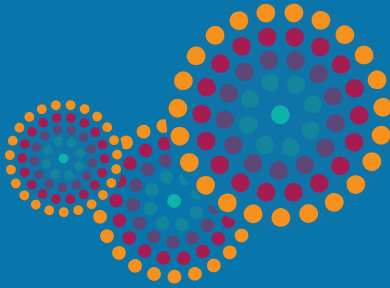




CARER HANDBOOK

FOSTER & KINSHIP CARE

PERMANENCY SUPPORT PROGRAM



Acknowledgement of Country

We acknowledge the Aboriginal nations of this land; its many Custodians who continue to care for Country, and the way in which Country has cared for her people.

We acknowledge the history of this land and the stories of resilience and survival which make up Indigenous Australia. We give thanks for Aboriginal Elders and knowledge keepers of each generation including the many Aboriginal communities which contribute to the life of our region. May we walk gently on this land and commit ourselves to Reconciliation.

Reconciliation and Aboriginal Children in Care

Anglicare is committed to Reconciliation with Indigenous Australians. This means that the priority for Aboriginal and/or Torres Strait Islander children in care will always be for them to return home. If this is not possible, Anglicare commits to ensuring that strong relationships with their family and community are always maintained.

Anglicare's Values

COMPASSION – In the spirit of loving service we offer care and understanding to those in need.

(see Jesus' teaching in Luke 10:29-37)

INCLUSIVENESS – We serve all people with a spirit of openness because we share a common humanity.

(see Jesus' teaching Mark 2:15-17)

INTEGRITY – We are committed to personal and corporate honesty, fairness and transparency.

(see Jesus' teaching in Luke 16:10)

DIGNITY – We respect the intrinsic value of all people and acknowledge their capacity for self-determination.

(see Jesus' teaching in Mark 12:31)

The Eight Sanctuary Commitments

The set of values that Sanctuary outlines as a way to lead Anglicare communities toward relationships and skills that build resiliency are called the Eight Sanctuary Commitments.

Growth and Change: Encouraging hope, meaning and purpose.

Open Communication: Enhancing self – correcting skills, teaching healthy boundaries.

Commitment to Democracy: Building a community where each person's opinion and voice is heard.

Commitment to Nonviolence: Building and modelling safety skills

Commitment to Emotional Intelligence: Recognising, respecting and managing feelings

Commitment to Social Responsibility: Building social connections, skills and healthy attachments.

Commitment to Social Learning: Building and modelling cognitive skills.

Cultural Humility: We create a better future when we practice self-reflection and cultural humility

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CEO Message

I would like to personally welcome you to Anglicare NSW South, NSW West and ACT and congratulate you on being authorised as a Carer. As part of the Anglicare family, you are taking on an extremely important responsibility in caring, supporting, and empowering young people.

Anglicare's vision is to 'support individuals and communities through loving service and sharing hope so that all people live a full life.'

I want to acknowledge the important part that you play in providing 'hope' for young people, so that they can 'live a full life' in the future. I wish to acknowledge your commitment and passion for furthering Anglicare's vision.

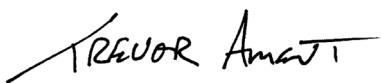
We are a Sanctuary-certified organisation, committed to offering culturally appropriate, trauma-informed care. The Sanctuary Model guides our efforts to create a healing environment for young people who have faced trauma, stress, and adversity. As an essential part of our team, we are dedicated to providing you with the resources and support you need to create a nurturing and enriching environment for both you and the young people in your care.

As a faith-based organisation, our mission is deeply rooted in the values of dignity, compassion, integrity, and inclusiveness. This dedication inspires us to protect vulnerable people, particularly children and young people, ensuring they receive the love and care they deserve.

Your contribution will make an immeasurable difference to the life of vulnerable young people, and I am truly grateful that you have joined our team. I wish you all the very best as you play a role in bringing hope to young people and building strong families and communities.

Thank you for being a part of our Anglicare family. Together, we will continue to bring hope, healing, and joy to the lives of young people. I wish you all the very best as you embark on this rewarding journey.

Warm regards,

A handwritten signature in black ink that reads "TREVOR AMENT". The signature is stylized with a large, sweeping 'T' and a cursive 'A'.

Trevor Ament

Chief Executive Officer

Message from the Principal Officer

Welcome to the Anglicare Permanency Support Program

We are delighted that you have chosen to become a vital member of the Anglicare Care Team, and are opening your home to some of our community's most vulnerable children and young people.

Anglicare, in conjunction with the broader Out of Home Care system, is completely committed to improving the outcomes for children and young people who enter the statutory care system. Our aim is for all children and young people to receive stable, predictable and a caring home to ensure they are able to recover from their previous experiences of harm and achieve to their unique and individual potential.

Your role as a carer will be varied dependent the type of care you are authorised to provide but will always draw on your significant commitment to vulnerable children, which you evidenced through the carer assessment and authorisation processes. Your continuing role will require creative trauma informed parenting, the insight to perseverance, an ability to step back and maintain your sense of humour as well as the capacity to find joy and celebrate the very small and incremental developmental steps that children will make whilst in your care.

Foster Care and Kinship Care both demand much from the carer. Our Anglicare Care Teams recognise the essential role you play in nurturing and healing children from previous harmful experiences. The Care Team seeks to support, guide and encourage you in your important role and we are so thankful for the commitment you have made.

This Handbook provides a foundational guide for your role as well as explaining the many and varied responsibilities you have as a carer- in effect performing a very public statutory parenting role – quite different from that of a normal family parenting role.

We trust this Handbook is a helpful resource but in no way is it expected that the Handbook will replace the importance of the establishment of supportive and affirming relationships with the members of the Anglicare Care Team you will join.

I trust your journey as a foster carer or kinship carer with Anglicare is positive and rewarding as well as providing you with the joy filled experience of seeing children and young people thrive in your care.

Warm regards,



Serena Mathews

Anglicare Principal Officer

SECTION ONE

Anglicare NSW South, NSW West & ACT

Mission

Anglicare NSW South, NSW West and ACT (Anglicare)'s mission is to tackle social injustice and disadvantage in partnership with the Anglican Church.

Our Values

Our values reflect the way in which Anglicare requests individuals in the organisation to relate with clients, other staff and stakeholders, and themselves. Individual commitment to exhibiting these values will reinforce a positive workplace culture.

Compassion: In the spirit of loving service we offer care and understanding to those in need.

The well-known Bible story, The Parable of the Good Samaritan (Luke 10.29-37) calls us to radical generosity and costly service. In telling this story, Jesus teaches us how societal and personal barriers of prejudice and self-interest may cause us to turn away from those in need.

Integrity: We are committed to personal and corporate honesty, fairness, and transparency.

The Christian tradition teaches that integrity is not just an isolated action, but an attitude, an orientation that stems from humility and regard for others.

'Do nothing from selfish ambition or conceit, but in humility regard others as better than yourselves. Let each of you look not to your own interests, but to the interests of others' (Philippians 2.3-4).

'Whoever is faithful in a very little is faithful also in much; and whoever is dishonest in a very little is dishonest also in much' (Luke 16.10).

Inclusiveness: We serve all people with a spirit of openness because we share a common humanity.

The gospels recounts a number of occasions when Jesus provides care, compassion and hospitality for people that "polite" society at the time saw as on the margins or even disreputable. More than a few of them became followers of Jesus and were welcomed into his circle. On one occasion that Mark recounts (Mark 2: 15-17), Jesus and his disciples were sharing their dinner with a group of so-called "outcasts". The religious scholars and Pharisees saw him keeping this kind of company and challenged his disciples: "What kind of example is this, socialising with the riffraff?" Jesus overheard and likened himself to a doctor coming to provide a fuller life to anyone no matter what their background or past who wants spiritual healing.

Dignity: We respect the intrinsic worth of every person and acknowledge their capacity for self determination.

Jesus said, 'You shall love your neighbour as yourself.' (Mark 12.31). Jesus advocates love for God, love for our neighbour, and love of our self. We are called to respect the dignity of all human beings, for together we are bearers of the Divine image.

Vision

Called by Jesus' example to respond to human need and social injustice, Anglicare will be widely known for successful strategies to alleviate poverty in our regions, and as a care provider highly trusted by beneficiaries as safe, well-governed and effective.

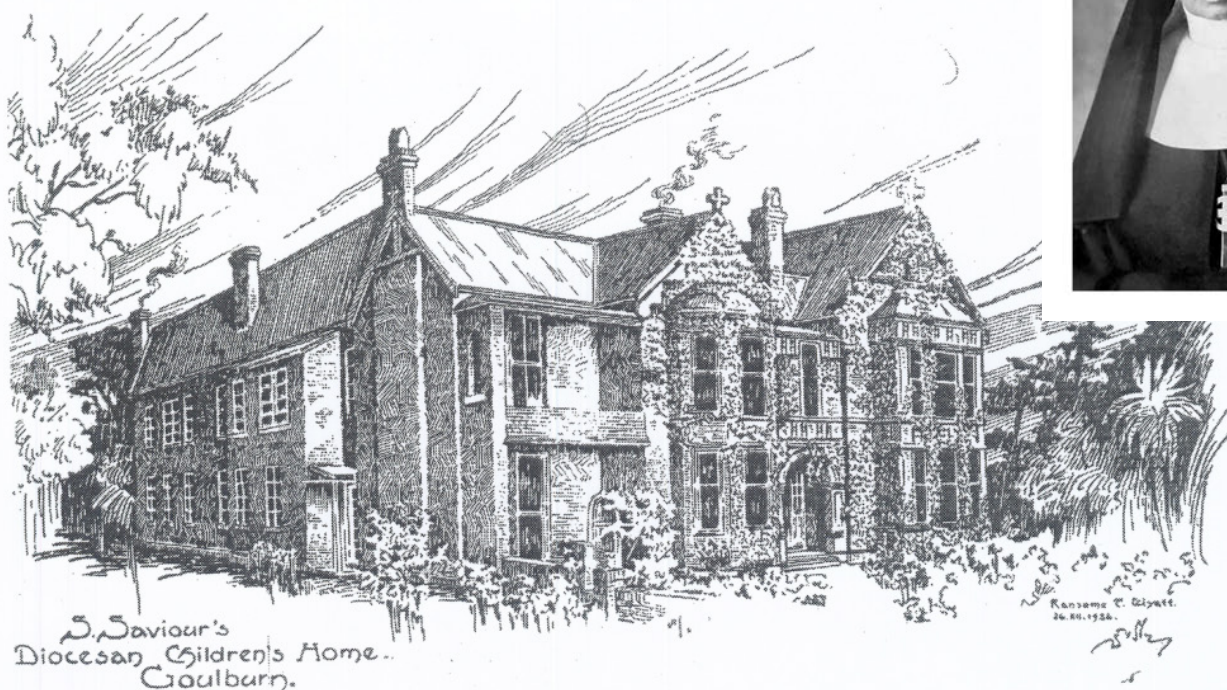
Our History

Over 150 years ago Anglican parishes began providing community care across rural NSW. In 1888 Mother Esther, an Anglican nun, formed the Community of the Holy Name to help people in Melbourne's slums. From the 1920s, sisters from the Holy Name began to run children's homes within the Canberra-Goulburn Anglican Diocese. From the 1970s the focus of the work changed and expanded to include family support, emergency housing and early childhood education and statutory care services.

Today Anglicare continues to assist individuals and families who are doing it tough. The organisation remains committed to demonstrating Christ's love in action, giving practical support to help people thrive in life.

Pictured below: The St Saviours Children's Home on Cowper St in Goulburn. This building is now part of Anglicare's Homelessness & Housing Services in Goulburn.

Pictured right: Mother Esther



Permanency Support Program- Out of Home Care (PSP-OOHC)

PSP-OOHC is a program that operates within Anglicare NSW South, NSW West and ACT. The PSP-OOHC provides services to children and young people so that they can grow up in stable, secure and loving homes.

A goal of the PSP-OOHC is to make sure that children and young people spend shorter time in care, either by returning children home safely or where this is not possible, finding them other permanent homes. Under the PSP-OOHC case managers work with a child and the people who love and care for them to identify the best permanency goal for that child and to attain that goal as soon as possible. Achieving permanency for children and young people is the priority of the program because evidence from research and practice tells us that children and young people who have safe, stable homes have a better chance at leading an independent, fulfilled life as an adult.

Reconciliation

Anglicare is committed to Reconciliation with Aboriginal and Torres Strait Islander people and all Australians. In fact, Reconciliation encompasses Anglicare's values as well as the priorities of Indigenous Australians. For Aboriginal children in care, this includes the maintenance of strong relationships with their family, community and country. This is a journey that can be challenging, yet highly rewarding. Indeed the concept of 'family' for Aboriginal children often includes a network of extended family members and sometimes even those unrelated within their community.

Carers of Aboriginal children will work alongside their case worker and members of the child's family/community to ensure these relationships continue. They will also participate in training that ensures the cultural safety and identity of the child throughout their time in care. Indeed Anglicare is committed to supporting carers and the child's family in the work ahead!

Terminology

Some commonplace terms like 'placement' and 'birth parents' can be stigmatising and can have harmful impacts on the children and young people in care. Even though you will likely see many of these terms still used outside of Anglicare, and in official documentation, it is important to avoid using them yourself, especially when speaking to a child or young person in care. You are encouraged instead to use the preferred terms, e.g. 'care arrangement' instead of 'placement'.

Sanctuary Model

Anglicare has adopted The Sanctuary Model® as the guiding model behind our organisational culture and practice. It is a trauma-informed and trauma-responsive approach, supported by evidence that will allow us to work under a common language and to act in ways that support traumatised clients to heal.

The Sanctuary Model focuses on safety, and implementation focuses on how to create a safe, non-violent environment that teaches people to cope effectively with stress and adversity and to heal from trauma.

The model is focused on implementing the 'Seven commitments': Non-violence, Emotional Intelligence, Social Learning, Democracy, Open Communication, Social Responsibility, and Growth and Change.

It also features a trauma-informed problem-solving framework represented by the acronym S.E.L.F. (Safety, Emotions, Loss and Future) and a set of practical tools (called the Sanctuary Tool Kit) to improve communication, team work, learning, conflict resolution, safety (for staff and clients) and self-care.

The Sanctuary Model is not just for employees, but carers and young people, too.

All carers are expected to undertake the carer-specific Sanctuary training



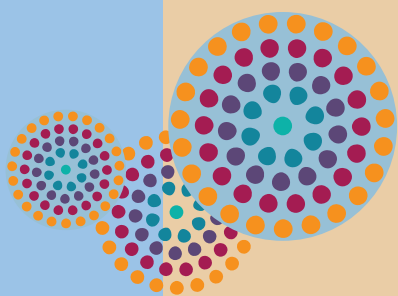


Our Locations

Anglicare NSW South, NSW West & ACT has more than 50 locations which provide a range of community services for individuals and families in all stages of life.

Our foster care office locations include Liverpool, Nowra, Moruya, Bega, Wagga Wagga and Albury. To become a foster carer with Anglicare, you must live within a 1.5-2 hour drive from any of our foster care office to ensure our team can best support you.

Please note: due to the proximity to Anglicare Sydney, our offices in Liverpool and Nowra operate under the name St Saviours rather than Anglicare NSW South, NSW West & ACT.



**You are welcomed to walk on this land.
But be mindful of where and how you step
as others will follow.**

Wiradjuri Elder

**WIRADJURI | NGUNNAWAL | NGAMBRI | YUIN | GUNDUNGURRA | DHARUG
THARAWAL | NGARIGO | BIDWELL | WAVEROO | JAITMATANG**

Albury

1/ 564-566 Olive Street
Albury NSW 2640
P (02) 6075 9300

Moruya

50 Campbell Street
Moruya NSW 2537
P (02) 4475 0900

Wagga Wagga

6-12 Church Street
Wagga Wagga NSW 2650
P (02) 6937 1555

Bega

78 Auckland Street
Bega NSW 2550
P (02) 4475 0900

Nowra

P (02) 4475 0900

Liverpool

1/106 Moore Street
Liverpool NSW 2170
P (02) 9612 3900

SECTION TWO

Out-of-Home-Care

What is Out-of-Home Care in NSW?

Children and young people are sometimes unable to live safely at home. This can happen for a variety of reasons including family violence, homelessness, drug or alcohol abuse, mental health issues, disability or abuse and neglect. Out-of-home care (OOHC) refers to alternative accommodation for children and young people who are unable to live with their parents.

It comprises of general foster care, relative or kinship care (where children and young people live with family members or people known to them in their community), and Intensive Therapeutic Care (where children and young people live in a home and are cared for by paid staff).

While in PSP-OOHC children are supported to maintain connections with their family and other significant people in their lives. They are also supported to learn about and practice their culture and/or faith. Maintaining a strong sense of identity is an important principle in PSP-OOHC.

When children and young people first enter PSP-OOHC, practitioners will be working with their families to support their safe return home wherever possible. In some cases, it is not possible for children and young people to return home safely and in those cases the priority is to find permanent, stable care arrangements for them as soon as possible. All children and young people deserve stability and a sense of permanency to allow them to feel safe and nurtured.

The guiding principles that we work towards when making decisions for children and young people in PSP-OOHC are:

- Permanency for children and young people as early as possible.
- Maintaining cultural identity and connections with family and community.
- Participation of children and young people in decision-making about their lives.
- Supporting carers to care for children and young people.

Who's who in PSP/OOHC

NSW Department of Communities and Justice

The Department of Communities and Justice (often referred to as DCJ, and formerly known as Family and Community Services, or FACS) is the government body responsible for child protection and PSP-OOHC in NSW.

Their role is to investigate situations where children or young people may be at risk of serious harm. They may remove the children or young people and place them in PSP-OOHC if the courts decide that the risks are significant, or they may work with the family to address the risks present to allow the children to continue to live at home safely.



DCJ contract a number of non-governmental organisations to provide PSP-OOHC services to children and young people across NSW. When a child or children come into care, they ask these organisations whether they have carers available to care for these children. If Anglicare PSP-OOHC have suitable carers available, we will organise the care arrangement of the children and assume case management responsibility for them.

When children come into care the Minister for Families and Communities is usually given parental responsibility (legal responsibility) for the children and young people. While DCJ and non-government organisations mainly work in partnership with one another, some decisions about children and young people's lives and futures rest solely with DCJ as the Minister has ultimate legal responsibility.

Anglicare PSP-OOHC and Non-Government Organisations

Anglicare PSP-OOHC, along with other non-government organisations, have been funded by DCJ to provide PSP-OOHC services to children and young people across NSW. Anglicare's PSP-OOHC's role is to recruit, authorise and support carers; arrange care arrangements for children and young people with authorised carers; and supervise these care arrangements.

NSW Children's Court

Magistrates in the Children's Court make the final decisions around children and young people's care needs, whether it is safe for them to go home, and guardianship (adoption cases are heard by the NSW Supreme Court). Magistrates also decide who will hold parental responsibility for children and young people in care. In most cases, parental responsibility sits with the Minister, however it can be shared between the Minister and a child or young person's parent or another family member.

The Children's Court also approves plans for the child or young person's care and sets out guidelines for contact between the child or young person, their parents and other significant family and kin.

Other Service Providers

The Court Care Plan, and more detailed regularly reviewed Case Plans which are devised by Anglicare PSP-OOHC, guide the activities of the carer and others involved in the life of the child. These service providers may include the child's school or tutoring service, medical practitioners or therapists.

NSW Police

Along with DCJ, the NSW Police have the power to remove children and young people from the custody of their parents to ensure they are no longer at risk of significant harm.

Office of the Children's Guardian (OCG)

The OCG is responsible for ensuring that quality care is being provided to children and young people, and that this care is compliant with a state-wide set of standards. The OCG accredits organisations like Anglicare PSP-OOHC to provide PSP-OOHC services and conducts audits to ensure compliance with the standards. The OCG oversees child protection in other areas, including the issuing and barring of Working with Children Checks. The OCG is also responsible for administering the NSW Reportable Conduct Scheme.

NSW Ombudsman

The NSW Ombudsman is responsible for advocating for the interests of children and young people in care, reviewing the deaths of children and young people and for overseeing complaints about agencies within their jurisdiction.

NSW Civil and Administrative Tribunal (NCAT)

Some decisions that Anglicare PSP-OOHC and other agencies make about children and young people in PSP-OOHC can be reviewed by NCAT. These include decisions about de-authorisation of carers and decisions to remove a child or young person from a current care arrangement.



SECTION THREE

Foster and Kinship Carers

Your role as a carer

As an Anglicare PSP-OOHC foster or kinship carer you are a highly valuable member of the care team. Your main role is to provide a nurturing, stable home to the child or young person in your care. You are also expected to take part in planning meetings to contribute to the overall plan for the child or young person in your care, to help to implement this plan, to support their identity by promoting a connection to their family and culture and to help them to keep a record of the important times in their life. You will also act as an advocate for the child or young person in your care and you can help to ensure that their views are included in decisions that are important to them.

Approval and matching

From the point of enquiry to authorisation as a carer, each prospective Anglicare PSP-OOHC carer will go through a series of steps to ensure they are capable and suitable to care for children and young people in PSP-OOHC. All prospective carers undergo suitability checks including a Home Safety Visit, Medical Reports, Referees, and Police, Working With Children, and Community Services Clearances. If these checks confirm them to be capable and suitable, each prospective carer is then assessed using an evidence-informed tool that explores areas such as life history, culture, support networks, grief and loss, managing stress, and capacity to provide child-focused care. Each carer also receives training prior to their authorisation using the Shared Lives tool. The training includes introductory knowledge on attachment, grief and loss, the impact of abuse and trauma, responding to challenging behaviour with reparative parenting responses, identity and family time, the importance of maintaining cultural connection, permanency options for children and young people, working as a care team and Life Story work. All applicants must undertake their introductory training prior to completing the formal assessment process. This includes the Sanctuary Model e-learn modules.

Once carers have been assessed and trained, a report is written detailing their competency in specific areas which is provided to a panel consisting of management and independent professionals. The panel makes a recommendation to the Principal Officer who makes the final decision around the authorisation of suitable carers. In the case of Aboriginal and/or Torres Strait Islander children or young people, a demonstrated commitment and capacity to maintain the child or young person's connection with family and community will be sought.

When a carer is authorised, the case management team will consider matching the carer with a suitable care arrangement. For kinship carers, this matching process does not occur as they will have been identified to care for a specific child or young person prior to the assessment beginning. Anglicare PSP staff assess matches between general foster carers to find the best match for the children or young people, the carers and their families. Matches are generally based on the authorisation conditions of the carer, culture, location and capacity. Carers are consulted throughout this process.

When a care arrangement is identified for a specific child or young person, case managers begin planning the transition of that child or young person into the care arrangement. In some emergency cases a slow and planned transition is not possible.

However, most often, children and young people are able to go through a process of introductions, planned activities and sleep overs to allow them to get to know their carers and to become comfortable with moving to a new care arrangement. Other transition activities may include the exchange of photos or the preparation of a welcome booklet about the new carer family. This helps children and young people to reduce their anxiety about moving to a new care arrangement and makes the process less daunting.

Note: From the point of enquiry, Anglicare holds a file containing information about each authorised carer that reflects their role in the delivery of care and support to children and young people. All carers have the right to access their files at any time but this access must be supported by the carer support team worker or service manager to ensure no breaches of the Freedom of Information Act simultaneously occur. Authorised carers have a right to confidentiality, privacy and procedural fairness in relation to storage of personal information including complaint handling matters.

Types of care arrangements

There are different types of care arrangements (also known as placements) to suit the different needs of children and young people at various stages of the PSP-OOHC system.

Immediate Care including restoration care

When children and young people first enter PSP-OOHC, they require a safe place to stay on an immediate and short-term basis. Emergency carers may be asked to provide care for children or young people at very short notice and for an unknown period of time. While children and young people are in emergency care arrangements, case managers are working to find them somewhere more stable to stay.

Therefore, the length of time spent in emergency care depends on the availability of other care arrangements. Children and young people whose long-term care arrangements may have ended in a crisis may also require an emergency care arrangements while plans for an alternative care arrangement are being made.

Upon entering care, the first priority is to restore children and young people back to the care of their parents. Time will be given to allow parents to make the changes necessary to ensure children and young people are safe at home, and during this time children will require short-term care. Restoration care generally lasts between six months and two years but depends on the level of support needed by the parents and the length of the court process in that time.

Permanent care

When children and young people cannot return safely to their parents, they require permanent and stable care. This may be through guardianship or adoption; or long term foster care when guardianship and adoption are not an option.

The goal for children and young people in PSP-OOHC is permanency and stability and so guardianship or adoption may be sought for them, if it is deemed in their best interests. Permanency options are further explained in Section Seven of this handbook.

In the case of Aboriginal and Torres Strait Islander children and young people, maintaining connections with family, community and country is a priority.

Potential carers are assessed through demonstrating their commitment to maintaining and nurturing these connections throughout the child/young person's life. Potential carers providing care for Aboriginal children and young people may be required to access further training prior to the care arrangement commencing.

Respite care

Sometimes carers and their families need a break from their caring role. Respite care can take place on weekends or during school holidays and may be a one-off care arrangement or may be a monthly or fortnightly arrangement. Respite carers provide much needed support to permanent and short-term carers and help to sustain the longevity of care arrangements. Respite care is also a means by which children and young people can experience additional positive relationships and new activities in another carer household.

Training

Carer training is an ongoing process which continues for as long as you continue caring for children. Equipping yourself with the latest knowledge and skills is a great way to help you to understand what is going on for the children you care for and to give you strategies and ideas to help them to manage complex issues.

The My Forever Family website www.myforeverfamily.org.au lists upcoming training opportunities across the state and online. Courses are free and cover topics such as connecting with teenagers, teaching children protective strategies, and self-care for carers. You may also find that training is available through your local school or health centre. Talk to teachers, paediatric nurses and family support staff about what's available in your local area.

As a carer you will also have access to online training through Fostering Growth www.fosteringgrowth.com.au. Once you are authorised you will be provided with log in details so you can access a range of courses that can provide you with additional knowledge and skills to help you to support and care for children and young people in PSP-OOHC.

Your case manager or the carer support team may identify training that they feel would be useful for you. You could also request training if you feel like you need more skills or knowledge in a particular area. They will also keep a record of the training you have attended as a carer and will encourage you to continue learning and developing as a carer.



When you complete any training pertaining to caring, you should send the certificate (or other evidence and details) to your local care support team, to be added to your records.

Note that if you are a potential carer of an Aboriginal and/or Torres Strait Islander child, you will be expected to attend cultural safety training to ensure the best outcomes for these children. Additional support and training is provided through the Senior Advisor Cultural Safety.

Carers are required to have up to date first aid training while caring for children and young people. All carer applicants attend first aid training before being authorised and are required to attend refresher courses every three years to make sure these important skills are up to date. Anglicare will cover the cost of first aid training renewal for authorised carers. Speak to your case manager or the carer support team about first aid courses in your area and online.

Reviews

All authorised Anglicare carers will have an initial meeting with the team after the commencement of their first care arrangement to discuss their experiences in caring and any support needs. All authorised carers will then be formally reviewed annually. Reviews are a time to look back on the care arrangement so far, your accomplishments, challenges and the progress of the child or young person you are caring for. Reviews also identify strengths and areas where you may need further support or skill development. They are a chance for you to raise any issues or worries too, although this does not have to wait until you have a review and can be done at any point throughout the year.

Reviews may also take place when there have been significant changes to your household or if there has been an allegation of mistreatment of the child or young person in your care.

Home safety

The safety of carers home environments is also reviewed annually by using the same home safety check used prior to the carer's authorisation. A home safety check will also be conducted if carers have moved or made major changes to their housing throughout the year.

All authorised carers who have a pool or spa on their property are required to have a valid pool compliance certificate. It is the carer's responsibility to maintain pool compliance certificates, including the cost of renewal. Contact your local council to obtain a certificate. Carers should also have a fire escape plan in place and any properties in a bush fire zone should incorporate bush fire safety into their plan. NSW Fire and Rescue and NSW Rural Fire Service have good safety planning tips and resources available on their websites.

Carer vaccinations

Anglicare strongly encourages all foster carers and kinship carers to be vaccinated against COVID-19.

Anglicare also strongly encourages carers to be vaccinated against other diseases that affect children and young people, such as whooping cough, if they are caring for children at risk.

Rights and Responsibilities

As an authorised carer, you play a very important role in the lives of the children and young people you care for. You have the right to:

- Be treated fairly and with respect.
- Be given information about the child or young person to allow you to decide whether you can accept a care arrangement.
- Say 'no' to a proposed care arrangement.
- Participate in decision-making processes such as case planning conferences. Carer's views will be taken into account in the preparations of a child or young person's case plan.
- Make certain decisions regarding the day-to-day care of the child or young person.
- Be informed about how decisions may be reviewed, and how you can make a complaint or appeal if you disagree with decisions that have been made.
- Be paid an allowance to enable you to meet the day-to-day needs of the child or

young person.

- Have an annual review to identify areas of strength, areas where skill development is needed, and to be provided with opportunities for further training.
- Have regular visits from your case manager to support you and your family during a care arrangement.
- Receive information about services that can support you as a carer and help to access these services.
- Access any records held about you on your file.
- Be compensated, in some circumstances, if the child or young person causes deliberate or accidental loss or damage to property or personal injury to you as a carer.

Carers are valuable members of the care team for the child or young person they care for. They also have a number of responsibilities that are linked to their role to ensure that the child or young person in their care receives a high standard of care and to facilitate communication and cooperation among the care team. As a carer your responsibilities include:

- Providing a caring and nurturing home environment that meets the physical and emotional needs of the child or young person in your care.
- Supporting the identity and culture of the child or young person in your care.
- Working as part of a team with Anglicare PSP-OOHC, DCJ and other professionals to ensure the safety, welfare and wellbeing of the child or young person in your care. For example, carers of Aboriginal children will need to build their connections with the local Aboriginal community, develop their knowledge of local culture and participate in events and celebrations.
- Attending meetings and training sessions when required and informing your case manager or the carer support team of any training needs.
- Contributing to the development of the child or young person's case plan and fulfilling your role as part of the case plan.
- Supporting the child or young person to feel safe and develop secure relationships.
- Treating the information of the child or young person, and their family, as confidential.
- Ensuring the child or young person in your care is aware of their rights under the Charter of Rights for Children and Young People in Out-of-Home Care, and supporting them to exercise these rights.
- Actively supporting arrangements for the child or young person to have time with their family or significant others, including speaking positively about their family members around them.
- Immediately reporting to Anglicare PSP-OOHC any allegations or incidents of



abuse, neglect or ill-treatment, including any disclosures of historical events.

- Immediately reporting to Anglicare PSP-OOHC any change in household membership, or if any household members are charged or convicted with an offence.
- Permitting access by Anglicare PSP-OOHC, at any reasonable hour and on reasonable notice, to the child or young person or home environment for the purposes of monitoring, reviewing, consultation or assessment.
- Facilitating the participation in social and recreational activities.
- Ensuring Aboriginal and/or Torres Strait Islander children spend time connecting with their 'Belonging Country'. Likewise nurturing connections with the local Aboriginal community.
- Notifying Anglicare PSP-OOHC if the child or young person is absent without your permission, suffers a serious accident, injury, illness or death.
- Following the Therapeutic Response policy of Anglicare PSP-OOHC, including following any Therapeutic Support Plans in place. The use of any physical punishments, coercion, immobilisation, force-feeding, deprivation of food or any punishment intended to humiliate or frighten a child or young person is not permitted.
- Overseeing the administration of medication, in particular psychotropic medication, according to medical advice.
- Arranging for the children or young people to attend school daily and regular medical and dental appointments as required.
- Maintaining thorough records of the child or young person's health, education,

awards, photos and other mementos of their progress during the care arrangement.

- Collating and recording life story work with the child or young person.

Code of conduct

Carer's rights and responsibilities, as well as those of Anglicare PSP-OOHC as a foster care agency, are fully detailed within the Carer Code of Conduct, which was provided to you at the time of your authorisation.

The Code of Conduct helps to promote positive relationships between a child or young person, their carer, and Anglicare PSP-OOHC by clearly outlining expectations in regard to carers, their role and the care that is expected for the children and young people in their care arrangement.

The Code of Conduct can be found in the Appendix starting on page 94 of this Handbook.

Making a complaint

If there are times when you feel you have been treated unfairly or you are unhappy with a decision that has been made, the best person to speak to is your case manager. Most issues can be resolved by an open conversation and speaking directly to your case manager is often the quickest way of getting things resolved.

If you don't feel comfortable speaking to your case manager about the issue you can make a formal complaint verbally, via phone or in person, written via email, text or letter or online via our website. If you lodge a formal complaint it will be resolved using the following process:

- Anglicare PSP-OOHC will listen carefully to your complaint and lodge it to be resolved by the local manager or service coordinator.
- You will receive a written acknowledgement of the complaint within two business days.
- You will be updated with progress reports on a regular basis to give you information on the progress of the complaint handling process.
- You will receive written confirmation of the outcome of the complaint investigation within twenty business days, unless advised otherwise.

If you are unsatisfied with the outcome you can appeal it through accessing:

NSW Ombudsman

ombo.nsw.gov.au/complaints

(02) 9286 1000

Toll free (outside Sydney metro): 1800 451 524

NSW Administrative Decision Tribunal (NCAT)

ncat.nsw.gov.au

1300 006 228

Privacy and confidentiality

Every child, young person and their family has the right to privacy and confidentiality of personal information. Carers must be aware that sensitive information must not be shared with friends and neighbours. Information can be shared with professionals directly involved with the child or young person but be mindful of the level of information being shared and only share what is necessary.

The law states that each PSP-OOHC agency must share information about a child or young person's care arrangement with their parents and other significant people in their lives and can only withhold information where there is risk identified. The law gives specific guidelines around the levels of information to be shared, and Anglicare PSP-OOHC has thorough risk assessment processes to assess what level of information can be given to parents, family and kin.

The following table outlines the levels of information that can be shared with parents, family and kin.

Type/Level	Example
High Level Identification Information	<ul style="list-style-type: none"> Full name of carer and other family/ household members Carer's address and location, telephone numbers including landline Name of child or young person's school
Information that may allow a person to establish high level identification information	<ul style="list-style-type: none"> Description or location of school Name of school Principal Email address containing part of the authorised carer's surname
Contact information that doesn't allow establishment of high-level identification information	<ul style="list-style-type: none"> Description or location of school Name of school Principal Email address containing part of the authorised carer's surname
Non-identifying information about significant family member	<ul style="list-style-type: none"> Births, deaths, marriages and other significant life events for key people in the authorised carer's extended family that may impact on child or young person's life Moving house or school – advising of the event but not the new address Any departures or arrivals of other children to the carer's home
Non-identifying contextual placement information	<ul style="list-style-type: none"> First name of authorised carer Cultural identity, religion and language spoken at home General details about the family composition, backgrounds, lifestyle and experiences General information about the placement

High-level identifying information, such as the full name of the carer or the carer's address or telephone number, will only be given to parents, family or kin if safe to do so and consent will be sought from you, the carer. You will then have 28 days to consent or object. If you do not agree, Anglicare PSP- OOHC will give you written reasons why the disclosure is not a risk. The letter will also note that you have a right of appeal through the NSW Civil and Administrative Tribunal (NCAT). You will have 21 days to appeal and the information will not be disclosed until the matter is resolved by NCAT.

The amount of information given to families will also be reviewed annually during the review of the child's case plan as circumstances may have changed significantly since the time of the initial assessment. Parents are invited to the case planning meeting and are provided with a copy of their child's case plan

Every care is taken to include the views and wishes of children and young people and carers when considering what level of information be provided to parents, family and kin. However, if there is a court order either requiring or preventing the disclosure of care arrangement information, that order must be followed.

Decision Making

Many of the day-to-day decisions involved in caring for children and young people are made by carers. However, there are times when decisions need to be made by Anglicare PSP-OOHC or by DCJ, and other times where carers are free to make decisions but must inform their case manager. If you are in doubt, call your case manager and ask. This table can give you some guidance around decision making and who is responsible:

Decision	Carer	Anglicare PSP OOHC	DCJ
Care Arrangements			
Decision making around contact with family		X	X
Arrange and help to maintain contact- unless supervised contact is needed	X		
Sharing information with parents on whereabouts of child or young person		X	
Travel and Recreation			
Holiday plans within NSW	X	Inform	
Holiday plans outside NSW (including overseas)		Inform	X
Application for a passport		Inform	X
Camps less than one-week duration	X	Inform	
Camps of one week or longer		X	
Overnight stays (one-off activities such as sleepovers)	X		
Overnight stays (frequent or regular overnight stays)		X	
After-school activities	X		
High-risk activities such as rock climbing or surfing		X	
Leisure, sporting and community activities as per case plan	X		
Media or public appearances ¹	X	Inform	X

Decision	Carer	Anglicare PSP OOHC	DCJ
Education			
Enrolment in pre-school, day care or regular childcare		X	X (if child is in short-term care)
Choice of school		X	X (if child is in short-term care)
Change of school		X	X (if child is in short-term care)
Tutoring	X	X	
School attendance - ensure attendance day-to-day	X		
School attendance - point of contact if attendance is a problem	X	Inform	
Parent/teacher interviews	X	Inform	
Medical emergency at school - point of contact	X	Inform	
Before and after school care - unplanned or infrequent arrangement	X		
Before and after school care - planned or frequent arrangement		X	
After school activities- give permission to attend	X		
Hearing and eye tests - give permission for tests conducted at school	X		
Information sharing - relevant information re: child's circumstances or history	X	X	
Report cards and test results - note: school will send copies to both carer and Anglicare PSP-OOHC	X	X	
School expenses (regular) - books, uniforms, travel, excursions	X		
School expenses (additional) - tutoring		X	
Give permission for school excursion less than one week	X	Inform	
Give permission for school excursion one week or more		X	
School expulsion (consideration) - be contacted if expulsion is being considered	X	X	
School expulsion (decision) - find an alternative school placement following expulsion		X	
Give permission for child or young person to be in school photos	X		
Be point of contact for school suspension	X	X	
Return to school strategy after suspension	X	X	

Decision	Carer	Anglicare PSP OOHC	DCJ
Medical			
Organising regular medical or dental appointments	X		
Surgery (non-emergency)		Inform	X
Emergency medical procedures	X	Inform	
Prescription medication	X	Inform	
Psychotropic medication e.g. medication for treatment of ADHD, depression etc.		X	X
Ensuring immunisation is up-to-date	X		
Identity			
Collating life story information and keepsakes	X	X	
Informal use of different last name		X	X
Legal name change		X	X
Celebrations of birthdays and special events - being mindful of pre-existing family time arrangements	X		
Facilitate religious instruction	X		
Wellbeing and Personal Development			
Make arrangements for driving lessons	X		
Make arrangements for haircuts - consult agency for first haircut or a major change in style so parents can be consulted; hairstyle and length can be significant in certain cultures and religions	X	X	
Give permission for the marriage of a young person in care			X
Give permission for young person to join the defence forces			X
Day-to-day decisions around behaviour	X		
Develop Therapeutic Support Plan	X	X	
Approve Therapeutic Support Plan, involving the use of psychotropic medications		X	X
Child-minding - unplanned or infrequent	X		
Child-minding - planned or frequent		X	
Pocket money - amount and frequency	X	X	
Tattoos and piercing- Anglicare PSP-OOHC consent is required for tattoos until the age of 18 and for non-intimate piercings until the age of 16.			X

Emergencies

In the case of an emergency, follow necessary steps to ensure the safety of all people involved. Phone 000 to contact the fire brigade, ambulance or police services if required. Inform your case manager as soon as possible. If emergencies occur outside of office hours, phone the on-call worker to inform them of the situation. Your local team will advise you of the relevant on-call phone number

If the child or young person in your care requires emergency medical care, you can authorise this if certified, ideally in writing, by a medical practitioner. You must make Anglicare PSP-OOHC aware of any emergency medical procedures as soon as possible. If the procedure is not an emergency procedure, permission must be sought by Anglicare PSP-OOHC from DCJ.

If a child or young person in your care goes missing, or runs away, contact the last people who may have seen them. If you cannot locate them within a short period of time, contact your case manager or the on-call worker who will provide you with guidance on what to do next. This may include calling the police for assistance.

Support

Whilst being a carer is an extremely rewarding role, it can come with a variety of challenges. Anglicare PSP-OOHC are committed to supporting you at times where you need some extra help.

One of your case manager's roles is to support you and the child or young person in your care. It is normal for carers to experience difficult periods in a care arrangement and you should always feel that you can be open and honest with your case manager about any problems you are having. Speaking to your case manager before problems escalate can mean you get support at the right time and you don't become overwhelmed. This can be particularly so, when relating to children and families from another culture. Your case manager may also suggest that you access additional support from carer support workers, who form part of each child's care team, and whom you are likely to have met during your assessment and carer training.

Your support needs will change as you become more experienced in caring and as the needs of the children and young people in your care change, so there are a variety of supports available to all carers:

- Regular home visits, including monthly supervision and support
- Training and skill development
- 24/7 emergency on-call service
- Employee Assistance Program (EAP – free counselling for carers)
- Regular or one-off respite
- Annual reviews
- Financial allowance
- Referrals to specialist supports if needed.

Alongside the support provided by Anglicare PSP-OOHC carers also find many external organisations provide helpful sources of information, strategies and encouragement. When caring for Aboriginal and Torres Strait Islander children and young people, this includes the Cultural Safety Training. Likewise, carers will obtain much needed cultural support from forming positive connections with the Aboriginal community around them.

There are many community organisations that provide support to carers and parents. The following is a list of some of the state-wide organisations that may be helpful, but it may also be useful to research support services in your local area:



My Forever Family

myforeverfamily.org.au

1300 782 975

My Forever Family supports foster and kinship carers through:

- Providing telephone and email support.
- Advocating for carers across the state.
- Running training.



Headspace

headspace.org.au

1800 650 890

Headspace are a mental health service who provide support to 12-25-year olds. Their website contains lots of helpful information and advice and they have an online and phone support service for young people and carers.



Kids Helpline

kidshelp.com.au

1800 551 800

The Kids Helpline runs a free 24/7 phone and online counselling service from children and young people aged 5-25. They also have a very helpful website with lots of information for children, young people and their parents and carers. Some of the topics covered include dealing with anxiety in children, risk taking teens and bullying at school.



Parentline NSW

parentline.org.au

1300 1300 52

Parentline NSW is a telephone counselling and information line for parents, grandparents and carers. It operates from 9am-9pm Monday-Friday and 4pm-9pm on weekends. Their website also contains links to a variety of parenting courses across NSW.



**Communities
& Justice**

Department of Communities and Justice

dcj.nsw.gov.au

The DCJ website has lots of helpful information and resources for carers including Raising them Strong (resources for Aboriginal carers), Raising tween and teens (a guide for carers of young people) and information on caring for children from culturally and linguistically diverse backgrounds. Their Child Story website is also a helpful index for anything you may need to know about caring (caring.childstory.nsw.gov.au)



Tresillian

tresillian.org.au
1300 272 736

Tresillian also provide advice and support to parents and carers of children under five. They run a helpline for questions or advice on settling babies, nutrition and development.



Twenty10

twenty10.org.au
02 8594 9555

Twenty10 provides a range of specialised services to LGBTIQ+ young people aged 12-25 and their parents and carers. Their services include phone and online counselling and advice, information and referrals and social groups.



Carers NSW

carersnsw.org.au
1800 242 636

Carers NSW that can provide services to support an individual who provides care and support to a family member or friend who has a disability, mental illness, drug and/or alcohol dependency, chronic condition, terminal illness or who is frail. They provide counselling for carers throughout NSW as well as carer support and training. They provide an advice and support line to carers on the phone number above from Monday-Friday, 9am-5pm. Their website also has many resources for carers, including advice around self-care, advocacy and support.



Grandparent, Relative and Kinship Carer Alliance

cotansw.com.au
(02) 9286 3860 (Sydney)
1800 449 102 (outside Sydney)

The Grandparent, Relative and Kinship Carer Alliance (GRaKCA) is run by The Council of the Ageing (COTA) and is made up of support group leaders, service providers and grandparent carers themselves. The group is predominantly an advocacy group. However, they have also compiled a list of Grandparent Carer Support Groups throughout NSW.



Create Foundation

create.org.au

1800 655 105

Create Foundation is a national advocacy and support body for children and young people in PSP-OOHC. They run programs and services for children and young people across NSW and conduct research and advocacy to work towards better care experiences and outcomes for children and young people.



Grandparent, Foster and Kinship Carer Adviser service (by Services Australia)

[www.servicesaustralia.gov.au/
grandparent-foster-and-kinship-carer-
advisers](http://www.servicesaustralia.gov.au/grandparent-foster-and-kinship-carer-advisers)

1800 245 965

Grandparent, Foster and Kinship Carer Advisers can help you and your family while you adjust to your change in circumstances. They can tell you about payments and support services based on your needs. They can give you information about Medicare, Centrelink or Child Support. They can also refer you to federal, state and community services in your area. If you need more support, they can arrange your appointments with:

- social workers
- Multicultural Service Officers
- Indigenous Service Officers
- Financial Information Service officers
- Community Engagement Officers



*Caring for Aboriginal
children and families*

Aboriginal Child, Family and Community Care State Secretariat

absec.org.au

1800 888 698

The Aboriginal Child, Family and Community Care State Secretariat (AbSec) provides support to Aboriginal and non-Aboriginal carers, caring for Aboriginal children and young people. They do this through:

- Maintaining a register of Aboriginal and non-Aboriginal foster and kinship carers of Aboriginal children and young people (carers can become a member of AbSec by contacting the office on 02 9559 5299).
- Facilitating networking opportunities for Aboriginal and non-Aboriginal foster and kinship carers of Aboriginal children and young people.
- Providing accurate and culturally appropriate needs based training.
- Running a foster care telephone advice line.
- Publishing a bi-monthly newsletter.

Your own Children

If you have your own children, they may also need support before, during, and after a foster care or kinship care arrangement. It is very important that all children and young people in the home feel safe, supported and heard, and having children or young people who may need extra time and attention in the home can often be difficult for your own children. Check in with your children regularly and speak with your case manager if they are struggling with any aspects of the care arrangement.

Financial Assistance

The Carer Allowance

To help you manage the day-to-day expenses of caring for a child or young person, carers are entitled to a fortnightly carer allowance. As carers are considered volunteers, you do not receive a wage. The carer allowance is a reimbursement for out-of-pocket expenses. It is expected to cover everyday expenses such as:

- food
- clothing and footwear
- day-to-day travel
- general school expenses
- general medical expenses
- hobbies and activities
- pocket money
- gifts
- holidays
- household costs
- suitable car restraints

As the carer allowance is not considered an income by Centrelink or the Australian Taxation Office (ATO), it is not taxed and does not affect any other payments you currently receive. You are not expected to keep receipts for day-to-day expenses and the carer allowance gets paid into your personal bank account. Don't forget to tell your case manager if your bank details change.

The carer allowance is calculated at a nightly rate for each child or young person in your care, so if you provide respite care you will be reimbursed for each night a child or young person is in your care. The amount of the allowance is dependent on the age of the child or young person in your care and their level of need.



Extra Financial Assistance

From time to time, a child or young person in your care may need services or items beyond the day-to-day expenses covered by the carer allowance. You may be able to apply for further funding for these expenses. Extra financial assistance can help to cover the cost of expenses such as:

- time with the child or young person's family
- childcare
- tutoring
- ongoing dental services
- medical procedures
- optical services
- therapeutic services
- maintaining culture and identity

Before spending any money that you feel could be considered for extra financial assistance, speak to your case manager and get approval. These expenses will need to be included in the child or young person's case plan, and all receipts will need to be kept for the reimbursement. If you are unsure, don't be afraid to ask.

Establishment payments

Additional funding is available towards essential items required for children and young people upon entering a new care arrangement, such as bedroom furniture, clothing, school uniforms, bedlinen, car booster seats, nappies and formula. Any item bought with an establishment payment belongs to the child or young person and should go with them, where practical, if they move to a new care arrangement.

Speak to your case manager before you purchase items using an establishment payment. If the purchase is approved, your case manager may arrange payment directly with the service provider or may reimburse your receipt.

Additional Financial Supports

As a carer you may be eligible for a range of benefits from Centrelink. Eligibility for these benefits changes regularly so you are advised to speak to the Centrelink Family Assistance Office on 16 61 50 to discuss your own personal circumstances, however below is a list of benefits you may be eligible for as a carer:

- ABSTUDY - assistance for Aboriginal and Torres Strait Islander young people to help cover the costs of study, living expenses and travel to and from school.
- Active Kids vouchers - Parents, guardians and carers can apply for a voucher valued up to \$100 per calendar year for each student enrolled in school. The voucher may be used with a registered activity provider for registration, participation and membership costs for sport, fitness and active recreation activities. The program runs year-round, and carers can apply online through the Service NSW website.
- Assistance for Isolated Children - helps families of students who cannot get to a state school because of geographical isolation, disability or special health and educational needs.
- Carer Allowance - an additional fortnightly payment if you give daily care to a child or young person with a disability or a serious illness and meet an income test.
- Carer Payment - an income supported, means tested payment for people unable to work themselves due to giving constant care to a child or young person with a severe disability or illness.
- Child Care Subsidy - assistance to help parents and carers with the cost of child care for children under 13. You must use an approved child care service and the child must meet residency and immunisation requirements. Grandparents eligible for the Child Care Subsidy may also be eligible for additional support through the Additional Child Care Subsidy Grandparent. All foster and kinship carers eligible for the Child Care Subsidy may also be eligible for additional support through the 'Additional Child Care Subsidy Child Wellbeing'.
- Family Tax Benefit - an income-tested payment that helps with the cost of raising children. It is made up of two parts; Family Tax Benefit A which is paid per child and Family Tax Benefit B which is paid per family and is for families with one main income.

- Foster Child Health Care Card - provides access to cheaper prescription medicines under the Pharmaceutical Benefits Scheme and some other concessions on health services. The card is not subject to a means test. Speak to your case manager about arranging a Foster Child Health Care Card for children or young people in your care.
- Health Care Card - provides concessions on further health services. You are eligible for the Health Care Card if you are on the maximum rate of Family Tax Benefit Part A and you don't need to apply, if you are eligible it will be posted to you automatically.
- Newborn Upfront Payment and Newborn Supplement - a lump sum and increase to your Family Tax Benefit Part A payment when you start caring for a baby or child that's recently come into your care.
- Parental Leave Pay - the scheme supports you if you are the primary carer taking time off work to care for a newborn or recently adopted child. If eligible, you could get up to 18 weeks of Parental Leave Pay at the rate of the National Minimum Wage.
- Parenting Payment - income-tested payment for primary carers of children under 8 if you are single or children under 6 if you are partnered.

Mutual Obligations Requirements Exemption - to receive some government payments primary carers may be required to meet Mutual Obligations Requirements for part-time work or training. However, authorised carers can apply for an exemption from Centrelink. Speak to your case manager about receiving an exemption certificate annually.

SECTION FOUR

Trauma Informed Therapeutic Care

Children and young people in PSP-OOHC have had some very tough experiences in their lives. Their early lives have been unpredictable, scary and stressful. This experience of constant stress in early life impacts the development of children's brains as they learn to adapt to an unsafe world and to behave in ways that will protect them and remove them from danger. When children and young people enter PSP-OOHC, they are removed from unsafe environments, but the strategies and lessons they have learned from their early lives stay with them.

It is our job as carers and practitioners to work with them in a trauma-informed and therapeutic way to allow them to heal and to experience the world as a safe and reliable place. What we mean by trauma-informed and therapeutic care is outlined in the table below: Developing relationships and attachments

Developing relationships and attachments

As noted in the table on the next pages, the primary focus needs to be on making the child or young person feel safe. They will have developed an alertness and vigilance that means they are always on the look out for danger. Until they feel safe it is impossible for us to work with them on emotional regulation or behaviour. Creating safety needs to be the priority of carers and practitioners at the beginning of every care arrangement

Children experience the world through their relationships with the people around them. It is really important that they learn to develop safe, healthy and positive relationships as these relationship building skills will be vital for them in adulthood. Because they have learned to mistrust people through repeated negative interactions, it will take repeated positive interactions for that thought pattern to change. So what children and young people really need are consistent, reliable and predictable relationships with their carers.

The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the change and the most powerful therapy is human love.

- Bruce D. Perry

A child or young person's relationship with their caregiver influences their self-esteem, expectations of others, and ability to maintain successful relationships into their adulthood. It is important that children and young people in care have the chance to build a secure attachment or relationship with their carers. It tells children that they are loved and accepted no matter what. Having a secure attachment will also make it easier for you as a carer to manage the more challenging times.

We build attachments with children and young people through bonding with them. Many first-time parents will use bonding activities such as rocking, singing, feeding, cuddling, eye contact and smiling to build an attachment with a new baby. Here are some of the ways that you, as a carer, can bond with children or young people in your care:

1. **Create routines:** This allows children to feel a sense of control and predictability.
2. **Play:** Children love to play, and this brings an element of fun and lightness to your relationship.
3. **Verbal affirmations:** Saying things like 'I'm proud of you', 'You are a great kid'.
4. **Eye contact:** It sounds simple, but eye contact is very important in helping to build attachment and bonds.
5. **Do activities together:** Find a way to engage the child in something they enjoy, such as cooking, gardening, fishing, and sport.
6. **Read together:** This allows the child or young person to have one-on-one time with you and to engage in learning and imagination.
7. **Eat meals together:** This helps to create routines but also serves as a 'check-in' time where events of the day can be shared together.
8. **Cuddles and hugs:** Being mindful that some children may be uncomfortable with physical touch due to past experiences.

Carers can speak to their case managers and carer support team staff if they are interested in further training on trauma-informed care.

Developmental stages

Sometimes when caring for children who have been impacted by developmental trauma, it can be difficult to tell what is normal developmental behaviour and what might be trauma based behaviour. On the following page is a guide to child development, the impact of trauma, and how carers can help.

Age	Developmental Trends	Possible indicators of trauma	Trauma Impact	How carers can provide support
0-12 months	<ul style="list-style-type: none"> Begins to coo, babble and talk Participates in and initiates interactions with caregivers Recognises key people's face and voice Develops attachment with caregiver, using them for comfort and becoming distressed when separated May begin to shuffle, crawl and stand Expresses positive and negative emotions through crying, smiling and laughing 	<ul style="list-style-type: none"> Increased tension, irritability, reactivity and inability to relax Lack of eye contact Loss of acquired motor or language skills Withdrawal/lack of responsiveness Limp, displays no interest Increased fussiness and clinginess 	<ul style="list-style-type: none"> Regression in recently acquired developmental gains Hyperarousal, hypervigilance and hyperactivity Sleep disruption Lowered immune system Lowered stress threshold Loss of, or reduced capacity to attune with caregiver Loss of, or reduced capacity to manage emotional state or self-soothe Cognitive delays and memory difficulties 	<ul style="list-style-type: none"> Maintain the child's routines around holding, sleeping and eating Avoid unnecessary separation from important caregivers Maintain calm atmosphere in child's presence Expect child's temporary regression and clinginess
12 months-3 years	<ul style="list-style-type: none"> Enjoys communicating with family and familiar people and begins to make friends Rapid expanse in vocabulary and use of sentences Begins to play alone and with friends Increased mobility and begins walking Alternates between clinginess and independence By 3yrs conscience is beginning to develop- prior to 3 child thinks 'I want it, I will take it' May be toilet trained by 3yrs Begins to develop a sense of individuality 	<ul style="list-style-type: none"> Behavioural changes or regression to behaviour of a younger child Avoidance of eye contact Inability to be soothed Increased irritability, uncharacteristic aggression Clinginess or withdrawal Reduced capacity to feel emotions - appear numb Sexualised play with toys- simulating mature sexual acts 	<ul style="list-style-type: none"> Fear response to reminders of trauma Mood and personality changes Loss of acquired skills and regression Heightened anxiety and reduced capacity to regulate Loss of, or reduced capacity to attune to caregiver 	<ul style="list-style-type: none"> As above
3 - 5 years	<ul style="list-style-type: none"> Communicates freely with family and familiar people Seeks comfort from familiar people and can be soothed by them Developing capacity to soothe when distressed Understands the cause of feelings and can label them 	<ul style="list-style-type: none"> Obvious anxiety and fearfulness Uncharacteristic aggression Withdrawal Involvement of playmates in trauma-related play at school and day-care Loss of self-esteem and confidence Repeated retelling of traumatic event 	<ul style="list-style-type: none"> Delayed gross motor and visual perceptual skills Increased need for control Fear of separation Vulnerable to anniversary reactions set off by seasonal reminder, holidays etc. 	<ul style="list-style-type: none"> Remain calm, listen to child's retelling of event Respect child's fears and give child time to cope with fears Protect child from re-exposure to frightening situations and reminders of trauma

Age	Developmental Trends	Possible indicators of trauma	Trauma Impact	How carers can provide support
3 - 5 years <i>cont.</i>	<ul style="list-style-type: none"> Becoming more independent from family Asking lots of questions Developing confidence in physical feats, but can misjudge abilities Hand-eye coordination and fine motor skills becoming more refined Loves silly jokes and rude words Curious about body and sexuality and role-plays being grown-up Conscience is further developing 	<ul style="list-style-type: none"> Difficulty with concentration at school and day-care Complains of bodily aches, pains or illnesses with no explanation Loss of recently acquired skills and regression Sleep disturbances, nightmares and sleepwalking Inability to seek comfort or be comforted Sudden intense masturbation Demonstration of adult sexual knowledge through behaviour, play or drawing 	<ul style="list-style-type: none"> Memory of intrusive visual images from traumatic events may be demonstrated in words and play Speech, cognitive and auditor processing delays 	<ul style="list-style-type: none"> Accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings for long) Expect and understand child's regression while maintaining basic household rules Expect some challenging behaviour
5 - 7 years	<ul style="list-style-type: none"> Active, involved in physical play Variation in levels of coordination and skill Strong relationships with family Needs caregiver assistance to regulate extremes of emotion Generally anxious to please and gain adult approval Reassured by predictable routines Friendships are very important, although they may change regularly May have mood swings Able to share, although not all the time Good communication skills, remembers, tells and enjoys jokes Gaining skills in reading and writing Variable attention & ability to stay on task 	<ul style="list-style-type: none"> Distractible or hyperactive behaviour Toileting accident or smearing of faeces Eating disturbances Absconding from school Fire lighting Hurting animals Obvious anxiety, fearfulness and loss of self-esteem Specific fears Withdrawn & low mood Efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions 'Spacing out' or loss of concentration when under stress Explicit, aggressive, exploitative, sexualised engagement with other children Sexualised behaviours towards adults Running away from home 	<ul style="list-style-type: none"> Trauma-driven acting out and risk-taking behaviour Loss of concentration & memory Retreat from others to manage inner turmoil Post-traumatic re-enactments that may occur secretly or involve siblings or playmates Loss of interest in previously pleasurable activities Fear of trauma reoccurring Concern about personal responsibility for trauma Wish for revenge and action oriented response to trauma Fearful of closeness Factual, accurate memory may be embellished by elements of fear or wish 	<ul style="list-style-type: none"> Increase monitoring and awareness of child's play and set limits on scary or harmful play Permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on etc. Reassure child that feelings of fear or regression is normal Encourage child to talk about confusing feelings, worries, daydreams by accepting their feelings, listening carefully and reassuring the child Maintain communication with school staff Listen for child's misunderstanding of a traumatic event, particularly those that involve self blame or magical thinking

Age	Developmental Trends	Possible indicators of trauma	Trauma Impact	How carers can provide support
5 - 7 years <i>cont.</i>	<ul style="list-style-type: none"> Rules are more likely to be followed if he/she has contributed to them 		<ul style="list-style-type: none"> Intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness 	<ul style="list-style-type: none"> Gently help child develop a realistic understanding of events Provide opportunities for child to experience control and make choices in daily activities
7- 9 years	<ul style="list-style-type: none"> Improved coordination, control and agility Strong need to belong in family and peer relationships Increasingly able to regulate emotions Begins to see situations from others perspective- empathy Able to resolve conflicts verbally and knows when to seek adult help Conscience and moral values become internalised Increased confidence, independence and responsibility Needs reassurance Peers seen as important & feelings of self-worth come increasingly from peers Learns to deal with success and failure May compare self with others and find self not measuring up Understanding of right and wrong 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
10-12 years	<ul style="list-style-type: none"> Puberty begins Increased self-consciousness Displays of intense emotions and mood swings Increased impulsivity Search for new experiences, even risky ones 	<ul style="list-style-type: none"> As above Self harming and suicidal ideation– may also be present in younger children, but more common for children 10 and above 	<ul style="list-style-type: none"> As above Vulnerability to depression, anxiety, stress disorder, eating disorders 	<ul style="list-style-type: none"> As above Help young person to find activities that offer opportunities to experience mastery, control and self-esteem Encourage pleasurable physical activities such as sports and dancing

Age	Developmental Trends	Possible indicators of trauma	Trauma Impact	How carers can provide support
10-12 years <i>cont.</i>	<ul style="list-style-type: none"> Search for identity and self-expression- in music, clothing, friendship groups etc. Beginning to develop and explore sexual identity Strong relationships with peers and wishing to spend less time with family 			<ul style="list-style-type: none"> Monitor young person's coping at home, school and in peer group Address acting-out behaviour involving aggression or self- destructive behaviour quickly and firmly with limit setting and professional help Take signs of depression, self-harm, accident proneness, recklessness and persistent personality change seriously by seeking help
12-18 years	<ul style="list-style-type: none"> Significant physical growth and body changes Changing health needs for diet, rest, exercise and dental care Can be preoccupied with self Ability to make moral decisions Values and morals become firmer and affect views and opinion May explore sexuality by engaging in sexual behaviours and intimate relationships Seeks greater independence in decision making Conflict with family more likely Ability to negotiate and assert boundaries Focus on the present- may take significant risks Understands appropriate behaviour but may lack self-control/ insight 	<ul style="list-style-type: none"> As above Sexually promiscuous behaviour or total avoidance of sexual involvement 	<ul style="list-style-type: none"> As above Trauma acting out, risk taking behaviour, sexualised, reckless, regressive or violent behaviour Vulnerability to withdrawal and pessimistic world view Fear of growing up and need to stay close to family Flight into adulthood seen as way of escaping impact and memory of trauma- early marriage, pregnancy, dropping out of school etc. 	<ul style="list-style-type: none"> As above Provide opportunities for young person to spend time with friends who are supporting or meaningful Encourage delaying big decisions

Source: 'Child Development and Trauma- Best interests case practice model: Specialist practice resource'.
Victorian Human Services

Life Story Work

Another important aspect of trauma-informed therapeutic care is helping children and young people to develop a strong sense of self and an understanding of their identity and how they fit in the world. Children and young people in PSP-OOHC may have experienced lots of changes and upheaval in their lives. It is very important that they grow up to understand their past and to have the answers to questions such as, 'why am I in care?', 'who's who in my extended family?', 'who was my teacher in Year 4?', 'who did I live with when I first came into care?'

Life story work is one way that carers and practitioners can help children and young people to develop an understanding of their lives. It helps to gather and record accurate information that helps children and young people to understand who they are and where they have come from.

All children and young people who enter PSP-OOHC will be given a Life Story Book to store memories, mementos and stories. Carers and children and young people will also be provided access to 'Caring Life', a mobile-based app which allows secure sharing and storage of photos and documents. Training and support in using this app will be provided. Some children choose to use the books and apps provided to them and others choose to collect their stories and memories in the form of scrapbooks, memory boxes or digital files. Whatever the medium, carers are encouraged to work with the children and young people in their care to keep a record of the child's time with you as well as to collate memories from the past where they are available. Things like photos, drawings, report cards, awards, certificates, and letters can be included.

You can help by spending time with the child or young person you care for at regular intervals to update their life story work, taking photos and gathering mementos. Remember that life story work may contain information that is very personal to the child or young person. Encourage them to keep their life story work in a safe place and respect that it is private and that no one should look at it without their permission.

Children and young people should be encouraged to record their life story at their own pace, particularly when documenting times in their lives which may have been painful or sad for them. Unhappy or difficult events should not be ignored but presented in a way that the child or young person can understand. Work with your case manager before documenting difficult events to ensure they are discussed in a sensitive, balanced and non-judgmental way. The best way to help children and young people with life story work is to listen, to allow them to guide the process, and to provide information to them when they ask for it. If you are unsure about any information your case manager may be able to fill in the details.

Managing Behaviour

Due to their early life experiences, children and young people in PSP-OOHC have had to focus on self-protection and keeping themselves safe. Trauma changes the way children understand the world, the people in it, and where they belong. As a result, it will likely take a period of time for children or young people in your care to settle into your household. There will likely be repeated periods of testing the limits while they are figuring out whether they can trust you and feel safe with you.



In the early weeks and months of a care arrangement, it is best for carers to prioritise a focus on consistency, routine and bonding over behaviour management. Much of the challenging behaviour exhibited by children and young people will improve once they feel safe. It is also important to look a little deeper when children and young people are 'acting out' as they will often communicate their pain or frustration through behaviour.

Anglicare PSP-OOHC promotes the use of positive behaviour management strategies with children and young people in PSP-OOHC. Discipline is viewed as teaching and guiding rather than punishing. Discipline techniques are most effective when children and young people feel safe and cared for, so spending quality time and paying them positive attention is a key foundation to positive behaviour management. The key strategies for effective discipline are:

- Set limits and expectations - be specific, positive and realistic in your expectations. Avoid overwhelming children and young people with rules and give them choices to make them feel part of decisions where possible.
- Be firm but fair - have a few simple, reasonable and enforceable rules and follow through consistently.
- Keep cool - avoid getting into power struggles and recognise your own triggers and when you need to cool down. When you are calm and reasonable it is much easier for the child or young person to match you.
- Teach rather than punish - emphasise showing the child or young person what they should be doing rather than focusing solely on the problem.
- Positive reinforcement - focus on the positive behaviour and avoid giving attention to the undesired behaviour.

- Logical and timely consequences - when giving consequences, make sure they are logical and timely so children and young people will understand the link between their behaviour and the consequence. For example, it makes logical sense to children that if they don't eat their veggies they can't have dessert. But if the consequence for not eating veggies is not being able to have their scooter the following day, children might not understand how these two are linked, and so the loss of the scooter is not an effective consequence because the child has not linked it to not finishing their veggies.

When the behaviour of a child or young person becomes particularly challenging, carers are supported by their case manager and possibly other experts such as psychologists. It is very important to remember that you are not expected to manage challenging behaviour on your own. Please speak to your case manager if you are feeling overwhelmed or concerned. It is very important that you have the space to have some time out, to debrief and to get support. Training is also available to support carers managing challenging behaviours.

There are some behaviour management techniques that are common place for parenting, but are restricted when using them with children and young people in PSP-OOHC. Please see Section Eight: Allegations that outlines these practices.

Your case manager and other professionals may ask you to try a variety of strategies as there is no 'one size fits all' plan to help in all cases, and different children respond differently. If suggested strategies are proving ineffective after being implemented consistently for a period of time, a Therapeutic Support Plan may be required.

Therapeutic Response Plans are a formal way of documenting how the positive behaviours of the child or young person could be strengthened, what the causes and underlying reasons for the behaviour may be, and what appropriate strategies could be used. Oftentimes when the underlying cause for the behaviour is established, strategies to address that need will be most effective in reducing the behaviour.

Therapeutic Response Plans are regularly monitored and updated to make sure the plan is relevant and effective. Some plans may include the use of psychotropic medication (medication that effects the mind, emotions and behaviour. Such medications include ADHD medication, anti-anxiety medication etc.). These plans must be reviewed every three months at a minimum.

Disclosures

Children and young people do not always tell others about their experiences of abuse or neglect as it happens. They often feel shame and guilt about what happened, and it sometimes takes weeks, months and even years for them to tell someone about it. As a carer, you, or even your children, are likely to be on the receiving end of disclosures of abuse or neglect as the children and young people in your care become more comfortable and safer in your home.

Sometimes children and young people may tell you directly about what happened, other times their experiences will come out in their play, stories or drawings. They may also tell another child as they have a greater sense of trust with children, or they may test the waters to gauge your response by asking you about a 'what if' scenario or telling you about a friend of theirs who went through something.

Your children need to know what to do if a child or young person tells them something upsetting or disturbing. Take some time to prepare them by talking to them about why children come into care and telling them that if they are feeling unsafe or confused about something a child or young person has said or done they can come and talk to you about it and you will help.

If a child or young person discloses to you, you may initially feel a sense of outrage, sadness, anger, discomfort or disbelief. It is important that children and young people feel that you are strong enough to handle what they are telling you, as an emotional, uncontrolled response from you may prevent them from opening up further. Your case manager can support you with your personal feelings after the disclosure, but while the child or young person is opening up the best response from you is to:

- Listen carefully.
- Tell them you believe them.
- Acknowledge how difficult it must have been to tell you.
- Reassure them that what happened is not their fault and they are not responsible for what happened.
- Explain that you will need to tell their case manager so they can help to support them and keep them safe.
- Do not make promises around things that are out of your control, such as the perpetrator going to jail or the child never having to see them again.
- Record exactly what they said, and what you said afterwards, using exact words where possible.

You might find yourself becoming emotional during a disclosure. Try to keep your emotions as calm as you possibly can, but if you become upset, explain to the child or young person that you are feeling sad that this happened to them, but you are very glad they told you.

It is also very important that you do not push the child into giving you details about the abuse. While it is a natural response to want to know exactly what happened, when and where, your role as a carer is to provide support, belief and comfort. There may need to be further interviews with the child or young person depending on the nature of the disclosure. These interviews will be conducted by professionals who are specially trained in speaking to children about these incidents and who can take all precautions to ensure the child's disclosure could be used in an investigation process.

SECTION FIVE

Children and Young People

Planning and Case Management

Home Visits

Part of case management for children and young people in PSP-OOHC is regular home visits from their case manager. Visits are generally more frequent at the beginning of a care arrangement, to ensure a smooth transition period and lessen as the care arrangement becomes more settled and established. Your case manager may visit once a week, or more, in the first month of a care arrangement and from then on they will be visiting a minimum of once per month.

The case manager will be checking in with both you and the child or young person in your care during these visits and may wish to see the child or young person alone for a period of time. Your case manager may visit the child or young person more frequently at times if there are concerns about them or the care arrangement.

Case plans

All children and young people in PSP-OOHC have a case plan. Case plans outline the steps being taken to support the wellbeing of the child in a number of different areas, as well as planning for their stability in the future. Case plans are reviewed and updated 6 monthly; or more often if there are significant changes in circumstances. Reviews ensure that case plans stay relevant and keep up with children's changing needs.

Case plans are put together by the child or young person's care team and should include input from the child or young person themselves, their parents and significant others, their carers, case managers and their wider support team. When a child or young person is first placed with you, your case manager will provide you with information about the case plan and you will be invited to participate in annual case planning review meetings for as long as the care arrangement continues.

The case planning meetings are a valuable time to get the child or young person's full care team together to discuss strengths, achievements, issues or support needed. Once they are old enough children and young people are invited to participate in these meetings so their voice can be central to the process.

Cultural Plans

Children from culturally and linguistically diverse, Aboriginal or Torres Strait Islander backgrounds will have cultural plans alongside their care plans.

These plans will be developed by their case manager in consultation with their parents, family members, and other members of their community.

They will outline a plan to keep the child or young person connected to their cultural identity and may include recommended activities, holidays or events, as well as identifying key cultural mentors and community groups that can help to support

the development of their cultural identity. The connection of children and young people with mentors and figures in the community is a key part of cultural planning, as culture is passed on through relationships and interactions with others.

Cultural plans are also reviewed annually to ensure they adapt to the changing needs of children and young people.

Children's Rights

The Charter of Rights outlines the rights held by children and young people in PSP-OOHC. All agencies who provide PSP-OOHC services and all authorised carers must uphold the rights outlined in the Charter of Rights. Each child or young person in care must have a copy of the Charter of Rights. There is a version for children aged 7 to 12 and another for young people aged 13 to 17 along with videos and posters available on the DCJ website.

Charter of Rights

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

As a carer you can play a role in ensuring the rights of children and young people in your care are upheld by advocating for them and creating a care environment that values the Charter of Rights.

Day to day care of children and young people

The offer of a new care arrangement will come when you have been identified as a potential match for a child or young person in need of a care arrangement. You have the right not to accept a care arrangement if you prefer. Before accepting a care arrangement consider whether this is the right match for you and your family. It is important that you consider the timing of a new care arrangement, considering the length of time since the ending of your last care arrangement, any upcoming events for you and your family, and your current family dynamics. When considering a new care arrangement, you may want to ask the case manager about:

- The name, age and gender of the child or young person as well as some information around why they came into care and how long they have been in care.
- The level of need of the child or young person.
- The expected length of the care arrangement - bearing in mind that timeframes often change due to a timing of the court process or a lack of available carers.
- Any medical issues, special needs, dietary issues, allergies, current medications etc.
- Any behaviours of concern or known behavioural triggers.
- The location of their school or day-care. Is it within driving distance for you?
- The plan for their future/permanency - bearing in mind that this may be unknown at this point.
- The cultural background of the child - such as their extended family, community and Country
- Current plans around their time with family - frequency and location.

If it is an emergency care arrangement, the case manager may not have a lot of the information above, but they will tell you as much as they know.

Welcomes and Introductions

Coming into a new home can be a daunting experience for children or young people. They may be feeling particularly distressed, anxious or helpless if they have just been removed from their family home or the home of previous carers. It is a good idea to gently introduce them to your home and family members. In the initial stages of a care arrangement it is a good idea to ask permission before hugging or touching children and young people. A good place to start with your welcome is a tour of the house so they know where everything is and a chat about practical arrangements - when we eat dinner, is it ok to take food from the cupboards, how to work the shower etc.

Although you may be very excited to have them come to stay, try not to plan anything too overwhelming in their first week. Gradually introduce them to family members who do not live in the home and follow the child's lead in terms of

activities and plans. You may also want to introduce the child to your household rules and boundaries. While this is a good idea, make sure that rules are simple and easy to understand. A long list of dos and don'ts may leave a child or young person feeling overwhelmed. It is also important to ask them or someone that knows them well what their previous routines/ rules were and to try to incorporate some of these if possible.

It is also helpful to tell the child or young person that they can call you by your first name if they don't know what to call you. You may want to ask them about what foods they really like or dislike. Comforting foods can help a child to feel more at home in the first few days in a new environment.

Be mindful that any personal belongings children or young people bring with them may have particular sentimental value or importance to them and should be treated with care and respect. Although toys or clothing may appear worn or dirty it is important that they are kept in a safe and accessible place.

Night times can be particularly scary or unsettling for children and young people in a new care arrangement. It is very common for children to wet the bed when they first arrive, even those who are generally night trained. Make sure you have a few water proof mattress protectors and a spare set of sheets and pyjamas. You might want to let the child or young person know that accidents happen and if anything happens during the night to come and get you and you will help them change the sheets.

Settling in

It may be useful to keep a journal or diary to record important things about the child or young person and their care arrangement with you. It can be a useful way of recording any disclosures made by the child or young person, details of any accidents or injuries, details of the child or young person's behaviour, communication with professionals, time with family and a list of any items the child arrives with and items bought with establishment payments.

Be mindful that children and young people who have experienced developmental trauma often suffer with poor memories, so don't be frustrated if you find yourself having to remind them of rules or routines multiple times. A reminder chart or a visual weekly planner with pictures can be helpful.

Make sure to respect their right to privacy and allow them some time alone if they want this. Children and young people in care have the same right to privacy that any child could expect from their own parents. Be careful not to pry into their past or to criticise their parents. Children or young people may come to you with visible injuries or signs of abuse, but it is important not to speak negatively of their parents as such comments can negatively affect their self-image.

Looking after children with disabilities

Caring for a child or young person with disabilities can come with additional challenges, however it can also come with great rewards. Children and young people with disabilities require stable, loving care arrangements that support their growth and development in all aspects of life.

Your case manager will be able to provide you with information on the child or young person's routines, medications, physical, emotional and educational needs and specialists. If this information is not yet available,

Anglicare PSP-OOHC will organise assessments and specialist appointments as soon as possible. You may need to access additional supports like respite care, house or car modifications or training and skill development. Anglicare can also arrange training to support you in caring for children and young people with specific needs or disabilities, such as manual handling, peg feeding, epilepsy training, etc.

Your case manager can help to organise any additional supports you require, including organising a National Disability Insurance Scheme (NDIS) package for the child or young person, if they are eligible. The NDIS can help to fund disability support and services, including equipment, home modifications and therapy.

Babysitting and sleepovers

It is your responsibility to ensure that children placed in your care are provided with safe care arrangements. You remain responsible for making decisions about the children in your care and should remain contactable when children are with respite carers, camps, sleepovers and like activities.

Children in your care can have occasional sleep-overs, holiday visits and play dates with extended family and friends. These people do not need Working With Children Checks and you do not need prior approval from your agency. You remain the child's carer during these times. It is your responsibility to make sure the people the child is visiting are safe and appropriate. You need to obtain approval from your agency for any regular sleepover arrangements such as where a child is spending more than 21 nights per year with the same person.

Identity

Children and young people have the right to preserve their identity. This includes their name. If the child or young person prefers to be called by another name, or wants to legally change their name, speak to your case manager. They will discuss the child's wishes with all relevant parties and may seek input from community and cultural representatives if appropriate. For a child to use a preferred name, it must be part of the approved case plan.

Carers must support the child or young person in their care to practice their religion. This does not mean that carers need to adopt the child or young person's religion into their own personal practices, but it may entail arranging for them to attend religious services and allowing them to participate in religious activities. You may need to cook certain foods for a child or young person of a particular religion. A child or young person's needs around practicing their religion will be documented in their case plan and/or their cultural plan.

Sexuality, Sexual Identity and Gender Identity

You will need to speak to all children and young people in your care about sex, sexuality and relationships. This can be an awkward or embarrassing conversation for any parent or carer, but it needs to be done in a way that promotes openness and respect and does not foster shame. Research tells us that children and young people who have regular conversations with their parents and caregivers about sex and relationships are less likely to take risks with their sexual health and more likely to be healthy and safe. The more a child or young person knows and feels open to ask the less likely they are to rely on their peers or the internet for information.

Begin age-appropriate conversations about sex and sexuality early and use day-to-day situations to speak about a variety of issues. For example, if someone in your network is pregnant and the child begins to ask questions, it may be a good time to speak about how babies are born. Unfortunately, children in care are at a higher risk of being sexually abused so it is also important to teach children and young people about healthy boundaries, safe touch and consent. Encourage them to enact healthy boundaries with you and other people in their life and let them know they can speak to you if they ever feel uncomfortable or scared.

It is important that a child or young person in your care feels comfortable and supported to develop and accept their sexual identity. Children and young people may feel a sense of shame or fear at identifying as lesbian, gay, bisexual, transgender or intersex. It is important that you as a carer help them to feel loved and accepted, no matter their sexuality and that you provide an atmosphere where they feel comfortable to talk about any feelings or confusion. You can help by making home a place where they can express themselves without fear of judgement and by advocating for the child or young person in your care if they are having a tough time at school or in the community. It can also help to find them local support groups, events or activities where they can meet and connect with other young people in a similar situation.

Being able to receive support from people in a similar situation can make the experience of exploring and accepting sexuality and gender identity a positive and affirming one. It is a good idea for you to also speak to other carers or parents who have been through something similar. If you are feeling challenged by the sexual or gender identity of the child or young person in your care it may help to speak to some support services recommended by your case manager or get in touch with one of the services listed below.



ReachOut
reachout.com

Reach Out has loads of practical information and support for young people exploring their sexual identity.



beyondblue.org.au
1300 22 4636

Beyond Blue supports the health of young people who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI), and provides guidance to families on how to make the experience a positive one. Their downloadable resource 'Families like mine' is a great place to start.



Minus18
minus18.org.au

Minus18 is Australia's largest youth-led organisation for LGBTI youth. They have online resources and support services, run social events for under-18s, and offer mentoring services.

Life skills: money, work and driving

Children and young people need to learn essential life skills to prepare them for independence and to allow them to grow and develop into healthy adults. Carers can help to nurture important skills in the children and young people they care for. Cooking, cleaning, money management, working and driving are among some of the skills that carers could pass on.

Getting pocket money can be a great way to teach children and young people about the value of money and the importance of budgeting and saving. It is also important to ensure children and young people's social inclusion by having access to the usual opportunities of all children as they mature. The carer allowance is intended to cover pocket money. A good guideline for pocket money is \$1 for each year for their age, i.e. a 7-year-old will receive \$7 a week. Anglicare PSP-OOHC requires that pocket money is never withdrawn as a punitive measure. Payment of pocket money should not be linked to the child or young person performing unreasonable duties.

Giving children and young people chores can help them to gain life skills and a sense of responsibility, but children should not expect to be paid for this type of work. Chores should be appropriate for the age and developmental stage of the child or young person. They should be simple, achievable tasks that increase in complexity as their skills increase. Chores should never interfere with school, play, family time or other activities and should not be used as a form of discipline or punishment.

Young people in care can get a part-job, as long as it doesn't interfere with their education. They will need to get permission from you as a carer and from their case manager. Children and young people in your care will also need help to manage their money, budget and save. You can encourage them to set up a bank account to set goals and save money. You can also teach them about the difference between needs and wants and encourage them to develop good money habits for life.

Another important life skill for all young people 16 years and over is learning to drive. Carers can help out by assisting them to apply for their license and helping to supervise the 120 hours of supervised driving required by learner drivers. Additional funding may be available for driving lessons as part of their Leaving Care plan, which is a plan that documents the steps needed to prepare the young person for independence. Ask your case manager about Leaving Care plans and assistance for a young person in your care learning to drive.

Teenage drivers account for a high number of accidents and fatalities. You can help the young person in your care become a safe driver by teaching them not to use mobile phones while driving, to check that everyone is wearing a seatbelt and to keep their eyes on the road.

Ending a care arrangement

A care arrangement may end for lots of different reasons. It may be that a child or young person is returning home to their parents or moving on to a more permanent arrangement. A care arrangement may also end because the carers are no longer able to look after the child or young person. Speak to your case manager if you feel like a care arrangement is at risk of breaking down. They can put additional supports in place to prevent this happening. However, sometimes an unplanned change is unavoidable due to an unexpected change in circumstance or due to the child or young person being at risk in a care arrangement. Generally, most endings of care arrangements are well-planned as part of the case plan and a gradual transition period occurs.

The end of a care arrangement can be a very difficult time for children and young people and carers. Your case manager will plan with you, the child and their parents or future carers where possible to ensure the transition is gradual and to put in place any supports required. You may have feelings of grief, loss and sadness at having to say goodbye to a child or young person you have cared for and nurtured.

Saying goodbye can also be a happy time as it often means the child is going home to their parents, to live with family or moving on to a more permanent care arrangement or transitioning to independence. Make sure you acknowledge your feelings and discuss them with friends, family, other foster carers and your case manager or the carer support team. If you need more support than this, you can also access Employee Assistance Program via telephone 1300 364 273 or www.acaciaconnection.com

Saying goodbye properly is an important part of the grieving and healing process and marks the occasion for you and the child or young person in your care. You may consider adding to the Life Story Work, writing them a letter, creating a video or a scrapbook, or having a celebration. The child or young person will likely be feeling very mixed emotions at saying goodbye, so it is important to give them permission



to be happy as well as sad, and to look forward to the next step. You may be able to keep in touch with the child or young person after they have left. Speak to your case manager

about whether ongoing contact would be in everyone's best interests. If this is appropriate you could become another strong, caring, supportive adult in their network.

Contact with your case manager will also make sure the child or young person takes all their belongings with them, including any items purchased specifically for them, gifts, money they have saved or earned, and their personal items. Every child or young person should be provided with a suitable bag or suitcase to pack their belongings in. If the child or young person does not have suitable luggage then contact your case worker about support with this.

Leaving Care and Future Planning

When young people turn 18, their care order legally comes to an end, meaning they are no longer in PSP-OOHC. This does not mean that they have to leave your home. In fact, Anglicare PSP-OOHC encourages carers to speak with the young people in their care to make arrangements for their transition to independence. Some young people wish to live independently when they turn 18, while others return to their families at this time. However, many others benefit from staying on, transitioning to independent living with the support of their carers when they are ready.

Once a young person turns 15 your case manager will begin working with you, the young person and their care team on a Future Plan to help with their transition to adulthood. The plan outlines the steps that need to be taken for the young person

to transition to independence. These include learning independent living skills, such as money management, health and household tasks, support to enrol in further education and training, to seek employment and income support, and to find safe and suitable housing.

Along with supporting the future plan and teaching the young person independent living skills, carers can help by providing emotional support to the young person as the transition to independence is a time that can often provoke anxiety and stress. Talk to young people about their new roles and responsibilities as adults, discuss financial arrangements, such as paying for a phone plan or gym membership so you both understand who will take charge of them moving forward. It may also be helpful to discuss how your relationship will look moving forward. Are you both happy to have open contact at any time, or do you both feel a more structured arrangement would work better? If they need a safe place to return to at any point are they welcome to return to your home?

When a young person leaves your care make sure they leave with all of their personal belongings, including gifts, items that were bought for them, such as clothing, bedding etc., money earned and savings. It is also important that they have documents such as:

- Their original birth certificate
- Their passport
- Medicare Card, Health Care Card and medical records
- School reports, transcripts and certificates
- Training enrolment details or qualifications
- Tax file number
- Bank book or ATM card
- Leaving care letters
- Copy of their Future Plan
- Photos and life story work, including access to their CaringLife account

If you have difficulty locating or accessing any of these documents, speak to your case manager.

The Create Foundation provides support to young people leaving care and has some very useful resources to help young people plan for their transition to independence.

Financial Assistance for young people

Young people in PSP-OOHC have access to additional financial support to assist them with their education and transition towards adulthood.

Teenage Education Payment

The Teenage Education Payment (TEP) is paid to eligible carers to help them keep 16 and 17-year olds in their care in full or part-time education and training, including apprenticeships. The payment provides assistance to carers with the cost of supplies as well as activities that will support the young person's education.

Transition to Independent Living Allowance (TILA)

TILA is a one-off payment that assists young people aged 15-25 in their move towards independence. Speak to your case manager about assessing the young person's eligibility for TILA, as not all young people are eligible. If they are eligible, your case manager will make the application on their behalf. TILA helps to pay for the following:

- Utilities connection
- Moving expenses
- Appliances and whitegoods
- Furnishings
- Food
- Medical expenses
- Obtaining a driver's license
- Financial or other counselling
- Education
- Transport to get to studies or work
- Bus tickets, phone cards etc.

Youth Allowance

Youth allowance is a fortnightly payment available to young people aged 24 or younger who are pursuing education or training, including apprenticeships or young people aged 21 or younger who are looking for work. All young people in PSP-OOHC should qualify for this, as they are considered independent by Centrelink as they are in state care, and are required to be either in full-time education or be looking for work. For young people who are not engaged with education a Job Plan will need to be agreed upon and followed to demonstrate their commitment to finding work.

Time-limited after-care payment

A needs-assessed time-limited after-care payment is available to young people who are living independently, undertaking full-time education or training and need help to obtain safe and stable accommodation. The fortnightly payment is made directly to the young person and is reviewed every three months.

One-off after care payment

Eligible young people can also receive a one-off after-care payment as part of an approved Leaving Care Plan. The payment provides assistance with:

- Accommodation or rental bonds
- Buying books, materials or tools
- Driving lessons
- Paying deposits to secure a child care placement
- Getting legal advice if it can't be provided by Legal Aid or lawaccess
- Accessing public health services
- Dental treatment not covered by public dental hospitals
- Counselling or support, such as independent living or social skills training

Post Care Education Financial Support

Post Care Education Financial Support is a non-means tested payment aimed at helping young people aged 18-24 complete their Higher School Certificate (HSC). In recognition of the challenges of providing continued support, after the carer allowance stops, the Post Care Education Financial Support payment provides financial support to carers, in place of the carer allowance, to help to maintain the current living and support arrangements for the young person. Speak to your case manager about organising this payment.

Your Choice, Your Future aftercare supports

The NSW Government is offering additional leaving care support for young people transitioning from care to independence until they reach the age of 21 through Your Choice, Your Future. This includes options for young people who continue to reside with their carers (Staying on Allowance) and for those who move elsewhere (Independent Living Allowance). These payments commence at 18 years of age and cease when the young person turns 21. For more information speak to your case manager or visit www.facs.nsw.gov.au/families/out-of-home-care/children-in-oohc/planning-for-your-future-and-support-after-care/your-future,-your-way-new-aftercare-supports-available-from-early-2023

Caring for Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children and young people in out of home care must be supported to learn about their culture, their identity and their family connections. Connection to culture is a vital component of overall wellbeing for Aboriginal and Torres Strait Islander children and young people. Historical discriminatory government policies, including the forced removal of children from their families have led to feelings of disconnect, loss and grief amongst Aboriginal and Torres Strait Islander communities.

In recognition of the devastating legacy of past practices the care arrangements of Aboriginal and Torres Strait Islander children and young people is now governed by a set of principles which outline a preferred hierarchy of care arrangements to be considered. This principle aims to ensure that Aboriginal and Torres Strait Islander children and young people remain connected to family and community and respects the right of self-determination for Aboriginal and Torres Strait Islander people. In practice, the hierarchy of care arrangement preferences for Aboriginal and Torres Strait Islander children and young people are:

- Placement within family and kin networks.
- Aboriginal or Torres Strait Islander non-related carers, within the child or young person's community.
- Carers from another Aboriginal or Torres Strait Islander community.
- Non-First Nations carers, provided they are able to maintain the child's connection to their family, community and cultural identity.

Carers of Aboriginal or Torres Strait Islander children or young people will be provided with Cultural Awareness Safety training and assisted to implement the child or young person's cultural plan which will have been developed in consultation with First Nations advisors.

Rights of First Nations peoples

If you are caring for an Aboriginal or Torres Strait Islander child or young person, it is important that you help to make them aware of their rights, under the United Nations Declaration on the Rights of Indigenous Peoples. The Declaration is grounded in the principles of self-determination and participation, acknowledging the critical importance of allowing decisions about Aboriginal and Torres Strait Islander peoples and communities to be made by the communities themselves. It places a high importance on the preservation of culture, language, spiritual identity and connection to land. The Declaration can be found in full by visiting [humanrights.gov.au/get-it](https://www.unhcr.org/refugees/australia/humanrights.gov.au/get-it).

The rights of First Nations children to practice their culture, use their language and connect to their community is also enshrined in the United Nations Convention on the Rights of the Child.

Caring for children and young people from culturally and linguistically diverse backgrounds

Children and young people from diverse cultural backgrounds also need to maintain strong links with their culture, heritage, language and community. Wherever possible they will be placed with family, kin or carers from the same cultural background.

If you provide care to children or young people from a different cultural background to your own, it is important to remember that your customs, daily routine, eating habits and food, language and family roles, may be very different to what they have been used to with their own family. A child or young person will likely experience a sense of 'culture shock', so allow them time to adjust and learn how things are in your home. You should take some time to learn about their culture and to identify aspects of their culture and customs that you could incorporate into your own home.

Children and young people from culturally diverse background may have difficulty with speaking or understanding English. Speak to your case manager about getting support for them and see what you can do to learn some basic phrases in their language. It is important to be respectful of the child or young person's culture and religion and to support them to maintain a strong sense of who they are.

Promoting positive cultural identity

Cultural identity is rooted in community, relationships and family. A critical role of carers is to support a child or young person's relationships with their family and to maintain their connection to the wider community.

Children and young people who are connected to their culture and communities have better outcomes and improved wellbeing. These connections help children to understand where they come from and to develop a sense of pride in their cultural identity. Helping children and young people stay connected to their culture is also very important if they are to be restored to their parents.

Each child or young person in PSP-OOHC from a First Nations or culturally and linguistically diverse background will have a cultural plan. This plan outlines their personal cultural identity, and lists strategies to build upon and maintain a strong connection to their identity, language, spirituality, religion, family, community and culture. Cultural plans are developed as part of the case planning process, in consultation with key members of the child or young person's family and community.

You can support the child or young person's connection to culture in a number of ways:

- By following their cultural plan.
- Conducting life story work that focuses on their cultural heritage.
- Exploring opportunities for them to visit places that are of cultural significance to them.
- Having traditional flags, language, food, art and music in your home.
- Networking with people from their community in order to build strong relationships and provide them with positive mentors and teachers.
- Most of all, supporting their relationships with their family and significant others.
- Celebrate and/or engage in activities recognising culturally significant days.

Tackling Racism and Discrimination

You may need to help the child or young person in your care deal with racism or discriminatory behaviour. You will need to teach them that it is not ok for people to treat them negatively because of their cultural background, language or skin colour. Encourage a sense of pride in their culture and teach them calm and productive strategies for handling racism or discrimination.

Health

Sometimes children and young people entering care have not had regular health check-ups or immunisations. They may have developmental delays and or additional health needs due to their experiences prior to entering care.

Children and young people in PSP-OOHC require regular assessments and check-ups from doctors and other health professionals. Upon entering care, they will begin an PSP-OOHC Health Pathway program which will screen and assess any additional health needs. A Health Management Plan will outline any further intervention, monitoring or review that is necessary.

Children and young people must have an annual general health review along with annual dental screenings, bi-annual vision screenings and regular reviews of any mental health diagnoses or prescription of any psychotropic medication. Carers are responsible for the administration of medication and are encouraged to keep a record of any medication administered. Inform your case manager as soon as possible if a child or young person is refusing to take prescribed medication.

Anglicare PSP-OOHC supports a holistic approach to health, and as such, believes that psychotropic medication, when prescribed, must be seen as one part of an overall plan to support the child or young person. The use of psychotropic medication by children and young people will be reviewed regularly and will only be prescribed by a paediatrician or psychiatrist. All children on psychotropic medication will require a therapeutic support plan.



It is expected that children in PSP-OOHC will receive all available immunisations. As a carer you can consent to immunisations for children in your care. Your case manager will provide you with the child's immunisation history when they are placed with you or as soon as it is available. It is important that you keep a record of any immunisations received by the child and share that with your case manager.

Health Care Costs

The carer allowance is expected to cover a child or young person's general medical costs, including visits to the doctor and prescription and non-prescription medications. The costs of additional medical treatment and therapy such as orthodontics, speech and occupational therapy, surgery, physiotherapy, glasses and long-term prescription medication can be covered by Anglicare PSP-OOHC if they are included in the case plan.

Children and young people in care will have access to Medicare cards as well as health care cards, which give them access to further discounted medical services and prescription medication. Your case manager will be able to apply for these cards if the child or young person does not already have one.

Consent for medical procedures

Carers can provide consent for many day-to-day medical and dental treatments for children in their care. Young people over the age of 14 can consent to their own day-to-day medical treatment if they have sufficient maturity and decision-making capacity. Let your case manager know about any treatment that you, or the young person, have consented to so they can add this to the child or young person's file.

You can also consent to emergency medical procedures, as long as they have been certified, preferably in writing, by a doctor. Inform your case manager as soon as possible about any emergency medical intervention.

You need approval from your case manager and DCJ for other treatments including:

- Medical and dental surgery (non-urgent)
- Medical treatments for terminal illnesses
- End-of-life decisions or medical intervention
- Drug and alcohol rehabilitation
- Contraception for children aged under 14
- Pregnancy termination for children aged under 14
- Psychiatric admission and treatment
- DNA tests
- Most other tests including HIV/AIDS and hepatitis.

Education

Education is a vitally important experience for children and young people in PSP-OOHC. Not only does it develop skills and knowledge, but it teaches them about socialisation, cooperation, respect, teamwork and patience

and it greatly contributes to a child or young person's self-esteem and sense of self-worth. Education can provide children and young people with opportunities to develop their talents and strengths and plays a large part in supporting positive outcomes into adulthood.

Education doesn't just begin when a child starts primary school. Anglicare PSP-OOHC advise that children over 3-years-old attend preschool two days per week to allow them to have important opportunities for growth, social and emotional development and the fostering of independence. If attendance at preschool is identified as a strategy to meet the child's needs within their case plan, the gap between the child care subsidy and the full preschool fee may be covered by Anglicare PSP-OOHC.

Due to their early life experiences children and young people can find it difficult to concentrate for long periods of time, to sit still, to regulate strong emotions and to remember information. This can mean that they struggle in a school environment and are at risk of poor educational outcomes.

There are strategies that can be put in place to help children impacted by developmental trauma to engage well in class. Speak to your case manager about holding a meeting with the school if you feel the child or young person in your care requires additional classroom support. Carers can support the education of children and young people in their care by helping with homework, reading at home, advocating for the child or young person if required, being engaged with the school community and attending parent/carer-teacher meetings. It is recommended that carers keep a record of any correspondence with the school, including reports, so that this can be shared with the case manager.

School attendance

Parents and carers must ensure that children and young people in their care regularly attend school under NSW law. Aside from being compulsory, daily school attendance helps learning become easier and helps children and young people to build and maintain friendships.

It is also important to ensure children and young people arrive at school on time to allow them to learn the importance of routine and help them keep up with class work. Lateness is also recorded as a partial absence and must be explained by carers.

If the child or young person in your care needs to miss school due to illness or appointments, make sure you provide the school with a verbal or written explanation for their absence. If a child or young person refuses to attend school discuss this with the school and your case manager so plans can be put in place to help improve attendance. It may be necessary to put additional learning or behavioural support in place.

Suspensions and Expulsions

Exclusion from school, through suspension or expulsion, can intensify academic difficulties and disengagement from learning. It is not an ideal outcome for children or young people in care who are already at risk of poorer educational outcomes.

The school will try a range of strategies before imposing a suspension, unless a suspension is immediately necessary. If a suspension is imposed the school will contact you. You are required to inform your case manager as soon as possible. They can then work with you and the school to discuss options such as reducing the length of the suspension or having an alternative form of suspension, where the child or young person can be supervised at school. If a child or young person in your care is suspended, you are expected to supervise them while they are not attending school.

You can make sure they remain engaged with education by setting a study routine each day and asking the school for a study plan.

The school will contact you if they are considering expulsion for the child or young person in your care. Contact your case manager as soon as possible and they can organise that you both meet with the school to discuss alternative options and advocate for the child or young person to remain at school. Sometimes case managers can work with teachers to create a more trauma informed environment



in the classroom, allowing the child or young person to feel safe, and therefore improving their behaviour at school.

Learning and Support plans

Schools can develop personalised Learning and Support plans for children and young people who need additional support at school. They assess the education needs of the student, list any adjustments or supports required, and plan for the monitoring and review of the child or young person's progress. You and your case manager should be involved in the drafting and review of these plans.

Before and After School Care and Vacation Care

You can decide whether the child or young person in your care attends one-off before or after school care. Regular attendance at before and after school care or vacation care needs to be approved by your case manager. If it is an approved part of the case plan, you may be able to receive financial support with paying the gap between the Child Care Subsidy and the fees.

Bullying

If a child or young person in your care is being bullied at school make sure you allow them to speak about what is happening and how it is making them feel. Take their feelings seriously, assure them that the bullying is not their fault and try to reinforce their self-confidence. Let them know that you will deal with this together and find out what they have already tried. Speak to them about some healthy strategies to deal with the situation, such as staying with a group, speaking to a teacher and avoiding situations where they may be exposed to bullying, such as walking home alone.

If the bullying persists, speak to the child or young person's teacher and school counsellor about putting support in place. If necessary, speak to the school principal and ask your case manager for support.

If a child or young person in your care is exhibiting bullying behaviour towards other children speak to them about it and explain the consequences of their behaviour. Try to help them to understand how it may be making other children feel. Often children and young people exhibit bullying behaviour because they want a sense of control or they lack confidence themselves, so helping them with feeling in control in other aspects of their lives or building their confidence may help to address the situation.

If the behaviour persists, speak to the school about what can be done and get support from your case manager if you need it.

Camps and Excursions

Participating in camps and excursions is a great way for children and young people in care to experience new and exciting environments and to learn in an interactive and fun setting. If the camp or excursion is interstate, longer than a week in duration or includes any high-risk activities (rock climbing, abseiling, overnight bush walking) you will need to get permission from your case manager for the child or young person to attend.

Safety

Safe sleeping for babies and toddlers

Carers need to keep up to date with the latest advice around safe sleeping for babies and toddlers. The sudden unexpected death of a baby, when there is no apparent cause of death, can happen for many reasons but is most likely to occur while they are sleeping. Below are some tips for making sure babies and toddlers have a safe sleeping environment:

- Have babies sleep alone in a cot and do not have them share a bed with others, particularly if the adult is affected by alcohol, or is likely to sleep very heavily.
- Put babies to sleep on their backs. This is the safest position for healthy babies. Once the baby is 4-6 months they will begin to roll. Keep putting them to sleep on their back, but let them find their own sleeping position.

- Make sure babies' heads or faces don't get covered while they're sleeping. You can prevent this happening by putting the baby low down in the cot, so their feet are near the bottom end, tucking the bed sheets securely or using a safe infant sleeping bag.
- Use a well-maintained cot that meets current Australian safety standards. Cots that meet the standard will have a clear label – AS/NZS 2172:2003 for cots and AS/NZS 2195:1999 for portable cots.
- Don't use cot bumpers, soft toys, pillows, doonas or sheepskin. Babies have been suffocated by rolling into or being covered by these soft objects.
- Use a firm and well-fitting mattress, with no gaps between the mattress and the edge of the cot. Don't use padding or underlays. If you're using a portable cot, use only the firm, thin, well-fitting mattress that comes with it. Don't add a second mattress.
- Don't let the baby sleep on a couch or makeshift bedding.
- Dress the baby in clothing that is warm, but not hot. Ask yourself what you would wear to bed and use that as a guide.
- Never smoke inside the home, car or near infants or children.
- Make sure all family members are aware of safe sleeping practices.

Car Safety

Making sure children are safe in a car starts with correctly fitting child restraints and making sure you always buckle children into them correctly. Children will be ready to move onto a bigger child restraint once their shoulders reach higher than the upper shoulder height marker found on the child restraint. By law, all child restraints or car seats must meet Australian Standard AS/NZS 1754.

Children aged up to seven years must travel in a child restraint. Children seven years and older can use an adult seatbelt, but only if they are big enough to safely wear one when they are at least 145cm tall.

In Australia it is illegal to drive or travel in a car without a properly adjusted and fastened seatbelt. It is also illegal and unsafe to carry a child on your lap in a car, even if you're wearing a seatbelt. Set a good example by always wearing your seatbelt and start driving only when all seatbelts are done up. If the child removes straps or undoes buckles, stop the car and do up the straps or buckles again. Explain to them what you're doing and why you are doing it.

By law, children under four years must not travel in the front seat. If all other seats are being used by children aged under seven years, children aged between four and up to seven years may travel in the front seat, using an approved forward-facing booster seat and a properly fastened and adjusted seatbelt.

Ensure children always keep their arms, legs and head inside the car when it is moving or parked on the side of the road. Activate childproof door locks, usually inside most car doors, to prevent the child opening the door while the car is moving. Always get children out of the car on the kerbside, away from traffic, and hold the hands of small children around roads.



In NSW it is illegal to smoke in a car while a child or young person is present, or to leave a child unattended in a car. Leaving children in cars alone, even for a short period puts them at risk of heat stress, dehydration, emotional distress, car thieves and accidents caused by playing with car controls.

Water Safety

Although swimming in pools, lakes, ponds and beaches can be a great chance to have fun with children and young people in the summer, water can also be dangerous if carers don't take the proper precautions.

Children need constant supervision around water, whether they are in a bathtub, a paddling pool, a garden pond, an inflatable pool or a larger body of water. Always watch children closely when they are in or near any water and keep them within arms reach at all times.

Children should learn to swim early, but even children who know how to swim are at risk for drowning. Children should have proper-fitting,

Coast Guard-approved flotation devices (life vests) and should wear them whenever near water. Check the weight and size recommendations on the label, then have the child in your care try it on to make sure it fits snugly. For children younger than 5 years old, choose a vest with a strap between the legs and head support — the collar will keep the child's head up and face out of the water. Inflatable vests and arm devices such as water wings are not effective protection against drowning.

Most children learn how to swim by the age of four or five. They should also be taught about water safety, including about the need to swim between the flags at the beach, to stay calm, float and raise an arm if they get into trouble in a pool or in the sea.

Smoking

Anglicare will ideally not place children aged under three with authorised foster carers and household members who smoke. All foster carers and household members who smoke are required to adopt practices which limit children and young people's exposure to smoking. This would include not smoking inside, in a vehicle or confined spaces. Anglicare will support foster carers and household members with reducing smoking or smoking cessation programs.

All kinship carers and household members who smoke are required to adopt practices which limit children and young people's exposure to smoking. This would include not smoking inside, in a vehicle or confined spaces. Anglicare will support kinship carers and household members with reducing smoking or smoking cessation programs.

Internet safety

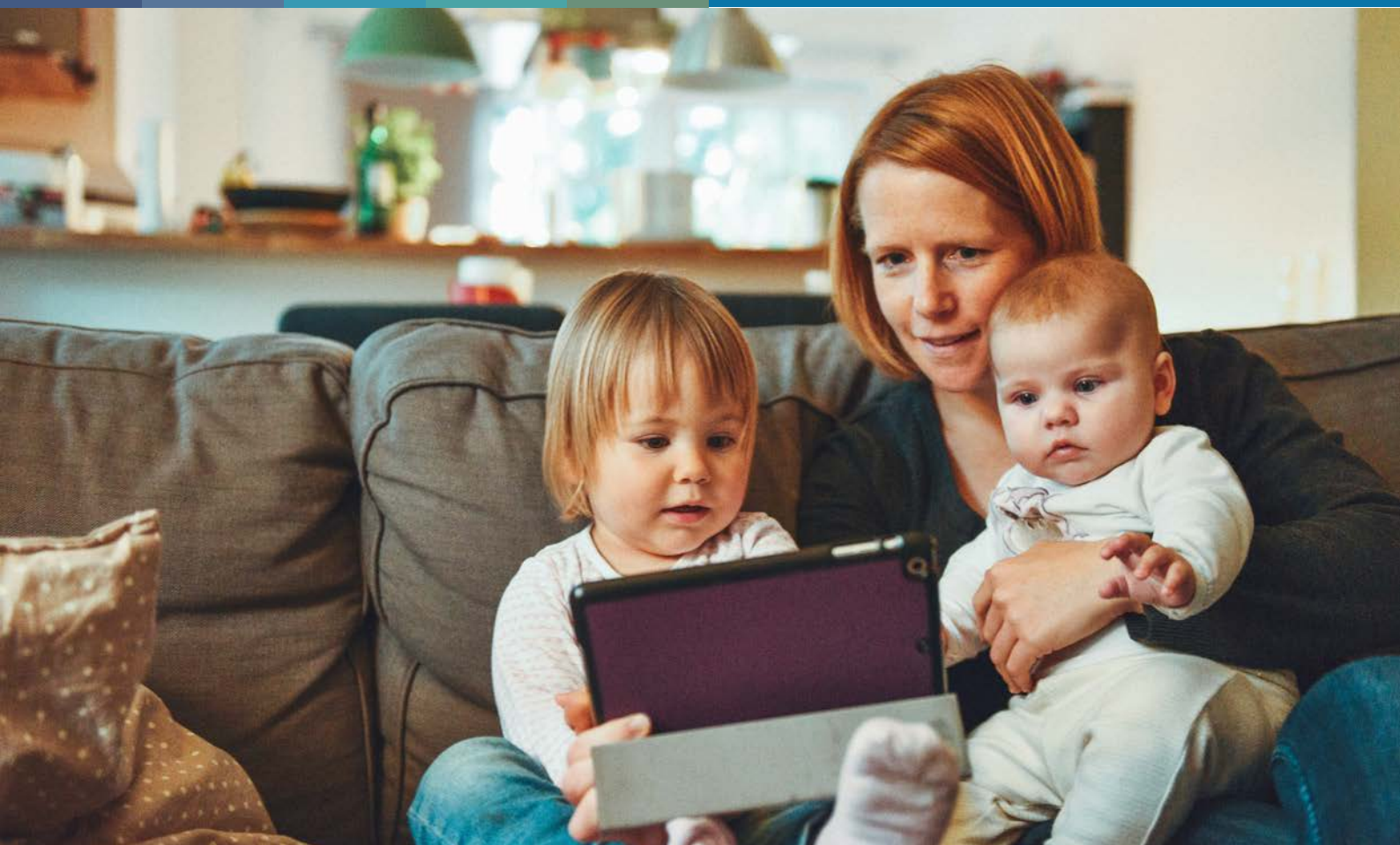
While the internet is a valuable, fun and interactive tool for children and young people, it is important to monitor their internet usage to ensure they are being safe online. It is possible to install child safe software or apps on devices, but age appropriate supervision and teaching is also required. If you need advice or support around internet monitoring speak to your case manager and consult the website of the eSafety Commissioner for practical advice.

Mobile phones and social media

If the child or young person in your care wants to get a mobile phone, think about whether they are mature and responsible enough to have a phone. For many children, this happens when they begin to take responsibility for getting themselves to and from school, towards the end of primary school or beginning of high school. Also speak to your case manager about whether there are any risks present with the child or young person having contact with members of their family and use this information to inform the decision.

If you decide the child or young person is ready to have a phone, speak to them about strategies to prevent the phone getting lost or damaged, such as having a case and screen protector on at all times. Speak about the ongoing costs of a phone, such as in-app purchases and data and how to limit these costs. Consider having the child or young person on a pre-paid plan.

It is also important to speak to the child or young person about safety and privacy on social media. Depending on their age, you may be able to monitor their social media accounts with them, but you will likely pull back a bit when they get older. Make sure to maintain an open conversation about online activity and safety while respecting their privacy. It is important to make sure the child or young person has safe privacy settings on any new app or social media account to make sure their personal information is not available publicly.



Draw up some clear rules around online safety. Let them know they should never share their full name, phone number, home or school address with strangers online. Speak to them about the possibility of coming across cyber-bullies, particularly on certain apps or games. Let them know that the best way to deal with cyber-bullies is to ignore them and to block or delete them so they are no longer able to send messages. Children and young people should also be aware that if anything doesn't feel right or makes them feel uncomfortable or upset they should exit the conversation, game or app straight away and come and speak to you. They should also be aware that people online are often pretending to be someone else and so they should never meet up in the real world with someone they have met online.

Photographs

It is very important to protect the privacy of children and young people in care. Taking and sharing photos is a great way to document memories and to share moments with friends and family. Carers should use caution in sharing photos of children and young people in care, particularly on social media. Speak to your case manager before posting photos to discuss any risks associated. Risks vary depending on the circumstances of the child or young person and their family.

Having photos taken for school, sports teams and groups is a normal experience in childhood, and is a way to help children document memories and feel included. Anglicare PSP-OOHC want to encourage children and young people to have normal social experiences. If there are safety concerns or issues of risk the case manager will discuss these with you. Regardless of the circumstances, they should never be identified as a child in care in publicly available photographs.

Exchanging explicit or suggestive pictures online or via text is a growing trend among children and young people and is often viewed as a form of flirting. It is important to speak with children and young people about the dangers of sharing such images with people. Let them know that once a photo is sent they have no control over who sees it, where it appears or how it is used. Make sure they understand that the exchange of explicit images between anyone under the age of 18 is a crime. If they receive an image of this nature, they should delete it and let the sender know they do not wish to receive any more photos like this.

If you believe a child or young person in your care has had inappropriate images taken, or that they are being harassed, contact your case manager.

Drugs and alcohol

Some young people experiment with smoking, drinking and drug taking during adolescence. While risk-taking and the pushing of boundaries are a normal part of the teenage years, safety is always a priority of Anglicare PSP-

OOHC and carers. For guidance on harm minimisation approaches, as well as legislative requirements regarding the supply of substances to children and young people, refer to Anglicare's Alcohol, Tobacco and Other Drugs Policy. If you have concerns that a young person in your care is regularly using alcohol, tobacco or other drugs, including e-cigarettes (vapes), speak to your case manager. Make sure you have conversations with all young people about the risks associated with drinking, smoking and drug taking, how to stay safe when they are out with friends, and encourage them to be open and honest with you if they are being offered drugs or alcohol by friends.

Self-harming

Sometimes children and young people who find it difficult to regulate intense emotions deliberately cause pain or harm to themselves by cutting, scratching, head-banging, burning or biting themselves or refusing to eat. Many children and young people describe self-harm as a way of coping with intense pain or distress. It is used as a strategy to replace intense emotional pain with physical pain. Children and young people in care have often become disconnected from their feelings and emotions. While this was initially developed as a self-protection strategy while they were suffering from abuse or neglect it can be difficult to switch off and self-harm can allow them to feel connected and in touch with their bodies again. While self-harm can provide temporary relief, if the feelings and emotions that led to it remain unaddressed, the cycle will likely continue.

As a carer, you may not understand why a child or young person is harming themselves, and it may make you feel distressed or uncomfortable. It is important to be calm and non-judgmental when speaking to them about their self-harming behaviour and not to dismiss it as attention seeking or manipulative. Self-harming is a coping strategy, so carers and professionals need to help children and young people to find healthier, longer-term alternatives to cope with difficult emotions and problems.

Speak with your case manager or the carer support team if the child or young person is self-harming.



SECTION SIX

Time with Parents, Family and Kin

Almost all children and young people in care will have some sort of time with their parents, siblings, grandparents, aunts, uncles, cousins, other family members, kin or close friends. This can be called 'family time'.

The time that children and young people spend with parents, family and kin can be court mandated and will be detailed in their case plan. Time with family is an essential step in keeping children and young people connected to their family, identity and culture. This time together can happen face-to-face, but may also happen over the phone, through video chat, letters, emails or social media connections.

Time with family not only helps children to maintain connections and understand who they are and where they come from, it also helps them to feel reassured that their family still care for them and are still part of their lives. It helps to support the parent-child relationship and allows parents and children to develop more positive interactions and relationships, which is important if the goal is to restore the child or young person to their parents in the future. Time with family also helps children to maintain close bonds with their siblings, even if they are unable to live together.

What will family time look like?

Initially, the time with family may be supervised by an Anglicare PSP-OOHC worker or by the carer where it is safe to do so, or a combination of both.

Family time will occur somewhere that is safe and appropriate for the children and young people. At times family time may occur in Anglicare PSP-OOHC or DCJ offices, but it is preferred if it can occur in family friendly, natural settings such as parks, cinemas, libraries or other child-friendly places or in the carer or parent's home.

In most cases carers will transport children and young people to and from time with their family and may be present during family time to provide the children and young people stability and comfort if needed. If children's time with family takes place over the phone or via email or Skype, carers may be asked to manage, monitor or supervise this family time to ensure it is appropriate and all conversations are child friendly.

The frequency and level of time with family depends on the goal for the child or young person. If the goal is for them to return home, then family time will be frequent with the frequency and nature of visits increasing as the child gets closer to transitioning home. If the goal for the child or young person is to find permanency through long term care, guardianship or adoption, family time will be less frequent. If it is deemed in the child or young person's best interests, family time can be increased or reduced depending on the circumstances. Any change in the frequency or circumstances of a child or young person's family time must be approved by your case manager.

Sometimes children and young people will feel excited, nervous or anxious about

time with their family. You may notice that before and after family time they appear more restless or agitated, or they may be more difficult to settle. This is very normal and is something carers should be expecting with most children and young people they care for.

Your role in maintaining and supporting family time

Although children and young people may be anxious or worried, the benefits of seeing their family and maintaining relationships are so significant that carers and case managers will continue to encourage them to attend wherever possible. If a child or young person refuses to attend family time, you and the case manager can have conversations with them about their worries and feelings and try to put strategies in place to address these. Sometimes children and young people decide to stop seeing members of their family for a period of time, however, the door should always be left open for them to resume this, if it is safe to do so.

As a carer, your attitude towards a child or young person's family can significantly influence their view of their relationships and time with their family. Although you may be anxious about family time, or you may not agree with the behaviour or choices of the children or young person's family, it is important that you avoid expressing blame or criticism in front of the child or young person. They tend to internalise messages they hear about the world and they may begin to believe negative things about themselves if they regularly hear negative things about their family. It is important that as a carer you are respectful and non-judgmental of family and that you are encouraging and supportive of family time. If parents or other family members pressure you to go outside the contact plan, you can respectfully let them know that you are obliged to follow the plan and you can speak to the case manager about their wishes.

You can support family time by:

- Preparing the child or young person in advance for visits.
- Giving them items to take such as drawings, photos or school work that they can talk about and share with their parents.
- Asking parents for their views about their child's education, health or activities.
- Helping the child or young person to send birthday, mother's or father's day and Christmas cards to their parents, sibling and other family members (if appropriate).
- Taking photographs and videos of family time.
- Helping the child or young person to observe days of religious significance through scheduled family time with their family on these days.
- Encouraging children and young people to express their feelings before and after family time.

SECTION SEVEN

Permanency- Kinship, Guardianship and Adoption

Court Orders

The Children's Court may make a range of orders to ensure the safety, welfare and wellbeing of a child or young person. When DCJ feel a child or young person is in need of care and protection they make a care application to the Children's Court and submit a care plan for the Court's consideration.

The Court can make a variety of orders, but in most cases an 'interim order' will be granted, outlining who has parental responsibility for the child or young person, where they will live and when they see their parents and significant others. Parental responsibility will generally be granted to the Minister for Family and Community Services but it could be shared by the minister and parents or significant family members.

The Court will make a 'final order' to determine the future of a child or young person after sufficient time has been given to gather evidence, carry out assessments and allow parents to address concerns and make changes. At this point the Magistrate may decide to restore the child or young person to their parents or may decide that the child or young person should remain in the care of the Minister and planning should begin towards a permanent care arrangement for them.

Permanent placement principles

All children and young people have a need for permanency and stability. They thrive when they have certainty about their future and when they can learn to depend upon stable and consistent routines. In recognition of this need for permanency, NSW legislation requires children and young people to be placed according to the permanent placement principles.

While the main priority in the child protection system is to keep children and young people safely at home with their families, this is not always possible and sometimes they need to be removed to keep them safe. When children are removed, permanent placement principles are used to guide decisions made by DCJ, the Children's Court and Case managers. The preferred order of care arrangement for children and young people is:

- Restoration (returning the child or young person home to live safely with their parents)
- Guardianship (preferably with family members or kin)
- Open adoption (for non-aboriginal children)
- Long term foster care

When children and young people first enter care, restoration must first be explored and worked towards. If, after sufficient time is allowed, restoration is not deemed

possible, then each of the other three permanency options will be explored. Decisions that are made around permanency must always consider what is in the best interests of the child. Carers wishing to become guardians or adoptive parents will need to undergo additional assessment to determine their suitability and capacity to continue providing care for children and young people outside of the PSP-OOHC system.

These assessments will be similar to foster care assessments but will have a stronger focus on carer's capacity to meet the child or young person's needs independently, without the support of Anglicare PSP-OOHC, including coordinating services and facilitating time with family.

Restoration

Restoration refers to returning the child or young person to the care of their parents or family where it is safe to do so. While the child or young person is placed in PSP-OOHC, their parents will be provided support to strengthen their parenting and to address issues that led to the children or young people entering care. Foster carers often play a vital role in supporting the child or young person's family time and connection with their family as well as developing supportive and non-judgmental relationships with parents. A carer's level of support for restoration is among the key factors which affect the success or failure of the restoration process.

Guardianship

If restoration is not possible, then the next preferred option is for a child or young person to be under the guardianship of relatives, kin or another suitable person. For Aboriginal children or young people, the prospective guardian should be a member of their family, or should identify as an Aboriginal person themselves, to be considered a 'suitable person'. This ensures that Aboriginal children's connection to their culture is protected, even when they exit PSP-OOHC.

Guardianship orders help to make sure a child or young person has a stable, nurturing and safe long-term home, without cutting legal ties to their family. Guardians are granted full care and responsibility for a child or young person in their care. They make all decisions about health and education, manage family time between a child or young person and their parents, family and significant others. A guardian also ensures their emotional, social, cultural and spiritual needs are met. Under a guardianship order, a child or young person is no longer in PSP-OOHC, but in the independent care of their guardian.

Guardians are responsible for arranging, managing and supervising family time arrangements for the child or young person and their family.

Guardians receive an allowance, which is paid at a similar rate to their carer allowance, to allow them to meet the needs of the child or young person in their care. They may also have access to contingency funds for additional needs that have been outlined in the final care plan, which needs to be endorsed by the Children's Court when the orders are being granted.

Open Adoption

When a child or young person cannot return to the care of their parents, and a guardianship order is not appropriate, open adoption should be considered. Adoption is a legal process that transfers all parents' rights and responsibilities for a child or young person from their parents to the adoptive parents through the Supreme Court.

All adoptions in NSW are open adoptions, meaning a child or young person must be supported to remain connected to their parents, family and cultural heritage. It recognises that children often benefit when both families (birth and adoptive) are in contact with one another. A means-tested adoption allowance is available for adoptive parents on lower incomes.

Adoptive parents are responsible for arranging, managing and supervising family time arrangements for the child or young person and their family.

Due to the legacy of the Stolen Generation, and the need to ensure they stay connected to their community and culture, adoption is not generally considered a suitable option for Aboriginal children and young people.

Long Term Foster Care

While long term foster care is the least preferred option for children and young people as part of the permanent placement principles, it is the best option in some cases. Decisions around permanency are always guided by what is in the best interests of the children and young people, and sometimes they do not wish to be adopted or under guardianship,

There are cases where there is identified risks and it is not possible for carers or their support network to arrange, manage and supervise family time. In other cases it may not be considered to be in the best interest of the child or young person. In some cases, children and young people fear that these care arrangements will distance them from their family connections.

The voice of the child or young person should always be listened to in decision making. Permanent foster care may be a better option for children and young people with higher needs who would benefit from the planning, support and input of a care team.



SECTION EIGHT

Legal Information

Allegations and Investigations

If concerns are raised that a child in care may be being harmed, or may be at risk, Anglicare PSP-OOHC have an obligation to investigate. These concerns or allegations may be raised by children or young people themselves, professionals, members of the community or members of the child or young person's family. Allegations may relate to you or someone else the child has contact with, such as other people who live in your home.

Anglicare PSP-OOHC has a process to follow when an allegation is received involving careful investigation of the circumstances. While great care is taken to conduct a fair and respectful investigation, for the duration of the investigation the child or young person's safety is the main priority. This sometimes means that carers are not informed immediately if an allegation has been made against them, to allow workers to interview the child or young person without intervention or interference. It may also mean that a child or young person enters a respite care arrangement for the duration of the investigation to minimise the potential for their exposure to further harm.

When an allegation is made, Anglicare PSP-OOHC is required to determine whether the allegation constitutes a reportable allegation under the Children's Guardian Act 2019. Reportable allegations include any:

- Sexual offence or sexual misconduct committed against, with, or in the presence of a child (including a child pornography offence).
- Assault, ill-treatment or neglect of a child.
- Behaviour that causes psychological harm to a child whether or not, in all cases, with the consent of the child.
- Behaviour that may not meet the requirements of the Code of Conduct.

If concerns meet the threshold of reportable conduct, Anglicare PSP- OOHC must inform DCJ and the NSW Office of the Children's Guardian (OCG). If the allegation is of a criminal nature the police will also be informed. The Joint Child Protection Response Program (JCPRP) may conduct the investigation. The role of the NSW OCG is to ensure the investigation is carried out fairly, competently and in a timely way.

Internal investigations may also be carried out for allegations that do not meet the reportable conduct threshold but are considered prohibited practice. Prohibited practice is:

- Any form of corporal punishment.
- Deprivation of a child's basic needs.
- Any punishment that takes the form of seclusion, immobilisation, force-feeding, or deprivation of food.

- Any punishment that is intended to humiliate or frighten a child.
- Aversive practices (e.g. The application of painful or noxious conditions such as hot or cold baths, chilli powder on food, etc.).
- The requirement for a child to over-correct after an event (e.g. Being expected to pay unachievable costs of any damage or services incurred as a result of their behaviour).
- Chemical restraint (e.g. The intentional use of medication to control behaviour where no medical condition requiring such medication has been diagnosed).
- Removing an object of emotional significance to a child that was given to them by a family member (e.g. A photo, letter, or item of clothing).

The continual use of restricted practice without prior approval as part of a Therapeutic Support Plan is considered to be a prohibited practice and will also be investigated by Anglicare PSP-OOHC. Restricted practice is:

- Exclusionary time-out (e.g. Sending a child to their room).
- Non-exclusionary time-out, e.g. Ignoring a child in the same room as you. This is a common discipline technique and if used as a one off is acceptable, but if it is used as a response to on-going challenging behaviours this must be discussed with and approved by Anglicare PSP-OOHC prior to being used.
- Physical restraint. If you need to restrain a child on a regular basis (not just a one-off emergency) then you need prior approval.
- Response cost (e.g. Removing toys that are being fought over or restricting access to TV or the computer). This is a common discipline technique and if used as a one off is acceptable, but if it is used as a response to on-going challenging behaviours this must be discussed with and approved by Anglicare PSP-OOHC.
- Restricted access—such as locking a play station in the cupboard or putting a password on a computer. This is a common discipline technique and if used as a one off is acceptable, but if it used to target specific on-going challenging behaviours it needs prior approval by Anglicare PSP-OOHC. It should be recognised that restricting access on a computer to family friendly internet sites is a different type of access restriction and is therefore not regarded as a disciplinary technique.

While some of these behaviours may be commonly used as discipline strategies with children, carers are not allowed to use these behaviours with children and young people in PSP-OOHC in recognition of their early life experiences of abuse and neglect. The use of these behaviours with children and young people impacted by developmental trauma also go against the principles outlined in the Children and Young Persons (Care and Protection) Act 1998.

What are the steps in an investigation?

Anglicare PSP-OOHC will make an assessment of the nature of the allegation and determine the level of investigation needed and whether other agencies need to be involved. Appropriate evidence is then gathered through interviews and collecting any relevant documentation.

The carer will be notified that an allegation has been made, told about the nature of the allegation in as much detail as possible and given an opportunity to respond. During the interview you are able to have a support person present if you feel you need one.

An investigation report will then be compiled, a finding made, and recommendations of any actions required to address the findings will be outlined. The relevant parties of the outcome and any proposed action will then be informed.

An investigation may find that an allegation is false, substantiated or not substantiated due to insufficient evidence. If an allegation is substantiated a decision will be made about the action to be taken to address the concern. You may be required to undertake additional training, to receive additional support from, and planning with, your case manager, or if the incident is of a criminal nature, or has caused significant harm to the child or young person, there is a possibility that your authorisation as a carer may be withdrawn.

If an allegation related to a serious physical assault or sexual misconduct Anglicare PSP-OOHC is obliged to advise the NSW Office of the Children's Guardian of the outcome of the investigation. The OCG may conduct a risk assessment to determine whether or not you should be barred from working with children.

Supports are available for carers and children and young people both during and after investigations. These include the Carer Support Team and EAP (details in the Useful Contacts Section at the end of this handbook).

How to request a review of the findings

Carers may request a review of the findings of an investigation. To do so, you must either provide new information that was not previously considered or explain how you think the investigation was not properly conducted.

Anglicare PSP-OOHC will internally review the findings if your request meets these requirements. If you are not satisfied with the review, you can ask that the NSW Ombudsman look into the matter.

If you wish to review the decision to de-authorise you as a carer you can request an internal review by Anglicare PSP-OOHC. If you are dissatisfied with this, you can ask for an independent review to be conducted by the NSW Civil and Administrative Tribunal (NCAT).

Section 90 applications

A section 90 application is made to ask a Magistrate or Judge to reconsider a current care and protection court order for a child or young person.

Depending on what is in the best interest of the child or young person, the order may stay the same, be changed, cancelled or a completely new order may be made.

Applications can be made by DCJ, the child or young person themselves, their parents, or any person who considers themselves to have sufficient interest in the welfare of the child or young person. In PSP-OOHC, section 90 applications are usually made by the parents of a child or young person who wish to ask the Children's Court to reconsider granting final orders.

The Court will only consider a request to change final orders if it is satisfied that there has been a significant change in circumstances relevant to the child or young person. The Court looks back at the problems that led to the original orders and decides whether things have changed enough to justify changing or cancelling the orders.

Before changing or cancelling the orders the Magistrate or Judge considers:

- The views of the child or young person, acknowledging their age and capacity to express their views.
- How long they have been in their current care arrangement.
- How stable and secure the current care arrangement is.
- The age of the child.
- Why the application to change or cancel the orders has been made.
- The plans for the child or young person's future.
- Whether the person making the application (usually the parents) has an arguable case.

If a section 90 is lodged by the parent of a child or young person in your care, DCJ will arrange a lawyer to prepare a response to the application and to ensure the court has all the relevant evidence so that a decision can be made in the best interests of the child or young person. Anglicare PSP- OOHC will act as a formal link to DCJ and will be available to support you and the child or young person in your care through the process. You will also be kept up to date with the court proceedings and your views, along with the views of the child or young person in your care, will be made available to the DCJ lawyer.

If you feel your views are not being heard or may be misrepresented, first speak to your case manager, the carer support team or someone else at Anglicare PSP- OOHC to try resolve the issues. If you are still concerned, then you might consider getting some independent legal advice. In some circumstances the court may allow you to appear in the court proceedings as a party in your own right. If you think this is necessary, you should obtain your own independent legal advice, the costs of which you will be your responsibility.

Legislation, Regulations and the Standards

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

The Children and Young Persons (Care and Protection) Act 1998 (the Act) is the piece of legislation that governs child wellbeing and protection in NSW. Its primary focus is ensuring that the safety, welfare and wellbeing of children and young people is central to all decision making. It also focuses on the need to give children and young people the opportunity to express their views concerning their safety and care arrangement and the need for the preservation of culture, language, religious and family ties while children and young people are in care.

The Act also gives special consideration to Aboriginal and Torres Strait Islander children and families, placing self-determination and participation in decision making at the centre of its principles.

Children and Young Persons (Care and Protection) Regulation 2012

This Regulation provides more detailed guidance about what is required to meet responsibilities around children and young people in care. This is where the Code of Conduct for Authorised Foster, Relative and Kinship Carers comes from.

NSW Child Safe Standards for Permanent Care 2015

The OCG developed the NSW Child Safe Standards for Permanent Care 2015 (the Standards) for the evaluation, accreditation and ongoing monitoring of agencies that provide PSP-OOHC and adoption services in NSW. They ensure that all agencies have a clear benchmark for the provision of quality care that is nurturing, safe and secure. In order for agencies to be accredited and to maintain accreditation to provide PSP-OOHC and adoption services, the OCG requires the Standards to be upheld in all areas of practice.

United Nations Convention on the Rights of the Child

The rights of all children and young people around the world are enshrined in the United Nations Convention on the Rights of the Child. It is important that both you and the children and young people in your care are familiar with the Convention.

Article 1

Everyone under 18 years of age has all the rights in this Convention.

Article 2

The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say whichever of family they come from.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 4

Governments should make these rights available to children.

Article 5

Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

Article 6

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 7

Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

Article 8

Governments should respect a child's right to a name, a nationality and family ties.

Article 9

Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

Article 13

Children have the right to get and to share information, as long as the information is not damaging to them or to others.

Article 14

Children have the right to think and believe what they want and to practice their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

Article 15

Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16

Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

Article 17

Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

Article 18

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20

Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

Article 21

When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

Article 22

Children who come into a country as refugees should have the same rights as children who are born in that country.

Article 23

Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

Article 24

Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

Article 25

Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 26

The Government should provide extra money for the children of families in need.

Article 27

Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

Article 28

Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

Article 29

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

Article 30

Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.

Article 31

Children have the right to relax, play and to join in a wide range of leisure activities.

Article 32

Governments should protect children from work that is dangerous or that might harm their health or education.

Article 33

Governments should provide ways of protecting children from dangerous drugs.

Article 34

Governments should protect children from sexual abuse.

Article 35

Governments should make sure that children are not abducted or sold.

Article 36

Children should be protected from any activities that could harm their development.

Article 37

Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

Article 38

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39

Children who have been neglected or abused should receive special help to restore their self-respect.

Article 40

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41

If the laws of a particular country protects children better than the articles of the Convention, then those laws should override the Convention.

Article 42

Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all.

Articles 43- 54 are about how governments and international organisations should work together to make sure that all children get all their rights.

Go to unicef.org/crc to read all the articles.

USEFUL CONTACTS

See Page 13 for Anglicare Contacts

Emergency

Ambulance, Police, Fire Brigade
000

Poisons Information Centre
13 11 26

Alcohol and Drug Information Services
(02) 9361 8000
or 1800 422 599

Child Protection Helpline
13 21 11

Carer Support

Contacts for carer support are listed on Pages 31-33

Counselling
Free counselling for all carers through our external EAP provider Acacia Connection
1300 364 273

Support for Children & Young People

Accessline
1800 011 511

Care Leavers Australasia Network (CLAN)
1800 008 774
clan.org.au

CREATE Foundation
1800 655 105
create.org.au

Legal Aid NSW: Best For Kids
1300 888 529
bestforkids.org.au

Kids Helpline
1800 55 1800
kidshelpline.com.au

Lifeline Australia
13 11 14
lifeline.org.au

Reach Out
reachout.com

Twenty 10
(02) 8594 9555
1800 652 010
twenty10.org.au

Youth Beyond Blue
1300 22 46 36
youthbeyondblue.com

After Care

DCJ Care Leaver's Line
1800 994 686
careleaversline@facs.nsw.gov.au

Care Leavers Record Access Unit
Locked Bag 4028
Ashfield NSW 2131
(02) 9716 2500
or 1300 137 160
dcj.nsw.gov.au

Resolve
Care leavers' smartphone app
Download via Windows, Google Play and the Apple App store

Uniting Church Aftercare for Young People

1800 864 846

uniting.org (search for 'Aftercare for Young People')

Aboriginal and Torres Strait Islander Services & Agencies

Aboriginal Affairs Family Records Unit

1800 019 998

aboriginalaffairs.nsw.gov.au (search for 'Family Records Unit')

Aboriginal Child, Family and Community Care State Secretariat (AbSec)

1800 888 698

absec.org.au

Aboriginal Education Consultative Group Inc (AECG)

(02) 9550 5666

aecg.nsw.edu.au

Aboriginal Health and Medical Research Council

(02) 9212 4777

ahmrc.org.au

Illawarra Aboriginal Corporation

(02) 4228 1585

iac.org.au

Kari Aboriginal Resources Inc.

(02) 8782 0300

kari.org.au

Link-Up (NSW) and Family Link

1800 624 332

linkupnsw.org.au

NSW Aboriginal Land Council

(02) 9689 4444

alc.org.au

Riverina Medical and Dental Aboriginal Corporation (RivMed)

(02) 6927 0400

Secretariat of National Aboriginal and Islander Child Care (SNAICC)

(03) 9419 1921

snaicc.org.au

South Coast Medical Service Aboriginal Corporation Nowra

(02) 4448 0200

or 1800 215 099

southcoastams.org.au

Woomera Aboriginal Corporation

(02) 6057 7400

woomera.org.au

Culturally & Linguistically Diverse Services

Ethnic Community Services Co-op

(02) 9569 1288

ecsc.org.au

Multicultural Disability Advocacy Association (MDAA)

1800 629 072

(02) 9891 6400

mdaa.org.au

Multicultural NSW

(02) 8255 6767

multicultural.nsw.gov.au

NSW Ethnic Communities Council

(02) 9319 0288

eccnsw.org.au

NSW Refugee Health Service

(02) 8778 0770

swslhd.health.nsw.gov.au/refugee

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

(02) 9646 6700

startts.org.au

Transcultural Mental Health Centre

(02) 9912 3850

dhi.health.nsw.gov.au

Translating and Interpreting Service

(TIS) 131 450

tisnational.gov.au

Disability Services

Association for Children with a Disability (ACD)

1800 654 013

acd.org.au

Australian Centre for Disability Law

(02) 9370 3135

or 1800 800 708

disabilitylaw.org.au

Centrelink | Human Services

136 150

humanservices.gov.au

Intellectual Disability Rights Service NSW

(02) 9265 6300

or 1300 665 908

idsr.org.au

National Disability Insurance Scheme

1800 800 110

ndis.gov.au

National Disability Abuse and Neglect Hotline

1800 880 052

jobaccess.gov.au (and search for 'Disability Abuse and Neglect Hotline')

Office of the Children's Guardian

(02) 8219 3600

kidsguardian.nsw.gov.au

Raising Children Network

raisingchildren.net.au and click on 'Disability'

Synapse (previously Brain Injury Association of NSW)

1800 673 074

synapse.org.au

Health and Wellbeing

1800 Respect

1800 737 732

1800respect.org.au

Beyond Blue

1300 224 636

beyondblue.org.au

Family Planning NSW

1300 658 886

fpnsw.org.au

Headspace

1800 650 890

headspace.org.au

Health Direct Australia

1800 022 222

healthdirect.gov.au

Healthy Kids

healthykids.nsw.gov.au

HSNet

hsnet.nsw.gov.au (search for general and specialist health services in your local area)

Kids Matter

kidsmatter.edu.au

Medicare | Human Services

132 011

humanservices.gov.au

NSW Ministry of Health

(02) 9391 9000

health.nsw.gov.au

Quitline and NSW Aboriginal Quitline

13 78 48

icanquit.com.au

Education & Training

Aboriginal Education Consultative Group Inc (AECG)

(02) 9550 5666

aecg.nsw.edu.au

Assisted School Travel Program

1300 338 278

schools.nsw.edu.au (and search for 'Assisted School Travel Program')

mychild.gov.au

Links to a range of information on early childhood education options

NSW Department of Education

1300 679 332

dec.nsw.gov.au

School Based Apprenticeships and Traineeships in NSW

(02) 9244 5661

sbatinnsw.info

TAFE NSW

131 601

tafensw.edu.au

Employment

JobSearch

13 14 50

jobsearch.gov.au

Aboriginal Services | Training Services NSW

13 28 11 training.nsw.gov.au (and search 'Aboriginal Services')

JobAccess (for people with disabilities)

1800 464 800

jobaccess.gov.au

Legal

Australian Centre for Disability Law

(02) 9370 3135

1800 800 708

disabilitylaw.org.au

Information and Privacy Commission

1800 472 679

ipc.nsw.gov.au

LawAccess NSW

1300 888 529

lawaccess.nsw.gov.au

LawStuff

lawstuff.org.au

Legal Aid NSW: Best For Kids

1300 888 529

bestforkids.org.au

Housing

NSW Aboriginal Tenancy Advice Service

nswats.com.au

DCJ Housing

(02) 8753 8000

facs.nsw.gov.au/housing

FACS Link2Home (homelessness enquiries)

1800 152 152

housing.nsw.gov.au (and search for 'Link2Home')

DCJ Aboriginal Housing Office

(02) 8836 9444

aho.nsw.gov.au

Fair Trading NSW

13 32 20

fairtrading.nsw.gov.au

APPENDIX

Code of Conduct for Authorised Carers

Current as of 6 April 2023

This Code of Conduct is for authorised foster, relative and kinship carers, prospective guardians and dually authorised prospective adoptive parents currently providing authorised care. These groups of people are referred to as 'carers' throughout the Code of Conduct.

A designated agency is an organisation accredited to arrange and supervise out-of-home care services. They are referred to as 'agency' throughout the Code of Conduct.

Children or young people will be referred to as child or children throughout the Code of Conduct.

Statement of Purpose

Strong and close relationships between the child, their carer, the child's family and agency staff support the child's safety and welfare. The Code of Conduct aims to promote loving, stable, caring and positive relationships between the child and their carer. It also promotes good relationships between carers, the child, the child's family and the agency.

The Code of Conduct reflects that permanency is a priority for children. Where possible permanency (via restoration, guardianship or open adoption) should be achieved within two years of a decision being made about the best permanency option for a child. The Code of Conduct helps agencies and carers uphold the rights of children outlined in the NSW Charter of Rights for Children and Young People in Out-of-Home Care.

This Code of Conduct promotes the highest standards of conduct by carers. It sets out the standards of behaviour that apply to carers. It also sets out the support and assistance that carers can expect to receive from the agency supervising the placement.

Compliance with the Code of Conduct

The Code of Conduct aligns with the aims of the Children and Young Persons (Care and Protection) Act 1998 (Care Act). As a carer you and your agency are working within the principals of the Care Act and comply with the Code of Conduct. You are not expected to be familiar with the Care Act. Your agency should explain key parts of the Care Act to you. The Code of Conduct is designed to help you understand your rights and responsibilities.

Agencies must ensure that you understand the Code of Conduct. Agencies should train, supervise and support you so that you can comply with the Code of Conduct. For carers from non-English speaking backgrounds, agencies should consider using an interpreter to communicate the Code of Conduct to you.

Non-compliance with the Code of Conduct

As a carer you must comply with this Code of Conduct. If you do not follow the Code of Conduct your agency may reconsider whether you are a suitable carer.

Breaches of the Code of Conduct may result in a reportable conduct investigation, depending on what you have done (or not done). An agency may also cancel or suspend your authorisation.

If an agency cancels or suspends your authorisation you can ask for their decision to be reviewed internally and externally by the NSW Civil and Administrative Tribunal (NCAT).

Authorised carers are required to:

General

- Follow the lawful policies, procedures and guidelines brought to your attention by your agency.
- Maintain the rights of the child in your care as set out in the NSW Charter of Rights for Children and Young People in Out-of-Home Care in NSW.
- Immediately report to your agency any allegations or incidents of abuse, neglect, ill-treatment or reportable allegations of which you become aware.
- Allow your agency to inspect your home and meet with and speak to the child in your care. Your agency needs to give you reasonable notice and arrange a reasonable time to visit the child.
- Actively participate in the development, implementation and review of case plans for the child in your care.

Care environment

- Provide a home that is safe, clean and comfortable and meets the needs of the child in your care.
- Respect that children are entitled to personal privacy and ensure their belongings are kept safe and treated with respect.
- Provide a care environment where the child is not exposed to physical, sexual, emotional, psychological or verbal abuse, ill treatment or neglect.
- Provide a range of things for the child in your care to do. These activities and toys should reflect the child's age, development, skills and interests.
- Report immediately to your agency any incidents in the home or any change in who lives in your home. Incidents include:
 - the child is expelled or suspended from school
 - the child is absent without your permission for a period of 24 hours or more

- the child travels interstate without the appropriate notification or approval (check with your agency, as these requirements are currently under review).
- the child suffers a serious accident, injury, illness or death
- the child witnesses any acts of domestic or family violence
- you become a parent to another child
- another child joins your household
- you or any other member of your household are charged with or convicted of an offence for which a penalty of imprisonment for 12 months or more may be imposed.
- Allow the child in your care to participate in normal childhood activities that are appropriate for their age and level of development.
- Include the child in your care in activities with other children in the home, appropriate to their interests, developmental stage and ability.

Sleepovers and holidays

- It is your responsibility to ensure that children placed in your care are provided with safe care arrangements. You remain responsible for making decisions about the children in your care and should remain contactable when children are with part time carers (formerly respite), camps, sleepovers and like activities.
- Children in your care can have occasional sleep-overs, holiday visits and play dates with extended family and friends. These people do not need Working With Children Checks and you do not need prior approval from your agency. You remain the child's carer during these times. It is your responsibility to make sure the people the child is visiting are safe and appropriate. You need to obtain approval from your agency for any regular sleepover arrangements such as where a child is spending more than 21 nights per year with the same person.

Family and significant others

- Recognise and respect that the child has a right to maintain relationships with their birth family where safe to do so. A child's connection to their birth family should extend beyond their parents.
- Recognise and respect that the child has a right to maintain relationships with significant people in their life and their cultural community/s where safe to do so.
- Support these relationships as per the child's care plan, case plan and any relevant court orders.
- Listen to and respect the views of the child about the manner and frequency of time they spend with family and significant people.

Identity, emotional and social development

- Support the child to feel safe and develop a sense of security.
- Work with your agency to meet any specific trauma or disability needs that a child in your care may have.
- Support the child to develop a positive sense of identity.
- Support and encourage the development of positive friendships.
- Respect the right of the child to express their views freely about decisions that affect them and properly consider those views with regard to the age and maturity of the child.

Culture

- Recognise the importance of the child's cultural identity to their wellbeing.
- Assist in implementing the Aboriginal and Torres Strait Islander Cultural Plan for Aboriginal and Torres Strait Islander children in your care.
- Assist in implementing the Cultural Plan for culturally and linguistically diverse children in care.
- Allow the child to observe their religion (if any).

Wellbeing, health, disability and education

- Follow the positive behaviour support policy of your agency. This will include ways to encourage positive behaviour in children and will help you respond to challenging behaviours.
- Focus on using positive behaviour support practices as described in the positive behaviour support policy or approved Positive Behaviour Support Plan by your agency.
- Only use behaviour support practices as described in the positive behaviour support policy or approved positive behaviour support plan by your agency.
- The use of any physical punishment or coercion, force-feeding, deprivation of food or any punishment intended to humiliate or frighten a child is unlawful and is not permitted. Only use restrictive practices that are part of an approved Positive Behaviour Support Plan or Behaviour Support Plan, time limited and reviewed regularly.
- Report any incident where physical restraint has been used following the protocol for critical incident/event reporting within your agency. These reports enable your agency to respond quickly and provide appropriate support. Physical restraint is only to be used in extreme situations where there is a risk of serious injury to the child or another person. Physical restraint is an action taken to restrict a child or young person's movement.
- Dispense medication, particularly psychotropic medication, according to medical advice. Psychotropic medication is any medication prescribed by a doctor

which affects a child or young person's thinking, mood, behaviour, level of arousal or perception. An example is dexamphetamine which is often prescribed for Attention Deficit Hyperactivity Disorder (ADHD). You must not reduce or withdraw medication without medical advice. You must let your agency know if the child is prescribed a psychotropic medication or if the prescription is changed. A child who is prescribed psychotropic medication requires a Positive Behaviour Support Plan to ensure that other behaviour support strategies are being used to manage behavioural difficulties.

- Ensure the child's health, wellbeing and dental needs are met and any planned intervention is carried out in a timely manner.
- Support and seek assistance for any disability needs of a child in your care.
- For a child with a disability, it is the responsibility of your agency to seek access to the National Disability Insurance Scheme (NDIS), in collaboration with carers. You should work with the NDIS Support Coordinator to implement the NDIS plan to meet the disability needs of the child.
- Immediately notify your agency of any major medical events, surgery, hospitalisation and school suspension.
- Regularly provide information to your agency about the child's well-being, including issues that may arise about their development, health, behaviour and educational progress.
- Have expectations around duties – such as chores or participation in activities – that are reasonable and reflect the age and physical and intellectual development of the child in your care.
- Provide an environment which promotes learning and helps the child to reach their full potential and future goals.

Leaving care plans

- In consultation with and with the help of your agency, support young people to develop skills and transition to adulthood. This will include teaching the young person the skills required for independent living. Recognise that a young person may not be ready to live independently as soon as they turn 18 years old.
- Leaving Care Plans for the young person should be developed from the age of 15 years old.
- Where the young person has a disability or disabilities, work with the assistance of your agency and the NDIA, implement plans for a transition period to independent living or a more supportive accommodation option if required, depending on the young person's needs.

Authorised carers can expect to be:

Respect and participation

- Recognised for the important things you do that help the child and the community more broadly.
- Supported in your role as a carer and respected as someone with your own needs including being able to access supports both within your family and community as well as from your agency. Support options should be tailored to the child and your needs and can include sleepovers, overnight camps, extended visits with significant people in the child's life or their extended family.
- Valued for what you bring to the role, including your language, cultural heritage, religious beliefs and life experience.
- Entitled to participate in making decisions concerning the safety, welfare and well-being of the child in your care.
- Respected for your opinion and consulted on decisions about the care of a child. There are some decisions that, as the child's carer, you can make and some decisions that are the responsibility of your agency or the NSW Department of Communities and Justice (formerly FACS) but your opinion should always be considered and respected.
- Encouraged to participate in and provide your views in case planning and review and case management.
- Entitled to nominate a support person to be present when attending meetings with your agency.
- Entitled to access personal information held on file by your agency about you.
- Provided with information about your agency's complaints process.

Information

- Provided with a copy of the NSW Charter of Rights for Children and Young People in Out-of-Home Care in NSW.
- Provided with a clearly expressed statement of purpose of your agency.
- Provided with all relevant information that is available about the child in your care to help you care for the child and understand and meet their needs.
- Provided with all relevant known information to ensure your safety and the safety of other members of your household.
- Given clear, written information and training on your legal responsibilities as a carer and any reporting obligations required by your agency.
- Given clear information about reportable conduct and your agencies' obligation to record, investigate and respond to allegations of reportable conduct against an employee (including carers and adult members of a carer's home). Reportable conduct is any sexual offence or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence); any assault,

ill-treatment or neglect of a child; and any behaviour that causes significant emotional or psychological harm to a child.

- Provided with information about the process of investigations and advised of the outcome of any investigation within a reasonable timeframe.
- Provided with access to an interpreter, as required, when important decisions are being made about your relationship with your agency and/or the child in your care.
- Provided with information about foster, relative and kinship carer support networks, including 24 hour support numbers, which can support you in your role as an authorised carer.

Support and training

- Entitled to access the services of government funded agencies such as My Forever Family NSW or AbSec NSW Peak Aboriginal Corporation, that provide support, training and resources to all NSW carers.
- Provided with ongoing training and resources to support the child in your care to feel safe and develop a sense of security as well as caring for yourself.
- Provided with support, resources and assistance to ensure the child's health, wellbeing and educational needs are met.
- Provided with support and assistance to help address trauma-related issues for a child in your care.
- Provided with support and assistance for a child with a disability and disability related issues.
- Provided with training and support on ways to encourage positive behaviour in children in out-of-home care, including appropriate actions to respond to challenging behaviours.
- Supported and trained to implement cultural support plans for Aboriginal and Torres Strait Islander and culturally and linguistically diverse children in your care.
- Provided with access to support services if a reportable conduct investigation occurs.

Reportable Allegations and Reportable Conduct

Under the Children's Guardian Act 2019 the Department of Communities and Justice and agencies must notify reportable allegations about their 'employees' to the Children's Guardian and complete an investigation of those allegations.

Carers and other adults living in their house are included as employees and are subject to an investigation if reportable allegations are made against them.

You are expected to cooperate with a reportable conduct investigation.

Reportable Conduct is not limited to your conduct towards a child in out of home care as it extends to your conduct towards all children.

- Reportable Conduct means:
 - a) a sexual offence
 - b) sexual misconduct
 - c) ill-treatment of a child
 - d) neglect of a child
 - e) an assault against a child
 - f) an offence under section 43B (failing to reduce or remove risk of child becoming victim of child abuse) or 316A (Concealing child abuse) of the Crimes Act 1900
 - g) behaviour that causes significant emotional or psychological harm to a child.

Administration of the Code of Conduct

This Code of Conduct is issued by the Minister for Families, Communities and Disability Services to be applied consistently across the out-of-home care sector. It is to be administered by the Department of Communities and Justice and any amendments will need to be made and approved by the Minister for Families, Communities and Disability Services.

Agencies may develop their own policies, procedures and guidelines that provide more detailed information for authorised carers and agencies about their shared responsibilities to children. These policies, procedures and guidelines should be consistent with the Children and Young Persons (Care and Protection) Act 1998, the Children and Young Persons (Care and Protection) Regulation 2012 and this Code of Conduct.

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