerning the child
- provide timely responses to requests for financial and other support
- oversee contact between children, birth families and significant others
- liaise with Community Services as appropriate

8.2.4 Community Services Caseworker Responsibilities

Community Services caseworkers are responsible for investigating and assessing reports of abuse or neglect. They also assist and support foster, relative and kinship carers who are looking after children who can't live safely with their parents.

For further information on case management and the roles and responsibilities of Community Services and MacKillop Family Services staff please consult the Community Services [Case Management Policy](#) or your line manager.

8.3 Shared Responsibilities

Effective communication and cooperation are key ingredients of successful placements. The principles of effective communication are:

- respond promptly and courteously to each other
- contact each other to share information and feedback
- listen to and respect each other's views
- work together to resolve concerns
- work together to protect the confidentiality of sensitive and personal information

8.4 Decision Making

Many different decisions need to be made when caring for a child or young person. If the child is in temporary care, their parents remain responsible for making many of these decisions. If parental responsibility has been allocated to the Minister, the child's carer is responsible for making most day-to-day decisions.

8.4.1 Other Key Workers/Professionals

A number of other key workers are likely to be associated with the accommodation and support/treatment of children and young people in our care. These key workers may be MacKillop staff members or staff members of an external agency or privately employed. Staff employed by MacKillop may be, for example, our Educational Consultants or Aboriginal Service and/or residential care staff while external key workers may include for example, teachers, Child and Adolescent Mental Health Services staff or private psychologists. It is important to note that these key workers are a part of the coordinated approach that assists the child or young person.

8.4.2 Dispute Resolution

If there is disagreement among the care staff and professionals with decisions made concerning a child or young person in care they need to feel confident that their views and opinions regarding the decision have been heard and considered. Sometimes disputes may arise considering the complex and inter related nature of the roles and responsibilities of all those working in out of home care. In general any disputes between staff and carers and others should aim to be resolved at the lowest level – i.e. between the parties involved. In most instances disputes are best resolved by the relevant parties sitting down and discussing the issues in question. However, sometimes a more formal response is required.

For more information on dispute resolutions process for staff and caregivers see **B-10**

Grievance Resolution Processes (Staff and Volunteers) and / or **B-11 Formal Complaints Procedure (Staff and Volunteers)** in the Operations Manual. For client complaints see **C-16 Client Complaints Policy**.

8.5 Information Sharing, Confidentiality and Privacy

8.5.1 Keeping a Child or Young Person Informed

Children and young people in care have a right to be given age appropriate information about what is happening in their lives, including reasons for decisions and actions that affect them. This should be in a form they can understand. They should also be given opportunities to freely express their views and participate in decision-making.

The caseworker is responsible for giving them information about:

- why they've been placed in care
- the length of time they're expected to be in care
- the carer, including names of people living in the home, ages of children, address and whether the carer has pets (before the child is placed)
- what carers will be told about them and their family
- whether they'll need to change schools
- how contact with their family and significant others will be organised
- recreational activities and venues in the neighbourhood, especially those relevant to their current activities and interests
- how to respond to questions from other children about being in care
- the case-planning process and their case plan goal
- how their views are to be recorded and taken into account
- their rights in care
- organisations that provide support to children or young people in care and how to contact them

Carers are responsible for asking the child or young person's views and taking them into account before making day-to-day decisions that affect them.

8.5.2 Privacy of Foster Carer Information

Foster Carers privacy is protected by law – they have the right to expect that agency workers won't share their personal information with people inappropriately. Children or young people in care have the same right to expect details about them and their family won't be discussed with other people.

Release of Information in Relation to Foster Carers and the Placement:

Providing information about a child's placement to their parents and other significant people in their lives (such as grandparents, siblings and previous long-term carers) can help maintain these relationships. It also supports a child or young person's sense of belonging and identity, and assists them in making a smooth transition from care to home.

The law is very specific about what placement information can be given to parents and significant others. There are two different types of placement information that may be released to a child's parents or significant others – general non-identifying information and high-level identifying information.

General Non-Identifying Information

This is information about a carer's household that can't be used to identify the carer or the placement.

Examples of non-identifying information include:

- carer's first name
- carer family's culture, religion and main language spoken at home
- general details about carer household, such as number and ages of any children, pets and type of accommodation they will be living in
- general occasions, such as whether other children or young people are leaving or joining carer household, if carers are moving house or if the child or young person is changing school
- births, deaths and life-threatening accidents or illnesses of key people that have an impact on the child or young person's life
- carer post office box address, providing this can't be used to identify where carers live or work
- carer mobile phone number

High-Level Identifying Information

Information that can be used to identify where carers live, work or where the child attends school.

High-level identifying information concerning the placement of a child or young person must not be disclosed unless the authorised carer has been contacted and asked to consent to the disclosure. As a case worker you will only provide this type of information to parents or significant others when satisfied that providing it presents no risk to the safety, welfare or wellbeing of the child or young person or members of carer household.

Examples of high-level identifying information include:

- carer surname
- carer address
- carer home phone number
- description of what carers do for a living or other activities that can be used to identify they work,
- name of school the child attends, which can be used to identify the location, e.g. high school in Armidale.

See also Section 9 Client Data and Management Information for further information.

9. CLIENT DATA AND MANAGEMENT INFORMATION SYSTEMS

9.1 Record Keeping in Out of Home Care

MacKillop is committed to protecting the privacy of personal information of all children, young people and families who use our services, as well as staff, volunteers, donors and board members. Protecting privacy is the obligation that MacKillop has to use information for authorised purposes and to protect it from misuse as well as unauthorised disclosure. Protecting confidentiality is the obligation that MacKillop has to not disclose information where it has been provided in confidence (unless otherwise required by law).

We recognise that much of the personal information we collect and use is sensitive and requires extra protection to ensure that it is secure. MacKillop is bound by the following Federal and State legislation:

- NSW Privacy and Personal Information Protection Act 1998
- Health Records and Information Privacy Act 2002 (HRIPA)
- Privacy Amendment (Private Sector) Act 2000 (National)
- Children and Young Persons (Care and Protection) Act 1998
- State Records Act 1998
- Freedom of Information Act 1989

The basic principles of the Acts are:

- only collect information for lawful purposes;
- collect it directly from the individual concerned;
- let the person know that you are collecting information, that its supply is voluntary, what it will be used for, who might receive it and how they can access or correct it;
- only use and pass on information that is reasonably necessary for the particular function or activity you are engaged in with the individual concerned, and only with that person's expressed consent; and
- keep the information securely and only for so long as you need to.

Records are therefore to be kept confidential at all times, with information being gathered via informed consent and accessed on a need-to-know basis. The child or young person is to be able to access their files on request and with minimum delay. Children and young people should be supported while they access their file. Case records are to show who is accountable for decisions and actions relating to each person in MacKillop's care. The local Coordinator/Manager is responsible for the management of these records and for ensuring staff is trained in records maintenance. The record management system is to include a process for keeping track of the location of records at all times.

For more information on Privacy and Confidentiality please consult 'A.15 Privacy and Confidentiality' in the MacKillop Family Services Policy and Procedures Manual.

Sharing Information Responsibly

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 provides for the exchange of information regarding the safety, welfare and well-being of a particular child or young person or class of children or young persons. Authorised workers from prescribed bodies are able to share information that can assist in making a decision, assessment or plan; initiating or conducting an investigation; providing a service and managing risk to an individual young person. Sharing information is important because effective service provision relies upon all relevant information being available. In addition, the most vulnerable families often need assistance from more than one agency, and information needs to be shared for these agencies to work effectively together.

Information and a Checklist are available from the NSW Interagency Guidelines section of the Community Services website to guide workers in understanding when and how they can share information.

http://www.community.nsw.gov.au/kts/guidelines/documents/information_response_checklist.pdf

9.1.1 Disclosing Information to Parents and Other Significant Persons

The *Children and Young Persons (Care and Protection) Act 1998* (“the Act”) provides clear direction regarding the disclosure of information about the placement of a child or young person in out-of-home care to parents and other people who are significant to the child or young person.

The Act establishes a clear process for designated agencies such as MacKillop Family Services to disclose such information and provides safeguards for children and young people in care, authorised carers and their families and households. The Children’s Guardian has developed Guidelines under section 149D of the Act to assist in managing the disclosure of placement information to parents and other significant people. Section 149D of the Act provides that MacKillop Family Services must have regard to these Guidelines when considering the type and amount of placement information to be disclosed under sections 149B to 149K of the Act.

All disclosures of placement information must be approved by an appropriately authorised senior officer within the designated agency. All other staff must be instructed that they are not to disclose placement information without the approval of the authorised officer. The full Guidelines are available on the Children’s Guardian website. .

Both the Act and the Guidelines stress that an agency must not disclose placement information if it believes on reasonable grounds that disclosure would adversely affect the safety, welfare or well-being of the child or young person, their authorised carer or any

member of the family or household of the authorised carer. Safety and consideration of the child's or young person's wishes are of equal importance in foster and residential care. The principal officer of a designated agency providing residential care is an authorised carer for the purposes of the Act. The principal officer may also authorise other agency employees as authorised carers.

Designated agencies providing residential care should consider the safety, welfare and wellbeing of the child or young person, other residents and staff in making decisions concerning the disclosure of placement information. The other aspect of the legislation and Guidelines where residential care differs from foster care relates to disclosure of high level identification information. When deciding about the release of information which would identify the places where the child or young person lives, or other agency or community facilities where the child or young person attends, the primary concern for a designated agency providing residential care is whether this could put the child or young person or other relevant people at risk.

Given that the principal officer will be the authorised carer for residential care placements, the provisions around seeking carer consent and carer rights to administrative review of decisions to disclose high level identification information have no practical application in a residential care setting.

9.2 Client Files - A Part of History

The Heritage and Information Service at MacKillop aims to preserve the history of the organisation and of the individuals who have been cared for by the service. MacKillop has committed resources to ensuring that photographs, school reports, files and other records are available to those ex-residents who may wish to search out more information about their personal histories. For many people who have grown up in the care system this is a very important resource and all staff should work towards ensuring that important documents and photographs belonging to children and young people are valued and preserved.

Client files should contain details of the placement, records of life experiences and achievements, school reports, photographs of meaningful and significant events and the names of significant people. This information must be available to the client at all times and provided to clients upon their departure from a service. Original documents may be provided to clients.

The procedures in relation to MacKillop Heritage Services require that copies of the documents on the personal file should also be kept and forwarded to an approved repository on closure so that a "back-up" copy is retained.

9.3 File Management Standards

Working in out of home care is an increasingly complicated task. Case workers will be supporting multiple clients, completing or engaging in a complicated array of assessment and planning frameworks (e.g. Care Planning, Looking After Children) and communicating with a wide variety of individuals (e.g. children and young people, family members, Child Protection staff, carers / residential workers and a host of other professionals). Managing these demands in the best interests of children, young people and their families requires skill, commitment and a high level of organisational proficiency.

Section 14 of the *Children and Young Persons (Care and Protection) Act 1998* requires that records relating to Aboriginal and Torres Strait Islander children who have been placed in out-of-home care are to be kept permanently.

Under s160 of the Act designated agencies must ensure that written, photographic and other records relating to the development, history and identity of a child or young person, for whom the Minister has parental responsibility and for whom it has supervisory responsibility, are maintained and are accessible to the child or young person.

Section 170 of the Act outlines the responsibilities of agencies to retain records of all children and young person's for a period of seven years after they cease to have responsibility for the placement of the child or young person. At this time, such records become state records under the State Records Act 1998. Notwithstanding this, MacKillop retains all client files (or copies). See Section 9.2 for detail on storage and archiving.

The Ombudsman Act 1974 promotes good conduct and fair decision making in the interests of the NSW community. The role of the Ombudsman is to ensure fair, accountable and responsive administration in NSW agencies.

The State Records Act 1998 provides the broad context for the record keeping system. The application of the Freedom of Information Act, 1989 to records maintained by any designated agency needs to be considered in developing a records management system. Designated agencies that are operated by government departments are required to comply with this legislation as are non-government agencies operating under delegation. The Act sets out the manner in which information should be collected, maintained in records and shared. The NSW *Privacy and Personal Information Protection Act 1998* require public sector agencies and designated agencies to conform to information protection principles to protect privacy. Specific requirements exist in terms of the collection, retention, security, access, alteration, accuracy and disclosure of personal information. Individuals are entitled to access information that relates to them. Under s14 a public sector agency must, without excessive delay or expense, provide access to the information.

The *State Records Act 1998* (3) (21) outlines the penalties for the illegal disposal of state records. At all times state records must be able to be accounted for and an agency must be

able to explain how and why a record was destroyed. Destruction of state records may only be undertaken with the approval of the government authority, NSW State Records.

In addition to the privacy and confidentiality requirements (set out in A. 15 Privacy and Confidentiality in the Policy and Procedures Manual), MacKillop also has an approach to information management set out in C.12 Collection, Recording, Maintenance and Storage of Client Information in the Policy and Procedures Manual. This policy outlines the importance of managing information responsibly.

Your program will have agreed procedures for the establishment, structure, maintenance, storage and closure of client records. It is critical that these procedures are followed. The NSW Standards for Statutory Out-of-Home Care (see section 2.1.4) outline a range of processes that agencies must have in place (e.g. medical checks, dental checks, and consent to collect information forms etc.). Client and foster carer files are a key source of evidence that MacKillop complies with these Standards. Beyond our compliance obligations, it is simply good practice to maintain clear client records to ensure information is managed in a manner that is safe, secure and accessible (within privacy guidelines) to relevant staff should e.g. workers go on leave or move on from the organisation. Importantly, these records can become critical for people who were in care as children and young people later piecing together their history and gaining important information about them. A record that is ordered and compiled with the requirement of future access makes this process much more achievable.

MacKillop has developed some common principles upon which file management processes must be based:

Consistency:

All client files within a program should utilise the same structure.

Transparency:

A case file index should be developed within each Program that clearly details which documents can be found in each section. The case file index should form part of the case file.

Accessibility:

As case files are a critical component of evidence for compliance, they must allow for easy access of items required as evidence. To meet this requirement, the appropriate person within the Quality and Compliance Team can be consulted during the process of developing the client file structure for each program.

9.4 MacKillop Records Data System

MacKillop Records Data System (MRDS) is an in- house client information management system. The database is accessed through the MacKillop intranet. The system currently has the following main components although more may be developed in the future:

Client Registration Form

For all children and young people entering out of home care, staff will need to complete a separate Client Registration Form on the MRDS system. If a sibling group is placed the form should be completed for each individual. The form records a series of basic data regarding the client (e.g. name, date of birth, gender, Aboriginality), family details (e.g. name, address) and the details of the MacKillop program and service involved.

Incident Reporting Module

This is where incidents involving clients are recorded in an online form for completion by a series of staff across the relevant service and program area. There is a reporting module by which we can retrieve data to track trends and statistics of client involvement, as well as meet compliance regulations in relation to the Board, Funding Bodies and other regulatory bodies.

Daysheets

A Daysheet is like a diary page for a client in a residential unit. One unit may have up to four residents (clients) and each client has their own page in this online “diary”. Daysheets are used to record significant events in a client’s day, interaction and behaviour with and between other clients and staff, and positive events in the client’s day.

Client Case File

The client case file is the electronic version of the old file in the filing cabinet. The Case file is able to hold all client information – contacts, relationships, placements as well as case notes and communications involving the management of that client.

Your program will have developed a client file protocol that outlines the information that is recorded on MRDS and which information is kept in hard copy files.

Volunteer and Foster Carer Details

MRDS is used by programs to record demographic information about Foster Carers and other volunteers associated with the program. Importantly, details of dates of Criminal Records Checks (Police Checks) and Working with Children Checks are entered onto the MRDS record which enables reminders to be sent when these processes need to be

renewed. As with critical incidents, reports are generated to ensure management are aware of issues, trends and compliance requirements.

MRDS is maintained by MacKillop, with ongoing development undertaken by an external Programmer. For any help with the system, or advice on issues you may have, please contact the MacKillop IT Helpdesk.

10. DIRECT PRACTICE WITH CLIENTS: ASSESSMENT, PLANNING AND ACTION

10.1 Introduction

Assessment, planning and action for children and young people living in out of home care is a collaborative process which comprises a number of tasks and strategies. Clients and/or families should be involved in decision making and feedback throughout the whole process. This section summarises these processes and requirements.

Key components of direct practice include:

- **Assessment** - focusing on the development of the strengths and capacities of the individual or family. The engagement of clients and building a relationship are an essential part of the assessment process.
- **Planning based on the assessment** - comprising strategies that enhance strengths. This may include referral to clinical and therapeutic services.
- **Direct service** - which can comprise services provided by MacKillop, or services from other agencies purchased through brokerage funds.
- **Coordination of services** - including a strong commitment to inter-agency collaboration.
- **Continuous monitoring and review** - ensuring that plans and direct services remain appropriate to the needs of the client and family.
- **Recording** – ensuring that all relevant information is maintained in accordance with privacy legislation and program guidelines.
- **Exit planning** - to consider the client's long term needs and situation.
- **Evaluation** - using feedback mechanisms from clients, as well as longitudinal research and monitoring.
- **Social advocacy** - to influence social policy and program development.

10.2 Planning

10.2.1 Case Planning

Case planning and implementing the case plan are the key components of the case management process and the mechanism for directing the work done with children, young people, their families and/or carers. The case planning process involves gathering and analysing information to identify goals, consulting with all parties involved and deciding on the necessary resources.

Principles

There are eight key principles in case planning.

1. A clear **direction and goal** results in better outcomes for the child or young person.

2. A **strengths-based, child-centered and family-focused** approach to case planning will ensure the needs and best interests of the child or young person are considered in all decision-making and enhance long-term outcomes.
3. All case planning processes should rely on a comprehensive **assessment** of a child and family's strengths and risks.
4. **Self-determination** of Aboriginal and Torres Strait Islander children and young people should be supported and their families, as well as Aboriginal workers, communities and service providers, should be involved in case planning.
5. Decisions should be consistent with **permanency planning** principles, follow legislated time frames and promote appropriate and timely assessments of the child and young person's strengths and needs.
6. **Organised recording** of decisions and plans means that information is documented and communicated in a logical and sequential way and promotes a coordinated and integrated response to the child or young person's needs. It also allows for some accountability to birth families and carers (as well as other stakeholders) for decisions that are made.
7. Consistent and timely **communication** (for example, via case meetings, telephone calls, consultations with family members and agencies, reports and letters) increases the likelihood that case planning will be effective. Participants from different cultural backgrounds should be given appropriate supports (such as an interpreter) to ensure communication is effective and inclusive.
8. The **participation** of children, young people, their families and carers, in making decisions about their future, is critical to the success of case planning. Children and young people should be told about what is happening, given opportunities to express their views and assisted through the case planning process.

10.2.2 Case Plan from Department of Family and Community Services

When a child or young person is placed into out of home care, the F&CS Case Plan guides the overall direction and goals of the placement. It is designed to focus case planning on areas of strength and need, with clear targets for the actions and time frames required. Key elements of the case plan format include:

- A case plan goal; evidence of participation in planning and information for the minimum data set
- **Strengths and needs to be addressed; with actions, responsibilities and time frames**

- Eight areas or domains identified as essential topics to consider in case planning. These priorities will vary with different children and young people and their age and developmental stage. They are:
 - (1) placement and permanency
 - (2) health and medical
 - (3) education or vocation
 - (4) emotional and behavioural functioning
 - (5) family relationships
 - (6) social skills and peer relationships
 - (7) cultural identity
 - (8) living skills and self-care
- A 'key issues for review' section enables objectives to be listed in priority order for review at the next case planning meeting.

10.2.3 Case Planning Activities

There are a number of activities that should take place to achieve effective case planning. They are listed in this section.

Setting the Case Plan Goal

A case plan should have one main goal that arises from the assessment information gathered previously (including from specialist assessments), as well as the particular circumstances and age of the child or young person.³ The case plan should set out the roles and responsibilities of those involved and outline and prioritise specific time frames for objectives and actions.

Conducting Meetings

Case meetings allow all those involved in the case plan to participate in planning. This includes service providers and, if the Children's Court appoints a guardian *ad litem*, that person should attend any meetings leading to interim or final orders being suggested to the court.

Engaging children, young people and their families before the meeting is crucial to their participation in the process⁴ and provides up-to-date information on their concerns, strengths and needs. The manner in which case planning meetings are run is closely linked

³ M Brandon, J Dodsworth and D Rumball, 'Serious case reviews: learning to use expertise', *Child Abuse Review*, vol. 14, 2005, Wiley, USA, pp. 160–176.

⁴ Iowa Department of Human Services 2006, *How-Do-I? Guide to case planning*, Department of Human Services, Iowa.

to the success or failure of implementing the case plan.⁵ The meeting's purpose should be clearly stated so all participants know why it is taking place.

Documentation and Recording

Case planning processes, including assessments, case plans, minutes of case plan meetings and reviews, must be recorded and documented in an organised way that is easily accessible to all involved in these processes. Records should also note when case plan actions are completed and objectives achieved so that this information is taken into account during ongoing planning and reviews.

Before distributing and discussing the case plan, consider the safety and confidentiality of those involved in preparing the plan, or identified in the plan itself. As with all personal client information, case plans should only be given to agreed parties. This usually includes the child or young person (if developmentally appropriate), birth parents, authorised carers or kinship carers and a representative of any agency that has a role in implementing the plan.

Monitoring and Review

The agency which has case management is responsible for monitoring the case plan goal and objectives in line with the guidelines prepared by the Office for Children – the Children's Guardian. Ongoing monitoring and reviews will help find any barriers to the case plan goal being achieved and how these will be overcome. It also shows if needs have changed over time. Feedback from the child or young person, carers or service providers helps determine if progress is being made and services are following the case plan.

The type of review will vary depending on the child or young person's current situation. There are certain legislative requirements for the timing of reviews according to a child's age and care situation. Case plans should always include a review date and any aspects of monitoring and review that need to occur.

Transition

When children or young people move from one placement to another, this movement is referred to as **a transition**. As with any decision that is likely to have a significant impact on the life of a child or young person, they should be given an opportunity to express their views and participate in the decision-making process where appropriate and possible.

The case plan should outline the way in which the transition should happen. Case planning should specify aspects such as the pace of transition (depending on the child's age and developmental stage), arrangements for the child or young person to spend time in their former and proposed placement and the carer's role in the transition process.

⁵ E Farmer, 'Holes in the safety net: the strengths and weaknesses of child protection procedures', *Child and Family Social Work*, vol. 4, 1999, Blackwell, USA, pp. 293–302.

Arrangements for Leaving Care

Children and young people leave statutory care for either restoration to their family, adoption or independent living. Agencies with responsibility for supervising the placement prepare the child or young person for leaving care and any ongoing support during the process.

There are particular responsibilities for arranging and providing assistance based on assessment of need to young people aged 15 to 24 years who leave or have left statutory care. These include that the preparation of a leaving care plan for all young people aged 15 and over... The plan is implemented when the young person leaves care.

When a young person needs assistance after leaving care, this is referred to as 'aftercare'. Based on a thorough assessment of need, any aftercare assistance needed should already be included in the case plan for leaving care.

There may be times however when circumstances change after the young person leaves care and they later re-approach F&CS or a service provider for assistance. If a young person is discharged from care without a leaving care plan and later approaches the designated agency for assistance, a plan should be prepared at that time. See Section 5.5 *Leaving care for independent living* in the *draft Service Provision Guidelines 2008*.

http://www.community.nsw.gov.au/DOCSWR/assets/main/documents/CACHE_DUVIE=f9ca198a64896a47bd97014874b29c75/OOHC_SERVICE_PROVISION_GUIDELINES.PDF

Case Closure

Case closure will occur when no further case management is needed. This may be when:

- another service provider takes over the case management role
- a young person turns 18 years of age and the leaving care plan does not identify continued involvement
- a child or young person is restored to their family's care and there are no continued concerns needing involvement
- a sole parental responsibility order has been made and there is no need for support
- a child is adopted and there is no need for further support.

The circumstances and timing of the case closure must be included in the case plan. Cases will remain open on KiDS when case management is transferred to another agency. The case will also be transferred to the child and family regional unit to look after any remaining aspects of parental responsibility.

When a designated agency is delegated with parental responsibility, their point of contact in CS is the Executive Director, Operations Support.

10.3 Placement Reviews

Section 150 of the *Children and Young Persons (Care and Protection) Act 1998* imposes a responsibility on designated agencies to regularly review the placement of children and young persons in out-of-home care⁶. The Act recognises the importance of placement reviews for promoting the child or young person's safety, welfare and well-being. Section 150(1) of the *Children and Young Persons (Care and Protection) Act 1998* states:

“For the purpose of determining whether the safety, welfare and well-being of a child or young person who has been placed in out-of-home care by an order of the Children's Court is being promoted by the placement, the designated agency having responsibility for the placement of the child or young person is to conduct a review of the placement”.

Under Section 150(4) of the Act, MacKillop must carry out placement reviews in accordance with these guidelines

10.3.1 Principles that Underpin these Guidelines

These Guidelines have been developed having regard to the following principles of the Act:

- The safety, welfare and well-being of the child or young person are paramount.
- Where children and young persons are able to form views about their safety, welfare and well-being they must be given an opportunity to freely express those views.
- The child or young person's culture, disability, language, religion and sexuality must be taken into account.
- Intervention into a child or young person's life must be the least intrusive option.
- The name, identity, language, cultural and religious ties of the child or young person should be preserved as far as possible.
- A child or young person placed in out-of-home care is entitled to a safe, nurturing, stable and secure environment. Arrangements should be made as early as possible.
- Children and young persons in out-of-home care are entitled to retain relationships with people significant to them.

MacKillop must apply these principles when reviewing the placement of a child or young person in out-of-home care in accordance with the Act and these Guidelines.

⁶ MacKillop uses the *Looking After Children* framework. Completing records with relevant stakeholders and within the specified timeframes meets the requirements of the legislation.

10.3.2 When Must Placement Review be Completed?

Minimum Requirements Under the Legislation

Section 150(2) of the *Children and Young Persons (Care and Protection) Act 1998* sets out the following minimum requirements for reviewing a child or young person's placement.

If the child or young person is under an ***interim order*** of the Children's Court, the designated agency must review the placement ***within four months of the date of the interim order***.

If the child is ***less than two years old*** and is under a ***final order*** of the Children's Court, the designated agency must review the placement:

- within two months of the date of the final order, and
- within every 12 month period after the final order is made.

If the child or young person is ***aged two years or older*** and is under a ***final order*** of the Children's Court, the designated agency must review the placement:

- within four months of the date of the final order, and
- within every 12 month period after the final order is made.

In addition to the requirements above, the designated agency must review the placement following:

- the death of a parent or authorised carer, and
- an unplanned change of placement.

Additional Placement Reviews

Section 150(3) of the Act permits additional placement reviews. It may be appropriate to conduct reviews more frequently in the early stages of a placement to assess interventions and adjust if necessary. For younger children it may be appropriate to continue to hold frequent reviews. It is important to be guided by what is in the child or young person's best interests. It may also be appropriate to hold placement reviews at key times, such as prior to a planned placement change or if a placement is at serious risk of breakdown. At these times, the designated agency should review the support in places for the child or young person and assess whether additional support is required to meet the child or young person's needs.

10.3.3 Who Should Participate in a Placement Review?

Individuals who should be invited to participate are those who will:

- Be affected by the outcomes of the placement review, and therefore have the right to be part of the decision making process, or
- Provide information necessary for reviewing and assessing the placement.

Participation is a requirement under the NSW Out-of-Home Care Standards. Participation of children and young people is a requirement under sections 9(b) and 10 of the Act. The MacKillop case worker will offer the child or young person a choice in how they participate in the placement review; it may not necessarily mean attendance at the case conference if this is not in the child or young person's best interests or against their wishes.

The United Nation provides the following guidelines when consulting the child or young person:

- Young people aged 16 years and older are normally assumed to be sufficiently mature to make decisions, such as decisions relating to their carers.
- Children and young people aged between 14 and 16 are presumed to be mature enough to make a major contribution.
- Children between 9 and 14 can meaningfully participate in the decision-making process, but their maturity must be carefully assessed on an individual basis. However, care must be taken with younger children and they may require specific assistance to ensure that they can express themselves clearly and freely.
- Children younger than 9 have the right to give their opinion and be heard. They may be able to participate in the decision-making procedure to a certain degree, but caution should be exercised to avoid burdening them by giving them a feeling of becoming decision makers.

The following people should participate in the placement review, as appropriate:

- the child or young person
- the child or young person's carer, including the immediate former carer if there has been a placement change since the last review
- the direct care worker, if the child or young person is in residential care
- the child or young person's parents and/or step-parents
- the child or young person's respite carer
- representatives from organisations providing wraparound services
- people significant to the child or young person, including birth or adoptive parents, siblings, extended family, peers, family friends and community
- the caseworker that supports and supervises the placement
- the casework manager
- a school representative
- a support person for the child or young person, if requested by the child or young person. This may be someone already listed above.

If the child or young person is Aboriginal or a Torres Strait Islander, or comes from a culturally or linguistically diverse background, the designated agency should also invite a representative from the child or young person's community if this is appropriate.

Under section 12 of the Act, families, kinship groups, representative communities and organisations are to be given the opportunity to participate in significant decisions, where the child or young person is Indigenous. MacKillop must make a reasonable effort to invite the participation of all relevant people. These efforts should be documented in the client file.

The MacKillop case manager may need to assist the participation of some people. This may include providing transportation, interpreters, support people or teleconferences.

10.3.4 Placement Reviews at a Case Conference

A placement review should be a formally constituted case conference hosted by the designated agency and chaired by a person who has decision making authority. The MacKillop case worker will send invitations to all participants before the scheduled meeting date, giving sufficient notice.

The MacKillop case worker should record:

- who was invited to the case conference
- who was not invited to the case conference, and why
- who attended the case conference
- who did not attend the case conference, and why
- the views of invited persons who did not attend the case conference.

There may be reasons not to invite certain people to a case conference, however, it may still be appropriate for the designated agency to seek and document those persons' views.

Where appropriate, the designated agency should allow the child or young person to decide whether or not they wish to attend the case conference. If the child or young person does not wish to attend, the designated agency should ask them to submit their views in a way that is comfortable for them, for example by a written statement or pictures or by telling a trusted adult what they want to say. These views should be documented and held with review records.

The meeting minutes should:

- record each person's views, including dissenting views
- note the date, time and location of the placement review
- record what aspects came under review, and
- the decisions that were made, who is responsible for action and time frames.

Each person involved in the review should be given the opportunity to sign the review report and each person who took part in formulating the report or who is identified in the review is to be given a copy of the review report. Such records will enable everybody involved in the child or young person's life to know what the plan is for that child or young person's care in the coming year.

10.3.5 Where There Is No Case Conference

If a case conference is not appropriate or feasible, the MacKillop case worker may conduct a placement review using alternative methods. This option must first be discussed with and signed off by the relevant Coordinator. The MacKillop case worker must document its reasons for not having a case conference to carry out the placement review.

The designated agency must still seek record and take into account the view of all relevant people. The designated agency should also record what aspects came under review, the decisions that were made and responsibilities and time frames for action.

10.3.6 What the Placement Review Should Cover

The placement review of a child or young person on an interim or final court order should include the following⁷:

Permanency planning (see opening section of Care and Placement Plan and Review of Care and Placement Plan)

Permanency planning recognises that children and young people have a right to a permanent and stable home. Permanency planning involves giving early consideration to the long-term needs of a child in care based on a thorough assessment of family strengths to determine whether or not there is a realistic possibility of restoration. Apart from restoration to the birth family, permanency planning can also include: long-term care (including sole parental responsibility orders), relative/kinship care, adoption.

Section 78A of the Act defines 'permanency planning' as:

The making of a plan that aims to provide a child or young person with a stable placement that offers long term security and that:

- a) has regard, in particular, to the principle set out in Section 9(f) and
- b) meets the needs of the child an young person, and
- c) avoids the instability and uncertainty arising through a succession of different placements or temporary care arrangements.

⁷ Each of these elements are included in the relevant *Looking After Children* records.

Permanency for the child or young person is a goal of every care plan, which is the document developed by the Community Services for the courts to formalise the out-of-home care arrangements for the child or young person.

MacKillop Family Services case worker should receive a copy of the care plan as this will form the basis of case planning and placement reviews. Every placement review should include an assessment of whether the goals to achieve permanency are still being met. If the child or young person has experienced a placement breakdown, the designated agency should review the reasons for the placement breakdown and develop strategies to prevent further unplanned placement changes. This is an important part of planning for permanency and stability.

Contact with family and other significant persons (see Family and Social Relationships section of Looking After Children)

- Whether current contact arrangements are satisfactory to the child or young person, the parents and other significant people and the authorised carer.
- Whether additional support is required to facilitate contact.

MacKillop must comply with any contact order made by the Children's Court under section 86 of the *Children and Young Persons (Care and Protection) Act 1998*.

Behaviour support/management (see Emotional and Behavioural Development section Looking After Children)

- Details of any behaviour support or management issues/plans.
- Whether proper consent has been obtained for the use of restricted practices or psychotropic medication.
- How the behaviour support/management plan, which may include use of restricted practices, is being monitored and reviewed.
- A review of the currently relevant psychological or psychiatric report on the child or young person, where required.

Issues of social, cultural or economic significance (see Social Presentation, Identity and Self Care sections Looking After Children)

- Changes to social, cultural or economic circumstances of the child or young person or their family or foster carers.
- Details of any issues relating to the child or young person's culture and/or religion and how their cultural and religious identity is being supported in the placement.

Health (see Health section Looking After Children)

MacKillop must make sure that the physical, mental and emotional health needs of all children and young people in their care are assessed. The placement review should include:

- details of the child or young person's most recent general health check
- dental health and any dental needs
- specialist assessments, including assessments of the child or young person's wellbeing, and
- details of how identified needs are being addressed.

Immunisation (see Health section Looking After Children – immunisation details recorded in EIR)

- Details of the child or young person's immunisation history.
- Is there an immunisation record on the child or young person's file? If not, what efforts are being made to obtain one?
- If vaccination is incomplete or records are not available, will the agency arrange for the child or young person to undergo an age appropriate catch up course of vaccination?

Education (see Education section Looking After Children)

A review of the child or young person's education should include:

- educational progress
- support requirements for school attendance and homework
- assistance if the child or young person is experiencing any difficulties e.g. bullying
- issues raised by the school representative
- issues highlighted in recent school reports
- funding requirements related to the child or young person's education.

Preparation for leaving care (see Self Care section Looking After Children)

Planning for leaving care to live independently should be a part of every placement review from when the child or young person is aged 15 years and over. Planning for leaving care should include:

- education
- vocational training
- income
- financial management
- nutrition
- accommodation

- health
- legal rights and responsibilities
- the risks of alcohol and drugs, and
- safe sex practices

Young people also need to know how to access and use services within their community.

Disclosure of placement information

MacKillop must consider the decision to provide placement information at each placement review, in accordance with legislation and OCCG Guidelines .MacKillop must make it clear at the placement review that the decision to disclose or not disclose placement information is the responsibility of the agency

<http://www.kidsguardian.nsw.gov.au/accreditation/guidelines>

10.3.7 Outcomes of the Placement Review

The outcomes of a placement review form the child or young person's new case plan. Each invited participant should receive a copy of the case plan. The designated agency must file a copy of the case conference minutes or placement review report and the new case plan on the child or young person's file. The new case plan will be the subject of the child or young person's next placement review.

10.3.8 Recording Placement Reviews

Placement reviews are a significant part of a child or young person's time in care and contribute to their life story. Placement review records will allow the child or young person to know how their safety, welfare and well-being was being advanced, who in their life was part of their time in care and their level of involvement. For these reasons, it is important for the designated agency to keep accurate and comprehensive records of the placement review process.

10.4 Looking After Children (LACES)

Looking After Children (LACES) was developed from international research indicating that children and young people in care experience poorer life outcomes compared to children and young people growing up with their own family in the community. There are complex inter-related reasons for these poor outcomes including:

- effects of trauma and disruption
- lack of partnership and communication between key stakeholders e.g.: child/young person, parents, carers, agency managers and workers
- inadequate planning

- inconsistent recording of information

LACES was specifically designed to promote good outcomes for children in care by guiding information collection, assessment, planning and review. LACES guides the integration of these tasks whilst keeping the needs of children and young people as its primary focus.

The LACES materials were developed with a dual purpose in mind; to ensure that what is known about good parenting is integrated into casework practice, and to provide aggregate data to direct policy and assess organisational or service outcomes.

LACES is a practice framework that underpins out of home care and aims to improve the quality of care received by children and young people. Engaging in the LACES process is a strategy to minimise the potential for the care of a child or young person's experience to become fragmented or disjointed while in out of home care. It is a comprehensive collaborative practice framework incorporating a set of assessment and planning records or documents which must be completed at different stages for each child and young person in out of home care. Copies of these records must be placed in the client file. It is important that the timelines for completing the different LACES processes are adhered to by caseworkers.

The outcome objectives for residential, kinship and foster care services are based on the seven 'life domains' identified in the *Looking After Children* framework.

1. Education

The child or young person has achieved their educational potential and has gained their maximum life opportunities through active involvement with appropriate educational and/or training services.

2. Health

The child or young person has achieved their expected growth and development and has gained their maximum life opportunities through comprehensive health care whilst living in care.

3. Identity

The child or young person has developed a sense of self as a separate and valued person. They know their family background, are connected, as far as possible, in positive ways to their immediate or extended family and have an understanding of and connection to their own ethnic and cultural background.

4. Emotional and Behavioural Development

Acknowledging the range of personalities that exists and the impact of abuse, the child or young person's emotional and behavioural responses are, as far as possible, age and situation appropriate.

5. Family and Social Relationships

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

6. Social Presentation

The child or young person understands, as far as possible, the impact that their appearance and behaviour has on how they are perceived by others.

7. Self Care Skills

The child or young person possesses the practical, emotional and communication skills required for achieving their age-appropriate level of independence.

MacKillop is responsible for coordinating the support of the day to day care of the child.

The key documents within LACES are the Essential information Records Part 1 and Part 2 (EIR1 and EIR2), Care Plan Placement Plans Part 1 and 2 (PP1 and PP2), Review of Arrangements and Assessment & Action records. A flowchart has been developed to highlight the timelines associated with the completion of each LACES record (see Attachment 8). Each worker must be familiar with the requirements of LACES. Each of these records is to be completed / updated within specified timelines.

To ensure continuity for the child/young person LACES records or equivalent from previous placements should be requested as soon as possible on entering MacKillop care.

10.4.1 Essential Information Record Part 1 (EIR1)

The EIR1 contains the information about the child or young person needed by the carer for ongoing reference. It should be completed before the child or young person is placed in care. The EIR1 provides the initial and vital information needed by a carer to enable them to meet the immediate needs of the child or young person as they enter the care arrangement. It includes areas of health, diet, family, communication and professional contacts. The EIR1 is required to be updated before each review.

10.4.2 Essential Information Record Part 2 (EIR2)

The EIR2 requests the more comprehensive information regarding the child or young person's background, including their legal status and their placement history. The information requested continues on from the EIR1 and is a working document to provide for the ongoing needs of a child or young person while in care. It is designed to add to the information gathered in the EIR1 and both documents are required for ongoing reference to the care team. The EIR2 should be completed, where possible, before a child or young

person is placed in a care arrangement. At a minimum the EIR1 and EIR2 should be updated before each review.

10.4.3 Care Plan

The Care Plan is a shared process coordinated by MacKillop as the case worker, and focuses on the child or young person's overall needs and how these needs will be met. Those who share the parenting responsibilities, including the carer, the placement agency case worker, the child protection worker and the child/young person's parents work together, with the child/young person where appropriate to develop the relevant plans. These records must be completed at the relevant stages and copies provided to the other participants and placed in the client file.

10.4.4 Placement Plan Part 1 (PP1)

The PP1 incorporates the immediate agreements required to provide for the medical and contact arrangements for children and young people as they enter care. It should be completed before the child or young person is placed in care. It should also be signed by the appropriate case manager, carer, family member (if appropriate) and the child or young person (if of an appropriate age or developmental stage).

10.4.5 Placement Plan Part 2 (PP2)

The PP2 helps to make more detailed plans in relation to a child or young person's routines, health, education, contact, identity and preferred leisure activities. It is recommended that the PP2 is completed prior to a placement commencing. Where this is not possible it is required that it is completed within 14 days of the beginning of placement.

10.4.6 Review of Arrangements

The Review of Arrangements (Review) details the actions required in relation to a Care Plan to meet the needs of the child or young person. It also details the developments, achievements and changes in relation to the placement, health, emotional development, identity and education since the Care Plan or the previous Review. The Review is a consultative process that is developed to meet the continuing and developing needs of children and young people in care. A Review is required to change a child or young person's Care Plan.

The Review is to be completed within the first 4 weeks of a child or young person entering into care and then again 4 months after the commencement of placement (that is 3 months after the first review meeting). Subsequent Review meetings should be held at least every 6 months.

10.4.7 Assessment and Action Record (A&AR)

Completion of the Assessment and Action Records is also coordinated by MacKillop case worker and follows the structure of the seven life domains. They will consult with the child or young person as appropriate, and their carers, and incorporate their input into the assessment. Assessment and Action records are lengthy documents that would not be completed at one sitting, but rather over a number of sessions. In some situations the Residential Care Workers, Kinship Carers or Foster Carers may take on the role of completing some of the sections and returning them to the Case Worker. It is the Case worker's responsibility to ensure the records are completed. Information gathered during the Assessment and Action Record process, is fed into the review of the Care and Placement Plan.

When gathering information the following should be kept in mind:

- The involvement of the child or young person in the development of any record should be age and maturity appropriate.
- Involve the child or young person as much as possible but if the young person is uncooperative the worker should complete the record.
- Have a conversation and don't cross-examine.
- Take time and complete the record over a number of sessions. Don't try to do it all at once.
- Be innovative about times and places to discuss the record, e.g. have a conversation in the car.
- Consult with other people who may have essential information relevant to the record such as parents or previous carers. In particular consult parents and previous carers to obtain the child or young person's health and dental history including previous serious illnesses, immunisation record and issues requiring ongoing monitoring such as sight and hearing.
- Make sure that all relevant workers are kept in the communication loop.
- Consult with the protective worker if you have any safety concerns.
- Use the review process and supervision to clarify things you are unsure of and to gain input from other workers including specialist workers.
- Use the prompts as a guide only and be flexible in your approach.
- Ensure relevant material (including completed LACES records) is circulated to family members as appropriate.

If completing LACES records for one of your clients is delayed (for whatever reason) it is important that you communicate this to your line manager.

LACES is revised periodically and workers will be informed of any changes as a result of this.

10.5 Additional Assessment and Planning Processes

There are a number of additional assessment and planning processes that need to be integrated with the Care Planning processes and *Looking After Children*.

10.5.1 Cultural Support Plans for Aboriginal and Torres Strait Islander Children and Young People

Aboriginal children placed in out of home care must have a cultural support plan included in their Care Plan that meets the requirements of the Aboriginal Placement Principle (also see section 6.6.1 of this Manual). A cultural support plan sets out how the Aboriginal child placed in out of home care is to remain connected to their Aboriginal communities and Aboriginal culture. Looking After Children Electronic System (Electronic Form of LACES) has the capacity to capture cultural identity planning.

MacKillop has a history of involvement within this area and a great deal of knowledge built up over time. Our staff in this area can assist you with many issues associated with the placement and appropriate support of Aboriginal children and young people. MacKillop also arranges training in understanding and attaining a level of cultural competence that allows us to operate effectively and sensitively in this area.

10.5.2 Developing Plans for Working with CALD Children and Young People

MacKillop has developed a cultural support plan template (one for individuals and one for siblings groups) to be completed for all children and young people from CALD backgrounds (available on MacKillop intranet)

10.5.3 Behaviour Support Plans

Our positive behaviour support approach addresses the range of interactions, from the everyday management of behaviour to formal behavioural interventions.

Workers should ensure they consult MacKillop NSW-P-005 *Positive Behaviour Support* procedure for guidance on the development of Behaviour Support Plans.

10.5.3.1 Violence Prevention

If force or restraint is necessary to prevent harm to a child or young person or other persons, the *Children and Young Persons (Care and Protection) Act 1998* only permits the use of reasonable force to achieve this and it should be applied for no longer than is necessary to prevent or contain the danger. The use of more than reasonable force or restraint may be considered unlawful and not covered by the defences of self-defence or necessity.

10.5.4 Placement Changes and Planning

Where there are indications that a placement may be disrupted, a case conference needs to be arranged including the child or young person, case manager, relevant Department of Family and Community Services staff, other relevant parties and, where appropriate, the child or young person's family, in order to develop plans aimed at stabilising and securing the existing placement or moving the child or young person to a more suitable placement. Any placement change for children and young people placed by Community Services must be approved by them prior to the change proceeding.

Where a decision is made that a placement change is required, MacKillop will, as far as possible, maintain responsibility for care of the child or young person until an alternative placement is located. MacKillop will work cooperatively with any new placement provider, carers, the case manager, the child or young person, their family and all other parties concerned, in order to ensure a smooth transition for the child or young person. MacKillop will strive to ensure that the change occurs in a way that is sensitive to the child or young person's needs and also is sensitive to our carers and staff needs, including any necessary debriefing.

The child or young person's personal belongings will be safely transferred to the new placement. MacKillop staff will ensure that all relevant information concerning the child or young person (including copies of relevant Looking After Children records) is passed on to the organisation managing the new placement and/or the child or young person's Case Manager.

10.5.5 Transitioning or Leaving Care

Research and experience informs us that young people who have been in out of home care are often under-prepared for independent living, which they must embark on at a much earlier age than most young people in the general community. MacKillop has developed processes and accompanying resources to ensure young people are comprehensively prepared for life as they transition from care. Each of the documents mentioned below is available on the MacKillop Intranet. While these processes of preparing a young person to transition from care commence at age 14 –15, it is acknowledged that it is critical for all children and young people in care to be provided as many opportunities as possible to learn and practice age and stage relevant life skills, from as early an age as possible. Workers may choose to use the MacKillop documents and *pro formas* with younger children as relevant, and in line with the young person's care plan.

Research also tells us that strong support networks outside of the care situation are critical to a successful transition from care. Completing the network mapping activity included in the living skill assessment documents will assist to identify current supports and highlight areas that are underdeveloped in terms of links or supports. Young people should be

encouraged to identify their supports and note them in the relevant quadrant of the map, and to reflect on the picture that emerges from the activity.

Development of a Transition Plan

Transition planning is the cornerstone of ensuring that young people have the best opportunity to be as prepared for their transition from care as possible. It is the responsibility of case workers to drive transition planning, with input from young people and carers. Where MacKillop Family Services has case management responsibility, the MacKillop Family Services Case Worker is responsible for ensuring transition planning activities occur to the same extent as they would if the young person were case managed by MacKillop Family Services. Transition planning begins by ensuring the young person is learning needed living skills from age 14 or 15. As the young person gets older, issues such as ongoing accommodation, employment and training etc. are built into the plan. The plan is reviewed and revised at least annually, alongside *Looking After Children* reviews.

The steps required in developing a transition plan are:

- (a) Living skills assessment completed (either full or short form)
- (b) Review Checklist for Young People Leaving Care
- (c) Develop transition plan from outcomes of a) and b)

Documents Required In Order To Create a Transition Plan

Living Skills Assessment (Full): A comprehensive questionnaire that covers a range of living skills and asks young people to prioritise skills that need to be learned. It is completed annually from age 15 alongside Assessment and Progress Records

Living Skills Assessment (Short Form): While it is preferable for workers to use the Full Living Skills Assessment, a short form is provided for some high risk high needs young people who find it difficult or refuse to engage in transition from care planning. The decision to use this option should be made in conjunction with the young person's Care Team. It is completed annually from age 15 alongside Assessment and Action Records

Checklist for Young People Leaving Care: A checklist that highlights practical tasks that needs to be completed prior to a young person leaving care. The checklist identifies at which age the tasks should occur. (see MacKillop Intranet for copies of the Checklist)

Transition Plan Template: The Transition Plan is developed annually following completion of the Living Skills Assessment (Full or short form) and the Transition Checklist. It assigns goals, tasks, responsibilities and timelines, and is completed alongside C&PP reviews. As part of our Registration obligations, all young people over the age of 15 will have a transition plan.

The Department of Family and Community Services website has a number of Leaving Care resources to assist in planning for leaving care which can be used with young people.

http://www.community.nsw.gov.au/docswr/assets/main/documents/CACHE_DUVIE=078f7fb058fc0a0d753c45773168d0ec/leavingcare_booklet.pdf

After Care Support

MacKillop will ensure young people are provided with options for support after formally exiting from care until at least the age of 21 years.

Post Care Support

There is a shift in the relationship between the young person and the agency, with the young person involved in determining the type and amount of contact and support to be provided. During the period in care carers and young people often form significant relationships. It is important that carers give consideration to the possibility of ongoing contact with the young people and this should be discussed with relevant case team members.

10.5.6 Sharing planning records

Copies of the completed plans (including the Looking After Children records) will be made available to the members of the support team, including parents where appropriate (see Children's Guardian website for *Guidelines on Disclosing Placement Information*).

10.6 Life Story

Life story work is a method used to record the details about a child or young person's history and personal development. It is a record of a child or young person's life in words, pictures and photos made by the child or young person with help from a trusted adult or other person having a meaningful relationship with the child or young person.

[My Life Story Book](#) has been developed by Community Services to assist children and young people in out-of-home care develop a sense of self, in relation to their life experiences. It is a chronological account of the child or young person's history, and should be started when the child enters out-of-home care and maintained throughout their time in care.

The Aboriginal version of *My Life Story Book* supports Aboriginal children in out-of-home care in understanding more about their cultural identity and in developing a sense of connectedness to family, kinship groups and the community.

10.6.1 Benefits of Keeping a Life Story Book

The benefits of working on a Life Book include:

- Working on the book together helps build a bond and develop trust between the child or young person in care, their foster carer and caseworker

- The child or young person develops a stronger feeling of self-identity and self-esteem through learning about and accepting their past
- The book “bridges the gap” between foster carers and parents when the child returns home, especially when parents feel they have missed out while their child has been in care
- Making the book helps the child distinguish reality from fantasy
- The book 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
- The book ensures that details about the child or young person’s culture and religion are recorded

It is up to the child or young person to decide who to share it with and they should be encouraged to keep the book in a safe places. The life story book stays with the child or young person when they return to their own home or go to another placement.

11. SERIOUS INCIDENTS

11.1 When a Child or Young Person is Missing

The action taken when a child or young person is missing needs to be age appropriate and take the child or young person's vulnerability into account.

Children:

If the whereabouts of a child under 12 or vulnerable young person, (e.g. a young person with a disability) are not known, immediate consultation with the supervisor or on-call person needs to occur in order to determine the most appropriate course of action. Generally this action will involve contact with the police and immediate and vigorous action to find the child at any possible locations.

Adolescents:

A young person will be considered to be missing from placement if they have not returned at a reasonable time beyond their curfew or pre-arranged time of return (to be decided on a case by case basis by the Supervisor and Manager) .When a young person is missing from the placement the following procedures will apply.

When the young person is missing during normal hours the case worker will discuss the most appropriate response with the supervisor/residential worker.

The response may include one or more of the following:

- A visit by the case worker to the young person's likely location.
- Phone calls to the young person's networks to check on their whereabouts and to seek assistance with locating them.
- A phone call to the family to inform them that the young person is missing and to seek assistance with locating them.
- A phone call or a fax to Police to lodge a whereabouts unknown report.
- A call to the police after 24 hours to lodge a missing person's report.

The decision to contact police is determined in consultation with the Manager.

If there is a need for an incident report (see below) it should be completed at the earliest possible opportunity.

When a young person returns to placement the case worker/residential worker should inform all parties who need to know, including Community Services and the family. Police are informed directly and police will attend the house to sight any young person who has been listed as missing.

11.2 Police Involvement

The relevant supervisor and/or Program Manager are to ensure that good relationships are maintained with the local police, including written information on names and contact details for MacKillop house supervisors and after hours support.

The following general principles apply with respect to police involvement:

- Individuals have a right to report any criminal offence they are a victim of to police.
- Staff have a responsibility to report any offences they have become aware of to police.
- Reporting matters to police should not be used as a threat to children or young people, but be part of a considered action and case plan that is consistent between staff.
- The decision to report to police should, where possible, be made in consultation with the staff member's line manager and the case worker. Involvement of police should only happen as a last resort or where there is a statutory obligation to report. Every effort should be made to resolve issues by other means.
- If a young person's behaviour poses a realistic and immediate threat of physical violence police

11.3 Incident Reports

Procedures for reporting incidents and incident classifications are set out in MacKillop COP-P-04 Incident Reporting Procedure in the Policy and Procedures Manual.

While reporting of critical incidents is not a specific requirement of the NSW Department of Family and Community Services, staff are required to complete them for accountability, internal reporting and quality improvement purposes.

12. WORKER SAFETY AND SUPPORT

Assessment of all clients and their families should incorporate an assessment of the level of risk to workers.

When attending appointments outside the office workers should always inform their supervisor and reception staff of:

- Where they are going and whom they are meeting with.
- The time of the meeting.
- The expected duration of the meeting.
- What time they expect to return.

Wherever possible workers should carry a mobile phone that is charged and in good working order when attending appointments outside the office and ensure that office staff know the number.

If you find yourself in a potentially violent or threatening situation (e.g. you are followed back to work or confronted by a potentially violent client):

- Ensure that you, and where possible, others around you are safe.
- Seek assistance from others.
- Contact the police for assistance when necessary.

12.1 At the Office

When meeting with potentially violent clients:

- Arrange meetings during office hours to ensure other staff will be present at the office during the meeting.
- Inform your supervisor and other staff of the meeting.
- Arrange for another worker/s to be close at hand to monitor the situation or to be present during the meeting.
- Arrange some form of alarm system that can be used to alert others of a crisis situation.

If a visitor to the office becomes threatening or abusive:

- Inform your supervisor or manager so attempts can be made to calm the situation and escort the person from the building.
- Contact the police for assistance.

When working at the office after hours:

- Advise your supervisor and other staff of your intention to work late.
- Ensure that your own family has been advised of your intention to work late and your expected time of departure.
- Ensure that the building is secure before others leave for the day.
- Make sure that your car is parked close to the office in a well-lit area.

- When leaving the office ensure that you secure the building and activate any alarm systems.

12.2 For Home Visits

Prior to Leaving:

- Workers should never use their own vehicle to conduct a home visit. Agency vehicles should be used and arrangements made to take the vehicle home overnight if required (where this is in accordance with Program procedures). If it is not possible to use an agency vehicle organise another time for the visit.
- Where possible first time home visits should be conducted by at least two workers.
- Workers should inform their supervisor or manager of:
 - Who they will be visiting
 - The time of the visit
 - The expected duration of the visit.
 - Any worker safety issues.
 - The number of the mobile phone they are taking with them.
- Where worker safety is or may be an issue arrangements should be made for the worker/s to be contacted during the visit to assess how it is progressing. A code should be developed by all staff for use in potentially dangerous situations. This will allow the Supervisor/Manager to ascertain the level of risk.
- A crisis kit should be kept in the vehicle at all times. This kit should contain:
 - A street directory.
 - Contact details for the Supervisor/Manager (including after hours contact details).
 - A first aid kit.
 - Emergency contact numbers

During the Visit:

- Workers should position the vehicle in such a way that a quick exit can be facilitated if necessary (vehicle keys should be accessible at all times).
- An assessment of the level of risk should be conducted on arrival. Workers should not enter the house if it is deemed unsafe to do so.
- Workers should position themselves in the home in such a way to allow a quick exit if necessary.
- The mobile phone should be handy at all times.

After the Visit:

- Workers should contact their supervisor/Manager to inform them that the visit has ended and discuss/debrief any urgent issues.

A time should be arranged for the following day to fully discuss and debrief the relevant issues.

13. ADDITIONAL PRACTICES AND PROCEDURES IN OUT OF HOME CARE

As well as the frameworks described in sections six and ten, a number of practices have been developed by MacKillop to ensure responsible case management for children and young people.

13.1 Entry to Care Welcome and Processes

MacKillop staff and carers should ensure that a child or young person's entry to care is as welcoming a process as possible, while also meeting requirements for information provision to children/young people and their families. Some process will vary depending upon the age, developmental stage and type of placement. The guidelines and timeframes below should be followed wherever possible:

On arrival to care

- Personal items including linen and toiletries
- comfort items such as toys, books, snuggly blanket, as age appropriate

Within first 48 hours

- "welcome brochure" provided
- Charter for Children in Out of Home Care explained to child or young person, with a copy accessible to them at all times (e.g. on house wall or in bed room)
- House rules/information provided and reviewed with child / young person (Residential only)
- Complaints process explained to child or young person and brochure (*Suggestions, Complaints and Feedback Brochure for Young People Young People living with MacKillop*) provided where age appropriate. (Residential only)

At meeting with Caseworker after settling into house

- Client consent form where appropriate
- Information about privacy policy and recording and storage of personal information
- Reinforce explanation of complaints policy
- Explanation of *Looking After Children* processes

The following information should be provided to the families of children and young people entering MacKillop care:

- Placement information letter
- Program brochure
- Client consent form (when appropriate- voluntary placements)

- Medical consent form (when appropriate)
- MacKillop privacy statement
- MacKillop Suggestions and complaints brochure

Additionally, information and an explanation of *Looking After Children* processes should be provided when inviting families to *Looking After Children* meetings.

13.2 Medication Guidelines

There is a duty of care under common law, to ensure clients' safety and proper use of medicine. This includes assisting children and young people to take medication, in accordance with agency procedures. Failure to satisfy this duty of care adequately may lead to employers and staff being held responsible in the event of a mishap.

The guidelines for medication differ in some areas for Foster Care and Residential Care, reflecting the different models of service, and continuity of caregivers.

Procedures covering all aspects of use of medication in out of home care are documented in **NSW-P-05** Medication Guidelines, and provided separately to Foster Carers in the Foster Carer Manual.

It is essential that all MacKillop staff and carers are fully aware of these procedures before they commence caring for children and young people, and that the procedures are complied with at all times.

- Procedures cover the following areas:
- Record Keeping
- Storage
- Administration
- Disposal
- Prescription Medication
- Psychotropic Medications
- Contraception
- Non-prescription Medication
- Paracetamol Usage and Administration
- Adverse Reaction/Allergy
- Overdose
- Asthma
- Anaphylaxis
- Staff/Carer Training for specific medical needs
- Communication with Family/DHS
- Refusal of Treatment (Young Person)
- Refusal of Treatment (Family)
- Medication for Young People Transitioning to Independent Living/Leaving Care

14. ADDITIONAL PRACTICES

14.1 Responding to Allegations of Abuse/Reportable Conduct

For information on responding to allegations of abuse see NSW-P-004 Reportable Conduct Procedure

14.2 Sex Education

MacKillop has an overall 'whole of life' approach to health and wellbeing education to all of the children and young people living within its out-of-home care services. Sex education is an important part of health and wellbeing education.

Sex education should be built upon the notion of increasing knowledge, self understanding and self awareness for children and young people. As with all health and wellbeing practices, sex education should be age and developmentally appropriate for each individual. It should never be assumed that because a particular child or young person is of a particular age that they have the same knowledge as another person of similar age. Health education (including sex education) assists in developing children and young person's skills in negotiation, decision making, assertion and listening. It also helps with being able to recognise pressures from other people, dealing with challenges, prejudice and being able to seek help from appropriate sources. As with all areas of working with children and young people, all cultural and religious sensitivities need to be respected in the provision of sex education.

Some children and young people enter the out-of-home care system with a history of sexual abuse or that they themselves may be perpetrators of sexual abuse due to their trauma histories. This may or may not be known at the commencement of placement. It is essential that staff and carers are respectful of clients and their histories. This is particularly relevant in relation to ongoing sex education for every child and young person and the importance of ongoing discussion and planning with the relevant caseworker in relation to sexual education or conversations initiated by each child or young person.

It is important to remember that any sexual abuse disclosure or allegation made during conversations relating to sex or through formal sex education need to be taken seriously and acted on.

See NSW-P-007 Procedure for Provision of Sex Education.

14.3 Chroming and Substance Abuse

Chroming activities include not only inhaling paint vapours, but also possessing plastic bags and paint cans that could be used for chroming. Chroming has serious health and behaviour consequences for young people. MacKillop Family Services remains committed to caring for and working with young people engaging in high risk behaviours.

Young people who have been chroming may experience euphoria, heart palpitations, vomiting, diarrhoea, slurred speech, disorientation or hallucinations. Some of the more severe effects of chroming can include seizures, coma and cardiopulmonary arrest.

The procedures for responding before, during and after chroming behaviour of young people in MacKillop services are contained in NSW-P-008: Responding to chroming behaviour

14.4 On Call Procedures

Each out of home care service will have arrangements in place to provide support and guidance to those caring for children and young people (residential care workers and foster carers) if 'out of the ordinary' events occur.

Out of the ordinary events should be considered to include:

- A significant incident (this would include an assault resulting in injury to staff or clients, or police intervention, or substance use requiring police intervention or hospitalisation).
- When a prompt response to an event may be required on the next working day and a manager needs to be forewarned.
- When an event has occurred this is likely to give rise to media interest.
- When a young person has been involved in serious offending.
- When a young person is ill or injured and a medical authority is required.
- When a young person is missing and there are concerns for their safety.

On-call should be used if situations are serious and out of the ordinary and need to be responded to urgently.

For more information on local on call procedures speak to your supervisor or relevant line manager.

14.5 Responding to Risk Taking Behaviour

MacKillop Family Services has developed practice guidelines on responding to risk taking behaviour (2006). This behaviour particularly involves substance misuse, but it can also be related to physical risk taking, self-harm, prostitution, and the risk of violence. Staff face difficult decisions when they are working with young people involved in serious risk taking behaviour. The challenge is to protect and engage young people, while at the same time not condoning illegal or harmful behaviour.

Principles to guide decision-making

1. The present and future well-being of the young person is of paramount importance.

2. The house, unit or office is to be a safe place for all who live/work in it, with clear boundaries to risk-taking behaviour.
3. Staff should not do anything that is dangerous or that will put their own well-being or the well-being of others at risk.
4. Our first intervention is to build strong and effective relationships, noting that
 - with young people we are acting in the place of their parents and our actions can be guided by what good parents would do;
 - young people move through life stages and moral stages;
 - young people, especially those with attachment disorders, need clear and consistent boundaries;
 - young people have a right to appropriate self-determination as they mature;

Practice Guidelines

Our principles shape the following practice guidelines:

1. An incident support plan must be prepared as part of the care-planning process for each young person considered being at-risk. This plan must include a risk-management strategy that is appropriate to each particular young person and that reflects the principles and guidelines stated in this document
2. In each service we need to understand and be clear about setting boundaries to risk-taking behaviour, especially with young people.
3. It is unacceptable to allow substance abuse in our houses.
4. Our values lead us to a position where we cannot ignore risk-taking behaviour; nor can we advocate for simplistic zero tolerance solutions.
5. Where there are no further support options, we stay with young people in their risk taking behaviour.
6. We cannot actively cooperate in any activity that will cause harm.
7. Where young people continue to choose risk-taking behaviour it is appropriate to assist them to engage with services where they can receive best support and care to ensure minimum harm.

14.7 Immediate Risk Register

The Immediate Risk Register aims to support clients in MacKillop services where it is recognised that they have a significant level of risk. It acknowledges that all children and

young people requiring care have some form of trauma and, as such, have some level of risk in relation to their behaviours and needs. The register recognises that there are some clients who have a significantly higher risk levels.

The Immediate Risk Register links MacKillop's Principal Practitioner directly with the case workers/ coordinators of the clients on the register.

The register allows for updates on clients to be viewed by the Principal Practitioner, Executive Director of Operations and CEO as added.

See the Immediate Risk Register Procedure (June 2012) for detail.

14.6 Signing Consents for Activities

Consent forms are usually always required for activities such as school excursions and camps. As a general rule carers cannot give permission for children or young people to go on school trips, excursions or camps. Permission is required from parents, Department of Community Services and/or MacKillop Family Services (depending on who has been assigned parental responsibility) so carers must give the necessary form to the MacKillop Family Services case worker as soon as possible.

Where a child or young person on a voluntary placement needs permission for a school excursion all forms needing parental consent should be given to the worker to obtain the parent's consent. The legal guardian should sign the form, or may ask the Manager to sign on his or her behalf.

PART B: PRACTICE SPECIFIC TO FOSTER CARE

This section of the manual should be read in conjunction with the MacKillop's Foster Carer Manual and Foster Carer Guide.

15. CARER RECRUITMENT, ASSESSMENT, TRAINING, AUTHORISATION AND REVIEW

MacKillop has developed a set of procedures to guide our recruitment, assessment and support of volunteer carers. A number of resources have been developed to guide each of the activities outlined in the policy. Workers should familiarise themselves with each of these resources.

Transfer of Out-of-Home Care to MacKillop Foster Care programs

The NSW government is transitioning the provision of statutory out-of-home care services to the non-government sector. Transition is taking place over the next five to 10 years to improve the NSW Out of Home Care system to deliver better outcomes for children, families and carers.

Existing Community Services foster carers are being asked to select a relevant provider. MacKillop has developed a transfer process which includes an Authorisation assessment. The assessment covers details of family constellation, placement history, training attended, supervision and support arrangements, compliance checks and significant changes in the household which have occurred over the last couple of years.

NSW-P-Authorising Transitioning Carers

NSW-F- 002: Transitional Carer –Authorisation Assessment Form (And Review)

15.1 Foster Carer Recruitment and Authorisation Process

The procedures relate to the processes involved in the continuum from the point of first enquiry to authorisation (and re-authorisation) of volunteer carers. All out of home care foster care services are required to follow an assessment process called *Step By Step*, and a training package called *Shared Stories Shared Lives*. The MacKillop processes have been developed in accordance with these requirements. The assessment process follows a standard format that is completed and stored in the Carer file.

In addition to the Modules contained within the *Shared Stories Shared Lives* training, MacKillop has developed

- A module on Disability Awareness
- A module/information on MacKillop Values and History.

Both of these pieces of information are delivered by Publicity and Recruitment Workers during the course of the pre-service training.

See NSW-P-009 Foster Carer Recruitment
NSW-P-010 Foster Care Pre-Service Training and Assessment
NSW-P-011 Foster Carer Authorisation Procedure
NSW-P-012 Foster Carer Review and Re-Authorisation

15.1.1 Foster Carer Agreement

All foster carers are to receive a copy of the Foster Carer Agreement and sign that they have read, understood and accept the responsibilities of being a Foster Carer with MacKillop. The Agreement outlines the roles and responsibilities of MacKillop and the roles and expectations of foster carers.

NSW-F- 012 NSW Foster Carer Agreement

15.1.2 Code of Conduct for Authorised Foster, Relative and Kinship Carers

The Code of Conduct is issued by the Minister for Family and Community services to be applied across the out-of-home care sector. *The Children and Young Persons (Care and Protection) Regulation 2012* requires authorised carers to comply with the Code of Conduct as a condition of their authorisation.

NSW –F- 001 Code of Conduct for Authorised Foster, Relative and Kinship Carers

15.1.3 Foster Carer Authorisation Letter

This template for a letter is to send to carers that confirms their initial authorisation and provides a reminder to include relevant documentation and Foster Carer Manual and Foster Carer Resource Guide.

NSW-F-002-01 Foster Carer Authorisation letter

16. FOSTER CARER REVIEW PROCESS

16.1 Foster Carer Review Letter

A Review Letter is sent to foster carers to confirm details for upcoming annual reviews and describe the review process.

NSW-F-015 Foster Carer Review Letter

16.2 Foster Carer Review - Introduction to Review for Carers

The introduction to the review document details the purpose of the review, the areas that will be covered in the review (provision of care, emotional support, professional development and feedback) and poses questions for carers to reflect on prior to the review. It is sent together with the Foster Carer Review letter.

NSW-F-014 Introduction to the Foster Carer Review

16.3 Foster Carer Review

The Foster Carer Review Document summarises the information gathered during the Annual Review Process. All areas are to be completed. The Reflective Feedback section reflects the Step by Step processes and covers the carer's commitment to continue caring, working effectively as part of a team, promoting positive development of children/young people in care and providing a safe environment that is free of abuse. Prompt questions are provided to assist workers. The prompts should be deleted when the review report is written.

NSW-F- 002: Transitional Carer –Authorisation Assessment Form (And Annual Review)

17. CARER SUPPORT AND SUPERVISION

Carer supervision is a planned dialogue that provides opportunity for support and feedback on all aspects of the role of the carer, and promotes best practice for children and young people in care. Good supervision promotes reflective practice. Supported self-learning will be encouraged for all carers within MacKillop.

While a carer has young people in their care, they are required to meet at least monthly at a mutually agreeable time with an allocated worker(s) for the purpose of support and supervision. At a minimum, carer support and supervision will cover the following areas:

- Placement management
- Emotional Support
- Professional Development
- Feedback

17.1 Information for Carer Support and Supervision

This information sheet provides a full description of the process for Carer Supervision. All workers should be familiar with this process.

NSW-F-020 Foster Carer Support and Supervision Information Sheet

17.2 Carer Support and Supervision Pro Forma

The form below is used to summarise the content of supervision sessions and detail any agreed actions arising from the supervision. It needs to be signed by the worker and placed in the carer file.

NSW-F-003 Carer Support and Supervision Record

18 ADDITIONAL CARER PROCESSES

18.1 Carer File Structure Guidelines

Carer files are an important source of information, both for supporting appropriate placements, and providing evidence that required processes have occurred. A standard structure has been developed that details where documents are kept in the carer file. The MacKillop Foster Carer File Structure should be placed at the front of each file to allow for easy navigation of the file.

NSW-F- 018 Foster Carer File Structure (November 2012)

18.2 Carer Profile Sheet

A standard form has been developed for recording important basic information that should be readily accessible in the carer file. Sometimes called a 'face sheet', the MacKillop foster carer profile should be placed on the inside cover of each carer file and updated as required.

NSW-F-018-01 Carer/s Face Sheet

18.3 Carer Exit Processes

When a carer chooses to leave a Foster Care program, they are offered the opportunity of an exit interview either by telephone or in person. The exit interview is an important method of gaining feedback about our work, as well as an opportunity to provide closure and support for the carer in relation to issues that may have impacted upon their decision to cease involvement with the program. The exit interview is recorded on the Carer Exit Interview Form and placed on the front of the carer file, with a copy provided to the Manager of the program.

NSW-F-011 Foster Carer Exit Form

19 CLIENT PROCESSES

19.1 Matching Considerations in Foster Care

Placement matching (the decision to place a particular child or young person with an identified Carer/s) requires careful consideration, making every effort to ensure that that placement is relevant to the child or young person's ongoing needs and within the capacity of the designated carer/s.

In order to ensure the best experience possible for children and young people in MacKillop Foster Care programs, workers attempt to identify issues that may be important to consider when choosing a placement option. This occurs based on known characteristics of both the child/young person and the carer/family at point of referral. Where possible, placements will be made that meet the identified needs.

NSW-F-028 Foster Care Referral Response Matching (July 2011)

19.2 Client Contact Summary Sheet

An additional requirement in foster care is that the case worker has face to face contact with the child/young person at least once a month, and that preferably the contact is without the carer present. This requirement is designed to ensure that the child or young person an opportunity to share any concerns they may have about their placement.

As well as writing a case note about such visits, case workers are required to make an entry on the Client Contact Summary Sheet which should be placed at the front of each client file.

NSW-F-019 Foster Care Client Contact Sheet (June 2011)

19.3 Post Placement Review

When a child or young person's placement with MacKillop ceases (including transfer to permanent care), it is a good chance to reflect on the experience of the placement. Placements should be reviewed by the case worker to evaluate the placement. The Post Placement Review is available to support this process.

NSW-F- 017 Post Placement Review

19.5 Guidelines on Religious Instruction for Children and Young Persons in Out-Of-Home Care

Based on the requirement of the Children and Young Persons (Care and Protection) Act 1998, MacKillop follows the Guidelines on Religious Instruction for children and Young Persons in out-of-home care as directed by the Office of the Children's Guardian.

CHILDREN'S GUARDIAN'S DIRECTION

I, Kerry Boland, Children's Guardian, under section 157(4) of the *Children and Young Persons (Care and Protection) Act 1998* hereby direct that when providing religious instruction to a child or young person in out-of-home care, an authorised carer:

- *Must have regard to the views of the child or young person regarding their willingness to receive religious instruction.*
- *Is not to coerce or compel a child or young person to attend or participate in any religious instruction, activity or teaching.*
- *Even if they are the same religion as the child or young person, is not to provide a level of religious instruction that will interfere with a restoration plan.*
- *If of a different religion, is not to provide religious instruction in the carer's religion, if restoration of the child or young person is the goal.*
- *May provide religious instruction to a child or young person in long term care, even if in a different religion to that in which the child or young person has been raised, providing it is part of an approved case plan.*
- *Is not at liberty to give religious instruction contrary to these directions.*

Kerryn Boland

Children's Guardian

4 October 2005

The full Guidelines are available at the Children's Guardian website. Case workers should ensure all foster carers abide by the guidelines.

<http://www.kidsguardian.nsw.gov.au/accreditation/guidelines>

20 PROCEDURES FOR SPECIFIC PROGRAMS

Many procedures are relevant for all foster care placements. Where there are specific care arrangements or processes, then they are documented in the relevant procedures.

20.1 Relative/Kinship Care

Relative care refers to the care of a child or young person by an extended family member. Kinship care refers to care with a person who is not a relative of a child or young person, but who shares a cultural, tribal and/or community connection that is recognised by that child or young person's family and community.

MacKillop is responsible for assessment, authorisation, training, support and supervision of relative/kinship carers in accordance with the Children and Young Persons (Care and Protection) Act 1998 and Regulations.

Procedures that relate to the provision of kinship or relative care are found in NSW-P-xx and cover the following areas:

- Child Specific Recruitment of Relative/Kinship Carers
- Assessment, Authorisation and Training of Relative/Kinship Carers
- Support and Supervision of Relative/Kinship Carers

See NSW-P-013 Procedures Specific to Kinship and Relative Care

20.2 Therapeutic Care (Foster Care Plus)

Foster Care Plus is a new program for MacKillop. Therapeutic Foster Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs.

The key elements of therapeutic foster care are:

- **The child or young person** is positioned at the centre of the program within the primary care context.
- **The Care Team** overarches and intersects with the child or young person and care environment providing focused training and support to either the child, young person and/or the carers and significant others to facilitate the ability of all those in the care environment to effectively support the child or young person to recover from the effects of abuse related trauma.
- **The care environment consists of** the relationships, home, family, school and networks created by the primary carers with the support of other members of the care team.
- **Engagement of the child or young person's family** at all stages where possible and appropriate, the aim of the program is to promote timely reunification between the child or young person and their family or the achievement of long term stable care for the child.

Therapeutic foster care is influenced by therapeutic parenting and child centred approaches. With the support of the care team, the carer will become highly capable and be able to adapt knowledge of trauma and attachment frameworks in the context of the carer-child relationship. This will enable the assembly of a highly developed environment that promotes the recovery of children and young people from their experiences of trauma and attachment disorders.

See Foster Plus Program Guidelines, 2013

PART C: PRACTICE SPECIFIC TO RESIDENTIAL CARE

21. GOOD RESIDENTIAL CARE PRACTICE

21.1 The Role of Residential Care Staff

Residential care staff have a critical role as they provide the day-to-day care of children and young people. Often the residential staff will be the most important people in a child or young person's life.

The *Children and Young Persons (Care and Protection) Act 1998* dictates that safety, welfare and wellbeing of the child and young person is paramount. Individualised planning and high quality service delivery is essential to ensure the safety, stability and development of each child /young person and to ensure that each child/young person has the opportunity to achieve their full potential.

Within this framework, our residential care staff are required to

- Participate in the young person's support team – contributing their experience of working with the young person to the planning process
- Provide adequate supervision.
- Teach basic self-care routines.
- Report concerns to case workers and maintaining effective liaison with them.
- Have clear and consistent boundaries for behaviour.
- Keep accurate and confidential records.
- Be aware of fire, motor vehicle and water safety.
- Be aware of the boundaries of residential care worker's role.
- Comply with Occupational Health and Safety requirements.
- Model and teaching age appropriate skills which will enable young people to make an effective transition out of care.
- Encourage young people to provide feedback on their experience of our services

It is our responsibility to maintain a healthy physical environment through processes such as

- Providing a clean bed, linen, and clean and well maintained living areas.
- Ensuring that day-to-day care such as haircuts, personal hygiene and care of rooms is maintained at a reasonable standard.
- Ensuring that good medical and dental care is provided.
- Providing a nutritious diet.
- Ensuring that clients have adequate clothes and resources for educational or social needs.

- Providing a welcoming, encouraging and nurturing environment where children and young people feel valued includes:
- Taking on an advocacy role on behalf of children and young people when required.
- Providing opportunities for access to education and leisure pursuits.
- Respecting privacy.
- Supporting emotional needs.

Full details of MacKillop processes to ensure safety, stability and that appropriate developmental needs are met, are detailed throughout this Manual.

The CREATE Foundation completed a consultation with young people in residential care across Victoria in 2006. Set out below are the top ten recommendations ('needs') made by the young people consulted:

1. Improved the matching of children and young people residing in residential units.
2. Increased activities available to children and young people residing in residential facilities.
3. Greater support in getting young people involved in community activities
4. Make residential units more like 'home'
5. Matching staff with children and young people more effectively and improve the training and recruitment of workers
6. More learning opportunities in residential units
7. Maintaining confidentiality and privacy
8. Voice and input into Residential Unit decisions
9. Linking children and young people into specialist services in a more structured and systematic manner.
10. A state-wide consistent Residential Care system and placements that children and young people are placed in to meet specific needs

21.2 Building Relationship in Residential Care

A good relationship with a worker or workers is one of the most helpful and profound experiences for children and young people in care. However, building a positive and productive relationship with young people in care usually requires skill and perseverance as young people have often suffered from disrupted attachments (see sections 3) and often have difficulty forming new connections. It is essential that all young people in the care of MacKillop feel affirmed and are given support to develop positive relationships. Workers need to do this in a nurturing environment, with warmth and understanding which demonstrates that the young people are valued. Workers need to be able to convey this warmth and acceptance in a range of ways, including verbal and non-verbal interactions. It is important that workers have well developed listening skills in order to engage young

people in positive affirming relationships. While the task of connecting with children and young people is a key and important aspect of residential care work, care must be taken to recognise the characteristics and vulnerabilities of young people in care. Above all connections between young people and staff must be transparent. The team will provide guidance and support should you may have questions as to ensuring appropriate connections with individual young people.

Workers need to be assertive and as well as affirming positive behaviour, they need to be clear that they incorporate an authority role in their work and will challenge and take steps to contain negative behaviour if necessary. Young people in care tend to do badly and their behaviour may get worse if workers are tentative about their authority role and fail to firmly challenge negative behaviour. Firm structure and emotional containment can reduce anxiety for many young people in care.

21.2.1 House Meetings

- House meetings are an opportunity for young people to meet in a democratic setting with staff, and raise any concerns; suggestions or questions they may have on a regular basis and receive feedback on all items raised.
- House meetings are held weekly and staff on shift are to encourage attendance and participation of all residents.
- Staff on shift t are to minute the meeting on the House Meeting Minutes templates
- Staff present at house meeting are to report items raised at the weekly team meeting, and then file the minutes in the House meeting folder.
- Staff at the following weeks House Meeting are to provide feedback on anything raised in the previous week

21.2.2 Maintaining a Child Safe Organisation

MacKillop is committed to the principles of Child Safe Organisations as detailed in Section **2.4** and expects all staff to be familiar with these principles.

21.2.3 Official Community Visitors (OCVs)

Official Community Visitors are appointed by the Ministers for Community Services and Disability Services, with the scheme being administered by the Ombudsman. The role of the Community Visitor is to promote the best interests of children and young people in out of home care (as well as people with a disability in care) .They carry out their responsibilities by visiting the agency, observing the standard and adequacy of care provided, talk to residents, staff and managers, examine service and resident files and documents, provide a report on their visit and provide information and assistance on advocacy. I

Staff need to be aware that the Community Visitors may enter and inspect a residential facility at any reasonable time and are able to confer alone with any resident or staff member.

21.2.4 Physical Contact with Children and Young People

Affection is extremely important for children and young people in out of home care. However, any physical contact with the young people should be exercised with a great deal of care. As with all other elements of our work, the safety, stability and developmental needs of children and young people in our care are paramount. Many of the children and young people have experienced dysfunctional and/or abusive relationships which may have impacted on the way that they relate to others. This can be exhibited in such ways as indiscriminate contact with others or withdrawing from any contact.

Many children and young people who come into care have had some experience of physical or sexual abuse, and these memories can be triggered by even seemingly innocuous touch such as holding hands, or a hug. It is essential that workers are aware of and understand the history of the young person, including whether or not they have been physically and/or sexually abused, whether there are any cultural contra-indications to physical contact, or whether there have been any previous incidents of allegations of inappropriate touching. At times the support team may be prescriptive about the sort of contact that is appropriate for a particular child or young person.

The complex and very individual nature of a child or young person's history means that it is almost impossible to prescribe a set of clear guidelines as to what sort of touch will be safe and what might be misconstrued or traumatic for the child. A carer cannot be expected to anticipate exactly what a child's triggers will be, all that can be done is to exercise caution when making contact with children and to observe and consider their responses, reporting anything unexpected to the child or young person's case worker. Exercising care in regard to physical contact will minimise the chance of any allegations of abuse being made against carers.

21.3 Enhancing Resilience through Stability

Resilient people feel in control of their lives. Actions encouraging stability and a feeling of confidence in the future lead to the demonstration of resilience in children and young people.

Particular actions may include:

- Having consistent carers
- Maintaining links with the same school regardless of residential setting
- Developing and/or maintaining social connections and networks
- Developing and/or maintaining connections to culture and values

- Maintaining religious beliefs and connections
- Maintaining and developing family connections whenever appropriate and opportune
- Encouraging a sense of identity and pride in self

Studies of young people in care – who have often had little connectedness in their lives – have shown that the most effective thing that services can do is foster in them a sense of belonging and connection to other people.

Some particular ways that staff can promote the stability and resilience of young people are:

- Work towards helping children and young people develop connections with other groups in the community such as sporting clubs
- Not to under estimate the significance of the relationship between staff and the young person even when the young person appears to be unresponsive.
- Be persistent in assisting the young person to develop connections.
- Support connections with family.
- Teach children and young people positive and effective ways of solving problems such as problems with peers or with Centrelink.
- Make particular efforts to assist young people to continue at or return to school or to find a meaningful alternative day program.

The individualised plans that we develop in order to ensure safety, stability and that appropriate developmental needs are met, are detailed further in Section 10 of this Manual.

22. COMMUNICATION AND INFORMATION MANAGEMENT

Procedures in relation to file management are set out in Section C-12 Collection, Recording, Maintenance and Storage of Client Information of the Mackillop Policy and Procedures Manual.

22.1 The Importance of Recording Information

- It is important to record information for a number of reasons. For example:
- The client file is an important record of how duty of care has been met.
- It is essential that important information is not lost or overlooked and that all staff are clear about issues that are likely to impact on their role.
- A complete picture of risk may sometimes emerge only after bits of information are pieced together. Events which may not appear significant in isolation may cumulatively present a picture of significant risk. They may, for instance, indicate a rapidly escalating drug habit.
- Records provide a means of measuring progress.

22.2 Communication

Communication in the residential house includes use of the Day Log, Diary, Shift Notes, handover and weekly Team meetings. These are the means by which day to day information is passed between staff. It is an important method of communication with your co-workers, case workers and other professionals. Information recorded through these means is considered a legal document and can be subpoenaed as evidence in Court. It is important that information recorded in the different places is factual, professional and avoids unnecessary personal opinion.

Workers should ensure they read, use and act on the above communication methods whenever they are on shift.

See NSW-P-016 Communication and Information Management Procedure

23. WORKING WITH FAMILIES AND COMMUNITIES

23.1 Working with Families and Significant Others

Section 6.2 of this Manual describes the importance of young people in out of home care maintaining connection to family and community. An important activity for residential staff and case workers is to assist the young person maintain connections or to become connected to their families and significant others, as appropriate. Sometimes the wider family may be particularly good long-term supports for children and young people.

Decisions about the type of contact between the child or young person and family members will be determined by the case planning or care planning processes.

Families who have been subject to child protection intervention are often distressed by the experience and family relationships have sometimes been damaged. Families may feel angry and powerless and may criticise the agency and the staff as they attempt to provide a service. Research shows that outcomes for children and young people in care are often better where their families are engaged collaboratively in caring for the young person (e.g. as an active participant in the support team). Persistence may be required in engaging the family on a co-operative basis and an open and non-blaming approach will be helpful. Residential staff will smooth the progress of planned contact with the family by, for example:

- Encouraging the relationship between the young person and family
- Giving parents and significant others the opportunity to be involved in decision making
- Encouraging participation the support team
- Supporting young people to understand the potential and limitations of their family situation
- Assisting with access if this is part of the care and case plan
- Supporting visits of family members to the residential home if this is appropriate and part of the care plan

23.2 Linking with the Community

Encouraging connectedness is one of our main goals in residential care services.

As described in section 14.3 of this manual (Enhancing Resilience through Stability), connectedness to community, organisations, networks, individuals and others is a main determinant in effecting positive outcomes and independence for children and young people.

Leisure and recreation activities provide children and young people with opportunities to participate in structured activities such as team sports and to develop connections with pro-social peers. Contact with schools and learning facilities, friends and communities of interest are essential in enhancing development and self-esteem. Residential workers have a key role in identifying the interests of children and young people and connecting them to activities within the broader community.

23.3 Developing Connections with Local and Other Services

MacKillop has long been committed to developing a coordinated and integrated care plan in place for every child and young person in our care. Our residential care services have an obligation to develop a supportive services network around the needs of children and young people as an absence of supportive networks characterises the children young people and their families entering our service.

Each residential house should develop networks and positive working relationships with local schools, employment agencies, health and mental health care providers including police, and other specialist and secondary services.

Residential care staff are encouraged to participate in local and regional service coordination activities in order to develop and enhance the likelihood of effective integrated services being provided to our clients.

23.4 Contact with Neighbours

Residential staff should be aware of the potential impact that the behaviour of children and young people may have on the neighbourhood in which residential services are located. Staff should ensure they are familiar with the policy C-28 Neighbourhood Safety and Communications. MacKillop has developed a set of principles and actions related to client and community safety. These include:

- Good liaison with neighbours – the House Supervisor is to establish and maintain liaison with immediate neighbours. This will include meeting with neighbours, informing them about the role of the house, and giving them written information on names and contact details for relevant house supervisors and after hours support.
- Information on individual residents **is not** to be given out to neighbours.
- Risk assessment and risk management is to be undertaken by the case worker where a young person may constitute a particular risk to the local community.
- It is part of the responsibility of staff to supervise young people in their care not only in the residential setting but also in the local neighbourhood.
- As well as actively managing young people who are being disruptive or abusing substances with respect to ensuring their safety, workers are also required to ensure the safety and wellbeing of neighbours. This may involve external supports and resources including police, mental health and after hours support, in accordance with agency policy and relevant behaviour and/or crisis management plans.
- Ensuring the safety of all people in the immediate vicinity in the event of violent or disruptive incidents is the responsibility of the relevant supervisor.
- If incidents occur which disrupt the local neighbourhood, the Program Manager and relevant supervisor are to follow through and report to the local neighbourhood on outcomes after matters have been settled.

Complaints from neighbours should be documented in the day log and referred to the House Supervisor who will follow the MacKillop Complaints Procedure for recording complaints. Attempts should be made to resolve the issues as soon as possible, and should continue until the matter is resolved.

24. HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

24.1 Nutrition

Like all children and young people, those in residential homes require a diet containing a wide variety of nutritious foods. They should be encouraged to eat plenty of unprocessed plant foods such as wholegrains and cereals, legumes, vegetables and fruits, and moderate amounts of lean and reduced fat protein foods such as meats and milks. They should be encouraged to drink water and care should be taken to limit saturated fats, sugars and salt. Fast foods, packaged meals and pre-prepared foods should not be a substantial part of the diet provided in residential services.

Children and young people should be provided with a diet that is tailored to their individual needs and takes into consideration any specific medical nutrition therapy required. Staff should be aware that children and young people may have particular dietary requirements related to issues such as prior inadequate diet, substance use, prescription medication, food allergies or cultural/religious background. Consultation with a dietician may be necessary to ensure the diet is appropriate and adequate.

Promoting a nutritious diet for young people is a key aspect of working in residential care. Residential care staff should aim:

1. To educate children and young people in healthy eating, based on the Dietary Guidelines for Children and Adolescents in Australia.
 - Provide healthy foods - making the healthy food choices the easy choices
 - Be healthy role models, to model enjoyment of healthy choices at regular meals
 - To increase familiarity of foods by offering a wide variety of healthy food choices at regular intervals throughout the day
 - To teach young people to enjoy new taste sensations and develop taste preferences for the healthy choices
2. To incorporate food and nutrition into a more holistic approach to health and well-being, including physical activity etc.

To encourage young people in the benefits of healthy food choices and make nutrition an underlying foundation to all that we do, recognising its role in all aspects of the young person's health, physical, mental and emotional.

To assist in this process, MacKillop has developed Food and Nutrition Guidelines to inform all aspect of nutrition education, food promotion and provision in all its program areas. (See MacKillop Intranet).

To assist in assessing the dietary intake of a young person, a Dietary Assessment Checklist for 12 – 18 year olds is available on MacKillop Intranet. The Checklist is based on the Australian Dietary Guidelines.

See NSW-P-017 Menu Planning & (Eddy's Place) Procedure

24.2 Food Safety

Staff members need to ensure that food is stored and prepared according to recommended Food Safety guidelines. See NSW-P-018 Infection Control Procedure for detailed information and expectations of food handling in residential care.

24.3 Medical and Dental Treatment

The Care and Placement Plan (*Looking After Children*) needs to include details of any medical and dental attention a child or young person may require in the course of their care at MacKillop. In addition, details of all medical or dental consultations and treatment should be recorded in the young person's file. Any treatment or illnesses that do not require a medical visit should also be reported to the young person's case worker as soon as possible.

All children and young people who are entering care for the first time are required to have both a medical examination and a dental examination as soon as possible or at least within one month of admission to the placement and thereafter on at least an annual basis. This assessment is carried out using the Out Of Home Care Assessment Form at commencement of placement and the same form is used annually thereafter.

If the child or young person is entering the placement from another placement, staff will confirm the last date of a dental or medical examination and will arrange any examination or follow up which is required.

All young people are entitled to have access to a medical practitioner, either their own family doctor or agency designated physician upon request. Residential House staff are to arrange appointments and attend with young person as required. Doctor or specialist appointments should be noted in the house diary and daily report book.

Young people may request that a staff member not sit in during the consultation with the doctor, if they are 14 years or older. If the young person wishes to see the doctor alone the staff member should ensure that the doctor is given any information which is essential to the consultation.

Case workers will discuss with residential staff such issues as who should attend medical appointments and other health consultations. Residential Staff should advise case workers of any prescribed medication or other action or treatment recommended by a medical practitioner.

If young people require medical treatment such as an operation, anaesthetic or hospital admission, the treatment needs to be authorised by the manager with the appropriate delegation. Residential staff should not sign consent forms, and should immediately consult with the case worker or on-call as appropriate. Unless there are documented reasons for not doing so, parents should be involved in the decision making. Child Protection is required to act in the best interests of the child and may authorise the administration of prescribed medication even where parents object.

24.4 Emergencies and Accidents

Where a child or young person's life is threatened and their guardians cannot be contacted, the Doctor has the right to authorise a medical procedure. Alternatively, as above (17.3), in an emergency, the relevant Managers, General Manager or Director can authorise treatment as per the Voluntary Agreement form or their authorised power under legislation.

For Medical Emergencies:

- Call 000 for Ambulance attendance immediately if the emergency is very serious or life threatening.
- Apply first aid and closely monitor young person until ambulance arrives.
- Transport young person via unit vehicle to hospital if an ambulance is not required.
- Call House Supervisor/Manager for direction during office hours if the seriousness of the emergency allows.
- Call On-Call for direction after hours if the seriousness of the emergency allows
- Ensure that other residents and staff are safe.
- Staff must complete an Incident Report following any medical emergency.
- Staff must complete other relevant paperwork (medication record) as soon as practicable.

The child or young person's case worker/supervisor should be advised of any accident as soon as possible - if the incident occurs after hours contact the on call rostered staff member. .

24.5 Medication

Detailed procedures relating to medication (prescription and non-prescription) are provided in *NSW-P-002 Medication Management and Administration including Psychotropic Medication Procedure*. All residential staff must familiarise themselves with this procedure, as well as the information below, and follow them at all times.

Client Medical Record

Upon entry to a residential house an appointment should be made by the house supervisor for a thorough medical check-up. After this appointment and any other medical/dental appointment the staff member who accompanied the child should complete/update the young person's Individual Medication Record and any changes made to the client profile records.

24.6 Ambulance Service

If a young person needs to be transported by ambulance in an emergency, house staff should not hesitate to call an ambulance.

Ambulance services are provided free to young people on a Custody or Guardianship order. Young people with a Health Care Card are entitled to free ambulance services. Otherwise the cost is the responsibility of MacKillop.

24.7 Infection Control Procedures

It is critical that all staff are aware of appropriate infection control procedures and that these are carefully adhered to.

See NSW-P-018 Infection Control in Residential Care Procedure which covers:

- Food Safety
- General Hygiene
- Blood and Body Fluid Infections
- Laundry Practices
- Personal Hygiene
- Needles, Syringes & Other Sharp Objects
- Suspected Infection

24.8 HIV/Aids

AIDS is a disease resulting from infection with the Human Immunodeficiency Virus. In the later stages of the infection, HIV severely damages the immune system, resulting in an increased susceptibility to a variety of common as well as rare infections and to some unusual forms of cancer.

HIV infection cannot be excluded on the basis of one test. For correct diagnosis a full history (including details of risk taking behaviour) and physical examination must be performed by a medical practitioner.

As with Hepatitis B, HIV is spread through blood, semen and vaginal fluids. Babies may contract the virus shortly before or during birth. Breast milk is also thought to be infectious

24.9 Hepatitis C

Hepatitis C causes inflammation of the liver. Some people do not display obvious symptoms, whilst others may suffer from a minor flu-like illness which would not normally require treatment.

Symptoms of chronic Hepatitis C may include lethargy, loss of appetite, nausea and vomiting, soreness of the abdomen, fever and joint pain. In the long term Hepatitis C can cause scarring of the liver and possibly liver cancer.

There is presently no immunisation for Hepatitis C, with prevention relying on safe practice.

Hepatitis C is transmitted via infected blood entering another's blood stream through broken skin or mucus membrane. It may occur through sexual intercourse, but is more likely to occur through the sharing of infected intravenous injection equipment, shared razor blades and toothbrushes.

24.10 Sun Protection

All staff should be aware of the need for appropriate sun protection and ensure that young people are provided with and use:

- Hats that offer suitable protection. Baseball caps and visors do not protect ears, face or neck from sun exposure.
- Sunglasses that offer Eye Protection Factor (EPF) 10.
- Clothing that protects as much skin as possible from the sun.

Sunscreen that has at least an SPF of 30+ should be used. . Sunscreen should always be used in conjunction with other forms of protection such as hats, sunglasses, clothing and shade. To be effective it should be applied 20 minutes before going outside and reapplied every 2 hours or more regularly if swimming or sweating a lot.

25. WORKING IN THE BEST INTERESTS OF CHILDREN AND YOUNG PEOPLE

25.1 Expected Standards of Behaviour

As outlined in Section 3, children and young people entering our out of home care services can be significantly affected by past trauma, issues such as mental illness, disability and substance abuse. The Trauma Guides (section 3) highlight how the underlying trauma of children and young people in care can present as behaviour that presents challenges for staff given responsibility for their care (e.g. acting out, risk taking, sexualised, reckless, regressive or violent behaviour).

In general, the behaviour expected of children and young people should reflect general community values and expectations. Expectations include:

- Respect for the property and persons of staff and other residents
- Attendance at school or day program,
- Participation in the chores of the residential house
- No use of illegal substances,
- No illegal substances to be brought into the house,
- No smoking in the house,
- No sexual activities with other residents,
- Respect for the privacy of other residents,
- No threatening or bullying of others,
- Appropriate self-care such as showering, washing of clothes and table manners

However, while this is the expectation of children and young people staff need to be mindful of the sometimes complex needs of children and young people. Staff should adopt an approach to communicating and engaging children and young people in these expectations that best meets their individual needs.

25.2 Supervision of Children and Young People

Staff should be very vigilant in their supervision of children and young people. While clients are in residence, staff must endeavour to check them on a regular basis at time intervals according to the young person's behaviour management plan. Obviously, there will be times when staff cannot make a visual appraisal of every client (due to privacy requirements), but staff need to be satisfied as to the whereabouts and general wellbeing of each resident at time intervals appropriate to their needs.

25.3 Managing Drug Affected Behaviour

See section **13.5 Substance Abuse and Chroming** for guidelines in managing drug affected and chroming behaviour. Additional information on responding is to be found in *NSW-P-008 Responding to Chroming Behaviour*

25.4 Responding to Risk Taking Behaviour

See section 13.6 of this Manual Responding to Risk Taking Behaviour

25.6 Violence Behaviour (Toward Staff and Others)

The approach to assault/violence prevention is set out in the ***Positive Behaviour Support*** Procedure. All staff and clients have the right to live and work in a safe environment.

Management of potentially violent young people can be very difficult, particularly given the immaturity and lack of control of many of the young people coming into the service. The following guidelines are designed to assist staff in preventing and managing violence in residential houses:

i) **Predicting Violence**

The most effective strategy for violence prevention is recognising the potential for violence and understanding the triggers for a particular young person. A realistic assessment of the young person's potential for violence should be provided to residential staff as part of the Incident Support Plan (previously known as Safety Plan)

ii) **Defusing Conflict**

Staff should defuse conflict, and avoid anything that is likely to provoke a reaction from the young person. Strategies that will assist in defusing conflict include:

- Active listening and feedback
- Negotiation to find a compromise
- Non-threatening body language
- Being assertive but maintaining self-control
- Distracting the young person.

iii) **Withdrawing or Stepping Back from Conflict**

There are times when retreat is the best strategy. The personal safety of staff and young people is paramount. Withdrawing is recommended when the conflict may escalate if the staff member intervenes, and there is no immediate danger to the young person, staff members or other young people.

iv) **Deflecting**

If there is an immediate physical threat (e.g. a young person throws a punch), deflecting in a non-aggressive manner, then getting out of the way may be the best option.

v) Self-Defence

Clients, staff and volunteers have a civil right to defend themselves – provided that any self-defence is legal, reasonable and proportionate to the threat.

vi) Restraint or Withdrawing the Young Person

(See below).

vii) Calling Police

If the young person's behaviour poses a realistic and immediate threat of physical violence the Police should be called immediately.

viii) On Call

Outside of normal working hours on call staff should be notified immediately of any violent incident. The on call staff member should then consider the need for staff support, defusing or other assistance.

25.7 Guidelines for Use of Restraint in Residential Houses

Use of restraint is not condoned in NSW residential Services.

Staff should be familiar with NSW-P-005 Positive behaviour Support Procedure. If you have any questions or concerns about the use of restraint consult your line or program manager

25.8 Searches and Confiscating Property

A physical (body) search cannot be undertaken. With the approval of the supervisor, staff can ask a young person to remove outer garments, empty pockets and unpack the contents of bags if they believe the young person has banned items.

- If staff have specific concerns they are able to search rooms or bags and confiscate dangerous items e.g. weapons or illegal substances
- Staff are able to confiscate dangerous items which are obviously in a young person's possession
- Staff are only able to confiscate personal property if it is a danger to a young person or other people e.g. if the young person is in possession of weapons or illegal substances
- Two staff should be present when searches of any kind are undertaken.

Staff should confiscate property they know to be stolen and report the theft to the House Supervisor /Manager who will report to the police.

25.9 Tips for Conflict Resolution

Focus on the problem rather than on winning. The aim of problem solving is to find a shared solution, not to win. Parties to a disagreement can get hung up on beating one another rather than on solving the problem.

- Prepare for problem solving by dealing with one problem at a time, choosing the right time and places and thinking about what you are trying to achieve.
- Acknowledge that you do not necessarily know the other person's point of view by using phrases such as: "It seems to me."
- Try to find out how the other person sees the problem.
- Be direct and present your views in a straightforward and non-hostile manner.
- Check communication and keep ensuring that you are understanding what the other is saying.

26. HOUSE PRACTICES

26.1 Pocket Money and Money for Outings

Money provided to each house includes allowance for pocket money and planned outings.

The amount of money provided for pocket money or activities will be decided on an individual basis in discussion with the house supervisor, and should be in line with reasonable community standards. A petty cash receipt is required for pocket money.

See NSW-P- 020Petty cash and Purchasing (Eddy's Place) Procedure

26.2 Clothes

Funding is available for residents to purchase clothing. The funding must be approved by the house supervisor or case worker.

Residents should choose their clothing within guidelines set by staff in relation to cost and type of clothing.

Residents should be able to choose clothes which allow them to look much the same as an ordinary young person in the community.

26.3 DVD (and Other Media) Rating Policy

DVDs (Videos) and television ratings are to be guided by the age of the youngest resident. That is if a young person is 12 years old then the ratings for all young people in that unit will be G or PG.

M ratings are to be viewed **ONLY** if staff have seen and can vouch for the content.

DVDs (Videos) should:

- Have no explicit sex scenes.
- Have no graphic violence.
- Have only a reasonable level of language.
- Have no drug use.

Note carefully the following Ratings:

CTC: Check the classification- this means the film is not yet classified, used mainly for trailers

G: General Viewing

PG: Parental Guidance

M: Not recommended for under 15 yo

MA: Restricted to over 15yo

R: Restricted to over 18yo

X: Restricted to over 18yo and sexually explicit

These ratings apply for games and TV shows as well

26.4 Bedtimes and Curfews

Residents should be given age appropriate bed times and curfew times which need to take into account the needs of school attendance and work.

With the exception of lead tenant situations, curfew times should not be later than 10pm unless the Support team has decided otherwise or there are special circumstances

26.5 Telephone Calls

Residents can make phone calls to family members from the house providing that there are no safety issues involved in the resident doing this.

Staff should monitor the young person during the calls to ensure that any distress caused to the resident by contact with family can be noted and reassurance given.

Incoming calls from friends should be of reasonable duration and be monitored by staff to ensure that the contact is positive.

Reverse charge calls from family members or from residents who are out can be accepted at worker's discretion but should be kept to a minimum. Regular reverse charge calls should not be accepted without the agreement of a supervisor.

Calls can be made or accepted up to 9:30pm. Calls should be noted in the Day Book.

Calls from residents who need urgent assistance or who wish to return to the house must be accepted at any time.

26.6 Chores and Responsibilities of Children and Young People

Young people are expected to share in day-to-day chores and are responsible for their personal hygiene. The support team is responsible for developing an appropriate schedule of activities for each young person in the house.

Specifically the schedule should include the following:

- Shower on a daily basis
- Wash their clothes under the supervision of staff
- Change their bed linen once a week
- Share in household chores
- Observe the no smoking rules
- Neither takes nor possesses illegal substances
- Respect the privacy of others
- Be actively involved in schooling or an alternative day program
- Observe the hands off policy regarding physical and sexual contact with other residents
- Keep their rooms tidy

26.7 Privacy in the Residential House

Staff are to ensure that the privacy of children/young people is respected, being careful to balance this with the responsibility to protect them from harm.

In general this means that:

- Residents should dress and bathe in private.
- Residents should be able to spend time in private.
- Staff should have personal conversations with residents in private.
- Residents should be able to store their personal belongings safely in a private place.

26.8 Pets

Pets are not permitted in houses unless negotiated with the Manager/Residential Services Co-ordinator.

26.9 Information Technology (for Staff)

All residential workers are connected to the MacKillop IT system. Staff can email and access the internet from the residential houses. Remember that this is a work place computer and there should be limited personal use. **DO NOT** under any circumstances access illegal or illicit sites. Email etiquette should always be observed – ensure your emails are appropriate, courteous and professional. IT can track usage and persons accessing these sites may be dismissed, depending on the severity of the case.

For further information on IT usage please consult **D-9 Information Technology Policy** in the Policy and Procedures Manual.

27. ACTIVITIES OUTSIDE THE RESIDENTIAL HOUSE

27.1 Education Training and Day Programs

It is the expectation that all young people in residence with MacKillop will attend some form of day program. Ideally this is a mainstream school. All residents are to have access to their own desk in their bedroom or a quiet study area.

27.2 Recreational Activities

Young people should be encouraged and supported to become involved in positive extra curricular activities. This may include sports such as netball, basketball, surfing, fishing and so forth. It may include computer games, jigsaws and photography.

At all times staff should ensure that young people are aware of and comply with safety requirements for activities (e.g. appropriate protective equipment such as bike helmets, etc., swimming at patrolled beaches) and those activities are adequately supervised by trained personnel. Staff should check that the required permission has been obtained before residents are allowed to participate in outside activities.

27.3 Camps and Overnight Excursions

If a camp or an overnight excursion is planned the proposal must be given to the house supervisor well in advance of the activity occurring. Approval of such activities will be required from the Case worker of each child attending and the Team Leader/Program Manager. Activities that are arranged by Eddy's Place will need approval from the House Supervisor/Manager.

The proposal needs to be detailed and needs to include information on arrangements for the camp or excursion, all planned activities, first aid and medication planning, contact details and emergency arrangements. The terms and conditions under which staff are employed to care for children at camps is set out in the MacKillop EBA.

27.4 Permission for Activities Outside Work Hours

At times staff may wish to take clients on excursions out of work hours (on a voluntary basis). These outings should be supported by the Support team and must be approved. The following steps must be taken:

Where a staff member will be taking out a child or young person who is a client of MacKillop, prior approval must be obtained from the relevant Manager/Team Leader (or General Manager if the Manager is involved with the excursion) at least one week before the outing.

- (1) The following documentation should be provided to the Manager/Team Leader (allowing enough time for the decision to be made):
- Written permission from the child/young person's parents (if a voluntary placement) or the relevant case worker (MacKillop or DHS) if s/he is on a guardianship order. If either cannot be contacted after reasonable efforts have been made, the approval of the Manager will be sufficient.
 - An outline of the activities that will be undertaken during the outing.
 - A list of other people who will come into contact with the child/young person during this time.

Staff proposing such an outing should be aware that

- They will be assumed to have primary responsibility for the young person at all times during the outing.
- They are acting as a volunteer during the excursion, and will have the rights and insurance cover applicable to volunteers (not staff members).

27.5 Access Arrangements

- Access arrangements are the responsibility of the young person's case worker.
- All access must be approved by the case worker or the on-call worker in case of after hours.
- Access arrangements to be clearly noted on young person's care plan and regularly reviewed and updated.
- Unit staff are to be notified of any and all changes to original access arrangements.
- Access records are to be completed after each access by the worker on duty at the time.
- Note of time, behaviour before and afterwards and any incidents relating to access must be noted for other staff members.

27.6 Overnight Stays

Overnight stays can be arranged with advance notice being given by the young person. The decision to approve an overnight stay should be based on safety considerations and staff must feel confident that the person or places they are staying with not be of concern.

28. OCCUPATIONAL HEALTH AND SAFETY

28.1 Occupational Health and Safety Practice

The safety of each workplace is an important issue with shared responsibility between management and staff. Mackillop's approach to occupational health and safety is outlined in B-08 in the Policy and Procedures Manual. Staff should also be familiar with the Work Health and Safety Framework and associated procedures available on the MacKillop intranet.

28.2 Fire Safety

A Fire Safety Manual is provided in all residential houses ***and it is a mandatory requirement that all staff are thoroughly familiar with this document and comply with its requirements.*** Casual staff are to be inducted in the requirements of fire safety prior to handover of a shift. Additional information that all residential staff must be familiar with is contained in the Mackillop Operations Manual.

B-19 Fire Safety Management

B-19.1 Responding to Clients with Known or Suspected Fire Lighting Behaviours

B-19.3 Fire Safety Audit Proforma

B-19.5 Weekly Fire Safety Checklist

B-19.6 Fire Drill record

Every residential house has an allocated Fire Safety Officer or worker responsible to carry out Fire Safety requirements. This person needs to ensure that fire drills has occurred as frequently as required and that the necessary fire safety records are forwarded to the appropriate person of authority.

28.3 MAINTENANCE REQUESTS

All Maintenance requests are communicated directly to the House Supervisor or Administration Worker by email, fax or telephone. The House Supervisor makes a decision as to the most appropriate process for responding to the request and obtains approval and arranges for remedy.

Each house has a method for recording maintenance issues. Residential care staff should note what the maintenance issue is, who the issue was reported to and when, and the date is resolved.

29. MONEY MANAGEMENT

29.1 Provisions

House Supervisors take responsibility to manage the Imprest account for the House

- Provisions will generally be purchased by staff on a weekly basis.
- Stores and provisions should be purchased with the debit card provided.
- Staff should consider involving residents in the purchasing process as it offers an opportunity to allow residents to develop living skills.

29.2 Household Accounts and Petty Cash

House supervisors are responsible for the budget of their unit. If additional funds are required requests need to be made to the Residential Supervisor. Petty Cash is to be used for legitimate reasons only and staff are accountable for its use.

See NSW-P-020 Petty Cash and Purchasing Procedure (Eddy's Place)