Removal or assumption of a child

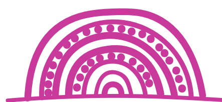
1. Overview

Use when carrying out court-related tasks to bring a child or young person into care through removal or assumption.

Purpose

"I need you to let me know about my rights in a way that I will understand. Make sure my rights are met and let me know who I can talk to if my rights are not being met. Include me in decisions about my life and answer my questions quickly and honesty."

Practice Framework Standard 1 - Enacting children and young people’s rights



There are times when children and young people are unable to remain safely living in their home. When removing a child from their family, the Children's Court has a range of requirements that need to be met as a way to make sure that such a significant decision is legal and in the best interests of the child, while balancing the rights of their parents.

Read this alongside the Assessing safety and risk practice mandate and Alternative Dispute Resolution practice mandate.

Statutory requirements

Children and Young Persons (Care and Protection) Act 1998

Sections: 34-38, 43-75

NSW Child Safe Standards for Permanent Care

Standards: 1-7, 13, 17

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Removal with a search warrant

If the outcome of a safety assessment is that a child or young person is unsafe and an Apprehended Violence Order would not be enough to protect the child or young person from risk, a section 233 search warrant is a preferred method of removal, where there is time and opportunity to apply for the warrant.

There are 3 types of warrant under s 233 *Children and Young Persons (Care and Protection) Act 1998*

1. Search Warrant s 233 (1)(a)– child or young person is or may be at risk of serious harm and an AVO would not be sufficient to protect them from that risk.
2. Search Warrant s 233 (1)(b)– a person on whom a notice has been served under section 173 (medical examination of a child in need of care and protection) has failed to comply with the requirement contained in the notice.

3. Search Warrant s 233 (1)(c)– the person is the subject of an order in force under section 232.

1. Search Warrant s 233 (1)(a)– child or young person is or may be at risk of serious harm and an AVO would not be sufficient to protect them from that risk.

If the outcome of a safety assessment is that a child or young person is unsafe, serious consideration should be given to seeking this type of warrant.

If the decision is made by the MCW to seek a warrant, complete the following Search Warrant templates:

Form 4 - Warrant Application – ROSH

Form 14 – Search Warrant – ROSH

Form 25 – Occupier's Notice – ROSH

This type of warrant can apply to children and young persons. This warrant authorises the Minister to take the child or young person into the Secretary's care responsibility until the Court makes interim orders.

2. Search Warrant s 233 (1)(b)– a person on whom a notice has been served under section 173 (medical examination of a child in need of care and protection) has failed to comply with the requirement contained in the notice.

Where the delegate has served a parent or carer a section 173 Notice for the child to attend for medical examination and they have failed to do so, serious consideration should be given to seeking a warrant to remove the child and present the child to a medical practitioner.

If the decision is made by the MCW to seek this type of warrant, complete the following Search Warrant templates:

Form 4 - Warrant Application – Failure to present for medical

Form 14 – Search Warrant – Medical Notice

Form 25 – Occupier's Notice – Medical Notice.

This type of warrant applies only to children and not to young persons. This warrant authorises the Minister to remove the child for the purposes of presenting the child for medical examination. The child is in the Secretary's care responsibility for the purpose of the medical examination only. Consequently, the child needs to be returned to the parent or carer once the examination is completed or within 72 hours, whichever occurs first. Unless further assessment necessitates the child's assumption into care, in which case the parents or carers will need to be issued with an order of assumption of care.

3. Search Warrant s 233 (1)(c)– the person is the subject of an order in force under section 232

For circumstances where a person under the parental responsibility of the Minister has unlawfully left the Minister's Care, and where a section 232 Order directing the person to be returned has failed to recover the person, serious consideration should be given to seeking a warrant to remove the person.

If the decision is made by the MCW to seek this type of warrant, complete the following Search Warrant templates:

Form 4 - Warrant Application – removed from the Ministers PR

Form 14 – Search Warrant – PR to the Minister

Form 25 – Occupier's Notice – PR to the Minister

Send the warrant forms to the Child Law Solicitor for settlement once they are endorsed by the MCW.

Completed by: **CW** Approval by: **MCW**

Extra information:

A separate form should be prepared for each child and young person so that a warrant can be executed at an alternative address if, for example, one sibling is not present at the premise(s).

DCJ staff can request police attend the home with them to execute the search warrant where a high risk for client-initiated violence is assessed.

Reviewing and filing the warrant application

Book an appointment with the Authorised Officer at the court registry to review the warrant application.

File the forms, and get a copy of the granted warrant.

Completed by: **CW** Approval by: **MCS**

Executing the warrant

Provide the occupier of the premises (over 18 years old) with a copy of the Form 25 search warrant – occupiers notice and arrange for the child to be removed.

Talk to the parents (if at the premises) and the child about the reasons the child is being brought into care and what is likely to happen after the removal. See the Placing a child in OOHC and supporting them through the transition process practice mandate for more.

Completed by: **CW**

Reporting to the Court after the execution of the warrant

Regardless of which type of warrant is issued, within 10 days after execution or expiry of the Warrant the Secretary must complete and lodge the template Form 27 – Report about execution

When giving a report to the authorised officer who issued the warrant the original warrant issued must be attached to the report.

If a child or young person is removed by a warrant under section 233(1)(a) of the Act, the Secretary must file a care application with the Children's Court within 3 working days of the warrant being executed.

Completed by: **CW** Approval by: **MCW**

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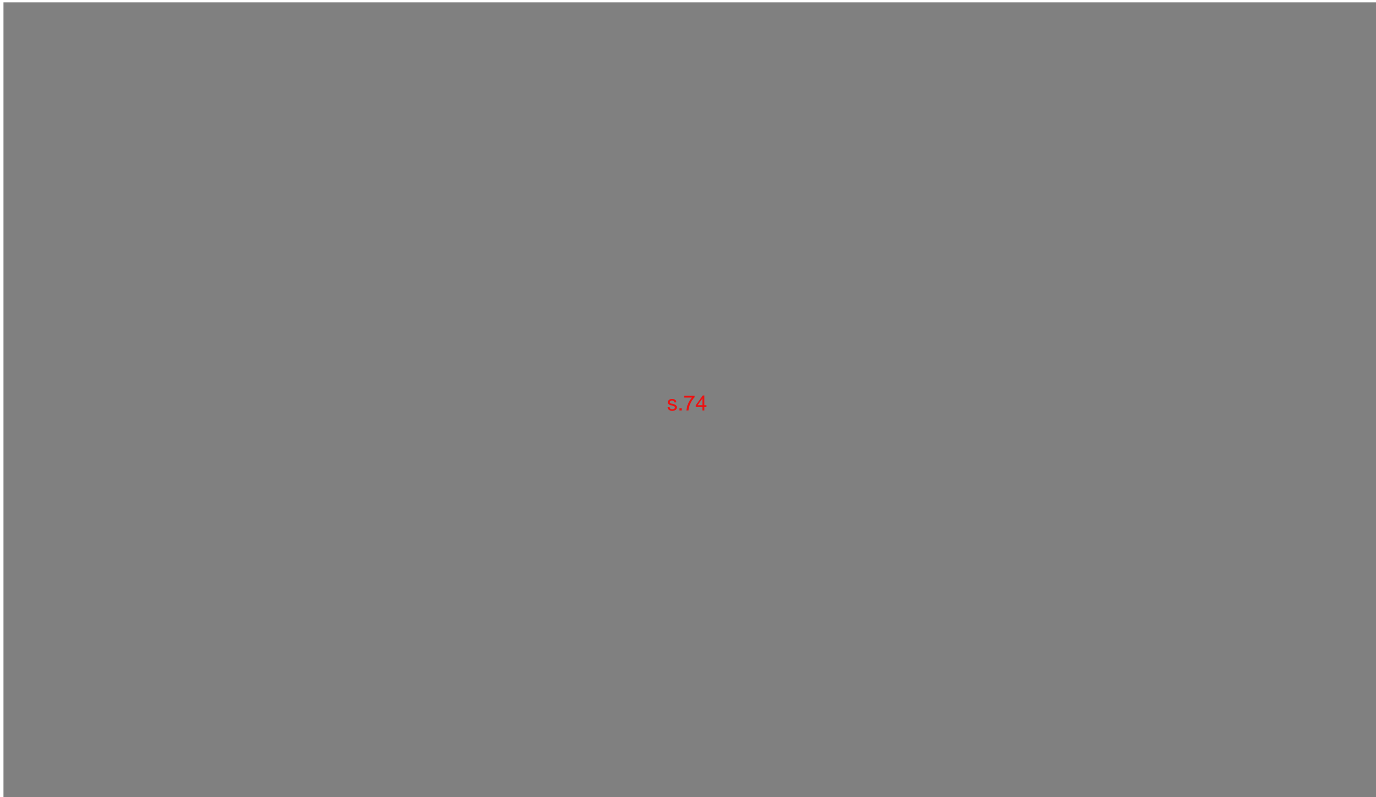


Key documents

Name	Description	Size	Type
s.74			

Name	Description	Size	Type
s.74			
Form 4 Application for a search warrant - ROSH	This form is used to apply for a search warrant for a child or young person is or may be at risk of serious harm and an AVO would not be sufficient to protect them from that risk.	54.0 KB	Word
Form 25 Occupier's Notice for search warrant - ROSH	This search warrant is provided to the occupiers of the premises advising them of powers have been granted to DCJ to enter the premises. This form is used notify occupiers of a premises that DCJ has authority to enter the premises of a child or young person is or may be at risk of serious harm and an AVO would not be sufficient to protect them from that risk.	45.0 KB	Word
Form 14 Search Warrant - ROSH	This form is used to by DCJ to gain entry to a premises, search premises or remove a child or young person who is or may be at risk of serious harm and an AVO would not be sufficient to protect them from that risk.	36.0 KB	Word
Form 4 - Search warrant application - failure to present for medical	Application for search warrant for failure to comply with a medical notice. This form is used to apply for a search warrant for failure to comply with a medical notice.	55.5 KB	Word
Form 14 – Search Warrant – Medical Notice	This search warrant is used by DCJ to gain entry to a premises or search premises of a person on whom a notice has been served under section 173 (medical examination of a child in need of care and protection) has failed to comply with the requirement contained in the notice.	37.5 KB	Word
Form 25 - Occupier's Notice - Medical notice	This search warrant is provided to the occupiers of the premises advising them of powers have been granted to DCJ to enter the premises. This form is used to notify occupiers of a premises that DCJ has authority to enter the premises of a person on whom a notice has been served under section 173 (medical examination of a child in need of care and protection) has failed to comply with the requirement contained in the notice.	47.0 KB	Word

Name	Description	Size	Type
Form 4 - Warrant Application – removed from the Ministers PR	Application for a search warrant. This form is used to apply for a search warrant where a person under the parental responsibility of the Minister has unlawfully left the Minister's Care, and where a section 232 Order directing the person to be returned has failed to recover the person.	54.5 KB	Word
Form 25 – Occupier's Notice – PR to the Minister	This search warrant is provided to the occupiers of the premises advising them of powers have been granted to DCJ to enter the premises. This form is used notify occupiers of a premises that DCJ has authority to enter the premises os a person under the parental responsibility of the Minister has unlawfully left the Minister's Care, and where a section 232 Order directing the person to be returned has failed to recover the person.	46.0 KB	Word
Form 14 – Search Warrant – PR to the Minister	This search warrant is used by DCJ to gain entry to a premises or search premises for a person under the parental responsibility of the Minister has unlawfully left the Minister's Care, and where a section 232 Order directing the person to be returned has failed to recover the person.	37.5 KB	Word
Form 27 - Report about execution	Lodge this report within 10 days after execution or expiry of any warrant.	28.5 KB	Word

About this page

- Date updated
  19 Dec 2020
- Last reviewed
  1 Dec 2016
- Content owner
  Child and Family Strategy (Child Protection)
- Directorate
  Commissioning - Child & Family

Mandates>Children in care>Placing a child in OOHC and supporting them through their transition

Placing a child in OOHC and supporting them through their transition

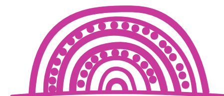
1. Overview

Use following the removal of a child from their family in an emergency situation; when a child enters care as a result of a Temporary Care Agreement and when assisting a child to transition to a placement.

Purpose

"I need you to let me know about my rights in a way that I will understand. Make sure my rights are met and let me know who I can talk to if my rights are not being met. Include me in decisions about my life and answer my questions quickly and honesty."

Practice Framework Standard 1 - Enacting children and young people's rights



The very act of placing a child in out of home care (OOHC) is a significant trauma.

Decision making about OOHC placements must seek to achieve stability and safety for a child and nurture them so they can begin to heal.

Thinking about placement options and permanency for children from the outset, even prior to them entering care, can support a smooth transition to a safe and stable home.

Placement matching and the transition to the placement are key aspects in supporting placement stability and avoiding unnecessary placement changes.

Statutory requirements

Children and Young Persons (Care and Protection) Act

Sections: 10a, 13, 51, 78a, 135a, 136, 137, 143 – 146 and 157

NSW Child Safe Standards for Permanent Care

- **Separation and loss**

  Supporting families in their grief after separation can help you understand their lived experiences and keep families together where possible.
  Read Practice Advice

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6. Supporting children through placement changes

As far as possible, a change of placement is a planned event that occurs as part of case planning and review and leads to a child:

- returning to their parents' care
- moving to a placement with a relative or kinship carer
- moving to a long term placement
- transitioning to an adult disability service
- leaving care to live independently.

Completed by: **CW**

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Sharing sensitive information

Decide if sharing sensitive information about the child with the carer is necessary for the child's needs, or safety of other children in the household

Completed by: **CW** Approval by: **MCW**

Providing support to the carer

Provide support to the carer, see Carer Support. Give the carer all information (including medical reports) about the child that the carer may need to give the child appropriate care and keep the carer and their household members safe.

Completed by: **CW**

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Resolving issues before ending a placement

Make every attempt to resolve issues that are leading to, or have led to, a request by the child, young person, or carer to end the placement.

If there are any concerns about the quality of care being provided to a child discuss these with the carer early to resolve the issue, where possible.

Completed by: **CW** Approval by: **MCW**

If there are no immediate safety concerns hold an emergency meeting with the child or young person and their carer to:

- understand the issues raised and identify stressors
- consider the impact of the placement on all children living in the home, the carer and their family
- identify any support, resources, or training that may assist in maintaining the placement.

Completed by: **CW** Approval by: **MCW**

If it is agreed that the placement will continue, update the case plan and carry out any actions to support the placement and closely monitor progress until the placement stabilises.

Completed by: **CW**

Undertake a carer review and consider supports or actions needed. See the Carer Review and Carer Support practice mandates.

If there are concerns about the child's safety or additional support may be required to resolve an issue decide if:

- the issue constitutes reportable conduct
- the child or young person's care needs are being met
- a review of the case plan or carer development plan is needed
- consultation needs to occur with Aboriginal and Torres Strait Islander or Multicultural staff or services in situations involving Aboriginal and Torres Strait Islander families or children from a culturally and linguistically diverse background.

Completed by: **CW** Approval by: **MCW**

Key documents

Name	Description	Size	Type

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Name	Description	Size	Type
Home inspection checklist	This checklist is to be completed prior to a child being placed in a home with a carer. This form is used to record the safety and dangers in the prospective relative/kinship carer applicant's home. This form is used to document the assessment of a relative/kinship carers home as part of the assessment of prospective applicants and prior to a child being placed in the home with the carer.	45.3 KB	Word
Authorised carer code of conduct	Code of conduct and declaration form for authorised carers. The form is signed by carers to indicate they have read and understood, and will comply with, the code of conduct.	85.8 KB	Word

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About this page

Date updated
17 Jan 2023
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1 Dec 2016
Content owner
Implementation and Performance (OOHC)
Directorate
Commissioning - Child & Family

Casework Practice

Mandates>Case planning>Case planning in OOHC

Case planning in OOHC

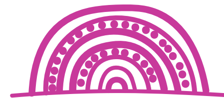
1. Overview

Use when case planning with a child or young person who is in statutory out-of-home care (OOHC).

Purpose

"I need you to let me know about my rights in a way that I will understand and that acknowledges my individuality and diversity. Make sure my rights are met and let me know who I can talk to if my rights are not being met. Include me in decisions about my life and answer my questions quickly and honesty."

Practice Framework Standard 1 - Enacting children and young people’s rights



Case planning is the process we use to make sure children and young people in out-of-home care receive the care and support they need to experience safety, stability, permanency, connection and wellbeing. A case plan is a living document; it is developed

with the child and their wider circle of family and people who are important in their life. See the Restoration practice mandate if a child is in care and the case-plan goal is restoration.

Statutory requirements

Delegation Guidelines

Financial support for children and young people in OOHC policies and guidelines

Children and Young Persons (Care and Protection) Act 1998
Sections: 8–13, 21 (2), 22, 78A, 84–86, 140, 142–146, 149–149A,149B-K, 150, 160-163, 165-167, 245, Chapter 16A, 248

Children and Young Persons (Care and Protection) Regulation 2022
Clauses: 8–11, 34, 36–40, 42, 65,Schedule 3 – Clause 3

Adoption Act 2000
Sections: 7–9, 26–30, 90-91, 201

Adoption Regulation 2015
Clauses: 75-76, 131

NSW Child Safe Standards for Permanent Care
Standard: 14

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

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4. When to develop and review a case plan

When to develop an OOHC case plan

A case plan is developed within 30 days of a child or young person entering statutory out-of home care, including those on interim orders, a case plan must be developed with them.

Completed by: **CW**

A case plan must be reviewed at least annually. It must also be reviewed:

- when a significant change in the placement or a change in the child's circumstances occurs
- within four months after an interim order is made (usually covered off by the first OOHC case plan)
- within two months after a final order is made for a child less than two years of age
- within four months after a final order is made for a child or young person over two years of age
- within 21 days before a planned change of placement
- within 21 days after an unplanned change of placement
- within 21 days after the death of the authorised carer.

When to review an OOHC case plan

A case plan with the goal of guardianship must be reviewed:

- when an application for a guardianship order has been lodged,
- following completion of a guardianship assessment or assessments

- when the care plan is finalised.

Completed by: **CW**

When to close an OOHC case plan

An OOHC case plan must not be closed until the child's care order has been discharged or rescinded and adequate leaving care preparations are made and actioned.

A case plan with a goal of guardianship must not be closed until the final order is made.

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  [Read Practice Advice]

5. Developing and reviewing the case plan

Holding a case-planning meeting

A case-planning meeting is held to inform the development of the case plan or case review. A case-review discussion between a CW and a MCW does not constitute a case-planning meeting.

Completed by: **CW** Approval by: **MCW**

Extra information:

The manager casework attends all case-planning meetings, usually as chair, and makes decisions within their financial and administrative delegation. The manager casework identifies who will chair the meeting and who will take the minutes; this should not be the same person. The minute taker has responsibility to accurately record:

- attendance and apologies
- views of participants, including dissenting views
- objectives, tasks, responsibilities and timeframes
- how actioning the plan will be monitored.

Encouraging participation

The following people must be given an opportunity to participate:

- the child or young person, where age and developmentally appropriate
- their parents, significant others, including extended family, and carers
- any support person nominated by the child, carer or parent
- Aboriginal and Torres Strait Islander caseworker or community member for an Aboriginal and Torres Strait Islander child
- community member for a child from a migrant or refugee background
- services working with the child, carer or parents
- anyone who may have responsibility for carrying out tasks in the case plan.

Completed by: **CW** Approval by: **MCW**

Encourage the child or young person's participation. If they do not want to attend, talk to them about how they may like to participate in some other way.

Before the meeting, ask and record the views of relevant people unable to attend. Record the reason for their non-attendance on the attendance page of the case plan or case review template.

Completed by: **CW**

Making a goal and assessing strengths and needs

Use information gathered from relevant people, reports and assessments to inform the development or review of the child's case plan. Record where you have gathered information from in the case plan template.

Completed by: **CW**

Determine a case-plan goal. There must be only one goal, you can choose from the following:

- maintain child or young person with parent or primary caregiver
- restoration
- guardianship
- adoption
- parental responsibility to the Minister
- leaving care.

Completed by: **CW** Approval by: **MCW**

The case-plan goal determines which CSC has case management responsibility. In out-of-home care and guardianship cases, case management will be where the child lives unless the goal is restoration. Identify strengths that may promote the goal.

Completed by: **CW**

Considering all areas of wellbeing

Consider each measure of wellbeing. For each measure of wellbeing, record:

- strengths of the child, carer and family that support the child or young person's wellbeing
- current needs for the child or carer to be addressed in order to promote the specific area of wellbeing.
- objectives that are specific, measurable, achievable, realistic and time limited
- tasks that need to be done to achieve the objectives
- person or agency responsible for completing tasks
- timeframes for completing tasks

- current progress in meeting case plan objectives

Completed by: **All parties to the case plan**

Refer to the following for practice mandates about the measures of wellbeing:

- Placing a child in out-of-home care (OOHC) and supporting them through their transitions
- Identity and culture for children in care
- Connections and contact for children in care
- Health needs of children in care
- Education needs of children in care
- Behaviour support
- Administrative parental decisions for children in care
- Leaving care and after care

Extra information:

A 'placement review' is covered as part of a case plan review as the Placement and Permanency measure of wellbeing.

Identifying services and support options

Identify required service and support options and complete an Approving financial resources for the child outlining spending. This must be approved by the delegate officer (as outlined in the checklist) as part of the case plan prior to any financial assistance being paid.

Completed by: **CW** Approval by: **Delegated officer**

Review the Assessment of disclosure of placement and progress information.

Completed by: **CW** Approval by: **MCW**

Writing, approving and distributing the case plan

Write the case plan and write the meeting minutes. Provide a copy of the minutes and case plan to participants as soon as possible after the meeting. Advise any person who is given only partial minutes the reason for this.

Completed by: **CW** Approval by: **MCW**

Recording: Refer to Create an OOHC case plan and Record a meeting ChildStory Knowledge Articles.

Extra information:

Under the Government Information (Public Access) Act 2009, meeting participants may access minutes and other file records. For more about the public's right to access government information refer to FACS Right to information unit.

Add progress notes to the case plan and mark completed tasks. Case planning decisions and outcomes are recorded in the case plan template, including any dissenting views.

Completed by: **CW** Approval by: **MCW**

Provide the child with age and developmentally appropriate information about how and when decisions relating to them are made. You may wish to use the:

- My plan - ATSI
- My plan - generic

Completed by: **CW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

6. Applying the case plan

Follow up that case plan tasks are being carried out. Contact the child, their parents, carers and other people responsible for completing specific tasks as much as needed.

Completed by: **CW**

Practice advice

As a practitioner always:

- give young people and families your mobile and direct landline number
- let them know you can be contacted in business hours
- regularly check messages and return calls and texts from families on the same day
- leave your phone with a colleague or manager when on leave
- develop an agreement with families and young people about what you will communicate via phone and what will always be shared in person (for example, changes to a care plan).

Using text and email

Use text and email to support your relationship with young people and families. Do not rely on text and email to build a relationship or as the main way for keeping in touch or sharing information.

Use text and email to:

- keep in touch between visits
- send confirmations and reminders about upcoming appointments and meetings
- check in and offer support when someone is busy or doesn't feel like talking.

Never use text or email to:

- share important or distressing information
- replace face to face talks and visits
- give feedback about progress
- prove a lack of responsiveness on the family's part.

Take a moment to reflect on why you use text or email to share information with someone you are working with. How often do you do it? How do you ensure it is useful?

Get more advice on how to do critical reflection at:

- Relationship based practice
- Working with young people

Use this feedback to assess the progress made towards achieving the case plan objectives and determine what action needs to be taken if tasks are not being completed within the timeframe.

- if the tasks were not completed and/or did not result in an improvement for a child record the reason and plan different tasks
- if the tasks made improvements for the child, these successes should be celebrated and used to inform ongoing case planning.

Completed by: **CW**

Record all relevant information in the progress notes in the case plan template.

- If a child has been placed with a newly authorised carer (this placement is the carer's first placement) visit the child and carer within 60 days of placement.

Completed by: **CW**

Visit the child and carer within the first month after a behaviour support plan has been developed.

Completed by: **CW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

Key documents

Name	Description	Size	Type
My Plan – Aboriginal and Torres Strait Islander	My Plan is a case plan template created for Aboriginal children, helping you to talk to them about their case plan, decisions and hear their thoughts.	1.1 MB	PDF
My plan generic	My Plan is a case plan template created for children, helping you to talk to them about their case plan, decisions and hear their thoughts.	846.3 KB	PDF
Approving financial resources for the child	Use this form to document the child's financial plan. It includes an information sheet on delegation for approving financial resources. It was formerly known as the 'OOHC financial plan pre-meeting checklist' or 'financial checklist'.	102.0 KB	Word
Safe Contact	'Safe Contact' promotes a collaborative approach with parents, children and safety network members to plan for safe contact. 'Safe Contact' is a building block for developing enduring safety.	--	Link
Permanency Progress Review outcome report template	A template for Permanency Coordinators to use to record the outcome of their Permanency Progress Reviews.	99.2 KB	Word

About this page

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22 Aug 2023
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24 Sep 2018
Content owner
Implementation and Performance (OOHC)
Directorate
Commissioning - Child & Family

Casework Practice

Mandates>Children in care>Home visiting children in out-of-home care

Home visiting children in out-of-home care

1. Overview

Use this mandate to support case planning and to plan and carry out home visits for children in statutory out-of-home care (OOHC).

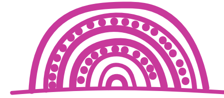
Home visiting helps a caseworker to:

- assess and support a child’s safety, permanency and wellbeing
- make sure the child's home is a safe, secure and stable environment
- build a trusting relationship with the child that supports good casework
- support placement stability and relational permanency
- support the carer to provide safe, loving and nurturing daily care
- ensure the child and carer receive high quality casework that aligns with practice standards
- work toward achieving the child’s case plan goal.

Purpose

"I need you to be considerate, empathetic and genuine. Listen to me, spend time getting to know me. Support me to build relationships with other people within DCJ, in my network, and in my family and community. Tell me what is happening so I can participate in my life fully."

Practice Framework Standard 8: Building relationships that support change



Statutory requirements

[Children and Young Persons (Care and Protection) Act 1998]

Sections: 135, 135A, 146, 151-152, 153, 157, 162(3)

[NSW Child Safe Standards for Permanent Care]

2. Understanding the purpose and definition of a home visit

Home visit purpose

Extra information:

The purpose of a home visit includes:

- forming a strong casework relationship with a child, by:
  - spending one-on-one time with the child
  - engaging in activities that build honesty and trust and facilitating discussion about the child's life, and their feelings about their placement
- building an understanding of the child's strengths and needs, and supporting their wellbeing

- working together with the child and carer to progress the child's OOHC case plan and carry out actions to achieve their case plan goal
- arranging activities that make sure the child:
  - remains connected to family/kin
  - remains connected to their culture/s
  - is engaged in exploring, curating and recording their life story
- supporting the carer to meet the child's needs and observe their rights, as a child in OOHC
- celebrating achievements with the child and carer.

Definition of a home visit

A home visit always includes:

- time with the child and the child's carer, and
- time principally in the child's home, and occasionally in other places or using technology.

The child's home is the place where the child is residing on either a temporary or permanent basis (whether or not the home of their authorised carer).

A home visit may occasionally be carried out:

- at another place, if there is a recorded rationale, the arrangement is agreed to by the child, and the carer is informed of the arrangement (before or after the visit)
- using communications technology (in the home) if there is a recorded rationale as to why the visit cannot occur in person and the arrangement is agreed to by the child and carer.

Examples of circumstances that may require the occasional use of communications technology (for example, video conferencing) include:

- a household member has a potentially serious, contagious illness, such as COVID19
- a natural disaster prevents a visit directly in the child's home
- the child is residing in another state jurisdiction.

Completed by: **CW**

Recording: Record the rationale for conducting a home visit at another place or via communications technology in the minutes field of the Home visit Meeting Record. Refer to ChildStory Recording Tool, Home Visits in ChildStory Mobile and Record a Home Visit Knowledge Articles.

Practice advice:

There are many other places that can be suitable for a visit. For example:

- a child is residing temporarily with another authorised carer
- a child is remanded in custody or a child is sentenced to a period of detention
- a child has self-placed with a parent (or previous legal guardian) or person who is not an authorised carer
- a child is hospitalised or admitted to a rehabilitation program
- a child and their caseworker spend time together in a park or playground or shopping together
- a child and their caseworker travel between home and an extracurricular activity, school, or a medical appointment.

Visits can be shorter or longer duration, depending on:

- the location of the visit
- the purpose of the visit and
- the needs of the child at the time.

For example, driving them home from school may be shorter. Whereas a visit in the home to review the child's OOHC case plan may be longer.

Refer to 'Plan the frequency of the home visit' section 4: Plan the home visit.

A home visit excludes:

- scheduled home visits that are cancelled or declined, for any reason
- a visit for the purposes of assessing a Risk of Significant Harm (ROSH) or concern report
- a case conference, care team meeting or other formal case management process

- any communication with the child by short messaging service (SMS) texts, social media messages, letters, phone calls and emails.
- **Building connections for children through family finding**

  Safe connections to family and enduring relationships will build long term resilience for children.
  Read Practice Advice

3. Use home visits to carry out and support case planning

Plan home visit arrangements

At the case meeting, held to develop or review the child's OOHC case plan:

- Explain the purpose and elements of home visits to the child, their family and carer.
- Plan home visit arrangements, including information about the agreed frequency of visits, activities and locations involved.
- Document the rationale for the frequency of home visits. Refer to 'Plan the frequency of the home visit' in section 4: Plan the home visit.

Refer to the Case planning in OOHC practice mandate.

Completed by: **CW** Approval by: **MCW**

Practice advice:

When developing the home visit arrangements as part of the child's OOHC case plan, make sure the arrangements address relevant elements of the child's Behaviour Support Plan (if applicable). For example, if a child with a disability that affects their transport requires a safety harness, make sure this is noted in the home visit schedule, for those visits involving transport.

After the case meeting, it's a good idea to prepare a separate home visit schedule listing the planned home visit arrangements including dates, times, locations (if known) and other relevant information:

- Provide a copy of the home visit schedule to the carer.
- Provide an (age appropriate) version of the home visit schedule to the child.

Between annual OOHC case plan reviews, document the rationale for changes in frequency of home visits. Refer to 'Plan the frequency of the home visit' in section 4: Plan the home visit.

Attach a copy of the Home Visit Schedule (and updates to the schedule) to the child's OOHC Case Plan.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool, Create an OOHC Case Plan (Measure of Wellbeing 1 > Placement and Permanency), Complete an OOHC Case Plan Review, and Add Notes and Attachments Knowledge Articles.

Practice advice:

Consider a child's OOHC history and assess their current needs, to determine the most suitable home visit arrangements.

Regular home visiting will help you stay up to date with changes in the child's life and keep OOHC case planning on track. It will enable you monitor and support the eight elements of wellbeing defined in case planning so that you.

1. assess the stability of the child's placement
2. learn more about the child's identity, connecting with culture and exploring life story
3. discuss significant changes in circumstances or events occurring in the child's family
4. discuss progress being made in the child's education
5. discuss any significant changes in the child's health
6. assess whether the child needs more emotional or behavioural support
7. check in on the child's mental wellbeing
8. provide information about the child's legal arrangements (if court proceedings are on foot) and explore the child's views and wishes.

Regular home visiting will help you monitor and support the child's transition through developmental changes and achievement of developmental milestones. For example, beginning school, transition to high school, adolescence, and leaving care.

Engage the child in case planning

Use a home visit to carry out case planning with a child and carer:

- Before the home visit, review outstanding actions and tasks in the child's OOHC case plan.
- During the home visit, encourage the child's (age appropriate) participation in decision making.
- Clarify and seek agreement from the child and carer about tasks to be carried out, by whom, and in what timeframe.
- After the home visit, add progress notes, update the status of actions, and add a reference to the relevant Home Visit Prompt Sheet that records information about case planning completed during the visit. Do this against each relevant measure of wellbeing in the child's case plan.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool, Complete an OOHC Case Plan Review, and Add Notes and Attachments Knowledge Articles.

Practice advice:

There are many ways to partner with a child in case planning, during a home visit:

- Gain their views about their Behaviour Support Plan, Cultural Support Plan, recent health appointments or school reports.
- Have conversations with the child and carer about desired outcomes and actions recorded in the child's OOHC case plan, to determine whether tasks have been addressed.
- Provide opportunities for the child to express their views and wishes freely.
- Keep them informed about how their views and wishes are being considered in the decision making process.

Refer to the Case planning in OOHC practice mandate.

Explain significant decisions

Use a home visit to have and record conversations with the child about significant decisions that will have an impact on their life.

Prepare for discussion about significant decisions by arranging a DCJ Psychological and Specialist Services consultation, if required.

Provide the child and their carer with reasons why particular decisions are made, including decisions about their legal status, changing their case plan goal and increasing/decreasing family time or arranging respite care.

Engage the carer in your discussion with the child, to:

- support communication of the decision (during your home visit) and
- help the child think through the decision and understand changes that may occur (after your home visit).

After the home visit, add progress notes, update the status of actions and add a reference to the Home Visit Prompt Sheet that records discussion of the significant decision during the visit. Do this against each measure of wellbeing in the child's OOHC case plan.

Practice advice:

Children will have different capacities in understanding what decisions we have made and why.

When speaking with a child, explain decisions in a way appropriate for their age, cognitive development and ability.

See Talking to children and participation practice advice topic for more information.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool, Complete an OOHC Case Plan Review, and Add Notes and Attachments Knowledge Articles.

Based on your observations of the child's behavioural response to the discussion, determine whether:

- a DCJ Psychological and Specialist Services consultation is required to plan therapeutic support or review the child's Behaviour Support Plan
- there is a need for a ChildStory Alert to advise the Child Protection Helpline of critical information, if there's a high risk of an after-hours incident.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool, Record a Behaviour Support Plan for a Child or Young Person in OOHC, Complete an OOHC Case Plan Review and Create a Person or Address Alert Knowledge Articles.

Practice advice:

Allow time for the child to express their feelings about significant decisions (during the home visit), especially when those decisions cause anxiety or distress.

Sometimes it may be appropriate to provide information about a decision in writing.

Plan to have a further discussion with the child (at a future home visit), once they have had time to think more about the decision.

At the next home visit, or using another method of communicating (for example, phone call):

- check-in on the child's feelings about the decision

- provide more information and answer the child and carer's questions.

Give effect to the child's rights

Use a home visit to have a formal conversation with a child about their rights as a child in OOHC at least annually. Use the Charter of Rights for children in OOHC, and/or other resources to help guide these conversations (see resources below).

After the home visit, add progress notes, update the status of actions and add a reference to the relevant Home Visit Prompt Sheet that records discussion of the child's rights during the visit. Do this against Measure of Wellbeing 8 > Legal Issues in the child's OOHC case plan.

Practice advice:

Incorporate regular, informal conversations with a child about their rights as they relate to each element of a home visit. This is not intended to be a formal conversation or casework task, but a part of everyday home visit conversations.

Completed by: **CW**

Practice advice:

For most children, the home provides a nurturing, safe and stable environment that enables the child to use their voice, to freely express what they think about important topics and decisions.

The 'child's voice' is more than merely seeking their views ('what I think') and wishes ('what I want/need'). It describes all aspects of the child's expression through talk, silence and other ways, including playing games, music (singing, favourite songs, and artists), using social media, visual and other arts (drawing), writing (stories and poetry) and other extracurricular activities (including sport).

It relies on interacting with the child without imposing adult frames of reference. It requires age and developmental-stage appropriate communication. It needs sustained engagement over time, rather than a one-off event.

Use evidence-based engagement tools that will help you capture the child's voice. Explore the child's insights about their life.

A child's response to a particular decision may indicate the decision was not made in a way that allowed the child to have their views and wishes considered. Rather than being considered disruptive or rebellious, a child's defiance of a decision might be considered a strength and an act or resistance.

Read the Talking to children and participation, Language impacts on practice and Documenting your work with family practice advice topics.

Extra information:

DCJ is responsible for issuing the Charter of Rights for children in OOHC.

UNICEF publishes a simplified version of the UN Convention of the Rights of the Child.

Save the Children publishes Colour it Rights - A child's introduction to the UN Convention on the Rights of the Child.

Australia Catholic University Institute of Child Protection Studies maintains a web portal Kids Central Toolkit, including Keep Me in the Loop and Your Rights.

Also refer to resources available from the Australian Human Rights Commission.

Attend to life story

Use a home visit to engage the child in exploring their life story in everyday casework conversations.

Make time during your home visits to facilitate structured life story work activities, such as helping the child's life story book or equivalent record (regularly, but not every time).

Record and take copies of life story information provided by the child or carer. These may include school reports, certificates, mementos and photographs.

Refer to 'Life Story Work' in the Identity and culture for children in out-of-home care (OOHC) practice mandate.

Completed by: **CW**

Practice advice:

During the home visit, strike a balance between writing notes and being fully present. Through less-formal conversations, you can make sure the child's voice is heard, build trust and create safety. In turn, this will inform case planning and review.

There may be times when it is not appropriate to write any notes (until later), to fully attend to the child's voice:

- Taking notes during your interaction with a child may be distracting to you and/or the child.
- Listening without note taking will enable you to focus on the child in the moment and is more likely to help strengthen your relationship and listen deeply to what the child is saying.

There will be other times when it is appropriate for you to take immediate notes, for example when writing in a child's Life Story Book, preparing to develop a case plan together, or writing a 'to do' list with the child or

carer.

If taking notes during your home visit:

- Ask permission from the child or carer to take notes. Explain to the child or carer the purpose of the notes, for example “Do you mind if I take a note of what you have told me to remind me what I need to do later?”
- Let them know they are welcome to read your notes if they want to, or you can read the notes out-loud to them.
- Position your notepad or device in a way that allows the child or carer to see you writing. Periodically check that you have recorded their words correctly.
- Consider ways of empowering the child, for example you can ask the child to write a ‘to do’ list for you (rather than you writing it in front of them).
- Observe the child and carer’s expression and body language. Notice any indications they are attending to the note taking in a way that is disrupting their participation. If so, consider stopping note taking until later.

Consider using ChildStory Mobile to record important information in real-time, while spending time with the child. Read the Language impacts on practice and Documenting your work with family practice advice topics.

Carry out post-visit casework

After the home visit, review outstanding actions recorded in the child’s OOHC case plan.

- Carry out tasks agreed to during the home visit, within the agreed timeframe.
- Liaise with the carer and other professionals to monitor whether they are carrying out their tasks within the agreed timeframe.

Between home visits, provide regular feedback to the carer and the child about actions that are being carried out, completed or held back. This has the potential to build the child’s and the carer’s confidence in the case planning process, and their trust in you to promote the child’s wellbeing.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool and the Complete an OOHC Case Plan Review Knowledge Articles.

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.
  Read Practice Advice

4. Plan the home visit

Plan the frequency of the home visits

The minimum frequency of home visits is once every 45 days. Plan to visit more frequently (than once every 45 days):

- as required by the placement type (see placement types below)
- immediately after a child has entered OOHC or has changed placement (if already in OOHC) until the child's behaviour indicates they are feeling settled in the placement
- when an existing placement shows signs of becoming unstable, until the placement has stabilised
- when a child experiences social-emotional disturbances or mental health episodes associated with their transition through critical developmental stages
- when a child requires development or review of a National Disability Insurance Scheme (NDIS) plan or Behaviour Support Plan (BSP) that recommends more frequent home visits
- when a more frequent home visiting has been recommended through a case consultation or review
- when a child with a case plan goal of restoration, guardianship or adoption requires more frequent home visits to achieve their case plan goal within two years.

Completed by: **CW**

Seek approval if you plan to visit the child less frequently on an ongoing basis, than the minimum frequency of 45 days.

Completed by: **CW** Endorsed by: **MCW** Approval by: **MCS**

If a one-off planned home visit is cancelled by the child or carer and cannot be rearranged within the 45 day period, rearrange an extra visit in the next 45 day period, as early as possible.

Completed by: **CW**

Foster care placement

Carry out home visits at least once every 45 days to a child in a foster care placement, cared for by a foster care or relative/kin carer.

Completed by: **CW**

Intensive Therapeutic Care (ITC) or Residential Care Placement

Carry out home visits at least once every 45 days, to a child in an ITC or residential care placement.

Completed by: **CW**

Practice advice:

When a child enters OOHC or changes placement (if already in OOHC), make observations of their behaviour to help you determine whether the placement is supporting their overall wellbeing. Your observations can be derived from:

- conversations with the child during home visits and at other times, about how they are adjusting to the placement
- listening to the carer’s perception of whether the child is feeling settled and responding to household routines
- the child’s general behaviour at home, school and elsewhere.

Assess the need for more frequent home visits to:

- support a child to recover from the more severe forms of trauma, neglect, abuse or adversity
- help a child step down from ITTC, ITCH and other individual placements, to foster care or exit to permanency (restoration, guardianship or adoption).

Refer to the Other placement types practice mandate.

Alternative Care Arrangements (ACAs)

Carry out weekly home visits to a child receiving care in an ACA. Weekly visits will support planning for their urgent transition to a permanent home.

Refer to the Other placement types practice mandate.

Completed by: **CW**

Interim Care Model (ICMs) arrangements

Carry out more frequent home visits (more than once every 45 days) to a child receiving care in an ICM arrangement. More frequent visits will support planning for their urgent transition to a permanent home.

Refer to the Other placement types practice mandate.

Completed by: **CW**

Short-Term Emergency Placements (STEP)

Carry out weekly home visits (unless a different frequency has been approved by a manger) to a child receiving care in a STEP arrangement. Weekly home visits will support planning for their urgent transition to a permanent home.

Refer to STEP program information.

Completed by: **CW** Approval by: **MCW**

Individual Placement Arrangements (IPAs)

Carry out weekly home visits (unless a different frequency has been approved by a manager) to a child receiving care in IPAs. Weekly home visits will support planning for their urgent transition to a permanent home.

Completed by: **CW** Approval by: **MCW**

Practice advice:

When a child is placed in an Alternate Care Arrangement (ACA), Interim Care Model (ICMs) arrangement, Short-term Emergency Placement (STEP) or an Individual Placement Arrangement (IPA), plan home visits to:

- explore longer-term options for the child's care
- provide the child with extra support that promotes their sense of connection and belonging.

Special OOHC

Carry out weekly home visits to a child in a special OOHC placement for up to 6 months.

Refer to the Special OOHC practice mandate.

Practice advice:

When a child is placed in a Special OOHC placement, they are placed with a non-designated agency. It is important to regularly visit the child to:

- give the child a sense of predictability and stability
- provide them with an opportunity to communicate about their needs and safety
- help them participate fully in case planning and decision making
- obtain the information and observations you require to advocate for their needs
- provide necessary support to the special OOHC service provider.

Carry out home visits to a child in a special OOHC placement for over six months, at a frequency determined by the child’s six month review.

Refer to the Special OOHC practice mandate.

Completed by: **CW**

When a child is away from their placement (AFP)

Carry out more frequent home visits (more than once every 45 days) to a child who is or has recently been Away from Placement (AFP). This may mean the home visit will be at other addresses or places, other than the primary placement.

Completed by: **CW**

Extra information:

A child is Away from Placement (AFP) if there are away from their authorised placement for a temporary period and the placement remains open until they return. An Away From Placement event includes:

- a child is remanded in custody or sentenced to a period of detention
- temporary self-placement of a child with a parent (or previous legal guardian) or person who is not an authorised carer
- hospitalisation or admission of a child to a rehabilitation program, for a period exceeding three weeks
- temporary absence of a child from their primary placement without their carer's permission for a single period of over 24 hours, or for repeated separate periods of over 24 hours, when the child returns to the placement between each period.

Note: If the carer or casework practitioner is not in communication with child and their whereabouts are unknown for a period exceeding five days, refer to the Critical events and Missing children and young people practice mandates.

Practice advice:

When a child disengages from you as their caseworker, asks for less frequent visits and/or actively avoids them, be curious about what is happening for the child:

- Is it possible to view ‘challenging behaviour’ as an act of resistance to a perceived threat? Consider how home visit arrangements can strengthen the child's sense of control and uphold their dignity.
- Is the child's ‘risk-taking behaviour’ indicative normal child/adolescent development or does it mask the effects of trauma? Engage the child’s support network to manage risk.
- Seek the carer’s view on the type of home visit arrangements that will help to re-engage the child and/or help them to regulate their behaviour.
- Balance the child's wishes for fewer or no home visits with DCJ's responsibility to meet the child's needs and provide for their safety, welfare and wellbeing. Provide the child with an opportunity to have (age appropriate) input into the home visit arrangements.
- Arrange a group supervision or casework specialist consultation to explore your own practice and opportunities to support the child to engage in home visits.

Prepare for each separate home visit

Prepare for each home visit to ensure it is purposeful, tailored to the child’s needs and those of the carer.

Review outstanding actions, recent progress reviews and progress notes recorded in the child’s OOHC case plan. Review your previous home visit notes for other outstanding actions, reflecting on previous discussions with the child, their carer and other professionals:

- Identify and carry out tasks that can be completed by you, prior to the home visit.
- Speak with the carer and other professionals to decide what tasks have been, or will be, completed prior to the home visit.
- Plan to carry out other tasks with the child and carer, during the home visit.

Speak with the carer in planning the home visit. Take into account their knowledge of the child’s needs and scheduled activities.

Plan the home visit to address different domains of wellbeing across different visits. You do not need to address all domains during every home visit.

Plan to check on whether strategies implemented to mitigate previously identified dangers, continue to sustain safety and reduce risk, if:

- a safety in care assessment has been completed since the last case plan review
- a reportable conduct investigation has been completed since the last carer review.

Refer to the Safety in care and Carer review practice mandates.

Practice advice:

Good preparation supports purposeful conversations during a home visit. When it is necessary to ask the child about their feelings of safety, welfare and wellbeing, this should not be experienced by the child as a checklist of questions.

Consider how to approach specific conversations that will capture the child's voice, build trust, and create safety. Plan conversations with the child, that will help you to achieve desired outcomes, recorded in their case plan. For example, you can talk about:

- the rights of children in care
- their progress and engagement with different services and advocates that support them.

Take activities or items that will support engagement. Refer to the Engagement Tools practice advice topic. Consider the child's individual needs, active supports, and interests, to determine:

- how you will meaningfully talk to and engage the child
- what creative activities may be effective, considering activity type, location and duration.

When preparing for a home visit, use the Home Visit Prompt Sheet to remind you to address specific tasks across the eight domains of the child's wellbeing, prior to and during the visit. This will help you address outstanding actions that inform case planning and case plan progress review.

Refer to the Case planning in OOHC practice mandate.

Plan conversations with the carer that support them to exercise care responsibility. For example, you can talk about:

- training to help them understand or manage some of the child's specific needs
- significant changes in their household that will inform their next carer review, such as a new household member or construction of a swimming pool
- changes to the child's legal status or interim court orders (if court proceedings are on foot)
- the carer's achievements in a demanding and challenging role and celebrate the contribution they make to the child's life
- financial assistance needed by the carer, as set out in the child's financial plan.

When appropriate, prepare an agenda for the home visit and provide it to the carer. This will allow the carer to prepare for a discussion about tasks for which they are responsible.

Refer to the Carer support and Carer review practice mandates.

Completed by: **CW**

Visiting an Aboriginal or Torres Strait Islander child

Review the child's OOHC case plan and Aboriginal Cultural Support Plan (CSP) to determine what cultural support-related actions are outstanding (to be completed by you or other practitioners). Plan to progress outstanding actions and tasks prior to, or during, the home visit.

When planning an initial home visit to an Aboriginal or Torres Strait Islander child, review a previous record of Aboriginal Consultation, or arrange a new consultation (if one has not previously occurred).

Use the child's Cultural Support Plan and most recent record of Aboriginal Consultation to explore:

- culturally informed ways to prepare for and carry out the visit
- ways that facilitate the child's connection with family, country, community and culture (including language).

When planning subsequent home visits, review the previous Aboriginal Consultation to determine what recommendations can be progressed prior to, or during, the home visit.

Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate.

Practice advice:

For an Aboriginal child, plan discussion and activities that strengthen the child's cultural identity and connection to their family/kin, and country.

- Plan new activities and activities cited in the child’s CSP that facilitate their learning about cultural practices (totems, lore, rites and rituals), language and their family history.
- When planning activities, draw on the child and family/kin’s cultural knowledge and take the opportunity to use cultural networks.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool and Respond to an Aboriginal and/or Torres Strait Islander Consultation Knowledge Articles.

Visiting a child with a CALD background

Review the child’s OOHC case plan and cultural support plan (CSP) to determine what cultural support-related actions are outstanding (to be completed by you or other practitioners). Plan to progress outstanding actions and tasks prior to, or during, the home visit.

When planning an initial home visit to a child with a culturally and linguistically diverse (CALD) background review a previous Multicultural Consultation, or arrange a new consultation (if one has not previously occurred).

Use the child's Cultural Support Plan and previous record of Multicultural Consultation to explore culturally-informed and responsive ways to prepare for and carry out the visit, including ways that facilitate the child’s connection with culture and community.

When planning subsequent home visits, review the previous Multicultural Consultation record to determine what recommendations can be progressed prior to, or during, the home visit.

Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate.

Practice advice:

For a child with a CALD background, plan discussion and activities that strengthen the child's cultural identity and connection to their family/kin. Draw on the child and family/kin's cultural knowledge and utilise cultural networks. Activities included in the child's cultural support plan (CSP) need to be age appropriate and will change as the child grows up.

If the child's circumstances have changed, or the previous consultation occurred more than two years ago, consider arranging a further consultation.

For a CALD child with an asylum seeker or refugee background, consider their experience of trauma and how the home visit can support healing and resettlement.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool and Respond to a Multicultural Consultation Knowledge Articles.

Visiting a child that identifies as sexuality or gender diverse or intersex

When planning a home visit to a child who has recently identified as sexuality or gender diverse, or a child who is intersex, consider arranging an LGBTQIA+ Practice Consultation (if one has not previously occurred).

Use the consultation to explore informed, curious and responsive ways to prepare for and carry out the visit, including ways that affirm the child's emerging or actual sexuality or gender identity.

When planning subsequent home visits, review the previous LGBTQIA+ Practice Consultation record to determine what recommendations can be progressed prior to, or during, the home visit.

If the child's circumstances have changed, consider arranging a further consultation.

Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate.

Practice advice:

For a child that identifies as sexuality or gender diverse, or an intersex child, it is not necessary to focus on their sexuality, gender identity or intersex status every visit.

Always be led by the child, about what they would like to discuss.

Completed by: **CW**

Recording: Refer to ChildStory Recording Tool and Complete and Record and respond to LGBTQIA+ Consultation Knowledge Articles.

Visiting a child with disability

Review the child's case plan and NDIS plan to determine what disability support-related actions are outstanding (to be completed by you or other practitioners). Plan to progress outstanding actions and tasks prior to, or during, the home visit.

Practice advice:

When planning a visit with a child with disability, plan conversations and activities that enable them to participate fully in the home visit. That is, conversations and activities that are suitable for physical, speech, sensory and/or intellectual disability:

- For a child with disability that affects their physical capacity and/or mobility, plan the home visit in a way that addresses physical barriers in the environment. Incorporate activities that allow sufficient time for them to master fine and gross motor skills, minimise frustration and facilitate self-regulation.
- For a child with disability that affects their speech (such as non-verbal or speech delayed children), plan the home visit in a way that supports their communication. Be ready to use (or learn to use) their preferred method of communication. For example, use of visual aids or communicating through play.
- For non-verbal children, their behaviour and significant changes in behaviour (observed by you or others persons significant to a child) are important. These can be a form of expressive communication that needs to be heard.

- For a child with sensory disability (such as vision or hearing impairment or loss), plan the home visit in a way that adapts to their dominant sensory skill. Be ready to use (or learn to use) their preferred method of communication. For example, use of Braille (printed information using raised dots, read with the fingertips) or Auslan (sign language) or other assistive technology (hearing or sight or speech devices).
- For a child with intellectual disability, plan the home visit in a way that adapts to their thinking and reasoning abilities.

For a child with an NDIS plan, consider any NDIS or disability support-related issues that need to be discussed during the home visit. For example:

- Does the child have the right disability support services?
- Are these services actually engaged and meeting the child's disability support needs?
- Is there a need to carry out an assessment or consultation to prepare for an NDIS meeting? For example, conduct of a functional capacity assessment or a DCJ Psychological and Specialist Services consultation.

In preparation for the home visit, speak with the child's NDIS Support Coordinator. Also talk to a broad range of people involved in the child's life, including their carer, service providers, teachers, about their communication needs and safe and full participation in home visits.

Read the Working with children with disability practice advice topic.

Completed by: **CW**

Visiting a child in custody

If a child is in custody, speak with the youth justice centre caseworker, to:

- plan joint visits with the centre's caseworker, the child's carer or other clinicians
- better understand the child's needs to determine whether additional visits are necessary
- develop a plan for access to and coordination of services to support their release (when it occurs).

Extra information:

Youth justice centres each have different timeslots for visits. For more information visit the Youth Justice NSW website.

Read Shining a Light on Good Practice youth justice resources, Unconditional Love (for caseworkers) and Unconditional Love.

Completed by: **CW**

Visiting a child placed in another DCJ district

If a child is placed in another DCJ district, at a long distance that prevents routine home visiting, request casework assistance from the other district by:

- contacting the Community Services Centre (CSC) that services the area in which the child resides, providing the details of the home visit requested, including relevant timeframes
- documenting the request and the CSC's response to the request.

Completed by: **CW** Approval by: **MCW**

If the other district agrees to the request:

- liaise with the assigned casework practitioner (in the other CSC)
- negotiate and clarify tasks to be carried out by the practitioner, during the home visit.

Completed by: **CW**

If the other district does not agree to the request:

- request the other CSC provides the reasons (in writing)
- provide information about the request and response to the Manager Client Services.

Completed by: **CW** Endorsed by: **MCW** Approval by: **MCS**

Practice advice:

When planning home visits to be carried out by a casework practitioner in another DCJ district:

- provide information about agreed tasks to be carried out during the home visit
- provide the practitioner with a completed Home Visit Prompt Sheet that details tasks to be carried out by the practitioner during the visit.

Visiting a child residing outside of NSW

To support the delivery of home visits to a child residing outside of NSW, request casework assistance from an Interstate Agency via the NSW Interstate Liaison team.

Extra information:

Tasks that can be requested include one-off or ongoing in-person home visits to:

- support achievement of outstanding actions recorded in the child's OOHC case plan
- sight the child, sight their home
- carry out in-person conversations.

Tasks maintained by DCJ include:

- casework tasks that can be completed by NSW without need for an in-person home visit, or
- tasks that require knowledge of DCJ policy or practice advice.

If requested tasks are accepted by an interstate agency:

- Communicate directly with the interstate practitioner regarding tasks to be carried out during each home visit.
- A completed Home Visit Prompt Sheet (NSW version) can be provided to the interstate casework practitioner, however it is up to interstate agency whether they will use this template to record the outcome of their home visits.
- The interstate agency will provide DCJ with information following each home visit within one week of the visit occurring.

Where an interstate agency is unable to deliver some or all home visits, NSW casework practitioners can supplement home visit frequency to ensure OOHC standards are maintained, by:

- travelling to the other jurisdiction to undertake in-person home visits
- complete other tasks via communications technology (for example, video conferencing).

Refer to the Interstate requests practice mandate and read the Interstate Child Protection Protocol.

Completed by: **CW** Endorsed by: **MCW** Approval by: **MCS**

Visiting a young person preparing to leave care

If the young person is 15 years of age or over, review outstanding actions recorded in their Leaving Care case plan, which support their transition to independence.

Review previous home visit notes for other outstanding actions, reflecting on previous discussions with the child, their carer and other professionals.

- Identify and carry out tasks that can be completed, prior to the home visit.
- Speak with the carer and other professionals to record what tasks have been, or will be, completed prior to the home visit.
- Plan to carry out other tasks with the young person and carer, during the home visit.

Refer to the Leaving care and after care practice mandate.

Practice advice:

When planning a visit with a young person leaving care:

- talk with the young person about their hopes and plans for leaving care (to inform future leaving care planning)
- discuss housing and accommodation options with the young person and their carer, if the young person is planning to live independently
- check if the young person needs help to apply for their learner driver's licence.

Completed by: **CW**

Respond to cancelled or declined home visits

A child in OOHC, or their carer, has the right to decline a home visit from you. For example, if it's at short notice or the time proposed is not reasonable. This may relate to a scheduling conflict or to more complex concerns, for example, the child's behaviour or health reasons.

If a carer declines a home visit from you:

- explore any reason provided with the child or carer (as applicable) and
- make new arrangements that allow a visit to go ahead, that meets the minimum frequency requirement.

Practice advice:

To allow for occasional cancellation of home visits, consider carrying out more frequent home visits to a child placed in a foster care or ITC/residential care placement, perhaps every 30 days. This will allow you to

comfortably achieve the home visit frequency of every 45 days, while allowing for occasional cancellations during the year.

Completed by: **CW**

If home visits are repeatedly cancelled or declined, consult with your MCW and develop a plan that will allow visits to resume and/or be adapted to the child's needs. For example, occasionally home visits may be carried out via communications technology (for example, video conferencing).

Record relevant conversations and reasons for a home visit cancellation in the child's Home Visit Prompt Sheet.

Completed by: **CW** Approval by: **MCW**

Practice advice:

There may be occasions when you are working to overcome barriers to home visiting a child. If you form a view that a carer is acting intentionally to obstruct regular home visits:

- Check whether the carer is aware of their obligation to allow DCJ to inspect their home, meet with and speak to the child, in accordance with the Carer Code of Conduct.
- Consider conducting an early review of the carer's authorisation. Refer to the Carer reviews practice mandate.
- Consider arranging a group supervision or casework specialist consultation.

Consider arranging a legal consultation regarding application of section 137B of the Care Act.

Recording: For a cancelled or declined home visit, attach the Home Visit Prompt Sheet (completed in preparation for the visit) as a Note and Attachment in the Home Visit Meeting record. Refer to ChildStory Recording Tool, Home Visits in ChildStory Mobile, and Record a Home Visit Knowledge Articles.

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

5. Carry out the home visit

Carry out the home visit plan

Carry out the conversations and activities you have planned for the home visit. Refer to 'Prepare for each separate home visit' in section 4: Plan the home visit.

Spend time with the child

Carry out a home visit by spending in-person time with the child, putting into action the plans you have developed for the visit.

Observe, talk to and listen to the child. Explore their worries, views and wishes, as well as their hopes and dreams.

Use each home visit to uphold and give effect to a child’s rights.

Where age appropriate, spend time with the child separately from their carer (but not necessarily every time). If you do not speak with the child separately from their carer, document the reasons in the Home Visit Prompt Sheet.

Practice advice:

Regularly meeting the child and carer in their home is an extension of your everyday casework and will help you develop an understanding of how they see the world.

Carrying out a home visit gives you an opportunity to help the child understand what rights mean through specific examples of what is happening in their life. Ask if anything is not right, and if it’s not, make a plan to help them.

Observing the home environment will enable you to gain a better understanding of:

- the child's individual behavioural cues (including body language)
- how the carer and child behave around one another, what is said (or not said)
- interaction between the child and other children or people in the home.

These observations will help you assess how the home is functioning and whether the child feels comfortable, supported and has a sense of belonging.

Not every home visit requires you to speak to the child privately. They might have other priorities such as homework, spending time with friends or household chores.

The home also provides space for you to engage with the child and their carer and build rapport. For example, what makes the child laugh?

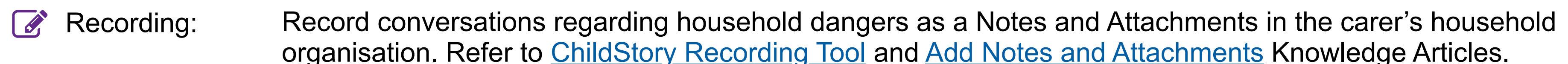
Not every home visit requires decision making. Some visits may be directed toward building safety, trust activities and having fun.

Consider asking the child for feedback about the home visit and how it was experienced by them. If necessary, offer the child some choices about how the visit could occur differently next time.

Time in the child's home

When practicable, observe whether the home is a safe, secure and stable environment for daily care of the child and free from any dangers. Address and follow up (with the carer) any new dangers or dangers that had been previously identified.

Completed by: **CW**



Recording: Record conversations regarding household dangers as a Notes and Attachments in the carer's household organisation. Refer to ChildStory Recording Tool and Add Notes and Attachments Knowledge Articles.

Use a home visit to visit the child's bedroom (but not every time). Observe whether the child has:

- adequate space for bedroom furniture or storage
- adequate sleeping arrangements, with their own bed or cot
- appropriate toys or activities and room to play (noting toys may be in the bedroom or another area of the home, for example a playroom)

- adequate spatial and digital privacy, for example when dressing/undressing, engaging in a private phone call or email, or being by themselves in a private space.

Not every home visit requires you to visit the child's bedroom. Always respect their right to decline your request. If so, document the conversation in the Home Visit Prompt Sheet.

Refer to the Carer reviews practice mandate.

Completed by: **CW**

Practice advice:

When you plan or carry out your home visit, appreciate that you are a guest in the child's home.

Be aware of your own cultural lens. For example, if your family is descended from the United Kingdom or Ireland, your assessment or observations may occur from an Anglo-Celtic perspective.

Apply a cultural lens to ensure your behaviour and interaction is informed by knowledge of diverse Aboriginal or CALD family values and practices.

For an Aboriginal child and/or carer, be sensitive to the impact of intergenerational trauma, such as the continued trauma experienced from forced removal of Aboriginal children (the Stolen Generations), institutional physical, emotional and sexual abuse, and Aboriginal deaths in custody.

Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate (case planning for culture) and the Cultural practice with Aboriginal Communities practice advice topic.

Respect or observe cultural and/or religious customs that may affect the way in which the visit is carried out. Always be led by the child (and their carer). If you're not sure, ask! For example, respect religious customs which might vary from prayer before meals (Christianity) to wearing loose-fitting, modest clothing (Islam), to not wearing shoes in the home (Hindu).

Also look for opportunities to support the child's participation in cultural and/or religious celebrations that intersect with your home visit. For example, you can support participation in Easter Church services (Christianity) or fasting for Ramadan (Islam) or exchanging gifts and sweets for Deepavali (Hindu).

For children with a CALD background, refer to the Identity and culture for children in OOHC practice mandate (case planning for culture) and Culturally responsive practice with diverse communities practice

advice topic.

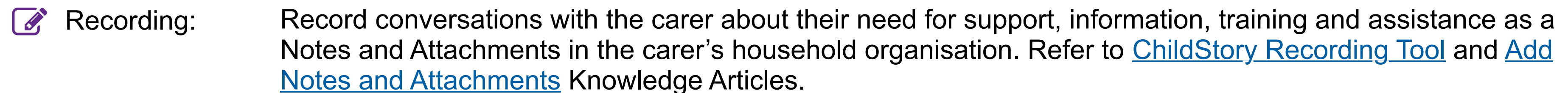
Time with the child’s carer

Speak with the carer, separately from the child (but not every time). This provides opportunity for open and confidential communication about their role and support needs.

- Speak with the carer about outstanding actions recorded in the child’s OOHC case plan. Clarify those tasks to be carried out by the carer after the home visit.
- Explore the carer’s needs for support, so they are able to build a strong relationship with the child and respond to their needs and rights.
- Explore the carer's need for clinical services, peer support and/or training.

Explore the carer’s need for clinical services, peer support and/or training or other assistance.

Completed by: **CW**



Recording: Record conversations with the carer about their need for support, information, training and assistance as a Notes and Attachments in the carer’s household organisation. Refer to ChildStory Recording Tool and Add Notes and Attachments Knowledge Articles.

Practice advice:

Respect

Respecting children and carers is key to good relationships and successful home visits.

Carry out the visit in a way that demonstrates courtesy and respect:

- Let the child and carer know the date and time you plan to visit.
- Confirm the home visit date and time with the child and carer 24-48 hours ahead of time.
- Make sure you are on time.
- When you arrive, appreciate that you are a guest in the carer’s home.

Read the Relationship-based practice practice advice topic.

Carer support

Support the carer to:

- Meet the child's developmental needs while the child transitions developmental milestones (in advance of those milestones). For example beginning school, transition to high school, adolescence, and leaving care.
- Respond to worrying behaviours from an understanding of the impact of trauma and/or affect of disrupted attachment. Refer to the Behaviour support practice mandate.
- Implement a child's cultural support plan and to help them support the child's cultural identity. Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate.
- Prepare the child for participation in family time before, during and after family time visits. Provide transport, build a relationship with the child's family and supervision (if safe to do so). Refer to the Connections and contact for children in care practice mandate.
- Help a child who identifies and sexuality or gender diverse, or intersex, to access sexuality and gender diversity support and referral. For example, consider including a carer in an LGBTQIA+ consultation. Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate.
- Help a child with a disability navigate the NDIS system to access high-quality services. For example, use your knowledge of the service system to make appropriate referrals with the carer.
- Prepare a young person leaving care for independence. For example, explore what will be the carer's role after the young person leaves care. Refer to the Leaving care and after care practice mandate.

Explore the carer's views on the appropriateness of the child's case plan goal. Could permanency be achieved by considering guardianship or adoption?

Find opportunities to provide the carer with information about contemporary issues in caring. Refer to the Extra information below. For example:

- implementing protective behaviours in the household
- e-safety for children - children's access to pornography
- responding to verbal, physical, social or online bullying and unwanted online contact
- responding to children who have displayed sexually harmful behaviour
- supporting the mental health of children.

Refer to the Carer support practice mandate.

Consider asking the carer for feedback about the home visit and how it was experienced by them. If necessary, offer the carer some choices about how the visit could occur differently next time.

Extra information:

The Australian e-safety commissioner provides information about safety online for carers, children and young people.

The Australian Government Longitudinal Study of Australian Children includes a report on children's screen time.

The Australian Parenting website provides information about privacy, monitoring and trust for pre-teens and teenagers.

The Australian Institute of Health and Welfare (AIHW) regularly publishes resources on Australian children and young people. Refer to AIHW 2020, Australia's children and Web article: AIHW Australia's youth. The AIHW also publishes and updates resources on bullying. Refer to Web Article: Bullying and negative online experiences.

The Australian Institute of Family Studies (AIFS) has published a research snapshot in relation to online pornography and its impact on children. Refer to AIFS, 2017, Online pornography: Effects on children & young people.

The Australian Department of Health regularly publishes a survey on the mental health of children. Refer to Australian Government 2015, The Mental Health of Children and Adolescents: Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing.

Implement safe work practices

When carrying out a home visit make sure the home visit is carried out in a way that is safe. Refer to the Home Visits / Field Work Safe Work Practice Guide. If, during the visit you intend to provide transport to the child or their carer (for example, to an appointment), address the child's individual safety needs. For example, children with disability that affects their transport may require a safety vest or harness. Refer to the Transporting a Child or Client policy and Safe Travel Procedure.

Completed by: **CW**

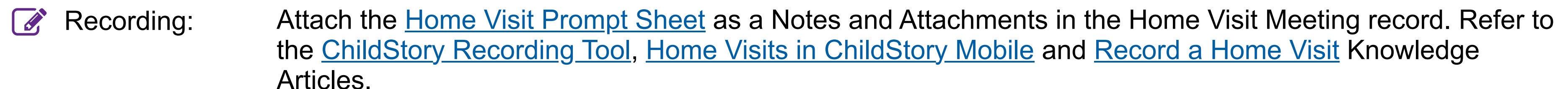
Use a home visit prompt sheet or template

Record every home visit you carry out, immediately or soon after, using the Home Visit Prompt Sheet or your local district home visit template. Include in the prompt sheet information about:

- observations of the child's placement and it's safety for the child
- discussions about significant decisions affecting the child and carer
- activities which involved discussion and exploration of the child's rights
- actions and tasks to be carried out, by whom and the timeframe for their completion
- photos, keepsakes, awards and other mementos that inform life story work and can be shared with the child's parents and family/kin.

Refer to the Identity and culture for children in out-of-home care (OOHC) practice mandate (life story) and Sharing progress and placement information about a child in care practice mandate.

Completed by: **CW**



Recording: Attach the Home Visit Prompt Sheet as a Notes and Attachments in the Home Visit Meeting record. Refer to the ChildStory Recording Tool, Home Visits in ChildStory Mobile and Record a Home Visit Knowledge Articles.

Recording: When a home visit includes conversations with the carer about their need for support, information, training and assistance, attach the Home Visit Prompt Sheet as a Notes & Attachments > OOHC case plan > Measure of Wellbeing 1: Placement and Permanency > Carer's household organisation. Refer to ChildStory Recording Tool, Complete an OOHC Case Plan Review, and Add Notes and Attachments Knowledge Articles.

Practice advice:

Consider using ChildStory Mobile to create a home visit record while you are in the field. Otherwise, record your home visit as soon as possible after you return to the office.

When taking notes after your home visit:

- Record the child's actual words as much as possible. For example, did they say anything about their health appointment? How did they feel about their school award or report?
- Record in a way that you would talk face-to-face, using respectful, strength-based language at all times.
- Write from the perspective that the child will read their files, with care, understanding and empathy. Capture the child's words, thoughts, feelings and overall participation.
- It may be appropriate to write as if you are writing directly to the child (but not all the time).
- Convert any handwritten notes to digital notes for accuracy and legibility. Date and sign the notes before uploading them to ChildStory.

After the home visit, consider sending a summary of outstanding actions and tasks that will to be completed to the carer and/or child. This will strengthen confidence in the purpose of home visits and help make sure tasks aren't inadvertently missed.

Consider writing the child a letter about the home visit and be open to the child writing a letter back. This gives the child another (sometimes powerful) way of communicating with you.

Consider updating a child's parents with progress about the child's life after the home visit. This will enable you to share relevant and highly current information with the child's parents.

Refer to the Sharing Progress and Place Information about a Child in Care practice mandate. Read the Language Impacts on Practice and Documenting your Work with Family practice advice topics.

- **Life story work**

  Life story work is a process, not an event. This topic will give you ideas about creative ways to work with children, families, carers and communities to help a child learn and tell their story.

  Read Practice Advice

Key documents

Name	Description	Size	Type
Home Visit Prompt Sheet	A prompt sheet for capturing a home visit to a child in out-of-home care.	91.5 KB	Word

About this page

Date updated
27 Jul 2022
Last reviewed
27 Jul 2023
Content owner
OOHC Programs
Directorate
Strategy, Policy and Commissioning

[Mandates](#)>[Children in care](#)>Health needs of children in OOHC

Health needs of children in OOHC

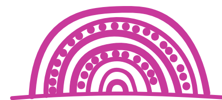
1. Overview

Use when a child has entered statutory out-of-home care (OOHC) to make sure they receive timely and appropriate health screening, assessment, intervention, monitoring and review of their health needs.

Purpose

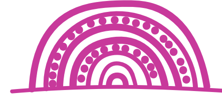
"I need you to let me know about my rights in a way that I will understand and that acknowledges my individuality and diversity. Make sure my rights are met and let me know who I can talk to if my rights are not being met. Include me in decisions about my life and answer my questions quickly and honesty."

Practice Framework Standard 1 - Enacting children and young people's rights



'Tomorrow's world is already taking shape in the body and spirit of our children.'

Kofi Annan



Children and young people in OOHC are more likely to experience physical, developmental, emotional and mental health problems compared with their peers.

It is our duty to not only respond to a child's health issues, but also create opportunities to promote good physical and mental health and wellbeing so they can reach their individual life potential. Doing so will create an opportunity for children to have stronger and longer life prospects and a sense of wellbeing into adulthood.

Health can not only impact on a child's physical and mental health as an adult, but also their ability to be educated, be in stable employment and create and maintain healthy relationships and families.

Statutory requirements

Children and Young People (Care and Protection) Act 1998

Sections: 8, 16A, 21, 22, 53, 140,144, 146, 150, 157, 174, 177, 248, Schedule 3: 2-4

NSW Child Safe Standards for Permanent Care

Standards: 8 and 9

Memorandum of Understanding: Health Screening Assessment Intervention and Review for Children and Young People in Out-of-Home Care

Mandatory Reporter Guide

Health Records and Information Privacy Act 2002 (NSW)

The Guardianship Act 1987

The Guardianship Regulation 2005

Section: 8

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

2. The OOHC Health Pathway - Identifying, assessing, meeting and reviewing health needs

Extra information:

The OOHC Health Pathway

The OOHC Health Pathway is an agreed process with the NSW Ministry of Health that ensures all children who enter OOHC receive timely and appropriate health assessment, intervention, monitoring and review of their health needs.

All children who participate on the OOHC Health Pathway will receive a primary health assessment. For some children, the primary health assessment will identify the need for a more comprehensive health assessment which will most likely involve health clinicians from a range of disciplines, depending on the findings of the primary health assessment.

As a result all children will receive a Health Management Plan which identifies their health needs and recommended interventions including the clinicians they will need to engage with to meet them. The plan should be reviewed annually for children over five and every six months for younger children.

See OOHC Health Pathway: a caseworker’s guide for information about the key steps and who has responsibility for their implementation.

Eligibility for the OOHC Health Pathway

All children who entered care after 2010 should be placed on the OOHC Health Pathway. In Western NSW District the Pathway is open to children and young people who entered statutory OOHC in 2013.

Children with a significant health need should be referred to the Pathway regardless of when they entered care. If you are unsure whether a child or young person that you are working with is eligible to be placed on the Pathway, contact your OOHC Health Coordinator.

For young people getting ready to leave care the Pathway focuses specifically on:

- developing increased health literacy
- establishing links with general practice/primary health care, and
- obtaining access to personal medical records.

Key steps of the OOHC Health Pathway

Obtaining consent for the health referral

Young People 14 years and over

Explain to a young person aged 14 years and over that their consent is required prior to submitting the OOHC Health Referral Form to Health. Consent is needed to enable the ongoing sharing of their health information including their Health Management Plan when developed, and their participation in health assessments to identify and address their health needs.

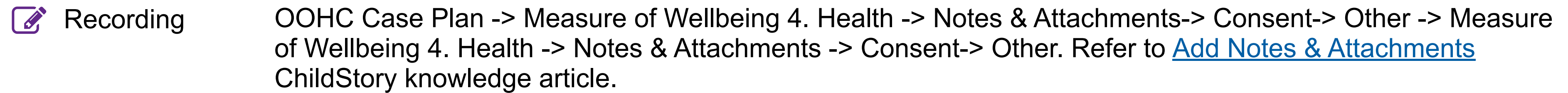
Obtain the young person's consent in writing, with them signing the consent form attached to the OOHC Health Referral Form.

If a young person aged 14 years and over does not wish to consent to participate in the Pathway, talk to them about why and negotiate what information they are willing to share. Ask if they would be willing to share information verbally. If they still do not consent, record this in ChildStory.

If a young person does not want to participate in the Pathway, encourage them to attend an annual medical check-up with a doctor or health professional, so that their health needs can be met. If they do not wish to attend an annual check-up, encourage them to

visit a doctor when they are sick.

Completed by: **CW**



Recording OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments-> Consent-> Other -> Measure of Wellbeing 4. Health -> Notes & Attachments -> Consent-> Other. Refer to Add Notes & Attachments ChildStory knowledge article.

Carers

Explain to the carer that their verbal consent is required as part of the referral as their contact details will be shared with health practitioners as part of the OOHC Health Pathway process. The OOHC Health Referral Form includes a section to indicate that the carer is happy for their contact details to be shared.

Parents

Obtain verbal consent from the child's parents if required for the release of personal contact details and health information relating to them or their children.

Completed by: **CW**

Information gathering

Gather all available health information, including allergies, about the child from their Blue Book, records, family, medical professionals and all other important people involved. See the Information exchange practice mandate for more on requesting and receiving information from prescribed bodies and Commonwealth agencies.

Completed by: **CW**

Recording Document Behaviour, Disability, Health Conditions for the child or young person, in the **Person Role Details -> Person Properties –** then the relevant tab.

Extra information:

Important legislative changes that came into effect on 6 May 2016 mean private health professionals, doctors, nurses, midwives, psychologists, occupational therapists and speech therapists, are now able to

lawfully exchange information about the safety, welfare and wellbeing of children and young people under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.

Referral for 2a primary health assessment and consultation

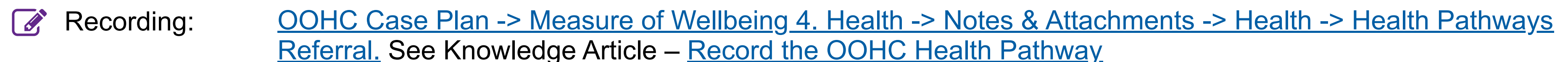
Make a referral to NSW Health to initiate a 2a primary health assessment within 14 days of an interim order allocating parental responsibility (PR) to the Minister. Complete the OOHC Health Referral Form.

You are responsible for referring a child to the OOHC Health Pathway regardless of whether DCJ or a non-government organisation is responsible for managing their placement. This is a task that cannot be undertaken by a non-government organisation.

Completed by: **CW** Approval: **MCW**

Inform the relevant OOHC Health Coordinator if the child has been referred to the Children's Court Clinic and the parameters of the assessment, this is to avoid duplication and over assessment. Do not provide the Children’s Court Clinic assessment to any other agency without prior leave of the Children’s Court.

Completed by: **CW**



Recording: OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments -> Health -> Health Pathways Referral. See Knowledge Article – Record the OOHC Health Pathway

Practice advice:

Children and young people should be actively involved in decisions about their personal health. Explain the reasons for the health assessment and the process, including what to expect. Answer any questions they

might have. Talk with them about who they would like to go with them to the appointment and do your best to accommodate their wishes.

Health assessment (2a)

Extra information:

The OOHC Health Coordinator coordinates the referral assessment process and will contact the carer and caseworker. A timely referral assists NSW Health to commence the health assessment within 30 days of the child entering care.

The OOHC Health Coordinator will provide details of the 2a primary health assessment, consultation appointment and any special requirements to the carer, DCJ and the primary health provider. For details of the OOHC Health Coordinator for your local Health District refer to the current list of OOHC Health Coordinators.

A 2a health assessment should assess physical health, growth and development, immunisation, vision, hearing, oral health, nutrition and psychosocial and mental health needs.

Attend the 2a primary health assessment and consultation appointment with the child and carer. Ask the carer to bring the child's Blue Book, immunisation history and Medicare card (if the child has one). If appropriate assist the child to participate in decision making.

If the child wants their parents to attend the appointment, and it is appropriate, look at strategies to allow this to happen. Let the child know who will be informed about the outcome of the assessment.

Address any immediate heath care needs. Do not wait for the referral to NSW Health to be actioned. If the child needs medication or treatment, arrange for them to receive the required health services before making the referral.

Completed by: **CW** Approval by: **MCW**

Recording: **OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments->Health->** 2A Primary Health Assessment Report. See Knowledge Article – Record the OOHC Health Pathway

Comprehensive health assessment (2b)

Extra information:

If the 2a primary health assessment and consultation identifies that there is need for further assessment, the OOHC Health Coordinator will refer the child for a 2b comprehensive health assessment. This may involve a range of practitioners for assessment of the child's physical health, development, psychosocial and mental health needs.

Provide the OOHC Health Coordinator with all relevant information to inform the 2b comprehensive health assessment.

Extra information:

Relevant information may include:

- 2a primary health assessment and consultation report
- pre-school and school reports

- medical reports
- psychological and developmental assessments
- observations of the child made by the caseworker, family, carer and any other relevant professionals
- findings from assessments conducted by DCJ psychologist, private clinicians or Children's Court clinician (permission must be gained from the Children's Court) relevant to health needs of the child
- relevant child protection information.

Completed by: **CW** Approval by: **MCW**

Recording: **OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments-> Health ->** 2B Primary Comprehensive Assessment Report. See Knowledge Article – Record the OOHC Health Pathway

Health Management Plan

Extra information:

A Health Management Plan is developed by the OOHC Health Coordinator and is a record of the child's health needs identified in the 2a and 2b assessments and services recommended to address these.

Work with the carer to make sure the child's Health Management Plan is implemented. Incorporate the child's identified health needs and interventions into their case plan.

Try to get services or appointments that are publicly funded where possible. If extraordinary supports are required that cannot be provided through the public health system, or cannot be provided in a timely manner, look for private providers and request contingency funds to cover costs. See financial support for children and young people in OOHC.

Contact your local OOHC Health Coordinator if you have questions about implementing the Health Management Plan.

Completed by: **CW**

Recording: Attach the Health Management Plan to the **OOHC Case Plan** -> **Measure of Wellbeing 4. Health** -> **Notes & Attachments** -> **Health ->** Management Plan (NSW Health). See Knowledge Article – Record the OOHC Health Pathway

Extra information:

For more information about children with disabilities and physical disorders, and to inform child-focused case planning, see the DCJ Reference Guide to Physical and Mental Disorders and Disabilities in Children and Young People

For more information about children with disabilities and physical disorders, and to inform child-focused case planning, see the DCJ Reference Guide to Physical and Mental Disorders and Disabilities in Children and Young People.

Speak with the child about who they would like their Health Management Plan to be shared with.

Monitor the child's progress as part of case planning to check that the carer has:

- followed up on all recommended therapy and services for the child
- discussed any barriers to receiving services
- supported the child to participate in decision making at these appointments (if appropriate).

Completed by: **CW**

Inform the OOHC Health Coordinator of any change in the child's circumstances by using the Change of detail advice for a child or young person form. Record in Notes & Attachments ->Health -> Change in Details

Practice advice:

Where possible, attend appointments with the child. Attending appointments is a purposeful way to engage with the child and carer about the child's health. Consider whether it's safe and appropriate for parents, or other important people such as grandparents or an extended family member, to come to any appointments for the child to stay connected and feel supported.

Periodic health review and assessment

Let the child know that their Health Management Plan will be reviewed and that they will have an assessment as part of this review. Liaise with the OOHC Health Coordinator to make sure that these reviews take place.

Completed by: **CW**

Recording: Document the review request with the OOHC Health Coordinator in the Case -> Notes and Attachments -> Category – Correspondence -> Sub Category – Phone Calls, Letters or Emails

Update the child's case plan after each review.

At a minimum, get the plan reviewed every 6 months for a child under 5 years old and every 12 months for a child 5 and over.

Review the Health Management Plan:

- at times defined by other health professionals
- at puberty
- on entry into high school
- when requested by the child
- when requested by a carer
- as a result of observations made by professionals who have ongoing contact with the child
- when planning for and before leaving care.

Completed by: **CW** Approval by: **MCW**

Recording: Record outcomes of the child's Health Management Plan review in the child's case plan. Monitor outcomes through the plan.

If the OOHC Health Coordinator does not have the capacity to review the Health Management Plan then the relevant 2A Primary Health Assessment Form can be used as a guide for review.

Work with the carer to ensure the relevant age specific 2A Primary Health Assessment Form (see below) is provided to a General Practitioner (GP) or primary health practitioner including a child and family health nurse, or Aboriginal Medical Service to review the Plan.

Under 1 year

1-5 years

6-11 years

12-18 years

If the OOHC Health Coordinator does not have capacity to review the child's Health Management Plan and a healthcare professional reviews and revises it, make sure the revised Plan is returned to you and to the OOHC Health Coordinator.

Follow up any issues identified through the Health Management Plan review process.

Completed by: **CW** Approval by: **MCW**

Recording: See Knowledge Article – Complete an OOHC Case Plan Review. See OOHC Health Pathway: a caseworker's guide

Provide information to carers about the Pathway

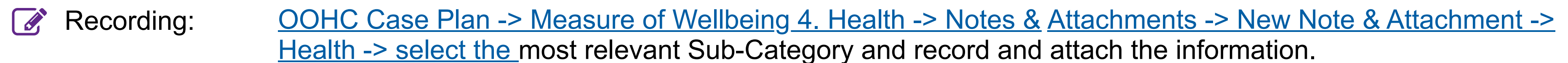
Give the OOHC Health Pathway: A carer's guide to carers to help them understand and participate in managing the child's healthcare needs.

Meeting the health needs of a child who is not eligible to participate in the OOHC Health Pathway

Although children who entered care before 2010 are not eligible to be on the Pathway, they must have a health assessment that identifies their development, immunisation, vision, hearing, dental and mental health needs as part of case planning and review.

If the child is not eligible to be on the OOHC Health Pathway, give the child's carer a copy of the 2A OOHC Primary Health Assessment Form specific to their age

Advise the carer to provide the form to a child and family health nurse, GP or Aboriginal Medical Service to conduct a Primary Health Assessment. Advise them to let the GP or health practitioner know to return the 2A assessment form to you.


Recording: OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments -> New Note & Attachment -> Health -> select the most relevant Sub-Category and record and attach the information.

-> Measure of Wellbeing 4. Health -> Notes & Attachments -> New Note & Attachment -> Health -> select the most relevant Sub-Category and record and attach the information.

Completed by: **CW** Approval by: **MCW**

Follow-up any issues that are identified through the assessment process. Ask the GP or health practitioner to organise referral to follow-up services as needed.

Incorporate findings from the child's health assessment and any follow-up health assessments into their OOHC Case Plan or leaving care plan.

Children should continue to have their health needs monitored annually by a health practitioner Give the child's carer a copy of the 2A OOHC Primary Health Assessment Form specific to their age. Advise the carer to provide the form to a child and family health nurse, GP or Aboriginal Medical Service to conduct a Primary Health Assessment. Advise them to let the GP or health practitioner know to return the 2A assessment form to you.

Completed by: **CW** Approval by: **MCW**

Recording: See Knowledge Article – Complete an OOHC Case Plan Review. Refer to OOHC Health Pathways: a caseworker's guide for further information about what the 2a assessment process covers and how it can be used as a health assessment tool.

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.
  Read Practice Advice

3. Sharing health information

Confidentiality

Keep the child's medical information confidential. Medical information can only be disclosed with the consent of the child (when aged 14 and over) or if there is an obligation to disclose.

Completed by: **CW** Approval by: **MCW**

If there is a need to disclose medical information to a child’s carers, advise them that it can only be shared in the following circumstances:

- with medical or dental practitioners for the purpose of advice and treatment
- If failure to share the information puts others at risk (note a carer must discuss the matter with the caseworker before they share the information)

Recording: Record information provided to the carer within Case -> Notes and Attachments -> Category – Correspondence -> Sub Category – Phone Calls, Letters or Emails.

Completed by: **CW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

4. My Health Record

Extra information:

What is the *My Health Record?*

The *My Health Record* is the Australian government's digital health record system. It is a high level summary of existing health information available in other locations. Health information stored in the record can be added by the individual, their healthcare providers, or Medicare. This information may include medical conditions and treatments, allergies, medicine details, and test or scan results.

The *My Health Record* is controlled by the individual and they decide what gets uploaded, what stays in the record and who can view it. More information about the *My Health Record* is available at MyHealthRecord.gov.au

Children in OOHC

The *My Health Record* has particular benefits for children in OOHC with complex heath needs who may need to visit several different health care providers. The record will improve the way that information is currently shared between their health care providers and will be available to them if they change placements and when they leave care.

All children in the care of the Secretary and the parental responsibility of the Minister will have a *My Health Record*. Their record will be restricted for safety purposes while they are in care which means that it can only be viewed by DCJ centrally and their health care providers. DCJ will also undertake the process of placing restrictions on the records of children in NGO managed placements.

It is important to be aware that you are not responsible for placing or removing a restriction on a child's *My Health Record* as this is a process that will be managed centrally by DCJ. Refer to the factsheet My Health Record for children and young people in out-of-home care (OOHC) – Factsheet for caseworkers for more information.

When children leave care the restriction will be lifted from their record and whoever has parental responsibility for the child will be able to make decisions about their *My Health Record*.

When a child enters OOHC

Provide information about the *My Health Record* to their carers and birth parents to help them to understand the following:

- the benefits of the *My Health Record*
- potential safety concerns and how they will be managed through the restriction process
- options that young people have in relation to managing their *My Health Record* when they turn 14.

For more information refer to the fact sheet My Health Record for children and young people in out-of-home care (OOHC) – Factsheet for caseworkers

- advise their birth parents and carers that their child will have a *My Health Record* that will be restricted.
- give the child's birth parent the factsheet *My Health Record: A guide for parents with children in out-of-home care* and talk through the key messages together.
- give the child's carer the factsheet *My Health Record: A guide for foster, relative and kinship carers* and talk through the key messages together.

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5. Immunisation, Medicare and health care cards

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Medicare cards and a carer's responsibility

Let the carer know:

- to use the child's Medicare card number when processing claims for medical treatment
- if they take the child to a doctor who does not bulk bill, any gap payment between the Medicare reimbursement and fee must be paid for by the carer
- the care allowance is to be used to cover the child's general medical costs, including visits to a non-bulk billing medical practitioner.

Completed by: **CW**

Extra information:

If the child is taken to a doctor who bulk bills, the doctor can get the child's card number directly from Medicare for billing purposes. If a carer has paid for a Medicare service for the child, they can receive the Medicare benefit by putting in a claim at a Medicare office.

If the child needs a PBS medication, the child's Medicare card number is provided to the pharmacist to determine the child's eligibility to the PBS. Where it is not possible for the child, parent or carer to provide Medicare card details, a pharmacist can use a pharmacy only Special Medicare Number. With consent of the child, parent or carer, the pharmacist can also phone the Medicare Australia PBS enquiry line to obtain the child's Medicare card number.

Health Care Card

Support the child's carer to apply for a Health Care Card for the child by helping them to complete the Application for Health Care Card and providing:

- certified copy of the birth certificate
- copy of the Court Order
- Health Care Card Request.

Extra information:

All children in OOHC are eligible to receive a Health Care Card. An authorised carer can apply for a Health Care Card for the child in their care. If the carer has their own Health Care Card, they can contact Centrelink or the Family Assistance Office to have the name of the child or young person added to their card. If a carer is not eligible for a Health Care Card, they can apply for a Health Care Card for a (foster) child on behalf of the child. Centrelink will issue the card in the child's name.

Recording: **Person Role Details -> Person Data – Identifier** tab -> **New Identifier** and record and upload a scanned copy of the Health Care Card.

Completed by: **CW**

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.
  Read Practice Advice

6. Consent

Emergency medical treatment

Advise the carer that the law requires them to immediately notify the agency with responsibility for the child’s placement if the child suffers a serious accident, illness or injury.

Consent is not required if a medical or dental practitioner is of the opinion that the treatment on the child is necessary to save their life, or to prevent serious damage to their health as a matter of urgency.

When can a child give consent to their own medical or dental treatment?

Extra information:

Children are able to give consent to their own medical and dental treatment if they are assessed by a medical practitioner as having a sufficient level of understanding, intelligence and maturity to fully understand the proposed medical treatment (note this is generally considered to be 14 though in some instances may be younger as advised by a medical practitioner). The term used by NSW Health to describe this is Mature Minor or Gillick Competent.

A medical practitioner will carefully assess a child's capacity to consent to the specific medical or dental treatment proposed by taking into account the significance of the proposed treatment. It is not the responsibility of the child’s caseworker or carer to make this assessment.

There is no set age at which a child is capable of giving consent for their medical and dental treatment. It depends upon the treatment being proposed and their ability to fully understand the implications of that treatment. A court may still override a Mature Minor’s consent to or refusal of treatment if they do not consider the decision to be in the Mature Minor’s best interests.

For Mature Minors, Barnardos or DCJ consent is not required for most medical treatments. However, health workers and carers should support the young person to inform their caseworker that they have undergone treatment to support holistic casework.

General medical treatment

Advise the carer they can consent to most day to day medical or dental treatment for a child in their care if the child lacks the capacity to consent.

Including:

- Medical and dental treatment not involving surgery (with the exception of minor dental surgery) on the advice of a medical practitioner/dental practitioner.
- Medical and dental treatment involving emergency surgery, if certified by a medical practitioner/dental practitioner as being urgent and in the child's best interests.

Provide the Consent for medical and dental treatment of children and young people in out-of-home care factsheet to carers so they have been informed of the range of circumstances for which they can and cannot give consent. A foster or relative kinship carer cannot delegate responsibility for providing consent to another family member and should attend medical and dental appointments with the child when consent is required for medical or dental treatment.

Refer to the Medical and Dental Consent Tool when required to determine who has the authority to consent to medical or dental treatment on behalf of a child in OOHC.

Complete the Consent for Dental, Medical or Surgical Treatment letter to ensure that DCJ consent has been provided if required for specific medical treatment.

Completed by: **CW**

Recording: **OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments-> Consent->** Consent for major medical/dental treatment.

When is DCJ consent required for medical or dental treatment?

Extra information:

Where an authorised carer does not have the authority to consent, DCJ (or Barnardos) may be required to provide consent as an exercise of parental responsibility. This includes:

- Medical and dental treatment involving surgery (non-urgent).
- Medical interventions involving drug and alcohol programs.
- Admission to and treatment within a psychiatric hospital.
- Contraception for children not considered to be mature minors.
- Specialised invasive medical testing advised by a medical practitioner.
- End of Life medical interventions and decisions including endorsement of End of Life Plans.
- Gender affirming health care.

Consent to body piercing and tattoos

If a child or young person requests consent for:

tattoo on any part of their body	Explain that by law they will need to wait until they are 18 years old, or seek consent from the person/agency who holds parental responsibility (Section 230 of the Act). Consent must be given in person by a parent accompanying the child or in writing. If the Minister holds Parental Responsibility, DCJ or Barnardos needs to consent (this includes procedures known as scarification, branding and beading).
intimate body piercing	Explain that by law they will need to wait until they are 16 years old and no one can consent on their behalf (Section 230A of the Act)
non-intimate body piercing (ear, brow, nose, lip, navel, tongue and the back of the neck)	Explain that by law they will need to wait until they are 16 years old or seek consent from the person/agency who holds parental responsibility (Section 230A of the Act). Consent must be given in person by a parent accompanying the child, or in writing. In giving their consent, a parent needs to specify the part of their child's body to be pierced. If the Minister holds Parental Responsibility, DCJ or Barnardos consent is required.

If the child or young person would like a tattoo or non-intimate body piercing, get written consent from the MCS by preparing a submission that outlines:

- the specific part of the body the child or young person wishes to tattoo or pierce
- their reasons for wanting the tattoo or piercing
- the views of their carers and parents, where appropriate
- who will accompany the child or young person if consent is given.

Completed by: **CW** Approval by: **MCS**

Recording: **OOHC Case Plan -> Measure of Wellbeing 4. Health -> Notes & Attachments-> Consent-> Other**
Completed by: **CW**

Special medical treatment – child under 16 years old

Contact DCJ Legal if a child under 16 years old has been found to require:

- any treatment that is intended, or is reasonably likely, to have the effect of rendering the young person permanently infertile
- vasectomy or tubal occlusion
- any medical treatment for the purpose of contraception or menstrual regulation declared by the regulations to be a special medical treatment
- any medical treatment that involves the administration of a drug of addiction within the meaning of the Poisons and Therapeutic Goods Act 1966 over a period or periods totalling more than 10 days in any period of 30 days. Refer to poisons list information here.
- any new treatment that has not yet gained the support of a substantial number of medical practitioners or dentists specialising in the area of practice concerned

See NCAT fact sheet Special medical treatment for people under 16 years for more information.

Completed by: **CW** Approval by: **The Principal Officer**

Recording: Case -> Legal Matter -> Record Type – Court Proceeding -> Matter Type -> Tribunal Matter -> Application Type – Guardianship Tribunal Application- Consent to Medical Treatment.

Completed by: **CW** Approval by: **MCW**

Extra information:

Consent for special medical treatment needs to come from a tribunal or court because the treatment is regarded as special medical treatment within the meaning of section 175 of the *Children and Young Persons (Care and Protection) Act 1998* or a medical procedure under the *Family Law Act 1975:*

- Any medical treatment that is intended to or may result in permanent infertility (other than those intended to remediate a life-threatening condition).
- Any medical treatment in the nature of a vasectomy or tubal occlusion.
- Any medical treatment for the purpose of contraception or menstrual regulation prescribed in the *Children and Young Persons (Care and Protection) Regulation 2012* (currently no such treatment is prescribed).

Please also note that there has been a general exemption under section 175 of the Care Act for cancer treatment, ADHD and narcolepsy – refer to the General Exemption Notice.

The Regulations require a Behaviour Support Plan to be prepared and approved where a psychotropic drug is prescribed to a child, even if that drug is a drug of addiction (special medical treatment) administered in accordance with the General Exemption Notice.

Special medical treatment – young person over 16 years old who cannot consent

Contact DCJ Legal if a young person over the age of 16 years and who is not able to give their consent, has been found to require:

- any treatment that is intended, or is reasonably likely, to have the effect of rendering the young person permanently infertile
- any treatment that is carried out for the purpose of terminating pregnancy
- any treatment that involves the use of an aversive stimulus, whether mechanical, chemical, physical or otherwise
- any new treatment that has not yet gained the support of a substantial number of medical practitioners or dentists specialising in the area of practice concerned
- participation in a clinical trial where the tribunal has determined that the consent of the tribunal (rather than the person responsible) is required
- any treatment that involves the administration to a patient of one or more restricted substances for the purpose of affecting the central nervous system of the patient, but only if the dosage levels, combinations or the numbers of restricted substances

used or the duration of the treatment are outside the accepted mode of treatment for such a patient
- any treatment that involves the use of androgen reducing medication for the purpose of behavioural control.

Completed by: **CW** Approval by: **The Principal Officer**

Recording:

Case -> Legal Matter -> Record Type – Court Proceeding -> Matter Type -> Tribunal Matter -> Application Type – Guardianship Tribunal Application- Consent to Medical Treatment.

Completed by: **CW**

Extra information:

The NSW Civil and Administrative Tribunal (NCAT) has power under the Guardianship Act 1987 to consent to special treatments for people over the age of 16 years who lack capacity to consent to these treatments.

For more information about consent for sterilisation see the NCAT fact sheet on consent to special treatments intended or reasonably likely to cause permanent infertility.

For more information about special medical treatment guidelines read the NCAT fact sheet on special medical treatment guidelines.

- **Understanding trauma and resistance**

  Children and adults need us to understand how their trauma and resistance shapes who they are and how they interact with others.

  Read Practice Advice

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Responding to psychiatric admissions

If the child has known psychiatric support needs, wherever possible, plan for psychiatric admissions.

Develop a crisis plan as part of case planning in conjunction with the child, carer, DCJ psychologist and other significant people.

Recording: Record within the OOHC Case Plan in the relevant Measures of Wellbeing.

Also see Knowledge Article - Complete an OOHC Case Plan Review

Completed by: **CW** Approval by: **MCW**

Extra information:

A psychiatric admission is when a child or young person is involuntarily or voluntarily admitted to a psychiatric facility. The Mental Health Act 2007 has specific requirements for children and young people, to adhere to the regulations.

If the child is admitted to a psychiatric facility, consult with a DCJ psychologist about the child's admission and how best to support them.

Visit the child and carer and ask for the details surrounding their admission (if not planned). Ask for the views of the child and inform the parents (and carers) about the admission.

Advise the OOHC Health Coordinator of the admission and request a Health Management Plan review. Consult with the medical staff about the child's condition, treatment options and intended treatment plan.

Make sure the child's carer fully understands the ongoing medication and any other treatment required to manage the child or young person's condition. See the Behaviour support practice mandate if psychotropic medication is prescribed.

Completed by: **CW** Approval by: **MCW**

9. Infectious diseases

Follow universal infection control procedures when working with children. Treat all bodily substances (including blood, body fluid, urine and faeces) as potentially infectious and use protective barriers and practices.

A child's health records must be kept confidential and only disclosed:

- with the consent of the child, or
- where there is an obligation, e.g. to inform a carer so they may provide adequate care, or
- where disclosing the information is in the best interests of the child.

If a child has an infectious disease and says that they do not want this information disclosed to their carer, explain to the child that the carer will be better able to support them if they know. Tell them that although they have a right to privacy, their carer also has a right to certain information so that they can make informed decisions about caring for them.

Tell the carer the child has HIV/AIDS, Hepatitis C or other infectious disease, if they need to know this information to provide appropriate care for them, or if the disease could pose a significant health risk to them or members of their family.

Tell the carer that they must not disclose this information, except to a medical practitioner or dentist for the purpose of medical advice or treatment, or in circumstances approved by the Minister.

Completed by: **CW** Approval by: **MCW**

Practice advice:

Many people who have been diagnosed with HIV or another infectious disease experience discrimination which can adversely affect their quality of life and opportunities. Because of the discrimination experienced, legislation recognises the importance of maintaining confidentiality of medical records. It is very important to handle the child's information with sensitivity.

Talk with the child about protecting themselves in terms of whom and how they disclose information.

Support the carer to understand the discrimination that the child may experience, talk with them about ways they can support and protect the child and to help make sure the child does not feel shame about their diagnosis.

If the child is thought to have a sexually transmitted infection and testing that involves taking bodily fluids or tissue samples is needed, approve testing as part of the case plan.

If a medical practitioner confirms that the child has a sexually transmitted infection, arrange immediate medical treatment and support for the child and apply the MRG to determine whether a report to the Helpline needs to be made.

Recording: Record within the OOHC Case Plan in the relevant Measures of Wellbeing.

Completed by: **CW** Approval by: **MCW**

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.

  Read Practice Advice

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Key documents

Name	Description	Size	Type
s.74			
Consent to Release Personal Information	For the carer and adult household member to complete when OOHC case management is transferred to an NGO. This form is used to document consent from carer and adult household member to release personal information when there is case management transfer to an NGO	42.0 KB	Word
s.74			

Name	Description	Size	Type
OOHC Health Pathway Carers Guide	A guide for carers to support OOHC health pathways	332.2 KB	PDF

About this page

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Casework Practice

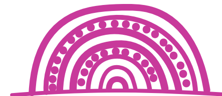
Mandates>Children in care>Behaviour support

Behaviour support

1. Overview

Use this practice mandate when working with a child or young person in statutory out-of-home care to develop and implement positive behaviour supports.

> "I need you to be considerate, empathic and genuine. Listen to me, spend time getting to know me and support me to build relationships with other people within DCJ, in my network, and in my family and community. Tell me what is happening so that I can participate in my life and fully prepare."
>
> Practice Framework Standard 8 - Building relationships that support change.



Children in OOHC have the right to be treated with dignity and to be kept safe. Identify their strengths and support them to develop positive behaviours including social, emotional and communication skills.

Equip carers with appropriate strategies to keep children safe by preventing or addressing behaviours that may be harmful to themselves or others. Behaviour Support Plans (BSPs) are developed as an integral part of a case plan for children in OOHC.

Statutory requirements

Children and Young Persons (Care and Protection) Act 1998 Sections 157, 158, 162

Children and Young Persons (Care and Protection) Regulation 2022

Other useful resources

Behaviour Support in Out-of-Home Care Guidelines

Behaviour Support Plan Checklist

Delegations Guideline Schedule X

Code of Conduct for Authorised Carers

Medical and dental consent tool

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

2. Supporting a child's behaviour

As part of case planning, work with the child and their carer to:

- keep the child safe
- nurture the child and develop their strengths
- develop positive parenting responses to influence the child's behaviour and model positive behaviour
- identify behaviours of concern and other support needs

- implement strategies to reduce behaviours of concern.

Completed by: **CW**

Extra information:

Emotional and behavioural development is part of every child's out-of-home care case plan.

For information to help the carer support the child's behaviour, see Caring for kids: A guide for foster, relative and kinship carers.

Tell the child's carer they:

- are responsible for supporting the child to develop positive behaviours
- are responsible for making day to day decisions to support and respond to the child's behaviour using positive parenting strategies
- need to inform you when psychotropic medication is prescribed
- cannot use prohibited practices
- can only use restrictive practices as part of a BSP.

Completed by: **CW**

Recording: Document the conversation with the carer. See ChildStory Recording Tool, Record a home visit or Home visits in ChildStory mobile ChildStory knowledge articles.

Practice advice:

Not every child in out-of-home care requires a BSP. Children who have experienced trauma, including abuse and neglect, may display behaviours that are difficult for carers to manage. Children may also display

behaviours of concern due to communication and language difficulties and disabilities, including learning disabilities.

Discuss the child's behaviours, and carers' responses to those behaviours during home visits and when developing or reviewing case plans. Share information about:

- normative childhood behaviour and development
- the impact of trauma on behaviours
- positive parenting techniques
- strategies to help children heal and recover.

Let carers know that a BSP is required when the child displays behaviours of concern that they are not able to effectively manage. Work with them to develop and implement a plan. Remember that behaviour support should focus on prevention by using planned responses.

Make yourself available to carers, listen to their concerns and provide appropriate supports.

Strategies to support positive behaviours and effective responses are on the Caring for Children website, including videos on understanding trauma in children and young people.

- **Relationship-based practice**

  Relationship-based practice is key to casework success. Find out more about creating and promoting healthy relationships with children and families.
  Read Practice Advice

3. Behaviour Support Plans

If you identify behaviours of concern, consult with a behaviour support specialist to develop a Behaviour Support Plan (BSP).

Extra information:

A child's behaviour is 'concerning' when it is of such intensity, frequency and/or duration that the safety and wellbeing of the child and/or others around them is at significant risk.

Behaviours of concern may also include the absence of behaviours that are usually expected for the child's age, or signs of psychological distress including anxiety, detachment, withdrawal and low mood.

The behaviour may limit the child's access to their usual activities, services, experiences and places they would go. Behaviours of concern can substantially interfere with acceptance of the child by their community. They disrupt the child's quality of life and that of their family, peers and carers. Behaviours of concern may also negatively affect placement stability.

A behaviour support expert is a psychologist, occupational therapist, social worker or other clinician with specialist training and expertise in behaviour support.

When to develop a BSP

In certain circumstances, positive parenting strategies are sufficient to support positive behaviour change for the child. However, some circumstances may require the development of a formal BSP.

Develop a BSP if:

- a doctor or specialist prescribes the child psychotropic medication
- the child's behaviour is dangerous to themselves or others, and has a major impact on their daily functioning
- the use of approved restrictive practices is recommended
- a behaviour support specialist determines that physical restraint is required to keep the child safe.

Prior to developing a BSP:

- Gather information about behaviours of concern and current strategies, including what is and is not working.
- Submit a service request on ChildStory for a Psychological and Specialist Services consultation.
- During the consultation, discuss all behaviours of concern to determine who should complete the BSP.

Extra information:

The purpose of a BSP is to:

- support positive behaviours, improve quality of life and build strengths with appropriate strategies
- understand the causes and functions of the child’s behaviours
- reduce behaviours of concern and restrictive practices by providing a consistent response
- keep the child and others safe.

Who develops a BSP

Positive behaviour support is part of every child’s case plan. Strategies are most effective when developed with the child and their support network.

Complete the Positive Behaviour Support training developed by Psychological and Specialist Services, before developing the child's BSP.

Consult with departmental psychologists at any point for advice and support.

When a child is receiving NDIS funded supports, consult with their NDIS service provider for BSP development (see the NDIS section of this mandate for more information).

Always consult with a behaviour support expert when a BSP:

- addresses behaviours of concern that may threaten the child’s safety or the safety of others
- includes the use of psychotropic medication
- includes the use of physical restraint
- includes a restrictive practice.

Completed by: **CW** Approval by: **MCW**

Developing a BSP

Develop the plan with:

- the child
- carers, parents and anyone else important to the child
- any interagency services involved
- a behaviour support expert/DCJ psychologist as relevant
- other professional supporting the child such as their occupational therapist, speech therapist, psychologist and psychiatrist.

To develop a BSP, gather information about the child, their environment and their behaviours:

- identify and build on the child's strengths and interests
- identify the triggers and functions of behaviours of concern
- provide strategies for carers aimed at preventing and managing behaviours of concerns
- provide strategies to build skills and increase pro-social behaviours
- consider the child's history
- consider the child's cultural, linguistic and religious background
- ensure it is appropriate to the child's age and developmental level.

Completed by: **CW**

For Aboriginal and Torres Strait Islander and culturally diverse children, ensure a BSP:

- is culturally appropriate
- is developed in consultation with the child’s community of belonging
- is consistent with the child’s cultural care plan
- actively involves the family and kin who care for the child, as well as the child’s biological family whenever possible
- is implemented by culturally competent staff and carers.

Completed by: **CW**

Practice advice:

Children’s relatives, kinship group and community can be an asset in supporting positive behaviour. Talk with family and kin who care about the child to gain their knowledge and participation in behaviour support planning. This should include talking about what has worked in the past, involving them in the plan and supporting them to implement specified strategies. This will ensure the child receives consistent responses to their behaviour.

When developing a BSP for for Aboriginal and Torres Strait Islander children, consider organising a Aboriginal or Torres Strait Islander consultation:

- Include the child's family and significant community members to ensure the plan aligns with the child's cultural traditions and practices.
- Collaborate with Aboriginal medical and health services wherever possible.
- Collaborate with child's school.

The child’s culture should be harnessed as a strength and drawn upon when developing a BSP. You can get additional guidance for supporting Aboriginal carers through the DCJ ‘Raising them Strong’ resources’.

For culturally and linguistically diverse children, consider organising a multicultural consultation to ensure the BSP is culturally appropriate:

- Include the child's needs and activities in the cultural care plan and cultural support plan.
- Include extended family and community members to support the child's plan.
- Access an interpreter if the child or their family cannot speak or understand English.

When developing a BSP that includes psychotropic medication

Include:

- consultation with, or development by, a behaviour support expert about use of medication in the plan
- a copy of the report or assessment that informed the diagnosis and prescription in the child's records
- information about the behavioural issues, diagnosis, type of medication, dosage and review requirements
- the reason for prescribing, conditions of the medication’s use and dosage, as well as the potential side effects and interactions with any other medications the child may be taking
- the medical practitioner’s instructions for administering the medication including time of day, dosage and interactions

- any other advice provided by the prescribing medical practitioner.

Completed by: **CW or the behaviour support expert developing the BSP**

When developing a BSP that includes physical restraint

Include:

- consultation with, or development by, a behaviour support expert regarding use of the restraint strategy
- a clear description of the restraint strategy and intended outcomes
- instructions for recording all occurrences of physical restraint including the trigger, the behaviour leading to the restraint, duration, method, who made the restraint, consequences of restraint and any injury to those involved.

Completed by: **CW or the behaviour support expert developing the BSP**

The child's consent

When developing a BSP where possible gain the child’s consent by:

- discussing the plan with them during planning and implementation
- seeking their views and suggestions about strategies
- ensuring they understand the purpose of the plan and its strategies.

If the child does not consent:

- talk to them about alternatives
- discuss the benefits of the plan
- continue working to gain consent if possible
- record the child’s views and the reason why the plan was implemented despite the lack of their consent.

Record the child’s consent in the BSP under ‘What do I think about this plan? Do I agree with it?’

Completed by: **CW or the behaviour support expert developing the BSP**

Practice advice:

Participation in the planning process helps the child to have a greater understanding of their behaviour. It also provides them with a way of understanding and influencing the process.

See the BSP flowchart to step you through the BSP process.

Completed by: **CW** Approval by: **MCW or Principal Officer (or DCS for accredited ISS)**

Recording: Use the Behaviour support plan template for the initial behaviour support plan and all reviews. Attach the BSP to Note and Attachment record created from the OOHC case plan. A Person Alert is also created and linked to the OOHC case plan.

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.
  Read Practice Advice

4. Restrictive practices

Extra information:

Restrictive practices limit a child's freedom in order to protect themselves or others from harm.

The following are some examples of restrictive practices:

- physical restraint

- removing harmful items
- non-exclusionary time out
- denying a child valued items or activities as a consequence for unacceptable behaviour
- restricted access
- psychotropic medication.

When developing the child's BSP, ensure that restrictive practices are:

- only used as part of an approved BSP
- not used for punishment or reasons of convenience
- only used after the least restrictive practice are tried first
- only used on a temporary basis, together with other effective parenting strategies to develop healthy behaviour
- written in a BSP with clear strategies to decrease or cease the use of restrictive practices.

Using a restrictive practice in a way that is contrary to the Behaviour Support in OOHC Guidelines is considered a ‘prohibited practice’.

See the Behaviour Support in OOHC Guidelines for detailed information about when it is appropriate to use restrictive practices and the conditions around use.

Completed by: **CW**

Use of physical restraint

Extra information:

Physical restraint is an action taken to restrict a child’s movement. It may only be used in accordance with section 158 of the Care Act. This Section states that if in the opinion of the carer, the child is behaving in such a way that, unless restrained, they might seriously injure themselves or another person,

Physical restraint does not include:

- physical assistance or support related to involuntary movement
- daily living skills
- function support aids or other safety devices used to prevent injury where the child does not resist.

Physical restraint may only be used in a crisis or as part of an approved BSP. Any other use of restraint is illegal.

The inclusion of planned restraint in a BSP is rare and only for safety reasons. Restraint is only to be used in pre-defined situations, by those trained in a specific technique.

See the Behaviour Support in OOHC Guidelines for guidance on use of physical restraint as part of an approved BSP.

Tell the carer they may:

- temporarily restrain the child only to the extent necessary to prevent them seriously injuring themselves or another person
- remove alcohol, illegal substances, a weapon or any object being used by the child in a dangerous manner
- remove any other objects or implements necessary to prevent the child from harming themselves or another person.

If a medical or allied health professional indicates that restraint is required, consult with your MCW and a behaviour support expert.

Completed by: **CW** Approval by: **MCW**

Recording: Document the conversation with the carer. See ChildStory Recording Tool, Record a home visit or Home visits in ChildStory mobile knowledge articles.

If unplanned physical restraint is used

Inform the carer that if a child has been physically restrained in order to prevent serious injury to themselves or others, they should contact you or the Child Protection Helpline as soon as practicable.

If the carer has used unplanned restraint in a crisis, or beyond what is approved in the BSP:

- arrange medical help for the child where needed
- talk with and support the child
- talk with and support the carer to make sure they understand their responsibilities
- identify if the action amounts to a critical event or safety in care concern
- use the mandatory reporter guide to determine whether to make a report to the Child Protection Helpline
- report the matter to police and other government agencies where necessary. See Reporting allegations of criminal offences to police practice mandate.

Once safety has been re-established, review the BSP and:

- consult with a behaviour support expert
- support the carer to plan for future crisis situations.

Completed by: **CW** Approval: **MCW**
Recording: See ChildStory Recording Tool, Record a home visit or Home visits in ChildStory mobile knowledge articles.

- **Documenting your work with family**

  How can recording evidence your work, communicate with others and help families to change? This topic will help you to explore how to be purposeful in the way you keep records about families.
  Read Practice Advice

5. Psychotropic medication

If medication is prescribed for the child, contact the prescribing doctor or behaviour support expert to determine if a medication is psychotropic.

Completed by: **CW**

Extra information:

Psychotropic medication is any prescribed medication that affects cognition (such as perception and thinking), mood, level of arousal and behaviour.

Psychotropic medication may be prescribed by a medical practitioner as part of the treatment plan for:

- diagnosed mental illness
- psychiatric disorder
- psychiatric symptoms
- medical conditions.

If psychotropic medication is prescribed

Ensure the carers know:

- they should notify you immediately
- they can consent to psychotropic medication prescribed by a medical practitioner
- they can administer the medication as prescribed by a medical practitioner.

Immediately develop a BSP that includes administration of the medication. This is to ensure the child receives comprehensive, holistic care, support and treatment.

Obtain a letter from prescribing medical professional stating the psychotropic medication and dosage. A BSP is required whenever psychotropic medication is prescribed for a child regardless of the condition it is prescribed for.

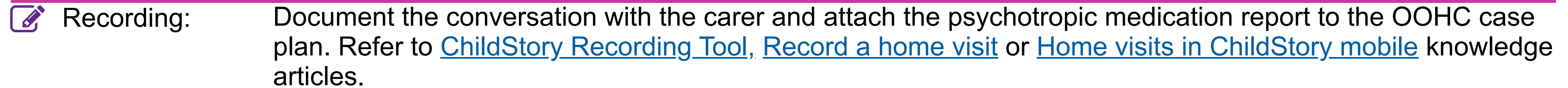
Completed by: **CW**

Extra information:

If a child is prescribed psychotropic medication it should be provided without delay.

For foster, relative and kinship care, a carer can consent to interim administration of psychotropic medication while the BSP is being prepared.

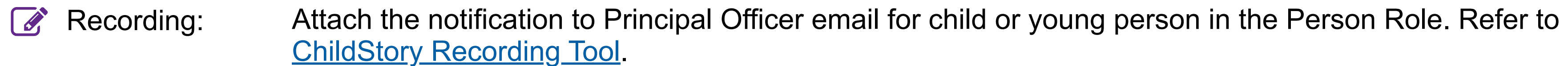
If a child is in an Intensive Therapeutic Care/Residential Care/Transitional Care placement where DCJ holds case management responsibility, the DCJ Principal Officer can provide interim approval for the administration of psychotropic medication while a BSP is being prepared.



Recording: Document the conversation with the carer and attach the psychotropic medication report to the OOHC case plan. Refer to ChildStory Recording Tool, Record a home visit or Home visits in ChildStory mobile knowledge articles.

Notify the Principal Officer by email that a child has commenced psychotropic medication and a BSP is being developed.

Completed by: **CW**



Recording: Attach the notification to Principal Officer email for child or young person in the Person Role. Refer to ChildStory Recording Tool.

Talk to the carer about the psychotropic medication

Extra information:

Although the Care Act only refers to children, DCJ policy does not distinguish between children (aged up to 16) and young people (aged 16 -17) prescribed psychotropic medication. The same requirements apply for both age ranges.

The Medical and Dental Consent Tool provides further information on consent requirements for children in out-of-home care

Talk to the child's carer and make sure they understand and follow the medical practitioner's instructions for administering the medication, including dosage, time of day, side effects and interactions with other medications.

Talk to the child about the medication in an age-appropriate way. Discuss reasons for and effectiveness of the medication, and any side effects they may experience.

Wherever possible, attend medical appointments for the child with the carer. Advocate for the child to ensure the doctor understands the child's experiences and behaviour in the context of trauma.

Provide the child's BSP and any relevant health reports to the medical practitioner. Consult with a departmental psychologist if you hold concerns regarding the child's diagnosis or medication.

Completed by: **CW**

Recording: Record prescribed medication for the child in the Person Role. Refer to the ChildStory Recording Tool.

Practice advice:

Children in OOHC are prescribed psychotropic medication at rates higher than the general population. As such, it is important that the child's behaviour is assessed in the context of their trauma history.

- **Understanding trauma and resistance**

  Children and adults need us to understand how their trauma and resistance shapes who they are and how they interact with others.
  Read Practice Advice

6. Approval and implementation

Approving a BSP without restrictive practices

When a BSP has been developed, complete the following approval steps:

- obtain and document consent from the child and their carer
- record the involvement of a behaviour expert, where appropriate
- MCW signs the BSP.

Completed by: **CW** Approval by: **MCW**

Approving a BSP with restrictive practices including psychotropic medication

When a BSP has been developed that includes restrictive practices including psychotropic medication:

- obtain and document consent from the child and their carer
- record the involvement of a behaviour expert, where appropriate
- MCW signs the BSP
- Forward the BSP and any supporting information, including a letter from the medical professional prescribing the psychotropic medication (stating medication prescribed and dosage), to the Principal Officer (or DCS for accredited ISS) for approval.

Completed by: **CW** Approval by: **PO or DCS**

Extra information:

The maximum period of authorisation for any BSP is 12 months. After 12 months a new plan needs to be developed and approved.

For plans that require restrictive practices including psychotropic medication, a review is required at least very three months.

The agency that holds case management responsibility approves the BSP. See Psychotropic Medication and Restrictive Practices for more information.

Attach the approved BSP to ChildStory.

Completed by: **CW**

Recording: All supporting information is uploaded as a Note and Attachment record from the OOHC case plan. Refer to ChildStory Recording Tool.

Extra information:

Prior to uploading BSPs containing restrictive practice should be approved by the principal officer and all other BSPs approved by the manager casework.

Implementing and monitoring a BSP

Discuss and share the BSP with all relevant people, including:

- the child
- carers and/or staff who care for the child
- kin and family, (as appropriate)
- the child’s school or early childhood education provider
- other professionals or agency staff who work with the child (as appropriate).

Provide all relevant people with support around BSP implementation, including modelling the use of strategies. Ensure they feel confident in implementing the plan and providing feedback around effectiveness and outcomes.

Practice advice:

Teachers, school counsellors, childcare workers, NDIS service providers and people working to support a child play key roles in behaviour support. Collaboration around BSP development, and information sharing around implementation of strategies, can greatly improve the quality and effectiveness of the plan. Where appropriate, sharing the BSP with those best placed to support the child can also help with monitoring and review.

Within the first month of the BSP being implemented:

- talk with the child and their carer to discuss progress
- identify whether the child and/or carer need further support
- decide whether any changes to the BSP are required
- record details of your conversation and reasons for any changes to the BSP in ChildStory

Continue speaking to those who are important to the child to ensure the information you have is up to date, and share relevant information about the child with those who need to know.

Regularly monitor the BSP to ensure that it remains relevant to the child. Review the BSP if there are significant changes to the child's care environment, such as placement changes, to ensure it remains fit for purpose.

Completed by: **CW**

Recording: To document the visit to the child and their carer refer to either the Record a home visit or Home visits in ChildStory mobile knowledge articles.

Reviewing the BSP

A new BSP is developed every 12 months, as part of a child's case plan cycle. This involves:

- checking with the child and carer and those who work with the child the BSP strategies are working as intended
- updating the strategies as required
- adding new or updated information.

Undertake a review when significant changes occur in domains such as medication, placement, school and/or behaviours of concern.

When the BSP includes restrictive practices or psychotropic medications, review should occur:

- at least every three months or sooner if recommended by the prescribing clinician or behaviour support expert
- if there is a change in dosage or type of psychotropic medication.

Use the Review BSP Template BSP to assist you with the review process.

Extra information:

For BSP reviews the Principal Officer may decide that the MCW can approve the review on their behalf. For more information please refer to the Behaviour Support guidelines.

Completed by: **CW** Approval by: **Principal Officer or DCS for accredited ISS (or MCW at Principal Officer's discretion)**

Recording: Upload the completed Behaviour Support Plan with review section completed as a Note and Attachment record created from the OOHC case plan.

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

7. NDIS

Extra information:

Children with an NDIS plan who display behaviours of concern should receive NDIS funded behaviour support services.

If the child has NDIS approved funding under the line item ‘improved relationships’, arrange for their BSP to be completed by an NDIS registered behaviour support practitioner.

Consult with a departmental psychologist if you are unsure whether a child has a disability, or has additional support needs.

To support a child with a diagnosed disability to obtain appropriate behaviour support:

- You may need to develop an interim BSP to support the child while the NDIS behaviour support provider completes their assessment and BSP to ensure DCJ OOHC quality assurance timeframes are met.
- Maintain communication with the NDIS behaviour support provider to ensure behaviour support needs are met.
- Obtain Principal Officer approval for all BSPs with restrictive practices and psychotropic medication.
- Work with the NDIS behaviour support provider to ensure they implement the plan.
- Develop an understanding of strategies included in the plan to effectively support the child and carer.
- Support the carer to implement and monitor the plan to ensure it meets the needs of the child.

Completed by: **CW** Approval by: **MCW (PO for BSPs with restrictive practice)**

Extra information:

When a child has a disability, they may require help with:

- learning
- communication
- day to day functioning
- movement
- physical supports.

Children benefit when they receive appropriate supports. All children who meet criteria should receive support through the NDIS.

If a child with a diagnosed disability has behaviours of concern but does not have ‘improved relationships’ funding, request an NDIS plan review. You may need to develop an interim plan while the review is ongoing to ensure DCJ OOHC quality assurance timeframes are met.

NDIS developed BSPs that include psychotropic medication

Work with NDIS behaviour support practitioners to ensure they understand that the psychotropic medication (prescribed for any reason) is considered a restrictive practice for the child.

Ensure that psychotropic medications are included as restrictive practices and obtain Principal Officer approval.

When the child is prescribed psychotropic medication, and has no other behaviours of concern, their NDIS plan is unlikely to include ‘improved relationships’ funding. In such cases, consult with a DCJ psychologist regarding the development of the BSP.

Completed by: **CW**

Practice advice:

Where a BSP includes restrictive practices and/or psychotropic medication, there are additional requirements under the National Disability Insurance Scheme Act 2013 and its associated Rules, as well as

the NSW Restrictive Practices Authorisation Policy (RPA Policy).

The RPA Policy may need to be applied in place of, or in addition to, the advice in this mandate for any child in out-of-home care under the NDIS.

Review of BSPs developed by NDIS service providers

- Work with the NDIS behaviour support provider to review all plans within DCJ OOHC quality assurance timeframes.
- Review BSPs with restrictive practices/psychotropic medication every 3 months.
- If changes are required at review, consult with the NDIS behaviour support provider who completed the BSP for suggested updates.
- Complete the review template with recommended changes and obtain approval in accordance with approval procedures.
- If ‘improved relationships' funding is exhausted, review the BSP without input from the NDIS behaviour support provider. Consult with a departmental psychologist for support.

Completed by: **CW** Approval by: **MCW and/or PO**

Practice advice:

NDIS behaviour support timeframes may be different to those required for children in out-of-home care.

Work with NDIS service providers to meet all DCJ OOHC quality assurance timeframes and requirements for the development, implementation and review of BSPs.

- **Social justice and human rights**

  Find ways to transform social relationships and institutions that cause inequality, unfairness and marginalisation. Explore and understand power and privilege and what this means for your work with families.
  Read Practice Advice

8. Prohibited practices

Extra information:

Using punishment or coercion to change the child's behaviour is prohibited. These practices are illegal and unethical and are considered to take away the child's basic human rights.

Talk with the carer upon placement and as part of ongoing casework about what constitutes a prohibited practice. These conversations should occur continually, not only when the child's behaviour is challenging or escalating.

Completed by: **CW**

Recording: To document the visit to the child and their carer refer to either the Record a home visit or Home visits in ChildStory mobile knowledge articles

Extra information:

Prohibited practices include:

- physical force or punishment

- punishment that takes the form of immobilisation
- chemical restraint
- force feeding the child or depriving them of food
- punishment to intentionally humiliate or frighten the child
- denying access to basic needs or supports
- wrongful imprisonment (depriving the child of liberty without authority)
- secluding the child (placing the child in a setting where they are confined to a room or area that they cannot leave).

The following are also considered prohibited practices for children in OOHC:

- using psychotropic medication or physical restraint as the only behaviour support strategy for the child
- punishment that involves withholding family or other significant contact, or involves the threat to withhold contact
- unethical practices such as taking away rewards that the child has earned, or using inappropriate rewards
- using ‘aversives’ (unpleasant stimuli) following a behaviour, to punish and induce changes in behaviour
- overcorrecting and responding to the child’s behaviour in a way that is out of proportion
- changing or making a threat to change the case plan or behaviour support plan, in order to punish the child
- using a restrictive practice in a way that is contrary to the Behaviour Support in OOHC Guidelines (PDF, 709.73 KB).

Police intervention

Do not include police intervention as a strategy in a BSP.

Ensure carers understand that the police should not be called for minor breaches of house rules or for minor incidents.

Let carers know they should only call police to respond to incidents involving a child where there is an immediate safety risk, an emergency or when the child’s behaviour will or has resulted in harm or serious injury to themselves or others.

Completed by: **CW**

Recording: Document the conversation with the carer. See ChildStory Recording Tool, Record a home visit or Home visits in ChildStory mobile knowledge articles.

Extra information:

The NSW Ombudsman, DCJ, NSW Police, Legal Aid and a range of OOHC service providers have developed a joint protocol to reduce unnecessary police contact with children in OOHC. This protocol ensures children in OOHC are treated the same as children living with their parents. Reinforce with carers that Police involvement should be a last resort.

- **Understanding trauma and resistance**

  Children and adults need us to understand how their trauma and resistance shapes who they are and how they interact with others.
  Read Practice Advice

Key documents

Name	Description	Size	Type
Behaviour Support Plan template	Template for staff to devise a strategy plan if children have difficult behaviour. This form is used to document and develop a behaviour support plan for a child or young person.	134.9 KB	Word
Behaviour Support in Out-of-Home Care Guidelines	This document is designed to inform the behaviour support practice of DCJ staff working in out-of-home care. It may be used as a guide by non-government out-of-home care service providers to develop their own Behaviour Support policy.	709.7 KB	PDF

Name	Description	Size	Type
Behaviour Support Plan Checklist	The BSP Checklist is a practice support tool designed to assist practitioners in the development, implementation and review of a BSP.	89.6 KB	PDF
Behaviour Support Principal Officer Fact Sheet	This document is designed to provide information about the role of Principal Officers who have particular oversight responsibilities for behaviour support, use of restrictive practices and administration of psychotropic medication for children and young people in statutory OOHC.	104.0 KB	PDF
Behaviour Support Plan Flow Chart	This flow chart outlines the process for determining when a BSP is required and what steps to take to develop, implement and review a BSP.	560.9 KB	PDF
Behaviour interview template	The behaviour interview template helps caseworkers gather detailed information about the behaviours of concern as well as a child's strengths and support needs. This template guides caseworkers through a series of targeted questions to determine when behaviours are likely to occur, with whom and under what circumstances.	41.5 KB	Word
Frequency tally	Frequency tallies are used to count the number of behaviours occurring over a specified period. This information helps to determine the best response strategies and, over time, whether these strategies are working.	40.9 KB	Word
Behaviour diary	Behaviour diaries are a tool for gathering specific information about behaviours. They're especially useful for recording behaviour patterns. They help identify the ABCs of behaviour or what happens before the behaviour occurs, the detail of the behaviour and what happens after the behaviour occurs.	39.6 KB	Word

About this page

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Content owner
Psychological and Specialist Services

Directorate
Office of the Senior Practitioner

Casework Practice

Mandates>Children in care>Safety in care

Safety in care

1. Overview

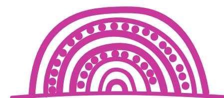
Use when carrying out the allocation, assessment, review and monitoring of safety issues for a child under Parental Responsibility (PR) of the Minister or Care Responsibility of the Secretary, including those children case managed by a Non Government Organisation (NGO).

Any reference to 'child in care' in this mandate refers to a child under the Parental Responsibility of the Minister or Care Responsibility of the Secretary (including shared care where PR for residency rests with the Minister).

Purpose

"I need you to think about my safety regardless of where I live. Be open-minded and remember that people can change. Work with me and those who love me to create change in a way that suits us."

Practice Framework Standard 6 - Holistic assessment'



Every child in care is entitled to special protection and assistance from Department of Communities Justice (DCJ) and access to a safe, nurturing, stable and secure environment. This is outlined in the *Child and Young Persons (Care and Protection) Act 1998*. A child in OOHC has a right to be, and feel, safe, happy and loved, just as any other child. DCJ caseworkers play a critical role to ensure each child in care experiences a standard of quality care by carrying out holistic assessments about reported experiences of abuse, neglect or other safety issues, in care.

The Alternate Assessment is used when a report is received about a child under the parental responsibility of the Minister or care responsibility of the Secretary. The guided assessment framework supports professional judgements about the immediate safety and likelihood of future risk if no protective action is taken. It considers reported concerns where harm was reported to be caused by:

- someone outside of their placement
- another child who lives in the same household as them
- their carer (relative, foster carer or staff member) or an adult household member
- their own behaviours due to risk taking or trauma-based responses.

See more about the Alternate Assessment item descriptions and narrative guide to support your assessment.

Use the practice advice topic: Using the Alternate Assessment to assess children in care to support the assessment process.

Statutory requirements

Child and Young Persons (Care and Protection) Act 1998
Section: note s.9(1), (2)(d) and (2)(e) 24, 30-37, 146, 158, 162, 171, 227, 231, 232-245

Children's Guardian Act 2019
Section: 10, 11-13, 16-27, 29, 31, 33-3840-41, 54-60

The Ombudsman Act 1974
Sections: 25C

The Commission for Child and Young People Act 1998

Memorandum of Understanding Between the NSW Ombudsman and the Department of Community Services (June 2003)

NSW Child Safe Standards for Permanent Care

The Royal Commission into Institutional Responses to Child Sexual Abuse (2013-2017) (the Royal Commission) put a spotlight on organisations in Australia who had failed to protect children in care from abuse. The Child Safe Standards, recommended by the Royal Commission and developed by the Office of the Child's Guardian, provides a framework that prioritises the needs of children in care.

PSP Permanency Case Management Policy (PCMP)

PSP Aboriginal Case Management Policy (ACMP)

Extra information

There are two sets of child safety standards:

Child Safe Standards the 10 principles that describe child safe organisations as;

- inclusive – children participate in the decisions affecting them
- focused on hearing and attending to the needs and voices of children and families
- supported by knowledgeable and skilled practitioners.

These principles are multidimensional and achieve a child safe culture only when they are all given power and support. Over reliance on a single strategy will not provide organisations the responsive and well connected sense of safety that children need.

The Child Safe Standards for Permanent Care are the requirements agencies need to meet to provide accredited statutory out of home care and adoption services. The 23 strength-based principles are focused on securing permanency for children that need to live away from their parents. These standards call on agencies to continuously provide and strive for best practice in OOHC casework and placement.

- **Using the Alternate Assessment to assess children in care**

  This topic gives practice advice about completing an Alternate Assessment for children in care.
  Read Practice Advice

2. Allocation of reports about a child in care

Be responsive to reported worries about what a child is experiencing in care. This includes information received through:

- ROSH reports
- Non-ROSH reports

Non-ROSH reports

Contact the Reportable Conduct Unit (RCU) upon receipt of a non-ROSH report for a child in care if:

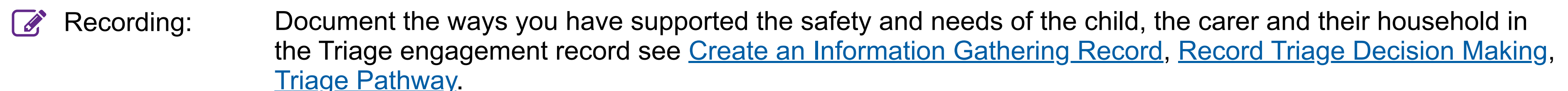
- there is a reportable allegation about a DCJ carer, adult household member, or emergency authorised carers for DCJ (under Alternate Care Arrangements)
- a series of non-ROSH reports cumulate to a possible reportable allegation.

Consult with your manager (MCW) when a non-ROSH report is received about a child in care to decide which protective action is required. Protective actions can include:

- supports provided to the child and carer in response to the concerns
- carrying out an Alternate Assessment if a thorough, structured assessment response is deemed necessary
- determining if the child's circumstances should be discussed at the Complex Care panel (or other locally developed process) if multiple non-ROSH reports are being received and there are concerns about the adequacy of the placement or supports to meet the needs of the child.

If the child is case managed by an NGO, protective actions can include:

- sharing reported information with the NGO so they can address concerns as a part of case management of the child
- sharing patterns of non-ROSH reports with the Permanency Coordinator and district Commissioning staff for their consideration.



Recording: Document the ways you have supported the safety and needs of the child, the carer and their household in the Triage engagement record see Create an Information Gathering Record, Record Triage Decision Making, Triage Pathway.

Review non-ROSH reports as a part of the annual Carer Review if the child is case managed by DCJ.

Practice advice

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The unrelenting impact of these experiences on a child can be profound. Be alert to multiple adverse circumstances and events and the child's subsequent ongoing experience of harm and safety.

Consider a child's experience of cumulative harm by looking at their history and considering:

- multiple reports, whether ROSH or non-ROSH, and the nature of the reported concerns, including if any previous ROSH have been closed without an assessment response
- previous substantiations
- vulnerabilities of the child including their age, any disability, isolation
- multiple sources reporting similar worries.

ROSH reports

Allocate ROSH reports received about a child in care for an Alternate Assessment.

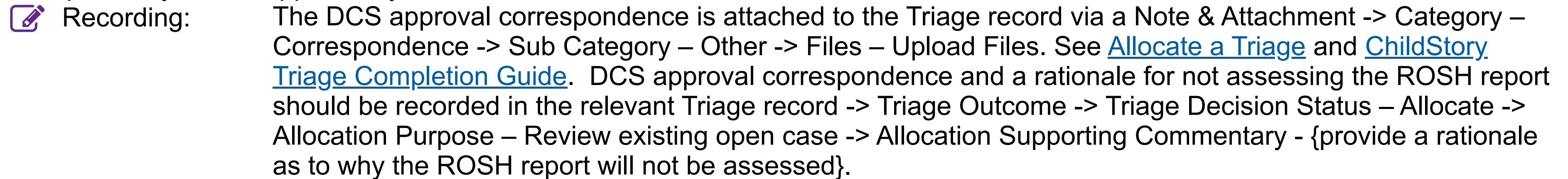
Use Structured Decision Making (SDM) when a report is received about a child in care who is living with their parents and this placement has been approved by DCJ as part of a restoration plan.

Refer to the Assessing Safety and Risk mandate for further guidance in these circumstances.

If a report is about a child whose case management is with a NGO and the report was made by the NGO, determine if the report was made in order to exercise their mandatory responsibilities, but the risk issues are being managed through the case management of the child.

Seek Director Community Services' (DCS) approval if a decision is made not to allocate a ROSH report for a child in care. If a ROSH report is about a child case managed by an NGO who is in a placement outside of the owning District, this approval will be

sought by the Child and Family District Unit with secondary case management for the child and approval will be provided by the DCS of the CFDU with secondary case management.


Completed by: **MCW** Approval by: **DCS**

Recording: The DCS approval correspondence is attached to the Triage record via a Note & Attachment -> Category – Correspondence -> Sub Category – Other -> Files – Upload Files. See Allocate a Triage and ChildStory Triage Completion Guide. DCS approval correspondence and a rationale for not assessing the ROSH report should be recorded in the relevant Triage record -> Triage Outcome -> Triage Decision Status – Allocate -> Allocation Purpose – Review existing open case -> Allocation Supporting Commentary - {provide a rationale as to why the ROSH report will not be assessed}.

Reportable allegations about a child in household who is not under PR to the Minister

Allocate a ROSH report if it involves a reportable allegation about a carer or adult household member and the child not under PR to the Minister is the victim, or also a victim. Use the Structured Decision Making (SDM) Safety, Risk and Risk Reassessment (SARA) to assess immediate safety and future risk of any child in the household who is not under PR to the Minister. This includes birth children of the carer, and children where the carer has parental responsibility or guardianship.

If a report is about the carer's child and there are reportable allegations contact the RCU.

If the report is allocated for other children under PR to the Minister in the household, carry out an Alternate Assessment for each child.

If multiple reports are received about children living in the same household coordinate the response to minimise unnecessary assessment processes such as multiple interviews about the same issue. Where possible arrange to have separate conversations with a child and their carers across the same visit. If a report is about a child case managed by a NGO, use section four of this mandate.

Refer to Identifying reportable allegations

Practice advice

Explain to carers that when there are safety and risk concerns about both their own child and those they provide care to; all children have the right to be heard and supported. Two different assessment frameworks, SDM SARA and Alternate Assessment are used to assess the concerns for each child in line with the legislative responsibilities attached to their roles as a parent and as a carer.

Explain the purpose of each assessment to the carer, that they have different timeframes and may be completed by different people.

The Alternate Assessment uses thresholds that are lower because children in care are under the legal care of the Minister, they have already experienced trauma that makes them more vulnerable to ongoing harm and there are additional requirements in line with the Code of Conduct for Authorised Carers and the Charter of Rights of Child in OOHC that need to be assessed.

3. Alternate Assessment – if there are no reportable allegations

Use this section if a report is received about a child case managed by DCJ and there are no reportable allegations.

Examples of this might include risk from someone outside of the household or a child in the household; or when a child's responses to trauma and behaviours of resistance create safety and risk concerns. These could include;

- alcohol and drug misuse
- problematic sexualised behavior
- repeated absence from their placement and this jeopardises the child's safety, stability and belonging.

If a report is a reportable allegation (or potential reportable allegation) against a DCJ carer, adult household member or staff providing care for a child in a residential placement or Alternate Care Arrangement use section four of this mandate.

Use the practice advice topic: Using the Alternate Assessment to assess children in care to support the assessment process.

Pre-assessment consultation (PAC)

Use the Alternate Assessment item descriptions and narrative guide to inform assessment planning. Items (items 1 – 24) are assessed to inform the safety outcome.

Where possible, involve the foster care support caseworker in the planning process.

Develop a plan about ways to:

- engage with all the important people in the child's home and life about the reported concerns. Consider the order of who is spoken with and the location of the conversation
- offer a support person to the child and carer
- hear and focus on the possible impact on the child, considering their needs such as age, culture, disability and sexual orientation
- approach the assessment in a way that minimises any negative impact on the relationship between the child and carer
- manage risks to the carer's wellbeing including how they will be supported through the process
- share information gathered with RCU should this suggest that there may be a reportable allegation and breach of the Code of Conduct
- explain the purpose of the safety and risk assessment process and any other casework activities, such as a Carer Review or any alleged criminal offences that need to be reported to NSW Police
- carry out Family Finding activities, to enhance the child's safety and connections.

Carry out Aboriginal consultation as a part of the PAC.

Where possible carry out multicultural consultation as a part of the PAC.

If you think there may be risk to a caseworker's safety, complete an assessment using the Risk management tool. Review the tool throughout the assessment process.

Record the PAC in the Field Assessment to demonstrate comprehensive assessment planning.

Completed by: **MCW**

Recording: The PAC is created from within the relevant Field Assessment, see Complete a Pre-Assessment Consultation (PAC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the PAC or attached as a Note & Attachment in the Case. See ChildStory Recording Tool.

Practice advice

Family Finding connects the child with family and community who will always love and care for them so that they can be strengthened, empowered and supported by the safety and security of belonging.

The approach does not define family as only biological or even nuclear. It extends to kin and community. This acknowledges the importance of the diversity and shared responsibility for caregiving across culturally and linguistically diverse families and the strength of Aboriginal kinship structures.

Finding family to walk alongside Aboriginal children and families is fundamental to culturally safe and competent practice. Be curious about where and with whom the child finds their sense of connection and cultural security to understand connection to community, land and Country.

Culturally responsive practice means the child and family feel physically, spiritually and emotionally safe and makes space for a process of Aboriginal Family Led Decision Making.

For more strategies and approaches to support your Alternate Assessment read the following;

- Aboriginal Case Management Policy
- Multicultural Consultation and Practice Support
- Empowerment and participation, a guide for organisations working with children and young people produced by the Office of the Children's Guardian.

Alternate Assessment – assessing safety

Assess if the child was safe from harm at the time of the reported concerns, taking into consideration all issues that emerged or occurred during the assessment, regardless of what protective action has already occurred. If the child is now living somewhere else but they were unsafe at the time of report they are deemed to be unsafe in this assessment.

Assess the safety items (items 1 – 24 in the Alternate Assessment and using the Alternate Assessment item descriptions and narrative guide. Make sure to:

- talk with and include the child in order to understand their experiences
- explore and discuss reported concerns with the child, carer and household members
- include culturally and linguistically diverse and Aboriginal community and organisations
- involve, and gather information from, all relevant people important to the child or who may have observed the alleged harm or risks
- give clear and specific information to the child, parents and carers about the concerns reported to DCJ and how they relate to the safety of the child

- protect the identity of the reporter or information that could lead to the identity of the reporter.

Completed by: **CW** Approval by: **MCW**

Recording: Record the safety items in the Alternate Assessment within two days of the initial Alternate Assessment visit.

Practice advice

Practice curiosity - how would the child describe their home? What's their favourite thing about their carer and family? What would they change about them? What do they need to feel safe and who can they talk to if they feel unsafe?

Think about the ways you need to shift your language and adapt your messages when speaking with children and adults. Consider the different skills and approaches you need to hear and create safety for the child who has experienced harm.

Safety Outcomes

Consider danger items and protective abilities. Use professional judgement in consultation with your MCW to assess the safety outcome.

Safe - No dangers were identified at this time. Based on currently available information, the child is not likely to be in immediate danger of serious harm in their current placement.

Safe with plan – One or more dangers identified and appropriate protective abilities assessed. The plan requires immediate supports that mitigate dangers so the child can remain in their current placement. Safe with plan outcome must adhere to the following restrictions:

- if a danger about a carer comes to light in the safety assessment seek DCS approval of the safety plan. Attach to the Field Assessment
- record a clear rationale about why a safety plan is the most appropriate option rather than determining the child is unsafe and needs to be moved to a safer placement

- a safety plan cannot be used to change a child's placement or to ask the carer to leave their home
- if the danger is about the child's behaviour, urgently consult a psychologist and where appropriate progress recommendations from this consultation in partnership with the child's carers.

Unsafe - One or more dangers are present and placement change is the most appropriate protective intervention to support the child's safety and rights. This also includes NSW Health scheduling a child or where the Supreme Court has authorised secure placement. Without these interventions, the child will likely be in danger of immediate or serious harm. Provide a clear rationale in the Assessment Consultation (AC) about why a placement change more appropriately responds to the needs of the child rather than a safety plan.

Irrespective of the safety outcome, canvas what supports the child and all members of the household need.

Completed by: **CW** Approved by: **MCW** (DCS approval required if developing a safety plan).

Extra information:

Although it is not mandatory, staff may find it useful to use the Safety in Care - Safety Planning Approval Template to seek and document DCS approval.

Safety planning for a child in care

Write the safety plan in partnership with the child, the carer and a safe person that the child chooses. A copy of this must be left with the child, carer and safe person. See safety plan template.

Review the safety plan within the first 72 hours of it initially being developed.

If it is determined that the safety plan must remain in place, this is to be actively reviewed at least once per week until Alternate Assessment completion (30 days from initial face to face assessment with the family) or if the dangers resolve within this period.

Practice advice

Reviewing safety plans means checking in with the child, carer and safety networks to:

- assess if the strategies continue to mitigate the danger/s. Be curious about the lived experience of the plan- what differences have the child and carer noticed. What is working well and what changes have been hard to manage?
- hear from the support network that are helping to mitigate the danger/s. Be clear about the frequency and type of contact the support network needs to have in the safety plan- who are they seeing and talking to, how often will they need to do this and does it need to be face to face?
- value the voice and experience of the child, speak with the child away from the carer on a regular basis, to assess if and how the strategies have changed their experiences of the danger/s and relationship with their carers (gotten better or worse). Think about ways to hear the child describe safety, what is different in their world? When do they feel secure?

Record the review of the safety plan:

- In the AC record completed following each visit with the family
- A home visit record following each visit with the family, where other OOHC domains may be discussed
- Case notes – which may include phone calls, emails or other correspondence that is part of reviewing the safety plan.

At the completion of an Alternate Assessment (30 days from first assessment visit) the safety plan must have concluded. Where needed these tasks can be translated into long term plans and integrated into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Completed by: **CW** Approved by: **MCW**

Safety actions if the child is unsafe

If the child is assessed as unsafe:

- re-engage Aboriginal consultation if the child is with an Aboriginal relative or kinship carer, to find another culturally appropriate placement
- plan how the child can be moved from the care of their current carer in a way that is sensitive to the child's needs and recognises the trauma that a change of placement creates for a child
- where it is safe to do so, plan with the carer around the context, timing and logistics of a placement change. Support them to manage their own feelings of grief and loss and have difficult conversations with other children or carers in the placement
- ensure that the Aboriginal Placement Principles are correctly applied in line with the Aboriginal Case Management Policy
- follow the Placing a child in care and supporting them through their transition mandate
- review the case plan, within 21 days of an unsafe assessment outcome.

Assessment consultation (AC)

Hold an AC with the allocated workers and where relevant involve the foster care support caseworker.

Critically reflect on the assessment visit, review the information gathered, the safety outcome of the assessment and factors that relate to the strengths and needs of the child, carer, other household members and networks.

Talk about:

- whether any information suggests there are reportable conduct allegations that now need to be reported to the Helpline to trigger a response by the RCU
- if the information meets the criteria for a Joint Child Protection Response Program (JCPRP) referral
- if there are any criminal offences that need to be reported to NSW Police
- what is needed in order to assess the risk items in the Alternate Assessment within the next 28 days
- any supports or referrals that need to be put in place, by when and who will arrange these
- if the safety outcome was safe with plan, how and when the plan will be reviewed and monitored
- any worries that you hold that did not meet the Alternate Assessment threshold, but still needs to be addressed.

See Reporting allegations of criminal offences to Police mandate.

Completed by: **CW** Approval by: **MCW**

Recording: An AC is created from the relevant Field Assessment, see Complete an Assessment Consultation (AC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the AC or attached as a Note & Attachment in the Case. See ChildStory Recording Tool.

Reporting to the Helpline when there are reportable allegations

Report within 24 hours to the Helpline if you become aware of reportable allegations about a carer, adult household member or staff member even if;

- the concerns do not appear serious
- you have not substantiated the concerns or do not believe the allegations to be true
- the alleged conduct happened in the past but the carer/adult household member is currently employed by DCJ
- the child is the carer’s biological child
- the child is not in out of home care.

If a report is about reportable allegations use section four of this mandate.

Recording: A report to the Helpline is made via a CSC Contact Record from the Engagements list view, see Create a CSC Contact and eReport.

Record the safety items in the Alternate Assessment within two days of the initial Alternate Assessment visit.

Completed by: **CW** Approval: **MCW**

Alternate Assessment - assessing risk

The Alternate Assessment requires you to estimate the likelihood of ongoing risk. This requires you to gather further information about the child, their family, carer, services and the meaningful network of people connected to them. These conversations are fundamental to understanding the full picture of a child’s life and home.

Practice Advice

Be creative in the way you connect with the child, carers and family:

- attend a sporting match or training session to connect with the child
- go out for lunch
- go for a walk or kick a ball at the local park
- play a game together.

Think about ways to engage with carers; sometimes an honest chat over coffee can alleviate some anxiety for a carer.

Read about some of the ways to hear and connect with child and carers at the - Using the Alternate Assessment to assess children in care practice advice topic.

Use information already known to develop a more holistic picture of the carer's caregiving and future risks for the child. This may include Carer Reviews and where relevant other reportable conduct investigations.

When all risk items in the Alternate Assessment have been considered and assessed, use professional judgement in consultation with your MCW to determine an estimated level of risk- this could range from low- very high. See Alternate Assessment item descriptions and narrative guide to determine the level of risk.

Record the full Alternate Assessment element in ChildStory within 30 days of the first assessment visit with the child and the carer.

If further information becomes available through the risk assessment period that indicates:

- a possible criminal offence, report to the NSW Police
- information about a reportable allegation, report this to the Helpline within 24 hours.

Completed by: **CW**

Complete the Judgement and Outcome

Complete a Judgments and Outcomes for each child and the 'Safety in Care' element.

Completed by: **CW** Approval by: **MCW**

Recording: Judgments and Outcomes are completed from the Field Assessment, see Complete Judgements and Outcomes (J&Os).

If a decision is made to substantiate harm or risk of significant harm, record this information in the Judgement and Outcomes. Follow all requirements in the Identifying and recording a POI or PCH practice mandate. Substantiation and labelling a carer as a Person Causing Harm (PCH) could lead to suspension or cancellation of their authorisation. It is also information that may be shared with prescribed bodies under Chapter 16A of the Care Act.

See related practice mandates: carer authorisation surrender, suspension and cancellation practice mandate.

Responding to safety and risk issues

If the child is assessed as safe with plan or unsafe and/or the risk level to the child is high or very high, protective intervention is required to respond to the safety and risk issues to the child. This includes coordinating the following actions:

- arranging a suitable placement for the child when they have been assessed as unsafe in their current care placement
- OOHC case plan progress review
- Carer review (where relevant)
- Behaviour support plan (where relevant)
- Cultural support plan (where relevant).

Inform the child, carers and parents of the outcome of the Alternate Assessment.

Use the Sharing progress and placement information about a child in care to guide your assessment about the sharing of the assessment outcome with the child's parent and other network.

Carer Review

Carry out a Carer Review of a DCJ carer within 30 days following an Alternate Assessment if there are reportable allegations or if the Alternate Assessment outcome substantiates harm or risk of harm to the child as a result of the carer's behaviour or capacity to provide a safe and nurturing environment.

Carry out an Aboriginal consultation if the carer is Aboriginal.

Where possible carry out a multicultural consultation if the carer is culturally and linguistically diverse.

Extra Information

Carry out Carer Review to:

- determine whether the carer has the capacity and suitability to continue to care for the child
- outline in the Carer Review the safety and risk issues for the child and any strategies that address these
- indicate what support DCJ needs to provide the carer to mitigate risk so they can continue to care for child.

When completing the Carer Review, take into consideration:

- the safety assessment outcome
- substantiation of harm and assessment of cumulative harm
- decision about PCH status.

If the child is remaining in placement with the carer, or the carer will remain authorised, record in the Authorisation Household the strategies for change and supports that will be actioned to respond to the quality of care concerns. Provide this to the carer.

The safety plan must safely conclude by the completion of an Alternate Assessment (and therefore prior to the Carer Review). Where needed these tasks can be translated into long term plans and integrated into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Refer to Carer reviews mandate and ChildStory knowledge article ‘Complete a Carer Review’.

See related practice mandates: carer authorisation surrender, suspension and cancellation practice mandate.

Completed by: **CW** Approved by: **MCW**

Case plan or progress review

If the child was unsafe, and their placement was changed, carry out a case plan review within 21 days of the placement change.

If no placement change has occurred, carry out a case plan progress review within 45 days of the commencement of the Alternate Assessment. Discuss the outcomes of the Alternate Assessment and the Carer Review (if relevant) to consider:

- safety and risk issues for the child and strategies to address these
- the status and needs of the carer and their authorisation.

Involve the child, carer, parents and other important people in discussions to inform the strategies needed to create sustained safety for the child and support their healing from any experiences of trauma.

Capture the strategies to support the child’s wellbeing in the child’s case plan as well as any safety and risk issues that do not relate to the quality of the carer’s caregiving. Use the first case plan domain - Placement and Permanency - to outline all safety and risk issues identified in the Alternate Assessment in order to clearly capture the child’s lived experience in care.

Strategies that relate to improving the quality of the carer’s caregiving are captured in the carer organisation (as outlined in the section above).

Use each relevant case plan domain to outline the strategies that will be used to facilitate a child’s wellbeing – this may include updating the cultural support plan.

Outline:

- what the danger and risk is to the child, and its impact
- what the needs of the child, carer, family and network are

- how these needs will be responded to, when and by who
- how people will know if these needs have been met and the risks have been reduced.

Agree upon an appropriate period to next review progress, including strategies that address safety and risk issues. This should be no more than 90 days.

Where quality of care allegations have not been substantiated case plan progress will be assessed annually and in line with other review conditions as listed in the Case Planning in OOHC mandate.

See the related mandate, Case planning in OOHC, for more information.

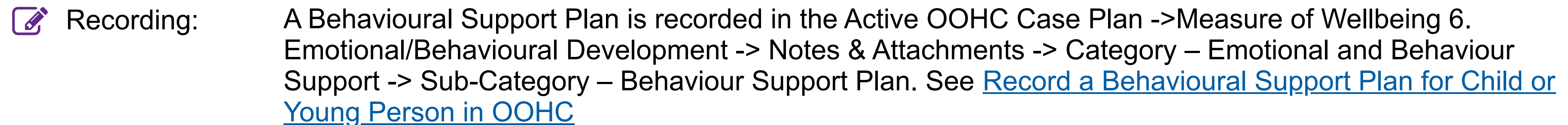
Completed by: **CW** Approval by: **MCW**

Recording: A case plan progress review is completed via the Active OOHC Case Plan, see Complete an OOHC Case Plan Review.

Review or develop the Behaviourial Support Plan if needed, as a result of any assessment.

Refer to Behaviour Support Mandate.

Completed by: **CW** Approval by: **MCW** and **MCS**



Recording: A Behavioural Support Plan is recorded in the Active OOHC Case Plan ->Measure of Wellbeing 6. Emotional/Behavioural Development -> Notes & Attachments -> Category – Emotional and Behaviour Support -> Sub-Category – Behaviour Support Plan. See Record a Behavioural Support Plan for Child or Young Person in OOHC

4. Alternate assessment - if there are reportable allegations

Contact the RCU immediately upon receipt of a ROSH or non-ROSH report if there is a reportable allegation about a DCJ carer, adult household member, or emergency DCJ authorised carers (under Alternate Care Arrangements), including if the report is about their birth child.

Extra information

The RCU is responsible for managing all investigations of reportable conduct allegations involving authorised DCJ carers, adult household members and emergency authorised carers (providing care under Alternate Care Arrangements (ACA) -hotel/motel; serviced apartments; or rented houses).

The RCU are not responsible for reportable conduct investigations for NGO carers or emergency authorised carers (providing care under ACA) authorised by another designated agency. These investigations are managed by the NGO themselves.

Refer to Safety in Care - Pre Assessment Consultation resource to support dual planning with the NGO.

s.14, cl.1(f)

Reportable Conduct includes:

- any sexual offence, or sexual misconduct, committed against, with or in the presence of a child or young person
- ill-treatment of a child or young person
- neglect of a child or young person
- an assault against a child or young person
- behaviour that causes significant emotional or psychological harm to a child or young person
- an offence under section 43B (failure to reduce/remove risk) or 316A (concealing a child or young person for abuse offence of the Crimes Act 1900.

The RCU will carry out the following responsibilities:

- clarify the allegation to determine if it is reportable
- develop a reportable conduct risk assessment
- notify the Children's Guardian within seven days of becoming aware of the reportable allegation
- carry out the reportable conduct investigation
- provide an entity report to the OCG within 30 days after becoming aware of the reportable allegation
- consider whether information needs to be shared with the child, parent and carer and will discuss who within the Department will provide this information to the carer
- provide a finalised entity report to the Children's Guardian and will inform the carer of the investigations outcome and actions
- provide required information to the Children's Guardian.

If reported issues relate to a reportable allegation, the assessment of safety and risk to the child intersects with reportable conduct responsibilities under s 34 of the Children's Guardian Act 2019. This does not mean that the district is carrying out a reportable conduct investigation, but simply that some elements of assessing safety and risk of the child contribute to the reportable conduct investigation and have special

requirements under legislation i.e. material gathered during the Alternate Assessment will be considered during the RCU investigation.

The safety of the child is paramount, however responsibilities need to be considered in the assessment approach to maintain the integrity of the RCU investigation, about how allegations are explored with authorised carers.

See also:

OCG factsheet: Planning and conducting a reportable conduct investigation

Code of Conduct for Authorised Foster, Relative and Kinship Carers

Pre-assessment consultation (PAC)

Invite the RCU to the PAC if the report is about a reportable allegation, and:

- the DCJ carer's child, (to prepare for the SDM safety assessment) or;
- a child in care (to prepare for the Alternate Assessment)

Inviting RCU to attend the PAC can be done by sending the referral form to the RCU mailbox.

Coordinate the response so that one PAC occurs and includes child protection, OOHC and RCU.

An Alternate Assessment can commence before a reportable conduct investigation is carried out or completed, noting though, that elements of the Alternate Assessment will form part of the RCU investigation. The child's safety is the priority.

Use the Alternate Assessment item descriptions and guidance to inform the safety assessment planning. Items (items 1 – 24) are assessed as a part of the safety assessment.

Invite the RCU to the PAC to commence dual planning and prepare a clear interview plan. Record this phone call or email with the RCU on the Carer Organisation Household under a consultation record in ChildStory.

If RCU are unable to attend in the timeframe needed to assess the safety of the child, progress with the assessment and meet with RCU as soon as possible. Record the rationale for carrying out the safety assessment prior to RCU consultation in the PAC record.

When RCU is unable to attend a PAC consult the 'RCU Safety In Care Pre Assessment Consultation' resource.

Carry out the PAC, and involve the foster care support caseworker (where relevant) in the planning process.

At the PAC, develop a plan about how:

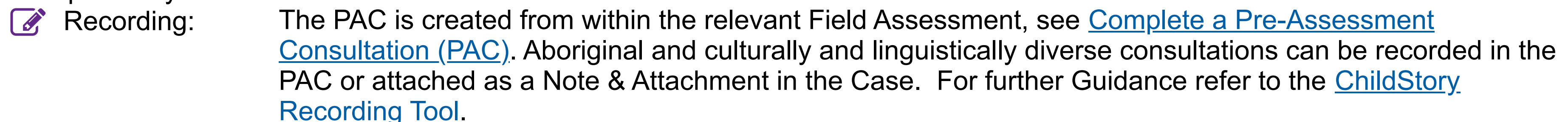
- the safety and risk assessment will be managed effectively alongside the reportable conduct investigation
- to make sure the child is safe during the Alternate Assessment and Reportable Conduct investigation
- to engage with all the important people in the child's home and life about the reported concerns. Consider the order of who is spoken with and the location of the conversation
- to explain the purpose of the safety and risk assessment process, including how any information may be used to inform the Reportable Conduct investigation
- to gather and record all the information about the carers, any child associated with the allegations and any witnesses or other relevant people including the documentation and recording of evidence
- to discuss how the process of reportable conduct investigation and Alternate Assessment will be explained to the carer including how they differ and also how they intersect with each other
- to offer a support person to the child and carer
- to hear and focus on the possible impact on the child, considering their needs such as age, culture, disability and sexual orientation
- risks to the carers wellbeing will be managed and how they will be supported through the process
- any alleged criminal offences need to be reported to NSW Police and plan the casework activities should NSW Police be involved
- to purposefully approach the assessment in a way that minimises any negative impact on the relationship between the child and carer.

Carry out Aboriginal consultation as a part of the PAC.

Where possible carry out a multicultural consultation as a part of the PAC if the child, or carer, is culturally or linguistically diverse.

If you think there may be risk to a caseworker's safety, complete an assessment using the Risk management tool. Review the tool throughout the assessment process.

Completed by: **MCW**



Recording: The PAC is created from within the relevant Field Assessment, see Complete a Pre-Assessment Consultation (PAC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the PAC or attached as a Note & Attachment in the Case. For further Guidance refer to the ChildStory Recording Tool.

Alternate Assessment – assessing safety

Assess if the child was safe from harm at the time of the reported concerns, taking into consideration all issues that emerged or occurred during the assessment, regardless of what protective action has already occurred. If the child is now living somewhere else but they were unsafe at the time of report they are deemed to be unsafe in this assessment.

Assess the safety items (items 1 – 24) in the Alternate Assessment and using the Alternate Assessment item descriptions and narrative guide.

Make sure to:

- talk with and include the child in order to understand their experiences
- explore and discuss reported concerns with the child, carer and household members
- include culturally and linguistically diverse and Aboriginal community and organisations
- involve, and gather information from, all relevant people important to the child or who may have observed the alleged harm or risks
- give clear and specific information to the child, parents and carers about the concerns reported to DCJ and how they relate to the safety of the child
- protect the identity of the reporter or information that could lead to the identity of the reporter
- give clear information about the reportable conduct investigation and the Alternate Assessment and the intersection of these processes.

Practice advice

Provide carers with information about where they can receive additional support such as My Forever Family NSW and AbSec carer support services Authorised carers and adult household members who are the subject of a reportable allegation can access up to five independent counselling sessions through Relationships Australia by contacting (02) 9418 8800. This service is confidential and free of charge.

Recording: An Alternate Assessment is created in the relevant Field Assessment

Record the safety items in the Alternate Assessment within two days of the initial Alternate Assessment visit.

Completed by: **CW** Approved by: **MCW**

Record interview case notes that document:

- the location
- who was present
- conversation start and finish times
- all conversations/interviews as verbatim, or at a minimum as closely as possible. This needs to include; what questions parties were asked, what their responses were and whether or not allegations were directly raised with them.

Completed by: **CW**

Practice advice

Where there are reportable allegations and assessment conversations may form a part of the reportable conduct investigation, a higher level of detail is required to be captured in case notes.

Taking detailed notes can be intimidating for the child and adults. Use child-focused approaches to support the child to feel comfortable and cared about. Explain to any person interviewed that the purpose of taking notes is to ensure that there is a fair process for them.

Safety Outcomes

Consider danger items and protective abilities. Use professional judgement in consultation with your MCW to assess the safety outcome.

Safe - No dangers were identified at this time. Based on currently available information, the child is not likely to be in immediate danger of serious harm in their current placement.

Safe with plan – One or more dangers identified and appropriate protective abilities assessed. The plan requires immediate supports that mitigate dangers so the child can remain in their current placement. Safe with plan outcome must adhere to the following restrictions:

- seek DCS approval if the safety plan is responding to harm caused by the carer. Attach to the Field Assessment
- record a clear rationale about why a safety plan is the most appropriate option rather than determining the child is unsafe and needs to be moved to a safer placement
- a safety plan cannot be used to change a child's placement or to ask the carer to leave their home
- if the danger is about the child's behaviour, urgently consult a psychologist and where appropriate progress recommendations from this consultation in partnership with the child's carers.

Unsafe - One or more dangers are present and placement change is the most appropriate protective intervention to support the child's safety and rights. This also includes NSW Health scheduling a child or where the Supreme Court has authorised secure placement. Without these interventions, the child will likely be in danger of immediate or serious harm. Provide a clear rationale in the AC about why a placement change more appropriately responds to the needs of the child rather than a safety plan.

Irrespective of the safety outcome, canvas what supports the child and all members of the household need.

Completed by: **CW** Approved by: **MCW** (or DCS if the safety plan is about the carer causing harm)

Extra information:

Although it is not mandatory, staff may find it useful to use the Safety in Care - Safety Planning Approval Template to seek and document DCS approval.

Safety planning for a child in care

Write the safety plan in partnership with the child, the carer and a safe person that the child chooses. A copy of this must be left with the child, carer and safe person. See safety plan template.

Review the safety plan within the first 72 hours of it initially being developed.

If it is determined that the safety plan must remain in place, this is to be actively reviewed at least once per week until Alternate Assessment completion (30 days from initial face to face assessment with the family) or if the dangers resolve within this period.

Practice advice

Reviewing safety plans means checking in with the child, carer and safety networks to:

- to assess if the strategies continue to mitigate the danger/s. Be curious about the lived experience of the plan- what differences have the child and carer noticed. What is working well and what changes have been hard to manage?
- hear from the support network that are helping the carer to mitigate the danger/s. Be clear about the frequency and type of contact the support network needs to have in the safety plan- who are they seeing and talking to, how often will they need to do this and does it need to be face to face?
- value the voice and experience of the child, speak with the child away from the carer on a regular basis, to assess if and how the strategies have changed their experiences of the danger/s and relationship with their carers (gotten better or worse). Think about ways to hear the child describe safety, what is different in their world? When do they feel secure?

Record the review of the safety plan:

- in the AC record completed following each visit with the family
- a home visit record following each visit with the family, where other OOHC domains may be discussed
- case notes – which may include phone calls, emails or other correspondence that is part of reviewing the safety plan.

At the completion of an AC (30 days from first assessment visit) the safety plan must have concluded. Where needed these tasks can be translated into long term plans and integrated into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Completed by: **CW** Approval by: **MCW**

Safety actions if the child is unsafe

If the child is assessed as unsafe:

- re-engage Aboriginal consultation if the child is with an Aboriginal relative or kinship carer to find another culturally appropriate placement
- plan how the child can be moved from the care of their current carer in a way that is sensitive to the child's needs and recognises the trauma that a change of placement creates for child
- where it is safe to do so, plan with the carer around the context, timing and logistics of a placement change. Support them to manage their own feelings of grief and loss and have difficult conversations with other child or carers in the placement.
- ensure that the Aboriginal Placement Principles are correctly applied in line with the Aboriginal Case Management Policy
- follow the Placing a child in care and supporting them through their transition mandate
- review the case plan and case plan goal, within 21 days of an unsafe assessment

Assessment consultation (AC)

Hold an AC with the allocated workers, where possible involve RCU and (where relevant) the foster care support caseworker.

Talk about the assessment visit, reviewing the information gathered, the safety outcome of the assessment and factors that relate to the strengths and needs of the child, carer, other household members and network. Talk about:

- if the information meets the criteria for a JCPRP referral
- if there are any criminal offences that need to be reported to NSW Police
- what is needed in order to assess the risk items in the Alternate Assessment
- any supports or referrals that need to be put in place, by when and who will arrange these
- if the safety outcome was safe with plan, identify how and when the plan will be reviewed
- any worries that you hold that did not meet the Alternate Assessment threshold, but still needs to be addressed.

Completed by: **MCW**

Recording: AC is created from the relevant Field Assessment, see Complete an Assessment Consultation (AC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the AC or attached as a Note & Attachment in the Case. See ChildStory Recording Tool.

See also Reporting allegations of criminal offences to Police mandate

Contact RCU if they are not present at the AC and advise of any:

- issues or worries about assessment conversations with the carer, child or household members in relation to the allegations
- new information found during the assessment that needs to be considered by RCU, including any matters that may have been assessed by RCU as originally not meeting the reportable conduct threshold
- record this consultation with RCU in the AC.

Alternate Assessment - assessing risk

The Alternate Assessment requires you to estimate the likelihood of ongoing risk. This requires you to gather further information about the child, their family, carer, services and the meaningful network of people connected to them. These conversations are fundamental to understanding the full picture of a child's life and home.

Practice Advice

Be creative in the way you connect with the child, carers and family:

- attend a sporting match or training session to connect with the child
- go out for lunch
- go for a walk or kick a ball at the local park
- play a game together.

Think about ways to engage with carers; sometimes an honest chat over coffee can alleviate some anxiety for a carer.

Read about some of the ways to hear and connect with child and carers at the - Using the Alternate Assessment to assess children in care practice advice topic.

Use information already known to develop a more holistic picture of the carer's caregiving and future risks for the child. This may include Carer Reviews and where relevant other reportable conduct investigations.

When all risk items in the Alternate Assessment (items 25-30) have been considered and assessed, use professional judgement in consultation with your MCW to determine an estimated level of risk- this could range from low- very high. See Alternate Assessment item descriptions and narrative guide to determine the level of risk.

Record the full Alternate Assessment element in ChildStory within 30 days of the first assessment visit with the child and the carer.

If further information becomes available through the risk assessment period that indicates:

- a possible criminal offence, report to the NSW Police
- information about a reportable allegation, report this to the Helpline within 24 hours.

Completed by: **CW**

Complete the Judgement and Outcome

Complete a Judgments and Outcomes for each child and the ‘Safety in Care’ element.

Completed by: **CW** Approval by: **MCW**

Recording: Judgments and Outcomes are completed from the Field Assessment, see Complete Judgements and Outcomes (J&Os).

If a decision is made to substantiate harm or risk of significant harm, record this information in the Judgement and Outcomes. Follow all requirements in the Identifying and recording a POI or PCH practice mandate. Substantiation and labelling a carer as a PCH could lead to suspension or cancellation of their authorisation. It is also information that may be shared with prescribed bodies under Chapter 16A of the Care Act.

See related practice mandates: carer authorisation surrender, suspension and cancellation practice mandate.

Responding to safety and risk issues

If the child is assessed as unsafe; safe with plan and/or the risk level to the child is high or very high, protective intervention is required to respond to the safety and risk issues to the child. This includes coordinating the following actions:

- arranging a suitable placement for the child when they have been assessed as unsafe in their current care placement
- OOHC case plan progress review (or full review if the child changes placements)
- Carer review (where relevant)
- Behaviour support plan (where relevant)
- Cultural support plan (where relevant).

Inform the child, carers and parents of the outcome of the Alternate Assessment.

Use the Sharing progress and placement information about a child in care to guide your assessment about the sharing of the assessment outcome with the child's parent and other network.

Managing the placement during the Reportable Conduct Investigation

A child currently placed with the carer can remain there if the outcome of the Alternate Assessment is 'safe' or 'safe with plan'. Continue to pay carer allowances as usual.

You must have DCS approval:

- if you are requesting further children to be placed with the carer
- if you are requesting an extension or renewal of allowances or ad hoc allowances
- if the carer is only provisionally authorised and needs to progress to full authorisation.

Following DCS approval:

- notify the Carer's Register Team if there are any new placements, authorisation or changes to allowances for a carer under investigation so that the team can temporarily change the carer status on ChildStory.

Completed by: **CW** Approved by**: DCS**

Carer Review

Carry out a Carer Review of a DCJ carer:

- within 30 days following an Alternate Assessment if there are reportable allegations or if the Alternate Assessment outcome substantiates harm or risk of harm to the child as a result of the carer's behaviour or capacity to provide a safe and nurturing environment, and
- within 30 days of the completion of the reportable conduct investigation.

Carry out an Aboriginal consultation if the carer is Aboriginal.

Where possible carry out a multicultural consultation if the carer is culturally and linguistically diverse.

Contact the Reportable Conduct Investigator - irrespective of the status of Reportable Conduct Investigation (pending or finalised) - to make sure any carer recommendations are included.

Extra Information

Carry out Carer Review to:

- determine whether the carer has the capacity and suitability to continue to care for the child
- outline in the Carer Review the safety and risk issues for the child and any strategies that address these
- indicate what support DCJ needs to provide the carer to mitigate risk so they can continue to care for child.

When completing the Carer Review, take into consideration:

- the Reportable Conduct investigation findings and recommendations
- the safety assessment outcome
- substantiation of harm and assessment of cumulative harm
- decision about PCH status.

If the child is remaining in placement with the carer, or the carer will remain authorised, record in the Authorisation Household the strategies for change and supports that will be actioned to respond to the quality of care concerns. Provide this to the carer.

The safety plan must safely conclude by the completion of an Alternate Assessment (and therefore prior to the Carer Review). Where needed these tasks can be translated into long term plans and integrated into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Refer to Carer reviews mandate and ChildStory knowledge article 'Complete a Carer Review'.

See related practice mandates: carer authorisation surrender, suspension and cancellation practice mandate.

Completed by: **CW** Approved by: **MCW**

Case plan or progress review

If the child assessment was unsafe, and their placement was changed, carry out a case plan review within 21 days of the placement change.

If no placement change has occurred, carry out a case plan progress review within 45 days of the commencement of the Alternate Assessment. Discuss the outcomes of the Alternate Assessment and the Carer Review (if relevant) to consider:

- safety and risk issues for the child and strategies to address these
- the status and needs of the carer and their authorisation.

If the reportable conduct investigation has not been completed within this timeframe, still carry out the progress review and then include the reportable conduct outcome in the following progress review.

Involve the child, carer, parents and other important people in discussions to inform the strategies to create sustained safety for the child and support their healing from any experiences of trauma.

Capture the strategies to support the child's wellbeing in the child's case plan as well as any safety and risk issues that do not relate to the quality of the carers' caregiving. Strategies that relate to improving the quality of the carers' caregiving are captured in the carer organisation (as outlined in the section above).

Use the first domain of the OOHC case plan- Permanency and Placement to outline all safety and risk issues identified in the Alternate Assessment in order to clearly capture the child's lived experience in care.

Use each relevant case plan domain to outline the strategies that will be used to facilitate a child's wellbeing – this may include updating the cultural support plan.

Outline:

- what the danger and risk is to the child, and its impact
- what the needs of the child, carer, family and network are
- how these needs will be responded to, when and by who
- how people will know if these needs have been met and the risks have been reduced.

Agree upon an appropriate period to next review progress, including strategies that address safety and risk issues. This should be no more than 90 days.

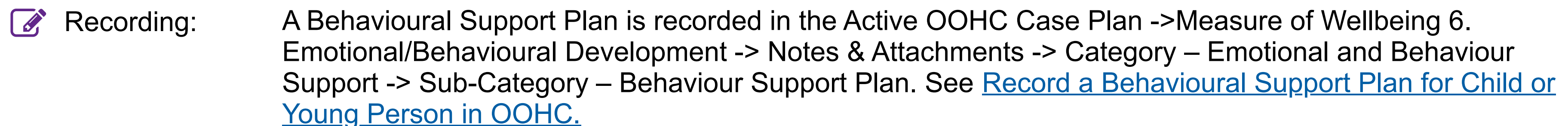
See the related mandate, Case planning in OOHC, for more information.

Completed by: **CW** Approved by: **MCW**

Recording: A case plan progress review is completed via the Active OOHC Case Plan, see Complete an OOHC Case Plan Review.

Review or develop the Behaviour Support Plan if needed, as a result of any assessment. Refer to Behaviour Support Mandate

Completed by: **CW** Approval by: **MCW**


Recording: A Behavioural Support Plan is recorded in the Active OOHC Case Plan ->Measure of Wellbeing 6. Emotional/Behavioural Development -> Notes & Attachments -> Category – Emotional and Behaviour Support -> Sub-Category – Behaviour Support Plan. See Record a Behavioural Support Plan for Child or Young Person in OOHC.

5. Assessing safety and risk of child case managed by a NGO

If DCJ receives a report for a child in statutory care, DCJ cannot delegate the assessment of safety and risk to an NGO service provider.

Invite the NGO to participate in the assessment to help the child, their carer, parents or family/kin understand the reported concerns and provide support during the assessment process.

The NGO continues to exercise primary case responsibility, unless DCJ and the service provider agree otherwise.

Extra information

If the report is about a carer employed by an NGO, including a foster or relative/kinship carer, or a household member a reportable conduct investigation is completed by the NGO as the employer. The NGO must follow their own procedures around placement of any other child with the carer during the time the carer is being investigated.

Whilst DCJ conducts an Alternative Assessment, the NGO is responsible for conducting a reportable conduct investigation. This includes:

- investigating reportable or alleged criminal conduct of their employees and carers
- reporting any alleged criminal offences to NSW Police
- responding to critical event
- notifying the OCG and completing the interim and final report

In most cases, an Alternative Assessment and reportable conduct investigation will occur concurrently. The NGO must submit the Reportable Conduct investigation to DCJ within 10 business days of concluding the investigation.

Pre-assessment consultation (PAC)

Use the Alternate Assessment item descriptions and narrative guide to inform the safety assessment planning. Items (items 1 – 24) are assessed as a part of the safety assessment.

Hold a PAC with the allocated CWs and include the NGO caseworker, carer support worker (if there is one for the NGO) and manager in the PAC. If relevant consult and involve the DCJ Permanency Coordinator.

If the NGO is carrying out a reportable conduct investigation, request that the NGO involve the relevant staff in the PAC wherever possible. The child's safety is the priority and therefore the Alternate Assessment can proceed where it is in the interests of the child's safety to carry out the assessment if there are delays to the process.

For further information around the roles of DCJ and the NGO caseworker see the Alternate Assessment to assess children in care Practice Advice Topic.

Develop, in the PAC, a plan about ways to:

- coordinate an approach with the various NGO staff needed
- decide who will provide what information and by when
- ensure the child's safety throughout the assessment process
- engage with all the important people in the child's home and life about the reported concerns. Consider the order of who is spoken with and the location of the conversation.
- offer a support person to the child and carer
- hear and focus on the possible impact on the child, considering their needs such as age, culture, disability and sexual orientation
- approach the assessment in a way that minimises any negative impact on the relationship between the child and carer
- manage risks to the carer's wellbeing and how they will be supported through the process
- explain the purpose of the safety and risk assessment process and discuss any other casework activities that the NGO will complete, such as a Carer Review, reportable conduct investigation and any alleged criminal offences that need to be reported NSW Police
- suggest to the NGO to carry out Family Finding activities, to enhance the child's safety and connections and provide support to the child and carer throughout the process.

Carry out Aboriginal consultation as a part of the PAC.

Where possible carry out a multicultural consultation as a part of the PAC if the child, or carer, is culturally or linguistically diverse.

If you think there may be a risk to a caseworker's safety complete an assessment using the Risk management tool. Review the tool throughout the assessment process.

Completed by: **MCW**

Recording: The PAC is created from within the relevant Field Assessment, see Complete a Pre-Assessment Consultation (PAC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the PAC or attached as a Note & Attachment in the Case. See to the ChildStory Recording Tool.

Practice advice

Explain your role and how you will work with the child, their family and the NGO caseworker. Explain to the NGO caseworker that an assessment does not necessarily mean that the child needs to move placements

or that the carer cannot have other children placed with them now or in the future. It also does not mean that DCJ holds responsibility for day to day casework tasks that need to be carried out.

See also

- PSP Permanency Case Management Policy (PCMP) Collaborating in investigating reportable conduct, if the POI is an authorised carer or employee of a NGO service provider
- PCMP Rules and Practice Guidance
- Aboriginal Case Management Policy
- Code of Conduct for Authorised Foster, Relative and Kinship Carers
- Using the Alternate Assessment to assess children in care Practice Advice Topic
- Empowerment and participation, a guide for organisations working with child and young people, produced by the Office of the Child's Guardian

Alternate Assessment – assessing safety

Assess if the child was safe from harm at the time of the reported concerns, taking into consideration all issues that emerged or occurred during the assessment, regardless of what protective action has already occurred. If the child is now living somewhere else but they were unsafe at the time of report they are deemed to be unsafe in this assessment.

Record the safety items in the Alternate Assessment within two days of the initial Alternate Assessment visit.

Assess the safety items (items 1 – 24) in the Alternate Assessment and using the Alternate Assessment item descriptions and narrative guide. Make sure to:

- include the child in order to understand their experiences
- explore and discuss reported concerns with the child, carer and household members
- include culturally and linguistically diverse and Aboriginal community and organisations
- involve, and gather information from, all relevant people important to the child or who may have observed the alleged harm or risks
- give clear and specific information to the child, parents and carers about the concerns reported to DCJ and how they relate to the safety of the child
- protect the identity of the reporter or information that could lead to the identity of the reporter.

Record the safety items in the Alternate Assessment within two days of the initial Alternate Assessment visit.

Completed by: **CW** Approved by: **MCW**

Recording: An Alternate Assessment is created in the relevant Field Assessment.

Practice advice

Practice curiosity- how would children describe their home? What's their favourite thing about their carer and foster family? What would they change about them? What they need to feel safe and who they can talk to if they do feel unsafe

Think about the ways you need to shift your language and adapt your messages when speaking with children and adults. Consider the different skills and approaches you need to use to hear and create safety for the child who has experienced harm.

Where there are reportable allegations, record interview case notes that document:

- the location
- who was present
- conversation start and finish times
- all details that each person has shared

Completed by: **CW**

Safety Outcomes

Consider danger items and protective abilities. Use professional judgement in consultation with the MCW to decide on the safety outcome.

Consider danger items and protective abilities. Use professional judgement in consultation with your MCW to assess the safety outcome.

Safe - No dangers were identified at this time. Based on currently available information, the child is not likely to be in immediate danger of serious harm in their current placement.

Safe with plan – One or more dangers identified, appropriate protective abilities assessed. The plan requires immediate supports that mitigate dangers so the child can remain in their current placement. Safe with plan outcome must adhere to the following restrictions:

- seek DCS approval and approval by NGO delegate if the safety plan is responding to harm caused by the carer. Attach to the Field Assessment
- record a clear rationale about why a safety plan is the most appropriate option rather than determining the child is unsafe and needs to be moved to a safer placement
- a safety plan cannot be used to change a child’s placement or to ask the carer to leave their home
- if the danger is about the child’s behaviour, urgently consult the NGO to arrange a psychological consult and where appropriate progress recommendations from this consultation in partnership with the child’s carers.

Unsafe - One or more dangers are present and placement change is the most appropriate protective intervention to support the child’s safety and rights. This also includes NSW Health scheduling a child or where the Supreme Court has authorised secure placement. Without these interventions, the child will likely be in danger of immediate or serious harm. Record a clear rationale about why a placement change more appropriately responds to the needs of the child rather than a safety plan.

Irrespective of the safety outcome, canvas what supports the child and all members of the household need.

Completed by: **CW**

Extra information:

Although it is not mandatory, staff may find it useful to use the Safety in Care - Safety Planning Approval Template to seek and document DCS approval.

Safety planning for a child in care

When a safety plan is developed, it must be written in partnership with the child, the carer and NGO. A copy of this must be left with the child and carer and provided to the NGO. See safety plan template.

Review the safety plan within the first 72 hours of it initially being developed with the carer in partnership with the NGO caseworker.

Develop a plan with the NGO caseworker about who and when the safety plan will be actively monitored between the 72 hour review and the completion of the Alternate Assessment.

At the completion of an Alternate Assessment (30 days from first assessment visit) the safety plan must have concluded. Where needed these tasks can be translated into long term plans and integrated into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Completed by: **DCJ CW** Approved by: **DCS** Endorsed by: **NGO delegate (if the safety plan is about the carer causing danger)**

Practice advice

Monitoring safety plans means checking in with the child, carer and safety networks to:

- to assess if the strategies continue to mitigate the danger/s. Be curious about the lived experience of the plan- what differences have the child and carer noticed. What is working well and what changes have been hard to manage?
- hear from the support network that are helping the carer to mitigate the danger/s. Be clear about the frequency and type of contact the support network needs to have in the safety plan- who are they seeing and talking to, how often will they need to do this and does it need to be face to face?
- value the voice and experience of the child, speak with the child away from the carer on a regular basis, to assess if and how the strategies have changed their experiences of the danger/s and relationship with their carers (gotten better or worse). Think about ways to hear the child describe safety, what is different in their world? when do they feel secure?

Recording the review of the safety plan:

- in the AC record completed following each visit with the family
- a home visit record following each visit with the family, where other OOHC domains may be discussed
- case notes – which may include phone calls, emails or other correspondence that is part of reviewing the safety plan.

Completed by: **CW** Approval by: **MCW**

Safety actions if the child is unsafe

If the child is assessed as unsafe:

- liaise with the NGO, who will be responsible for finding the child a new placement. Refer to the Permanency Case Management Policy to support this responsibility.
- ensure that the Aboriginal Placement Principles are correctly applied in line with the Aboriginal Case Management Policy
- plan with the NGO how the child can be moved from the care of their current carer in a way that is sensitive to the child's needs and recognises the trauma that a change of placement creates for child
- where it is safe to do so, support the NGO to plan with the carer around the context, timing and logistics of a placement change. Discuss ways the NGO may support their carers to manage their own feelings of grief and loss and have difficult conversations with other child or carers in the placement.

Assessment consultation (AC)

Hold an AC with the allocated workers and involve the NGO caseworker and manager.

Talk about the assessment visit, reviewing the information gathered, the safety outcome of the assessment and factors that relate to the strengths and needs of the child, carer, other household members and network. Talk about:

- whether any new information suggests there are reportable allegations that need to be investigated by the NGO
- if the information meets the criteria for a JCPRP referral
- if there are any criminal offences that need to be reported to NSW Police
- what is needed in order to assess the risk items in the Alternate Assessment within the next 28 days
- any supports or referrals that need to be put in place by the NGO

- if the safety outcome was safe with plan, how and when the plan will be reviewed
- any worries that held that did not meet the Alternate Assessment threshold, but still needs to be addressed.

See also Reporting allegations of criminal offences to Police mandate.

Completed by: **MCW**

Recording: An AC is created from the relevant Field Assessment, see Complete an Assessment Consultation (AC). Aboriginal and culturally and linguistically diverse consultations can be recorded in the AC or attached as a Note & Attachment in the Case. See ChildStory Recording Tool.

Alternate Assessment - assessing risk

The Alternate Assessment requires you to estimate the likelihood of ongoing risk. This requires you to gather further information about the child, their family, carer, services and the meaningful network of people connected to them. These conversations use information already known to develop a more holistic picture of the carer's caregiving and future risks for the child. This may include Carer Reviews and where relevant other reportable conduct investigations.

When all risk items in the Alternate Assessment (items 25- 30) have been considered and assessed, use professional judgement in consultation with your MCW to determine an estimated level of risk- this could range from low- very high. Use the Alternate Assessment item descriptions and narrative guide to determine the level of risk.

Record the full Alternate Assessment element in ChildStory within 30 days of the first assessment contact with the child and the carer.

If further information becomes available through the risk assessment period that indicates:

- a possible criminal offence, report to the NSW Police
- information about a reportable allegation, share this with the NGO.

Complete the Judgement and Outcome

Complete a Judgments and Outcomes for each child and the ‘Safety in Care’ element.

Completed by: **CW** Approval by: **MCW**

Recording: Judgments and Outcomes are completed from the Field Assessment, see Complete Judgements and Outcomes (J&Os).

If a decision is made to substantiate harm or risk of significant harm, record this information in the Judgement and Outcomes. Follow all requirements in the Identifying and recording a POI or PCH practice mandate. Substantiation and labelling a carer as a PCH could lead to suspension or cancellation of their authorisation. It is also information that may be shared with prescribed bodies under Chapter 16A of the Care Act.

Sharing assessment outcome

The DCJ caseworker must inform the child, carers, parents and NGO of the outcome of the Alternate Assessment including informing any PCH (and the NGO) of the PCH identification.

Use the Sharing progress and placement information about a child in care to guide your assessment about the sharing of the assessment outcome with the child's parent and other network.

Provide a copy of the Alternate Assessment to the NGO within 10 business days of finalisation.

The NGO is responsible for the reportable conduct investigation and carer review. The NGO must provide a copy of its RCU investigation to to DCJ within 10 business days.

Refer to PSP Permanency Case Management Policy (PCMP).

Completed by: **CW** Approval by: **MCW**

Safety in care meeting

The DCJ caseworker monitors and assesses the child's safety and risk. The NGO is responsible for responding effectively to create and sustain safety and reduce risk.

Arrange a Safety in Care meeting at the completion of the Alternate Assessment and Carer Review (completed by the NGO), where relevant reportable conduct investigation (completed by the NGO), to discuss the outcomes of each process to consider:

- safety and risk issues for the child and strategies to address these. At the completion of an Alternate Assessment all safety plans should have concluded; or other protective interventions are required.
- the plan for DCJ to complete the review Alternate Assessment, where the outcome of the original Alternate Assessment was unsafe, safe with plan and/or the risk to the child was assessed as high or very high.
- the status and needs of the carer and their authorisation.

A Safety in Care meeting can also be run as part of group supervision.

Invite:

- the caseworker/manager casework who completed the Alternate Assessment
- the NGO caseworker and manager
- the permanency coordinator (if relevant)
- any other support person who was involved in the assessment process and will continue to support the child or carer.

Completed by: **MCW**

The NGO with case management responsibility responds to safety and risk issues to the child by coordinating the following actions:

- OOHC case plan review
- Carer Review
- Behaviour support plan (where relevant)
- Cultural support plan (where relevant)

Recording: See Complete Judgements and Outcomes (J&Os).

6. Reassessment and closure

Safety plans are only able to be in place for the duration of the initial Alternate Assessment (up to 30 days from putting the safety plan in place) at which time other protective interventions are needed if the dangers still exist and/or if the risk to the child is assessed as high or very high. This may include translating tasks into long term plans and integrating them into Carer Review Assessments and/or Behaviour Support Plans and/or Domain one of the OOHC case plan- Permanency and Placement.

Carry out a review Alternate Assessment within 30 days of the case plan progress review to determine whether the strategies put in place to resolve dangers and mitigate risk have been effective. Record the review Alternate Assessment on ChildStory by creating a ‘Review Assessment’ from within the case.

Use professional judgement, to determine to determine if the child is:

- safe (no identified dangers)
- unsafe

Safe with plan is not able to be used if a safety plan was used as a protective intervention in the initial Alternate Assessment.

Determine the risk level, considering protective measures that have been put in place via OOHC case plan, Carer Review (where relevant) behaviour support plan (where relevant) and Reportable Conduct recommendations (where relevant).

If the risk relates to pain-based behaviour for a child and the case plan and behaviour support plan (where relevant) are addressing these behaviours, select ‘moderate’ for risk level and continue to implement, monitor and review the suitability of the strategies in place through the case plan progress and behaviour support plan review processes.

Completed by: **DCJ or an NGO where they hold primary case management**

Refer to the Permanency Case Management Policy to support this responsibility.

Protective action by DCJ cannot be ceased if the child is:

- safe but future risk level is high or very high
- safe with plan
- unsafe and protective and/or legal action is required (but not yet taken) to ensure their safety, welfare and wellbeing of the child.

Completed by: **CW** Approval by: **MCW**

Key documents

Name	Description	Size	Type
Complete an Assessment Consultation (AC)	Use this ChildStory knowledge article to assist you to record a Assessment Consultation (AC)	--	Link
Complete a Pre-Assessment Consultation (PAC)	Use this ChildStory knowledge article to assist you to record a Pre-Assessment Consultation (PAC).	--	Link
ChildStory Recording Tool	Use this knowledge article to ensure consistent recording of information in ChildStory.	--	Link

Name	Description	Size	Type
Create a CSC Contact and eReport	Create a CSC Contact and eReport	--	Link
Field Assessment Pathway	The PDF contains a roadmap with direct links to the ChildStory Knowledge Articles required to complete all processes associated with the Field Assessment Pathway.	--	Link
Complete Judgements and Outcomes (J&Os)	Use this ChildStory knowledge article to assist you to record a Judgements and Outcomes (J&Os)	--	Link
Complete a Carer Review	Complete a Carer Review	--	Link
Complete an OOHC Case Plan Review	Complete an OOHC Case Plan Review	--	Link
Record a Behaviour Support Plan for a Child or Young Person in OOHC	Record a Behaviour Support Plan for a Child or Young Person in OOHC	--	Link
ChildStory Triage Completion Guide	Use the guide should when allocating, closing or transferring a Triage record in ChildStory.	--	Link
Create an Information Gathering Record	Create an Information Gathering Record	--	Link
Safety in care safety planning DCS approval template	Safety in care safety planning DCS approval template	22.3 KB	Word
Alternate Assessment Item Descriptions and Narrative Guide	To be used where a report is received for a child in out of home care. This guide is to be read in conjunction with the ‘Safety in Care Mandate’ and the ‘Using the Alternate Assessment to assess children in care’ Practice Advice topic.	1.4 MB	PDF
Safety in Care - Pre Assessment Consultation resource	Safety in Care - Pre-Assessment Consultation (PAC) – Resource	692.5 KB	PDF

Name	Description	Size	Type
Information for carers about RCU investigations - version for carers	Information for carers about RCU investigations - version for carers	1.1 MB	PDF
Alternate Assessment for children in care – FAQ	Alternate Assessment for children in care – FAQ	293.3 KB	PDF
RCU referral form	RCU referral	16.9 KB	Word

About this page

Date updated
29 Mar 2022
Last reviewed
29 Mar 2022
Content owner
Assessment Practice
Directorate
Office of the Senior Practitioner

Carer reviews

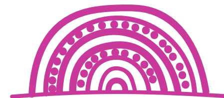
1. Overview

Use this practice mandate when reviewing authorised carers to confirm their ongoing capacity and suitability to care for a child or young person.

Purpose

"I need you to ask me what I think and if there is anything you can do better. Keep asking me for feedback and when I give it to you, listen and act on it."

Practice Framework Standard 9 - Learning from critique



Ongoing and regular reviews of authorised carers makes sure that children in OOHC are safe and are provided with a supportive environment that meets their changing needs.

Statutory requirements

Children and Young Persons (Care and Protection) Act 1998

Sections*:* 150 137

Child Protection (Working with Children) Act 2012

Sections: 10 ,42

Children and Young Person (Care and Protection) Regulations 2012

Clauses: 37, 40

NSW Child Safe Standards for Permanent Care

Standards: *2,* 15,19, 21

- **Talking to children and participation**

  Children and young people have the right to participate in decision making that affects their lives.
  Read Practice Advice

2. Newly authorised carer review

The first review of a newly authorised carer must happen within 60 days of their first child placement and must include:

- seeking feedback from health and education services that are involved with the child, including asking for any reports or other relevant information
- visiting the carers home and talking with the carer about
- how the child has settled into the carers home
- whether there has been any concerns about the child's behaviour, schooling or health
- how contact with the child's parent or parents, siblings or significant others has been progressing and whether there has been any problems or concerns

- how the carer is coping with the new arrangement and whether there has been any problems in implementing the child's Case Plan
- whether the carer needs any further information, including about their responsibilities as a carer, or any further support, including any additional training - check the carer has a copy of the Caring for Kids guide.
- whether there has been any significant changes in the carers household, refer to Significant changes in the carers household or change in legal status for the child

Completed by: **CW** Approval by: **MCW**

Practice advice

The beginning of any new relationship or living arrangements is a significant time and this can be said for both the carers and the child in a new placement. Providing support at this time can be a good way of not only maintaining the stability of the placement but gives the carers an opportunity to openly talk to you about how they are managing, what things that they have found helpful and what other support they are open to.

This is the time when they may be making the connections between the training they attended and the lived experience of looking after the child. Making yourself available in person will help you form a collaborative relationship with the carers.

Unfortunately research has found that the first few months is a particularly stressful time and has been linked to placement disruptions being highest especially when little to no support is offered. By having open conversations early we can try to work together with carers to overcome some of the challenges they may be facing. Be curious and open to conversations that are not only about the child or young person but also about the whole household.

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

3. Significant changes in the carers household or a change in legal status for the child

Complete a carer review when there has been a significant change in the carers household such as:

- carer has a new partner
- the birth of a child
- a new household member (if adult, Probity checks need to be completed)
- placement breakdown
- the carer, the child's parent, parents or siblings have died
- a change to the actual household such as the inclusion of a swimming pool or spa
- any other significant event that may impact on the carers ability to provide a safe, nurturing and appropriate environment for the child or young person.

A carer review should also be completed:

- within 30 days following an Alternate Assessment if there are reportable allegations or if the Alternate Assessment outcome substantiates harm or risk of harm to the child as a result of the carer’s behaviour or capacity to provide a safe and nurturing environment, and
- within 30 days of the completion of the reportable conduct investigation.

Completed by: **CW** Approval by: **MCW**

Practice advice

Children and young people who cannot remain in the care of their family deserve special protection and assistance. Keeping children and young people safe in out of home care has to be our key focus. Part of being about to provide this is to make sure that the people they are living with are safe.

Practice advice:

Supporting carers to navigate change, grief and loss

It is important to recognise that carers and their families may experience emotions of sadness and loss when children and young people in their care are required to change placement, return to the care of their parents, or move to adulthood or other reasons. The Navigating change, grief and loss guide has been designed to assist you to provide this support for carers.

Change in the child or young person's legal status

If a child is in OOHC following an interim order, the placement must be reviewed within four months after the order is made.

If a child is in OOHC following a final order, the placement must be reviewed:

- if the child is less than two years old, within two months
- if the child is over two years, within four months.

Completed by: **CW** Approval by: **MCW**

- **Holistic assessment**

  Find out what it means to have a balanced assessment using a holistic approach, how to step away from a culture of 'us and them', and the tools to help you do this.
  Read Practice Advice

4. Annual carer review

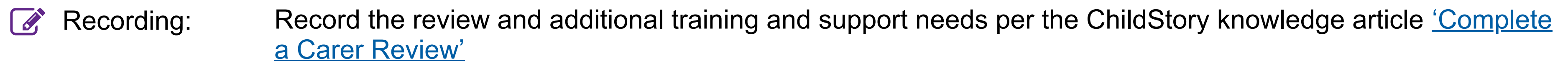
Review any previous assessments, placements or Carer Development Plans.

Visit the carers and talk to them about:

- any problems or difficulties they may have experienced
- further supports or training that may benefit the carer with improving skills and knowledge
- check the carers authorisation and for any other significant changes such as set out in Significant changes in the carers household or change in legal status for the child
- whether they are interested in becoming guardian or adopting the child in their care
- acknowledge the carer's contributions to the child's progress and development
- complete a review of the Home inspection checklist and make sure that any household safety issues have been identified and addressed, including checking swimming pool compliance where necessary
- ask the carer for their okay to complete a ChildStory check on the carer and household members 16 years and over. Undertake these checks.
- complete required probity checks for any new household members. Refer to the Probity checks practice mandate.

Completed by: **CW** Approval by: **MCW**

Discuss any concerns with the MCW if you think there needs to be any changes to the carers authorisation. Refer to Carer authorisation, surrender, suspension or cancellation practice mandate.



Recording: Record the review and additional training and support needs per the ChildStory knowledge article ‘Complete a Carer Review’

Extra information:

The following resources and fact sheets may be useful to give to carers as a starting point to talk to them about guardianship or adoption:

What is guardianship?

Becoming a guardian

Information for authorised carers on adoption

- **Permanency Planning**

  Permanency planning involves finding permanent relationships that can help children feel safe, connected, and secure no matter where they live.

  Read Practice Advice

5. Five yearly carer review

Complete all tasks as set out in the Annual carer review and complete new:

- WWCC for the carers and all adult household members
- National Criminal History Check for carers and household members over 16 years
- ChildStory check on all household members
- Medical Reference Check for the carers only
- Refer to the Probity checks practice mandate for further information on how and when to conduct probity checks for a five yearly carer review.

If the decision is to renew the authorisation, discuss the outcome with the carer and provide them with Letter of authorisation advice and another copy of the Code of Conduct for Authorised Carers for them to sign and return.

If the decision is not to renew authorisation or make changes to a carer's authorisation, discuss with the MCW and carer. Refer to Carer authorisation, surrender, suspension and cancellation practice mandate.

Update appropriate ChildStory records and the Carers Register about the changes.

Completed by: **CW** Approval by: **MCW**

6. Recognising carer achievements

Authorised carers undertake a personally rewarding but often demanding and challenging role and there are times that special recognition of the contribution they make to children's lives is important.

Write a Briefing note (BN) if both the CW and MCW think that the carers contribution deserves formal recognition. Include background information about the carer and the reason why recognition is recommended in the BN.

Completed by: **CW** Approval by: **MCW**

Forward the BN to the Principal Officer (or DCS for accredited ISS) for approval who will also send through to the Secretary and Minister for final approval.

Notify DCJ Ministerial and Communication Branch.

Completed by: **Principal Officer (or DCS for accredited ISS)** Approval by: **Secretary** and **Minister**

Key documents

Name	Description	Size	Type
Home inspection checklist	This checklist is to be completed prior to a child being placed in a home with a carer. This form is used to record the safety and dangers in the prospective relative/kinship carer applicant's home. This form is used to document the assessment of a relative/kinship carers home as part of the assessment of prospective applicants and prior to a child being placed in the home with the carer.	45.3 KB	Word
Letter of authorisation advice for foster carers	Template letter used to formally advise a foster carer applicant they have been authorised by DCJ.	73.1 KB	Word
Authorised carer code of conduct	Code of conduct and declaration form for authorised carers. The form is signed by carers to indicate they have read and understood, and will comply with, the code of conduct.	85.8 KB	Word
Grief and loss - supporting carers navigating change, grief and loss		335.1 KB	PDF

About this page

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13 Nov 2023
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1 Dec 2016
Content owner

Implementation and Performance (Carer Program)
Directorate
Commissioning - Child & Family

Casework Practice

Mandates>Carers>Carer support

Carer support

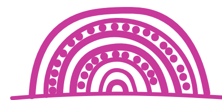
1. Overview

Use this practice mandate when providing support to and monitoring authorised carers.

Purpose

"I need you to respect the relationships I have and ask me who I want in my team. Partner with those who can assist me and those who love and care about me but remember that my privacy is important to me. Ask me what information can be shared and with whom."

Practice Framework Standard 10 - Collaborating as a team around the child



Support and training for authorised carers and monitoring of placements help to create safe, nurturing and positive environments for children in OOHC. Research shows that early and ongoing support to foster carers reduces placement disruptions and increases placement stability. Caseworkers are a key partner in the carers network and have the responsibility to provide necessary resources, guidance and support.

Statutory requirements

Children and Young Persons (Care and Protection) Act 1998

Sections: 24 ,140, 143, 146, 147, 150, 157, 161

Children and Young Persons (Care and Protection) Regulations 2012

Clauses: 30, 40, 42

NSW Child Safe Standards for Permanent Care

Standards: 19, 21

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

2. Training

Initial training

Arrange and make sure the applicant attends training:

- within 60 days of the carer being provisionally authorised and the child being placed in their care

- before full authorisation, for a planned placement.

Completed by: **CW** Approval by: **MCW**

Each District has their own processes and schedules for completing carer training. Talk to your MCW about who will conduct the training, whether there is a set training schedule in the District and whether the training is one-on-one or group training.

Completed by: **CW** or **CSW** or **CFDU** Approval by: **MCW**

For training of foster carers use the following:

- Shared Stories Shared Lives – Participants Workbook
- Shared Stories Shared Lives – Trainers Manual

For training of relative / kinship carers use the following:

- Relative and Kinship carer – Initial Training Facilitator Guide
- Relative Kinship carer – Initial Training Participant Guide
- Relative and Kinship carer – Initial Training Presentation

For training of Aboriginal and Torres Strait Islander carers use the following:

- Our Carers for Our Kids – Participants Workbook
- Our Carers for Our Kids – Trainers Guide
- Our Carers for Our Kids – Master Overhead

Once the applicant has successfully completed the training, make sure they are given a Foster Carer Training Certificate or Relative / Kinship carer Training Certificate (DOCX, 30.24 KB) and update ChildStory.

Completed by: **CW** or **CWS** or **CFDU** Approval by: **MCW**

Ongoing training

Ongoing training and information sessions, provided internally or through external contractors, are offered post authorisation. Talk to the carer about what training they may be interested in and suggest training that may help them to understand or manage some of the child's specific needs, this may include positive behaviour support plans.

The carer support and training guide for caseworkers has been designed to aid you in fostering collaboration with carers, providing them with the essential knowledge and support required to effectively carry out their responsibility of nurturing the children and young people in their care.

Each District has their own processes and schedules for completing ongoing carer training. Talk to your MCW about who will conduct the training, whether there is a set training schedule in the District and whether the training is one-on-one or group training.

Completed by: **CW** or **CSW** or **CFDU** Approval by: **MCW**

- **Relationship-based practice**

  Relationship-based practice is key to casework success. Find out more about creating and promoting healthy relationships with children and families.
  Read Practice Advice

3. Supervision, monitoring and access to support services

Supervision and monitoring of placements

Complete a carer review:

- within 60 days of a child being placed with a newly authorised carer
- whenever there is a significant change in the carers household
- within 4 months of Interim Orders being made
- within 2 months (for a child less than 2 years) and within 4 months (for a child over 2 years) of Final Orders being made
- every 12 months after authorisation, and
- every 5 years
- Refer to the Carer reviews practice mandate.

Completed by: **CW** Approval by: **MCW**

Keep in regular contact with the carer to share information, to support the carer to meet the child's changing needs and to check in to see if they need any additional support in maintaining the case plan.

Completed by: **CW**

Practice advice

Research shows that 70% of placement breakdowns happen in the first 6 months of a placement.

Consider this period as a window of opportunity to create a foundation of stability by giving additional support to the carer, to support the child.

Supporting carers to navigate change, grief and loss.

It is important to recognise that carers and their families may experience emotions of sadness and loss when children and young people in their care are required to change their placement, return to the care of their parents, or become adults, or other reasons. The Navigating change, grief and loss guide has been designed to assist you to provide this support for carers.

Authorised carers access to support services

When first authorised, give the carer, and record that you have given them:

- Authorised Carer Code of Conduct
- DCJ Foster Carer application Information Kit
- Carers Register Fact Sheet 2: Information for carers and household members: what data is recorded?
- Caring for Kids guide
- Contact details of the allocated CW and the Helpline in case there are any problems after hours.

Completed by: **CW**

When the carer has finished training, make sure that they have been given information and the Certificate of eligibility for special family circumstances exemptions.

Completed by: **CW**

Extra information:

The exemption certificate is valid for a 12 month period and the letter and certificate is processes by Head Office and mailed out every June. MCW can also issue exemption certificates locally to newly authorised carers and other carers who have asked for the certificate outside the mail out.

Certificate of eligibility for special family circumstance exemption – Letter

Give the carer information and contacts to support services such as:

- Caring for kids : A guide for foster, relative and kinship carers
- Connecting Carers NSW
- Create NSW

Completed by: **CW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

4. Financial assistance

Care allowances and contingencies

Completed by: **CW** Approval by: **MCW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

5. Participation in decision making

Participation in case planning

Invite the carer to the child's case planning meetings and encourage them to be actively involved.

Give the carer a copy of the most recent Case Plan.

Keep in regular contact with the carer to monitor the progress of case plan. If the tasks are not meeting the child's needs as planned, talk with the carer about other options. Update the case plan and provide to the carer, see the Case planning in OOHC practice mandate.

Completed by: **CW**

Participation in care proceedings

Let the carer know of all upcoming court matters and tell them that they may ask:

- to have their views included in the material for the Secretary or be heard at court
- to appear as a separate party to care proceedings

Tell the carer if an application to rescind or vary an existing Court Order has been made and talk to them about their participation.

Contact DCJ Legal Services if the carer wishes to be a separate party to any proceedings. The carer must arrange, at their own expense, their own legal representative.

Tell the carer that the Court may ask them to attend if the Court believes that the carer has information about the whereabouts of the child if their whereabouts is unknown to the Court.

Completed by: **CW**

- **Helping children in care achieve their potential**

  This topic will help you to create a vision of high expectations for children in care so they can reach their full potential.
  Read Practice Advice

6. Complaints and rights of appeal

Authorised carer complaints

Make sure that authorised carers know that they have the right to raise issues of concern about any matter about their care for a child in OOHC.

Completed by: **CW**

Pass on their complaint to the MCW if:

- the complaint is about the CWs conduct
- there is, or may be, a conflict of interest
- the carer asks for someone else (another CSC) to deal with the matter.

Completed by: **CW** Approval by: **MCW**

Let the carer know:

- how DCJ is dealing with or resolving the matter
- about any other organisations or individuals able to assist them

- where they can go to get independent advice
- about their right to appeal a decision.

Completed by: **MCW**

Reviewable decisions about authorisation

If the carers authorisation has been suspended or cancelled, the MCW must tell them:

- why their authorisation has been suspended or cancelled,
- their right to request an internal review of the decision see the Carer authorisation, surrender, suspension or cancellation practice mandate
- their right to appeal to the NSW Civil and Administrative Tribunal (NCAT), see the NSW Civil and Administrative Tribunal practice mandate
- send the Reviewable cancellation of authorisation letter to the carer.

Completed by: **MCW**

Internal review of a decision

If the carer asks for an internal review (about a reviewable decision):

- the MCW must tell the Principal Officer (or DCS for accredite ISS) who will nominate a person to complete the review
- the CW must give the reviewer a copy of all relevant documents, and the recorded reasons for the decision
- the review must be completed within 21 days from the date the carer asked for it
- the MCW must write to the carer and tell them of the outcome of the review and their right to appeal the decision, within 28 days, to the NSW Civil and Administrative Tribunal (NCAT).

Completed by: **MCW and CW** Approval by: **The Principal Officer (or DCS for accredited ISS)**

Extra information:

The following decisions, under s.245 of the Children and Young Persons (Care and Protection) Act 1998, are reviewable by NCAT:

- suspend a person's authorisation as an authorised carer or to impose conditions on a person's authorisation
- cancel a person's authorisation as an authorised carer, other than a decision to cancel an authorisation granted on a provisional basis or a decision to cancel an authorisation on an event specified under s.137(e)
- to grant to, or to remove from, an authorised carer the responsibility for the daily care and control of the child or young person
- the disclosure of high level identification information concerning the placement of a child or young person
- the refusal to disclose information concerning the placement of the child or young person
- the suitability of a person to be guardian.

The NSW Attorney General have a series of videos that deal with common matters brought to the NSW Civil and Administrative Tribunal (NCAT). The videos feature the review of a government agency's decision and would be a helpful resource for carers if they needed more information about NCAT and its processes.

Review of the decision to disclose high level placement information

If the review is about the disclosure of high level placement information, refer to the Sharing of progress and placement information about a child in care practice mandate for more information.

Tell the carer:

- their right to request an internal review of the decision

- their right to appeal to the NSW Civil and Administrative Tribunal (NCAT), see the NSW Civil and Administrative Tribunal practice mandate
- that FACS will not be allowed to provide any high level information until all reviews and appeals have been completed.

Completed by: **CW**

Extra information:

High level placement information includes:

- the carer's surname and the surnames of people in the household
- the carer's address and home telephone number
- the name of the carers employer or information about their workplace
- the name of the school the child in care goes to.

Refer to the Factsheet – Types of placement Information

Key documents

Name	Description	Size	Type
FACS Carer Initial Authorisation Training	Use this form to acknowledge a carers completion of carer training.	30.2 KB	Word
Certificate of eligibility for Special Family Circumstances exemption for Guardians form and letter	Eligilibity for special family circumstances exemption.This form is used to advise guardians of their eligibility for exemption from Centrelink's work participation requirements.	36.7 KB	Word
Certificate of eligibility for special family circumstance exemption letter	This letter to be used when an authorised carer is recieving Centrelink benefits and is excempt from looking for work. This form is used to document an	63.5 KB	Word

Name	Description	Size	Type
	authorised carer's exemption from looking for work whilst receiving Centrelink benefits.		
Claims for loss and damage release form	Release form for any loss or damage caused. This form is used to document a payment/release to a carer upon receipt of a claim for loss or damage.	20.8 KB	PDF
Reviewable cancellation of authorisation	Letter to an authorised carer to confirm that a decision has been made to cancel their authorisation and that this decision is considered reviewable. This form is used to notify a carer that their authorisation has been cancelled and that this decision is considered reviewable.	59.5 KB	Word
Authorised carer code of conduct	Code of conduct and declaration form for authorised carers. The form is signed by carers to indicate they have read and understood, and will comply with, the code of conduct.	85.8 KB	Word
Grief and loss - supporting carers navigating change, grief and loss		335.1 KB	PDF

About this page

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12 May 2022
Content owner
Implementation and Performance (Carer Program)
Directorate
Commissioning - Child & Family

Casework Practice

Mandates>Carers>Carer authorisation surrender, suspension or cancellation

Carer authorisation surrender, suspension or cancellation

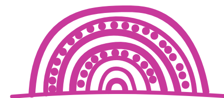
1. Overview

Use this practice mandate when you need to cancel or suspend a carers authorisation or when a carer surrenders their authorisation.

Purpose

"I need you to ask me what I think and if there is anything you can do better. Keep asking me for feedback and when I give it to you, listen and act on it."

Practice Framework Standard 9 - Learning from critique



To keep children safe while in OOHC, a carer's authorisation must be maintained by making sure that they have Working With Children Check (WWCC) clearances, no unfavourable criminal records, carry out their obligations as a carer, and always make sure that no inappropriate persons live in the household.

Statutory requirements

Children and Young Persons (Care and Protection) Act 1998

Sections: 162, 245

Children and Young Persons (Care and Protection) Regulations 2012

Clauses: 41, 41A, 42, 42A, 42B, 42C, 42CA, 42D, 86I.

Code of Conduct for Authorised Carers

Office of the Children's Guardian Fact sheets - allegations of serious misconduct and Notification to the Children's Guardian – allegations of sexual misconduct or serious physical assault against a child or young person

Civil and Administrative Tribunal Rules 2014

Sections: Rule 24

Administrative Decisions Review Act 1997

Sections: 53

Community Services (Complaints, Reviews and Monitoring) Act 1993

Sections: 28

NSW Child safe standards for permanent care

Standards: 2, 3, 15, 19, 20, 21

- **Language: the words we use**

  Language is about the power your words have on practice. It frames whose view of reality you are accepting and the type of change you hope to create.
  Read Practice Advice

2. Carer surrenders authorisation

A carer may choose to give up their authorisation at any time, but must tell DCJ of their decision in writing.

Ask the carer to surrender their authorisation if:

- the carer adopts the child
- the carer becomes the child's guardian under a guardianship order.

When a carer surrenders their authorisation, update the Carers Register Team of this change. See the practice mandate Carer register.

Completed by: **CW** Approval by: **MCW**

- **Critical reflection**

  Critical Reflection is key to good casework. This explains the benefits, how to practice it, questions to ask yourself, and useful tools.
  Read Practice Advice

3. Carer authorisation is suspended or cancelled

Carer no longer a suitable person or inappropriate person living in the carers home

DCJ may suspend or cancel a carers authorisation, if based on evidence, we believe that the carer or another adult household member:

- has failed to get a WWCC clearance
- has unfavourable records on a National Criminal History check, CS check, ChildStory record check or other official source
- has not followed a condition of their authorisation
- has not met their authorisation carer obligations

- has not followed the written direction from DCJ or the Children's Guardian to meet their responsibilities as a carer
- has failed to uphold the rights of the child in their care
- has a confirmed reportable allegation against them
- has a household member who has a confirmed allegation or finding against them from an official source.

If a carers authorisation is suspended or cancelled because they do not have a WWCC clearance or application or they are subject to an interim bar or bar, the CW must remove the child as soon as possible and no later than 48 hours, unless there are two authorised carers and the interim-barred or barred carer or the inappropriate resident is prepared to leave the property, refer to the practice mandate Assessing safety and risk for advice on the removal of a child.

If the carers authorisation that was suspended or barred is re-activated before the end of the 48 hours, the CW must complete an assessment to determine if it is safe for the child to remain in the home, refer to the practice mandate Assessing safety and risk for assessment requirements.

Completed by: **CW** Approval by: **MCW**

When a carer's authorisation has been suspended or cancelled, update the Carers Register Team of this change. See the practice mandate Carer register.

Practice advice

If the authorisation has been suspended only and not reinstated within 48 hours, DCJ must review the suspended authorisation within 12 months to decide if the authorisation should be cancelled or reinstated, refer to the practice mandate Carer reviews.

Automatic cancellation

Cancellation of authorisation is automatic when:

- a person has been authorised as part of their job or under a contract, and
    - they no longer do that job

    - no longer provides care under that contract agreement.
- an authorised carer is no longer providing care, and
    - the authorisation was for a specific child in OOHC and the carer has not cared for that child for 3 months or more
    - had not provided OOHC care to any child for 2 years.
- an authorised carer does not have a WWCC clearance, or a current WWCC application, or is subject to a WWCC bar or interim bar.

Completed by: **MCW**

Send the Non-reviewable cancellation of authorisation letter or the Reviewable cancellation of authorisation letter.

See the extra information box below for more information on what are reviewable decisions.

Extra information

If a carer is no longer providing care, a MCW may decide not to cancel the carers authorisation. If there is a good reason for the carer to keep their authorisation, the MCW confirms the carers suitability, or makes sure a new child specific authorisation assessment is completed for any other child being considered for placement with a relative or kinship carer.

If a carers authorisation is cancelled, the CW must:

- talk to the children about why that person cannot be their carer
- tell the child's family about the placement change.

A carers authorisation may be re-authorised at any time within 2 years after cancellation if they:

- have a WWCC clearance or a current WWCC application
- are not subject to an interim WWCC bar
- are confirmed as a suitable person to care for a child
- have completed a full authorisation assessment.

Completed by: **MCW**

Reviewable decisions about authorisation

If the carers authorisation has been suspended or cancelled, the MCW must tell them:

- why their authorisation has been suspended or cancelled,
- their right to request an internal review of the decision
- their right to appeal to the NSW Civil and Administrative Tribunal (NCAT), see the NSW Civil and Administrative Tribunal practice mandate

Completed by: **MCW**

Internal review of a decision

If the carer asks for an internal review (about a reviewable decision):

- the MCW must tell the Principal Officer who will nominate a person to complete the review
- the CW must give the reviewer a copy of all relevant documents, and the recorded reasons for the decision
- the review must be completed within 21 days from the date the carer asked for it
- the MCW must write to the carer and tell them of the outcome of the review and their right to appeal the decision, within 28 days, to the NSW Civil and Administrative Tribunal (NCAT).

Completed by: **MCW** and **CW** Approval by: **The Principal Officer**

Extra information:

The following decisions, under s.245 of the Children and Young Persons (Care and Protection) Act 1998, are reviewable by NCAT:

- suspend a person's authorisation as an authorised carer or to impose conditions on a person's authorisation
- cancel a person's authorisation as an authorised carer, other than a decision to cancel an authorisation granted on a provisional basis or a decision to cancel an authorisation on an event specified under *s.137(2)(e).*
- to grant to, or to remove from, an authorised carer the responsibility for the daily care and control of the child or young person
- the disclosure of high level identification information concerning the placement of a child or young person
- the refusal to disclose information concerning the placement of the child or young person
- the suitability of a person to be guardian.

The NSW Attorney General have a series of videos that deal with common matters brought to the NSW Civil and Administrative Tribunal (NCAT). The videos feature the review of a government agency's decision and would be a helpful resource for carers if they needed more information about NCAT and its processes.

- **Critical reflection**

Critical Reflection is key to good casework. This explains the benefits, how to practice it, questions to ask yourself, and useful tools.

Read Practice Advice

Key documents

Name	Description	Size	Type
Reviewable cancellation of authorisation	Letter to an authorised carer to confirm that a decision has been made to cancel their authorisation and that this decision is considered reviewable. This form is used to notify a carer that their authorisation has been cancelled and that this decision is considered reviewable.	59.5 KB	Word

Name	Description	Size	Type
Non-reviewable cancellation of authorisation	Letter to a provisionally authorised foster carer to confirm a decision has been made to cancel their provisional authorisation and that this decision is not considered reviewable. Use for foster carers only.	66.7 KB	Word
Authorised carer code of conduct	Code of conduct and declaration form for authorised carers. The form is signed by carers to indicate they have read and understood, and will comply with, the code of conduct.	85.8 KB	Word
Non-reviewable decision not to authorise	Letter to a relative/kinship or foster carer applicant to confirm a decision has been made not to authorise them and that this decision is not reviewable.	39.8 KB	Word

About this page

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Implementation and Performance (Carer Program)
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