



Wesley Children, Youth and Family Services

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Home Based Care Program – Reference Manual

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# HOME BASED CARE

# REFERENCE MANUAL




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**Home Based Care Program – Reference Manual**


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## 1. What is the Home Based Care (HBC) Program about?

### 1.1 Aims of the Program:

- . To keep young people in their community.
- . To protect and support young people.
- . To accommodate young people in existing households.
- . To use approved volunteer placement providers and offer support by appropriately qualified and trained staff.
- . To ensure placement details are forwarded to DHS to ensure caregivers get reimbursed by DHS.
- . To develop placement agreements between the young person and the Caregiver.
- . To specify placement goals that are specific to the needs of individual young people and the Caregiver.
- . To regularly review the community placement in terms of viability, needs and placement goals for both the young person and the Caregiver.
- . To provide referral and post-placement support (eg. Family mediation, independent living assistance, advocacy, etc) consistent with the needs of young people.
- . To comply with the *Minimum Standards and Outcome Objectives for Home-Based Care Services in Victoria as issued by The Department of Human Services in November 2003.*

## 2. Role and Responsibility of the Wesley Mission Victoria

Wesley Children, Youth and Family Services is auspiced by Wesley Mission Victoria. Wesley Mission Victoria is therefore responsible for:

- . Staff employment, support and training.
- . Monitoring, review and implementation of standards and quality assurance in service provision.
- . Management of grievance procedures as per *WMV HR QP 08 Staff and Volunteer Grievances Procedure and WMV HR QP 09 Client and Guardian Grievance Procedure.*



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#### 2.1 Role and Responsibilities of the Home Based Care Program Coordinator's

The Coordinator's are responsible for:

- . The recruiting, assessing, selection, retention and training of Caregivers.
- . Receiving and assessing referrals, and matching young people with the most suitable available Caregiver and providing the Caregiver with all relevant information regarding the young person to be placed.
- . Ensuring there is 24 hour support to Caregivers by either Wesley Children, Youth and Family Services staff or After Hours from WAH staff whilst a young person is in placement.
- . Ensuring that Caregivers are adequately trained and guided for the task of supporting young people.
- . In conjunction with the case worker, caregiver and young person, establishing the conditions, goals and duration of placement, as well as the responsibilities to be undertaken by all parties involved.
- . Providing ongoing training to Caregivers.
- . The co-ordination and monitoring of the Home Based Care Program and placement provision.

#### 2.2 Role and Responsibilities of the Case Manager or Home Based Care Support Worker

All young people placed in the Home Based Care Program have a HBC Program Placement Support Worker and Case Manager (may be from DHS, HBC agency or another community agency) whose role it would be to ensure that:

- . The needs of the young person are identified and addressed within the placement.
- . The young person is involved in the negotiation of a *WCYFS QF 29 – HBC Living Agreement*.
- . The natural family and significant others are involved and informed, as appropriate.
- . To participate in a team work role with Home Based Care Caregivers and other relevant parties.
- . On an ongoing basis, keep the HBC Coordinator and Caregivers up to date with placement or case management issues.
- . Advocate on behalf of the young person as required (eg court, employment).
- . To inform the HBC Co-ordinator's of significant changes in the young person's family, and to arrange access if appropriate with the young person's family.
- . To develop, implement and review Looking After Children (LAC) records for young people in the Home Based Care Program



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#### **PLACEMENT SUPPORT WORKERS/CASE MANAGERS SHALL:-**

- . Develop a case plan and provide support for program users.
- . Maintain records of the support provided.
- . Attend regular home visits and provide ongoing support to Caregivers.
- . Manage serious incidents, reported by Carers or young people.
- . Facilitate communication between management and those involved in the household.
- . Facilitate meetings to develop and review Looking After Children (LAC) records.

#### **2.3 Responsibilities of Caregivers**

- . Attend orientation and training in relation to being an HBC Caregiver.
- . Consent to police and referee check.

#### **Inform the HBC team:**

- . of any change of legal status while an HBC provider.
- . if the young person wishes to go away interstate.
- . if the young person is absent from your home beyond agreed time frames.
- . of any changes of the people sharing your accommodation at the time of the placement was approved.
- . of any incident, illness, medical treatment, medication prescribed, serious incident or police intervention in relation to a young person in your care.
- . Respect the rights to privacy and confidentiality of the young person within the bound of community standards and practices.
- . Respect any access arrangements made in relation to the young person and his/her family.
- . Report any disclosures of abuse as described in Section 7 of this manual.
- . Treat young people and their families with respect. Young people and their families will not be spoken to or about in derogatory ways.
- . Support and encourage the expression of each young person's cultural and religious identity.
- . Support and respect the expression of each young person's gender identity and sexual orientation.
- . Will adopt a positive approach to managing an individual young person's difficulties and will assist the young person to work towards problem solving.



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#### 2.4 Responsibilities of the Young Person

Successful placement in HBC requires the young person:

- . To respect the property and personal belongings of Home Based Carers.
- . To adhere to all sections of the *WCYFS QF 29 – HBC Living Agreement*.
- . To adhere to HBC Caregivers expectations in relation to conduct, behavior and language.
- . To inform as to their whereabouts and activities.
- . To continue in the programs (school/employment/training/recreation) to which the young person has made a commitment unless otherwise arranged.
- . To talk about issues arising from the HBC placement.
- . To meet any financial commitments made in relation to Home Based Care placements.

#### Living Agreements

A Living Agreement is document developed and signed by the Caregiver, Wesley Children, Youth and Family Services Case Manager/Placement Worker and the Young Person at the time of placement commencing. Please refer to *WCYFSQF29 – HBC Living Agreement*.

Living Agreements can be reviewed at any time throughout the placement. The review can be initiated by the Caregiver, Young Person, Case Manager/Placement Worker or the Home Based Care Program Coordinator.

### 3. Rights of Placement

#### 3.1 Rights of Caregivers

In becoming an HBC Caregiver, a volunteer is entitled to the following rights:

- . Refuse any placements.
- . After hours support.
- . Ongoing support in relation to being an HBC Caregiver.
- . After consultation with HBC workers, terminate an agreed placement.
- . Terminate involvement with the HBC Program.
- . Financial reimbursement of costs associated with a placement as per Section 10 of this manual.
- . Use of Grievance Procedure to raise any issues of concern.
- . Appropriate information about the young person in care.
- . To be informed of any change of status or information relating to the young person.
- . To expect the young person to acknowledge the rules of the HBC household relation to conduct, language, behaviour, respect of property.
- . The young person will remain within the agreed work/school arranged unless otherwise negotiated.




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### 3.2 Rights of the Young Person

Young People have the right to:

- . Refuse any HBC placements.
- . After consultation with the HBC Program terminate an agreed placement.
- . Use the Grievance Procedure to raise any issues of concern.
- . Assistance in gaining the appropriate financial support.
- . Be treated with respect.
- . Information provided will be kept confidential unless such information is going to put young person or others at risk of harm.
- . To maintain family and friendship links as agreed to at the time of HBC placement.
- . Support and assistance in achieving the young person's goals.
- . Appropriate information about HBC Providers and be provided with contact names and numbers.

## 4. Grievance Procedures

### 4.1 Problems and Grievances

- . Any problem or grievance that becomes apparent during the delivery of this service shall be recorded by the staff member identifying the problem or grievance, on a Grievance/Problem form and actioned in accordance with the following:
  - . *WMVHR QP 08 Staff and Volunteer Grievances Procedure;*
  - . *WMV HR QP 09 Client/Guardian Grievance Procedure.*
  - . *WMV PO 6 Solving of Staff, Volunteer & Clients Complaints & Disputes*



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## 5. Duty of Care

### 5.1 **Duty of Care as Applied to Home Based Care.**

Duty of care as applied to Home Based Care Program is defined as taking reasonable care to avoid causing injury or harm to clients and their families.

Responsibility to ensure duty of care also applies to the agencies involved in the Placement and Case Management of the young person.

A summary of the most relevant aspects of ensuring duty of care from a caregiver and HBC Program perspective are the following:

- . To ensure that young people obtain their rights and entitlements to access and receive information, to speak in private, to receive visits on a regular basis and at reasonable times and to have access to legal representation to make complaints or to review a decision.
- . To ensure that young people and placement providers have information on making complaints or requests to review a decision and that where complaints are made that these are dealt with promptly and recorded.
- . That using corporal punishment, confiscating an article or substance using undue force, searching a young person or deliberately humiliating or intimidating him/her by any means including verbal abuse is prohibited. As is allowing or instructing a child or young person to punish another child or young person and acts such as depriving a young person of food, or reading personal correspondence.
- . That firearms and other similar articles are not kept on the premise, nor are illegal, non-prescribed substances that could cause harm to a young person.
- . To ensure that critical incidents are reported.
- . Refer to Duty of Care, Department of Human Services, January 2000.
- . As per the *Minimum Standards and Outcome Objectives for Home-Based Care Services in Victoria* issued by The Department of Human Services in November 2003.






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### **6. Guidelines For Confidentiality**

#### **6.1 HBC Program Coordinator's and Caregiver:**

- . Discussion of young person's behaviour, needs and attitudes in placement.
- . Discussion of effect of placement on their household.
- . Discussion on strategies on dealing with young people and/or their family.
- . Discussion of external pressures on placement.
- . If accommodation providers are uncomfortable about something, then it is best to discuss the issue.
- . If unsure or unable to discuss specific details, it can be helpful to generalize or make into a hypothetical situation.

#### **6.2 Caregiver and Young Person:**

- . Don't promise confidentiality.
- . Don't agree to keep information from your partner.
- . Encourage both the giving and sharing of information.
- . Don't expect young people to appreciate confidentiality, use discretion.
- . Involve adolescent in owning and taking responsibility to share information with appropriate people.
- . Inform young people of information you wish to disclose to other members of the HBC team, if they are willing to do so.

#### **6.3 HBC Program Coordinator and Young Person**

- . Confidentiality is not promised.
- . Inform young person of information you wish to disclose to caregivers or other appropriate workers if they do not want to disclose.
- . Otherwise encourage young people to inform caregivers of relevant information etc.




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## 7. *What to do in the Event of...?*

### 7.1 A Disclosure of Abuse:

If a young person in your care discloses **sexual abuse**, the carer should:

- Explain to the young person that they must pass on this information to Wesley Children, Youth and Family Services or the WAH On-Call, which in turn will need to notify the Department of Human Services and perhaps police.
- Notify Wesley Children, Youth and Family Services or the WAH On-Call as soon as is practicable (once the young person has calmed).

It is important to listen carefully to the young person but not to ask any leading questions, or questions asking for clarification (this is a police matter). The young person obviously feels safe in your company to be disclosing, so maintain this by assuring the young person that it is very important that they let people know, that they are being listened to and believed, and that it is not their fault.

Do not enquire about the “nitty – gritty”.

If a young person discloses **physical abuse**, the carer should:

- Ascertain by the information provided whether the young person has any current injuries. In the event that the young person does, Wesley Children, Youth and Family Services or the WAH On-Call should be notified immediately and perhaps, police. Again, the need to notify the relevant authorities should be made clear to the young person from the outset.
- If the young person discloses no current injuries, but the young person present as extremely distressed or fearful, Wesley Children, Youth and Family Services or the WAH On-Call should be contacted immediately.
- If the young person discloses no current injuries and is presenting well (clear and calm) then Wesley Children, Youth and Family Services should be contacted as soon as possible or the next working day if after hours.

If a young person discloses **emotional abuse**, the carer should:

- Listen carefully to the young person and let them know what they are telling you is important and that you will need to pass this information on to Wesley Children, Youth and Family Services.
- Gauge the emotional well being of the young person (how much they are crying, whether they are presenting as extremely withdrawn or negative) and consult with Wesley Children, Youth and Family Services or the WAH On-Call. If you have none to minimal concerns for the young person, contact Wesley Children, Youth and Family Services as soon as practicable, by the next working day.



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Again, the young person clearly feels safe in your company to be disclosing sensitive information to you, so it is good to maintain this by listening carefully, and not making any judgments or rash comments concerning the details they are providing you with. Simply, let them know they are being listened to and that you think it is important that they are telling you, and that you will need to follow up with Wesley Youth Services.

Sometimes young people disclose information about the perpetrator that is difficult to hear. It is important to try to remain calm, and leave your anger or frustration about the information for when you are consulting with Wesley Youth Services.

#### 7.2 A Medical Issue:

If a young person in your care is unwell, the carer should:

Notify Wesley Children, Youth and Family Services or the WAH On-Call within twenty-four hours if any non-urgent health related matters (i.e.. trip to the doctor for the flu).

- If any specialist treatment is required such as X-rays and CT scans, the Carer **should not** sign any forms or agree to any treatment, but should contact Wesley Children, Youth and Family Services or the WAH On-Call, who will contact the appropriate guardian.
- For other urgent matters, such as poisoning or urgent medical attention required as a result of accident or overdose, necessary emergency services should be contacted immediately, with necessary follow up with Wesley Children, Youth and Family Services or the WAH On-Call, as soon as possible. Again no permission should be given by Carers for any specialist medical treatment, - hospitals should be encouraged to contact guardians, but Carers should as soon as possible contact Wesley Children, Youth and Family Services On-Call.

#### 7.3 A Placement Breakdown:

Caregivers and young people are encouraged to raise and resolve issues as they arise rather than letting them build up to “breaking point”. If you have any concerns or frustrations, discuss them with the Wesley Case Manager or Placement Support Worker or the HBC Coordinator as soon as possible. If a Caregiver senses that a young person in their care has concerns or frustrations about the placement, they should raise these concerns with the Wesley Case Manager or Placement Support worker and encourage the young person to talk about these issues with the Caregiver or Wesley Children, Youth and Family Services worker.

However, if a young person or Carers feel that a placement is at breakdown point after hours:-

- The Carer should contact WAH On-Call as soon as possible (after a young person discloses not wanting to stay or a Carer decides they do not wish the placement to continue). The Carer should then, **in private**, discuss concerns with the WAH On-Call Worker, without having first informed the young person. A mutual decision will then be made between the Carer and WAH On-Call Worker (and young person where appropriate), about the processes and methods for how the issue will be resolved and placement ended.
- The Carer should always seek to resolve any outstanding issues with the young person prior to them finally leaving. This may be as simple as “I didn’t like your behavior today but I like you as a person, and wish you well”, or “good luck” and remind them of one positive thing that occurred during placement (there is always at least one!)



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Most young people in “out of home care” exhibit behaviors that are challenging, but this is often due to their experiences as well. Most young people in “out of home care” have suffered some form of rejection – and so it is very important that no matter how bad things may seem on the final day of placement – offer them some sense of understanding in their potential through positive encouragement!

## 8. Incident Reporting

Incidents which may occur have been categorized into three levels which indicate their seriousness and the action that is required.

Refer to

- Incident Reporting Departmental Instructions, Department of Human Services, Victoria, September, 2005
- *WMV HR OHS QP 01 Version 8 Hazard/Near Miss/Injury/Illness/Injury Reporting & Investigation Procedure.*

### 8.1 **Category One Incidents:**

A category one incident is a serious incident about which the Officer-In-Charge is required to notify the Regional Manager immediately, and includes:-

- . Death of workers, caregivers or clients.
- . Serious injury to workers, caregivers or clients.
- . Alleged rape or alleged indecent assault.
- . Serious accidental injury.
- . Major fire.
- . Attempted suicide.
- . Unlawful introduction of contraband (arms, explosives, drugs or alcohol).
- . Break-outs from Youth Training Centres (YTC).
- . Alleged criminal acts by workers, caregivers or clients, where charges are, or are likely to be laid.
- . Serious threats to workers, caregivers, clients or facilities.
- . Action in which the media is likely to have significant interest.

### 8.2 **Category Two Incidents:**

A category two incident is one which threatens workers, caregivers or clients in a non-lethal way, which poses no significant danger to the general public, but which has important implications for the management of an individual case, or DHS management generally, and includes those which:-

- . Affect an individual’s care, safety and well-being, eg sexual harassment, threats of assault which do not result in injury, substance abuse.
- . Relate to unauthorized absenteeism from secure welfare service/reception center, YIC or a Disability Service (DS) residential facility.
- . Involve serious behaviour disturbances by workers, caregivers or clients, e.g. fighting, destructive behavior.
- . Have the potential to escalate to Category One Incidents.



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#### 8.3 Category Three Incidents:

A category three incident is one where normal work and routine is interrupted but its significance does not extend beyond the workplace or facility, and includes those which:-

- . Must be recorded within the work unit or facility relating to workers, caregivers or clients of facilities or community issues.
- . Can be dealt with adequately by the facility or work unit.
- . Have no further implications for the DHS region or community.

**Note: Where there is doubt, the incident should be regarded as Category two.**

#### 8.4 How To Report:

The HBC Program Coordinator or HBC Placement Support Worker or Case Manager (if case managed by Wesley Children, Youth and Family Services – Southern Region) is responsible for documenting and notifying the appropriate DHS personnel regarding serious incidents.

The prompt and accurate reporting of incidents is critical to an effective response by management. Notification of incidents during office hours is directed to the HBC Team on (03) 9794 7522.

After hours notification is via the Wesley Children, Youth and Family Services – Southern Region AFTER HOURS ON-CALL SERVICE.

**Wesley Children, Youth and Family Services must report all incidents to DHS within 24 hours or on the next working day.**

## 9. On-Call Service

#### 9.1 After Hours On-Call Support to Caregivers:

The After Hours On-Call service is available to all Wesley Children, Youth and Family Services HBC Program Caregivers. Young people in placement should only be given the contact number by a Wesley Children, Youth and Family Services – Southern Region staff member (in an emergency only) or in exceptional circumstances where they may require after hours assistance.

The On-Call service is for notifying the On-Call Workers for emergencies such as, accidents, absconding, serious breaches of contracts, etc.

To contact the On-Call Service:

1. Telephone 9666-1207
2. If you go through to message bank please leave a message, your message must include:-
  - . Your name.
  - . The young person's name.
  - . Reason for your call.
  - . Your phone number.
  - . Reasonable time limit to call you back within.
3. If you are waiting for a return phone call please try to ensure that you line is left free to enable the On-Call Worker to return your call.

An example would be:-

“Billy Jones has run away, please contact John Brown on (03)59 99 1234 within 30 minutes”.



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If after the first attempt you do not get a reply within the specified time, please try telephoning the number again.

You may, at times, need to leave a message to inform the On-Call Worker of relevant information. An example of this would be:

“Billy Jones returned at 11.15pm, all ok, no need to call John Brown”.

## **10. Financial Supports: Key Points....**

### **10.1 Caregiver Reimbursement:**

Caregivers are reimbursed by DHS for the cost of caring for young people at a rate that has been determined by the Department of Human Services. A copy of the information sheet concerning current reimbursement rates for caregivers and board and lodging payment arrangements are available from the HBC Program.

Should you have any queries in relation to payment amounts received please contact the DHS Carer Reimbursement Help Desk on 1300 552 319.

### **10.2 Placement Support Grants / Supplementary Funding:**

Each Departmental Region is allocated funds to provide financial support to meet one off needs (eg buying a pair of glasses) or to meet the special needs of children and young people living away from home (eg medical equipment).

Access to additional financial support is negotiated on a case basis between the service and the region.

### **10.3 Insurance Coverage:**

The Department of Human Services has taken out insurance for non-government services and the policy covers volunteer caregivers for the following:-

- Public liability;
- Property damage. This covers only limited circumstances and is not intended to replace the need for normal household, motor vehicle or personal effects insurance. It only covers caregivers in the event of damage caused by the young person in placement;
- Professional Indemnity;
- Personal Accident. That is limited to injury which is external and visible (i.e., does not cover sickness or stress related conditions) and only when performing their voluntary labour, including travelling.

### **10.4 What Reimbursements Cover:**

- . Board, food (3 meals a day, includes school lunches).
- . Utilities – electricity, gas, water etc.
- . Transport to and from school, training and workshops. Bus and train fares.



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- . School excursions (not camps).
- . \$15.00 per week pocket money, if applicable (ie no benefits).
- . Telephone – all local calls, STD to be negotiated.
- . Clothing – T shirts, socks, underwear (not school uniforms – major clothing items to be negotiated).
- . Toiletries and sanitary requirements.
- . School stationery items (not books).

Please Note: Under **NO** circumstances shall Caregivers act as Guarantors to any financial arrangements entered into by young person(s) under their care.

Any other items that need to be purchased for the young person need to be negotiated and approved by the HBC Program Co-ordinator. If approval is not sought reimbursement may not be made for particular items.

**11. Smoke Detectors**

**11.1 Conditions of Use:**

The 9 volt DC smoke detectors provided to you by Wesley Mission Victoria are to be installed as per the manufacturer’s owners manual.

In particular, you should read the instructions carefully about location, testing and battery replacement.

The smoke detectors are provided as a gesture of goodwill only, and Wesley Mission Victoria does not accept liability for any loss, injury or damage to any person or property which may occur as a consequence of malfunction through faulty or incorrect installation of the smoke detector.

**Received by Carer:** .....

**Signature:** .....

**Date:** .....

**No of smoke detectors:** .....

**Supplied by:** .....




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## 12. Important Guidelines

### 12.1 Cultural Diversity Guide

The Cultural Diversity Guide Multicultural Strategy – Department of Human Services was launched in June 2004. The guide examines the planning and delivery of culturally appropriate services in the following sections:

- Understanding clients and their needs
- Partnerships with multicultural and ethno-specific agencies
- A culturally diverse workforce
- Using language services to best effect
- Encouraging participation in decision making
- Promoting the benefits of a multicultural Victoria

As part of the Minimum Standards and Outcome Objectives for Home Based Care in Victoria, Wesley Children, Youth and Family Services must consider the information in this guide when working with young people and families from multicultural backgrounds. All planning, processes and decisions must consider and respect the cultural, linguistic and religious diversity of clients and families and develop links with culturally appropriate services if necessary.

Refer to the [Cultural Diversity Guide Multicultural Strategy – Department of Human Services](#) booklet contained in this folder.

### 12.2 Aboriginal Child Placement Principle

The Aboriginal Child Placement Principle Guide was developed by the Department of Human Services in 2002. The guide was designed to assist workers in Child Protection and Placement Services to provide a culturally appropriate and effective response to Aboriginal children and young people who are placed out of home.

The Purpose of the Aboriginal Child Placement Principle is to enhance and preserve Aboriginal children's sense of identity as Aboriginal, by ensuring that Aboriginal children and young people are maintained within their own biological family, extended family, local Aboriginal community, wider Aboriginal community and their Aboriginal culture.

The objectives of the Principle are to ensure that, recognition is given to an Aboriginal child's right to be raised in their own culture and, to the importance and value of family, extended family, kinship networks, culture and community in raising,— 'growing up'—Aboriginal children.

#### **Aboriginal Child Placement Principle**

The principle governs the practice and outlines the consultation process to be undertaken in relation to Child Protection working with an Aboriginal child or young person.

As part of the Minimum Standards and Outcome Objectives for Home Based Care in Victoria, Wesley Children, Youth and Family Services must abide by this principle when working with Aboriginal young people and families.

Refer to the [Aboriginal Child Placement Principle](#) booklet contained in this folder.






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### 12.3 Guidelines for Investigating Allegations Against Home Based Caregivers

The Guidelines for Investigating Allegations Against Home Based Caregivers was finalized in March 2005. These guidelines were developed by the Department of Human Services in consultation with

- Victoria Police
- The Centre for Excellence in Child and Family Welfare
- Community Service Organisations (CSOs) providing Home Based Care
- Foster Care Association of Victoria

The purpose of the guidelines is to:

- ensure that the safety and wellbeing of the child remains paramount throughout any investigation of abuse, neglect or inadequate care provision in home-based care
- ensure a consistent and commonly understood approach to responding to and investigating allegations concerning children in home-based care
- ensure that caregivers are treated fairly and with respect throughout the investigation process
- provide guidelines for resolving disputes about allegations while maintaining the safety and wellbeing of the child
- define the roles and responsibilities of those involved in the investigation.

These guidelines apply to Caregivers, members of the Caregiver's household or family or people within the Caregiver's wider network who come into contact with young people in placement.

Where an allegation is made against a Home Based Caregiver, household member or person in the Caregiver's family or wider network Wesley Children, Youth and Family Services will abide by these guidelines as per the Minimum Standards and Outcome Objectives for Home Based Care in Victoria.

Refer to the Guidelines for Investigating Allegations Against Home Based Caregivers booklet contained in this folder.

### 12.4 Partnering Agreement

Research has shown that children and young people in Out of Home Care often shown lower levels of literacy and numeracy and higher levels of truancy, suspension and expulsion.

The Partnering Agreement: School Attendance and Engagement of Children & Young People in Out of Home Care is a joint agreement between the Department of Education and Training (DE&T) and the Department of Human Services (DHS). The agreement was developed to acknowledge the joint responsibility of both departments to assist children and young people in reaching their educational and social potential.

The aim of the agreement is to ensure that both systems (education and child protection) work cooperatively with each other to improve the outcomes and experiences for this vulnerable group of children and young people.

The document discusses many areas, including:

- School enrolment
- Supporting attendance
- Supporting achievement
- Case Planning



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- School Retention
- Monitoring of student outcomes

The agreement outlines the processes that must take place in relation to a child or young person who is attending school. It also clearly highlight the responsibilities of both the Department of Education & Training (DE&T) as well as the Department of Human Services (DHS).

This agreement will be followed for all young people in Wesley Children, Youth and Family Services.

Refer to the The Partnering Agreement: School Attendance and Engagement of Children & Young People in Out of Home Care booklet contained in this folder.

### 13. Nutrition

CSOs and Caregivers will ensure that children and young people have reasonable access to a variety of food and are provided with a diet that promotes good health, reflects community standards and expectations, and complies with their cultural/religious background.

Section 1.6.2 - Minimum Standards and Outcome Objectives in Home Based Care in Victoria

Providing and encouraging a healthy and nutritious diet for young people is part of the day to day care responsibility of Caregivers. A balanced and healthy diet is important to help young people to develop to their full potential. In addition to this, body image, behaviour and general health can benefit from good eating habits.

Caregivers need to be aware of allergies and health conditions present in the young people they care for to be able to provide appropriate meals. Religious and cultural backgrounds must also be respected in relation to diet.

A helpful link: Go to [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au) follow these links –

- Youth
- Office for Children
- Juvenile Justice
- Publications
- A Youth Worker's Guide to Nutrition for Young People

### 14. Drug Use/Abuse

**No illicit drugs are allowed on Wesley Children, Youth and Family Services premises.**

**Wesley Children, Youth and Family Services does not permit passive observation or supervision of clients using substances.**

**All interventions should take into consideration duty of care responsibilities, safety of staff and volunteers and all other people as a primary concern.**

Wesley Children, Youth and Family Services Southern acknowledges that young people, who have suffered abuse and neglect, will often resort to substance use to cope with past traumatic experiences.

Wesley Children, Youth and Family Services will aim to focus on minimizing the harms that result from substance misuse, together with endeavoring to engage appropriate services and implement strategies to assist clients to address underlying issues.

**Harm minimization** is a public health model that involves the assessment and identification of the actual harm associated with drug use and how this can be minimized or reduced.



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The objectives of the harm minimization approach are to identify the harmful consequences for individuals, those around them and the broader community, and to implement strategies to minimize these harms.

What is this quoted from? Need to reference this.

### Drug Types

#### Symptoms of Substance Abuse:

A Young person under the influence of drugs and/or alcohol may exhibit any of the following behavioral or physiological indications:

- Quieter louder than usual
- Eating significantly more
- Avoidance of eye contact
- Heightened sensitivity
- Red eyes
- Increased aggression
- Significant lapses in concentration
- Slurring of speech
- Lack of comprehension of surroundings or instructions
- Lack of consciousness

### INHALANTS

The following extract is taken from the Management response to inhalant Use – Guidelines for the Community Care and Drug and Alcohol Sector developed by the Department of Human Services

#### Types of Inhalants

Inhalants are a range of products (many of which are familiar household items) which, when vaporised and inhaled, may cause the person to feel intoxicated or 'high' (Australian Drug Foundation, 1999).

This classification system lists inhalants under four categories:

1. **Volatile solvents** - these are liquids or semi-solids such as petrol, glue or paint thinner that vaporize at room temperature. There are many common, household and industrial products that contain volatile solvents. These include dry-cleaning fluids, contact adhesives, correction fluids and felt-tip markers.
2. **Aerosols** - propellant gases and solvents contained in spray-cans are known collectively as aerosols. This group also includes easily accessible products such as spray paints, deodorants and hairsprays, insect sprays, air fresheners, fabric protectors and vegetable oil sprays for cooking.
3. **Gases** - The most commonly used substance in this category is nitrous oxide. This is a gas used by doctors and dentists as an anaesthetic agent. It is often referred to as 'laughing gas' because it can induce a state of giggling and laughter. Other medical gases that are commonly used include ether, chloroform and halothane. Household or commercial gases that can be used include butane cigarette lighters, bottled domestic gas and cylinder propane gas.
4. **Nitrates** – Unlike most other inhalants, which are used to alter mood, nitrates have been used primarily as sexual enhancers. They are different to most other inhalants in that they dilate the blood vessels, increase heart rate and relax the muscles, rather than acting directly on the central nervous system.



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GROUP	SUBSTANCES	CHEMICALS
Volatile solvents	Nail polish remover Paint stripper Correction fluid and thinner Dry cleaning degreaser Petrol Modelling glue 'Kwikgrip' (super glue) rubber cement	Acetate, Ethyl acetate Toluene, Acetone Trichloroethylene Tetrachloroethylene, Xylene Benzene compound, Lead, Toluene, Aliphatic hydrocarbons Toluene, Ethyl acetate
Aerosols	Spray paint Hair spray and deodorant Non stick sprays	Butane, Toluene Butane, Propane Toluene, Acetate
Gases	Fuel gas and lighter fluid Fire extinguisher Whipped cream bulbs	Butane, isopropane Bromochlorodifluorometane Nitrous oxide
Nitrates	Video head cleaner and 'Room odorisers' (Sex aids)	Alkyl nitrate, (iso)amyl nitrate, (iso)butyl nitrate, isopropyl nitrate

'Chroming' is within the aerosol class and refers to the practice of spraying chrome paint from an aerosol can into a plastic or paper bag and inhaling the vapours.

#### Reasons for Use

Inhalants are depressants, that is, they slow down the central nervous system. The reasons for use are largely no different from the reasons for use of any drug. Hence the four most common reasons for using drugs, including inhalants, are:

1. to have fun
2. to get high
3. to be part of a group (peer pressure), and
4. to deal with problems, including emotional states.

Young people often choose inhalants over alcohol or other types of drugs because they are accessible, relatively cheap, legal and provide speedy intoxication.

#### Methods of Use

The most common techniques for using inhalants are:

1. Squeezing contents of glue tube into a plastic or paper bag and inhaling contents.
2. Saturating a cloth with substance and holding over face or putting directly into mouth.
3. Sniffing directly from a container or gas tank.




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4. Spraying aerosol propellant directly into mouth or into a balloon and allowing the balloon to implode inside the mouth.
5. Spraying chrome paint into a plastic or paper bag and inhaling the vapours.
6. Spraying paint on the inside of clothing (eg sleeves).

Other methods include:

1. Heating: some inhalants come in liquid form and are heated to produce higher vapour concentrations, for example methylene chloride.
2. Filling a vessel (sink, bathtub) in closed room.

Apart from 'chroming', other colloquial terms used to describe methods of inhalant use are

- 'bagging': Inhaling fumes from a plastic bag.
- 'huffing': Stuffing an inhalant soaked rag into the mouth.
- 'sniffing' or 'snorting': Inhaling through the nose.
- 'nanging': Use of nitrous oxide from whipping cream bulbs.
- 'poppers': Use of amyl nitrate through the breaking of vials causing a popping sound.

### Effects of Use

There is some difficulty in summarising the effects of inhalant use as it depends on the substance used, the age and gender of the inhaler, the amount inhaled, the environment in which it is used and the method and duration of use. However, despite these variations, there are some common immediate or short-term effects as well as effects of longer-term use.

Short-term effects include:

- Rapid intoxication and recovery
- Euphoria
- Hallucinations
- Loss of inhibition
- Loss of muscular coordination
- Slurred speech and blurred vision
- Feelings of invulnerability / invincibility
- Drowsiness
- Dizziness
- Confusion and incoherence
- Aggression
- Increased risk taking behaviours
- Vomiting

Long-term effects

Most studies that have been conducted have examined inhalant use by industrial workers, not young people. However, there are valid indications that inhalants can cause damage to many parts of the body, including the brain, the sensory organs, the liver, the peripheral nerves, the kidneys, and the bone marrow.

Some of the harms from longer-term or chronic use include:

- Recurrent nose bleeds
- Oral and nasal ulceration
- Sinusitis
- Diminished cognitive function (eg memory loss)
- Lethargy
- Indigestion
- Conjunctivitis and blood-shot eyes
- Chronic or frequent cough
- Tinnitus




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- Chest pain or angina
- Depression
- Anxiety

### 15. Infection Control

As part of maintaining the safety of clients, volunteers, staff and the community infection control procedures must be abided by all Wesley Children, Youth and Family Services stakeholders. Infection control procedures should be used **by everybody for everybody**. Do not make assumptions about anybody (E.g. “It should be ok, they look pretty healthy”).

Infection control is used in many settings – workplaces, hospitals, sporting activities, schools. Staff and volunteers must ensure they follow correct procedures and ensure they are stock with all necessary materials required for day-to-day practice of infection control and in case of emergency.

All staff and volunteers must abide by the relevant Wesley Mission Victoria (WMV) and Wesley Children, Youth and Family Services Southern procedures and work instructions.

#### Blood Spills / Needle and Syringe Handling

Refer to the following WMV and Wesley Children, Youth and Family Services

- *WMV HR OHS WI 02 Needle and Syringe Safe Handling & Disposal*

#### Food Safety

- *WMV HR OHS QP 04 Food Safety Procedure*
- *WMV HR OHS WI 03 Food Hygiene Work Instruction*

The safety of food requires that food be protected from exposure to contamination by animals, dirt and dust, pests and insects, chemicals, and bacteria, and that bacteria present in food not be allowed to multiply. To ensure that food is protected and is safe for human consumption, the food handling processes must be of a high standard at all times.

Staff and volunteers must also be mindful of supervising young people in food preparation and educate them of correct procedures and why this is important. This will not only ensure safe food preparation but also assist young people in developing living skills.

### 16. Looking After Children (LAC)

Looking After Children (LAC) is a framework designed to assist placement agencies in identifying and addressing the needs of young people in the Out of Home Care system.

#### 16.1 Records

The framework utilizes four (4) records:

- Essential Information Record (EIR)
- Care & Placement Plan (C&PP)
- Review of C&PP (R of C&PP)
- Assessment & Action Record (A&AR)

The records provide a consistent format for documenting critical age appropriate information about the child or young person in care and aims to improve outcomes for children & young people in Out of Home



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Care by providing the same standards of care that responsible, caring parents in the community give their own children.

Each record addresses seven (7) life domains in a Young Person's life:

- Education
- Health
- Identity
- Emotional & Behavioural Development
- Family & Social Relationships
- Social Presentation
- Self Care Skills

### 16.2 Care Teams

Throughout LAC (Looking After Children), the term "Care Team" is used frequently.

A Care Team is made up of all those who are involved in the support and care of the young person –

- Parents / family
- Carers (Home Based Caregivers & Residential staff)
- Protective Worker
- Case Manager
- Placement & Support Worker
- Other professionals (Mental Health, Juvenile Justice, Education Support workers etc.)
- Significant others

Although responsibility to make sure records are completed for each young person rests with the Placement Agency Worker, **ALL** members of the Care Team are responsible in the provision of care and support and therefore need to be actively involved as appropriate.

### 16.3 Life books

The purpose of a Life Book is to enable important childhood memories to be recalled in later life by writing down some more personal descriptions of the young person's experiences while they are growing up in care (such as birthday celebrations, holiday trips, achievements, who they lived with, pets) and keep these descriptions together with photos and other significant mementos.

Life books can help a young person gain a sense of who they are, where they have been, when and where things took place and who has played a role in their life. When some young people have multiple placement changes, it can be difficult to remember such details.

Life Books are more than a scrapbook or photo album. **It is a process not a task.** In working through this process it could raise issues that need action and prompt discussions.

E.g. research into culture, place of origin, fill in memory gaps, find photos etc. It is also an inclusive process. One person cannot do it alone. If possible, include –

- Child / young person
- Family
- Carers
- Workers
- Past carers



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- Significant others

Whoever does the book (carer/worker) will need support /supervision/debriefing.

The process can be started at anytime that the adult and young person have enough confidence in each other to begin **and** enough time to continue it. The young person and their family need to feel they can trust you with photos, information, memories, feelings. It's a very personal process & should be treated & respected as such. A Life Book can be a long slow process. Young people and their family need to be in the right mood and "head space" to do it. Consider if it is the right time before initiating the work.

Once you begin the process do it on a regular basis (not 1 hr every few months). If you do not do it on a regular basis–

- The whole process drags out.
- Young people lose interest.
- It won't get completed
- Sends a message to the young person that it's not important.

If you say you are going to do it a life book with them – do it!!! It reinforces that they & their life are important.

#### Things you could include:

- Which hospital were they born in?
- Weight
- Time of birth
- Copy of birth certificate.
- Areas they grew up in.
- Who was their best friend at kinder, primary school, in that area?
- Favourite hobbies, sports, subjects.
- Pets

The life book could be in the form of a photo album, scrapbook, folder or computer presentation...be creative!! A folder with plastic cover sheets or a computer document are a good idea so you can add new information or correct old information. Include photos, cards, relevant documents, momentos, drawings, written text and anything else that seems relevant.

#### **DO**

- Let the young person know they can change things in the book. (Feelings may change, memories may be recalled).
- Show **genuine** interest not treat it as a task you have to do.
- Be aware of confidentiality issues.
- Seek the young person's permission to show the book to anyone. It is their story and their property.
- Make copies of photos/documents. By doing this, the life book could be replaced if it is lost or destroyed.
- Be aware and sensitive to literacy levels. If literacy is poor then the young person may be reluctant to participate.

#### **DON'T**

- Don't put words in the young person's mouth.
- Obviously, don't contact people if it will cause harm or extreme distress to the young person. Use supervision and prepare!!
- Don't put in information you know to be false.





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- Don't use the process as a prize or punishment.
- Don't have sessions go too long (use judgement). 1 hour may be appropriate. If too long the young person may lose interest, see it as a chore or rush it all to finish.

**Dear**

**Re: Wesley Children, Youth and Family Services  
Home Based Care Program**

We would like to take this opportunity of welcoming you and your family as Caregivers. Without families such as yours, Wesley Children, Youth and Family Services would not have this type of accommodation to offer young people at risk.

To enable this program to run effectively, Wesley Children, Youth and Family Services will offer you an induction session followed by bi-monthly workshops. Attendance to the induction is a requirement of our agency and we would appreciate your attendance to at least seven out of the ten training workshops that will be offered throughout the year.

In addition the workshops will not only be interesting and informative, but will enable people like yourselves to meet other families, build support networks and come together on a social level with other families.

Workshops will cover topics that caregivers have expressed an interest in, such as conflict resolution strategies, confidentiality, and how to live with an adolescent. At these nights, you will also have the opportunity of advising us as to what type of information you would like to obtain.

Wesley Children, Youth and Family Services have made a commitment to support you and your family within our program. So that you can participate within our program we ask that you make the commitment to attend induction sessions and the information nights.

Wesley Children, Youth and Family Services would be pleased if you would sign where indicated below and return to our office, as soon as possible.

Please Note: As a Caregiver, Wesley Mission Victoria will provide you with smoke detectors as a gesture of goodwill only and Wesley Mission Victoria does not accept liability for any loss, injury or damage to any person or property which may occur as a consequence or malfunction through faulty or incorrect installation of the smoke detector.

.....  
**Signed: Placement Provider**

**Yours sincerely  
Coordinator**



**Wesley Children, Youth and Family Services**

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**HBC Program**

**Wesley Children, Youth and Family Services  
conducted by:.....**

**Induction**

**Session**