

# NSW Standards

for  
Substitute  
Care Services

September 1998

Published September 1998  
© Copyright  
NSW Government  
Department of Community Services

ISBN 0 7310 4258 1



# Table of Contents

Introduction	5
Principles of practice in substitute care	9
Glossary of terms	10
Section 1: Casework practice	13
Standard 1.1 Initial assessment, access and referral	
Standard 1.2 Case planning	
Standard 1.3 Placement in care	
Standard 1.4 Casework to support permanency	
Standard 1.6 Kinship placements	
Standard 1.7 Monitoring placements and reviewing case plans	
Standard 1.8 Participation in decision making	
Standard 1.9 Work in relation to courts	
Section 2: Meeting needs while in care	36
Standard 2.1 Care environment	
Standard 2.2 Identity and family relationships	
Standard 2.3 Emotional and social development	
Standard 2.4 Health	
Standard 2.5 Education	
Standard 2.6 Moving in care	
Section 3: Leaving care	51
Standard 3.1 Planning for leaving care to live independently	
Standard 3.2 After care support	
Section 4: Working with other agencies and liaison with the community	56
Standard 4.1 Knowledge of community needs and resources	
Standard 4.2 Liaison with other service providers	
Standard 4.3 Service visibility and publicity	
Section 5: Rights, confidentiality and complaints	62
Standard 5.1 Rights of children, young people and families	
Standard 5.2 Confidentiality and privacy	
Standard 5.3 Complaints and appeals	



<b>Section 6: Care records</b>	<b>70</b>
Standard 6.1 Management of the care record system	
Standard 6.2 Content of care records	
Standard 6.3 Related records	
<b>Section 7: Foster care management</b>	<b>76</b>
Standard 7.1 Recruitment and selection of foster carers	
Standard 7.2 Carer training	
Standard 7.3 Supervision and support	
Standard 7.4 Carer participation and rights	
<b>Section 8: Organisational management</b>	<b>89</b>
Standard 8.1 Non-government organisational accountability	
Standard 8.2 Community Service Centre and Area Accountability	
Standard 8.3 Teamwork and cooperation	
Standard 8.4 Financial and administrative systems	
Standard 8.5 Management information systems	
Standard 8.6 Premises and equipment	
<b>Section 9: Planning, evaluation and service development</b>	<b>101</b>
Standard 9.1 Planning processes	
Standard 9.2 Evaluation	
<b>Section 10: Human resource management</b>	<b>106</b>
Standard 10.1 Employment, recruitment, selection and appointment	
Standard 10.2 Supervision and support	
Standard 10.3 Training and development	
Standard 10.4 Work satisfaction	
Standard 10.5 Personnel systems	
Standard 10.6 Occupational health and safety	
Standard 10.7 Student placements and Volunteer management	
Standard 10.8 Boards of management	



## Foreword

While this Government aims to help children and families stay together wherever possible, sometimes we must organise for children and young people to be cared for outside their homes.

This means arranging for foster care or residential care.

Ensuring good quality and safe care for our children and young people in this situation is a top priority, so I am very pleased to endorse these “Standards for Substitute Care Services in New South Wales”.

The standards are designed to improve the quality of out-of-home services provided by the Department of Community Services and non-government funded services. They:

- reflect current “best practice” in the area, drawing on the experience of people working in the area, as well as Australian and international research findings
- are flexible enough to be successfully applied to the wide range of situations in which care is provided
- can be used as a self-assessment tool, with the end aim of linking them to an accreditation process.

Because the standards adopt current “best practice” they will not stay static. They will be regularly evaluated and revised to accommodate innovation and fresh insights.

I want to dedicate these standards to our vulnerable children and young people who need out-of-home care.

I am confident that if workers and management embrace the standards, these children and young people will reap the benefit of better quality services.

A handwritten signature in cursive script that reads "Faye LoPo".

Faye LoPo MP  
**Minister for Community Services**  
**Minister for Ageing**  
**Minister for Disability Services**  
**Minister for Women**





# Introduction

The standards manual for substitute care services is the result of a year long project beginning in November 1996 to develop an accreditation system for SAAP and Substitute Care services in NSW.

As part of the development of the overall accreditation system, a draft set of standards was produced and tested. In 1996, the Department published a set of substitute care standards *Work in Progress*. Feedback from the field and the need to link the standards to evaluation for the purpose of accreditation meant that the standards were re developed into a draft set of standards for distribution to organisations and to use in the accreditation pilot.

This final manual of standards is the result of consideration of written responses from organisations providing substitute care and from piloting the draft standards as a tool for evaluation. A standards working party representing a cross section of people working in substitute care has assisted the consultants, RPR Consulting, to finalise this manual.

## Substitute Care Standards Working Party

The working party held three meetings. The following people participated at one or more of these meetings.

Pauline Mackiewicz, DCS (Service Development Directorate)

Deidre Dixon and Tina Smith, Barnados Australia

Nigel Spence, Peter Ludgate, Maureen Eagles and Sue Wilson, Centacare

Helen Keevers, Centacare Newcastle

Amanda Parry, Biripi Aboriginal Children's Service

Dale Macleod, Koolyangarra Aboriginal Children's Home

Kerri Orth, Burnside

Brenda Clements, CSC Marrickville

Heather Noller, DCS Riverina Murray

Michelle Smith, CSC Bankstown

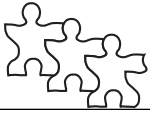
Alison Smith, DCS Ashfield (Adoptions)

The various drafts of the manual have also drawn extensively on the thinking of other individuals and organisations.

Consultations concerning the original draft of the standards were held with:

- Foster Carers Association of NSW
- State Network of Young People in Care (SNYPIC)
- Association of Children's Welfare Agencies (ACWA)
- NSW Child Protection Council

A great deal of published material was also read to provide further substance to the standards. In particular, the standards have benefited from *Looking After Children* (the UK Children's Act 1989) and *Wards Leaving Care*, Judy Cashmore and Marina Paxman, 1996. A number of agencies provided the consultants with access to their policies and procedures as well as articles and other literature.



### **Format and intent of the standards**

The standards set out to reflect known 'best practice' as far as it has been indicated by current research and by the experience of those receiving and delivering care. It is unlikely that any organisation will currently be achieving all of the standards as outlined in this manual. Most agencies will be achieving some of the standards and, over time, will move to achieving them all.

The standards have been written to reflect some principles of practice for substitute care as outlined in relevant legislation. The standards are also designed to be used as criteria for evaluation of an organisation's practice for the purposes of accreditation. The standards attempt to provide a balance between being specific enough to provide useful guidance while being broad enough to allow for differences in approaches and diversity between organisations.

The manual is divided into ten sections, and covers the variety of practices that allow an organisation to provide a quality service. This means that the manual covers not only the practices related to direct provision of services, but also the way in which an organisation is managed, how it plans and evaluates and how it manages its human resources.

Within each of the ten sections of the manual there are a number of standards. Each standard is a simple statement of what an organisation ought to be achieving in a particular area. Within each standard there are indicators that provide more specific guidance on the elements that should be in place to achieve the broader standard. The indicators form the criteria to be used in evaluation and are written to elicit a yes/no answer.

Alongside the indicators are further considerations, a fuller explanation of the types of processes and outcomes expected for the indicator. The further considerations allow for the differences between organisations in how they go about meeting an indicator.

#### **Piloting the accreditation assessment system**

In late April 1997, six organisations (three in SAAP, three in substitute care) participated in piloting the assessment system to be used as part of a future accreditation system.

The substitute care organisations (Centacare, Liverpool and Bowral Community Service Centres) used the standards to assess their work. The pilots had four months in which to internally evaluate their work prior to having an external evaluation team visit.

The internal evaluation included talking with consumers and other agencies to gain feedback. The external evaluation team included a different combination of the following:

- a consumer
- two evaluators from other substitute care services
- a representative of the organisation being evaluated
- a consultant.

The team interviewed staff and management, foster carers and consumers, as well as looking at premises and reading documentation. They provided a detailed report back to the organisation highlighting achievements as well as making recommendations for improvement. The pilot organisations and the external evaluators participated in an evaluation workshop at the conclusion of the project, to examine the process and also to provide feedback on the standards themselves.



### Changes to the manual resulting from the pilots and written responses

Written responses were received from 14 organisations, from both Departmental services at an area level and non government organisations. The organisations which had been part of the pilot and some of the evaluators also provided comment.

These comments were considered by the standards working party at a meeting in early November. The manual reflects the discussion and conclusions of the standards working party.

Overall, the written response to the standards was positive, with most people reporting that they found the standards easy to read and understand. Apart from specific suggestions for change, most concerns expressed were in relation to :

- the level of resourcing required to meet the standards
- the lack of current systems in place within the Department to support the standards
- the length of the standards.

The standards were also regarded as easy to understand for the organisations undertaking the pilots. While these organisations provided many useful comments on the standards, they did not all have the same level of concern about the resources that might be needed to meet the standards. This reflected their experience of working with the standards to self evaluate and also from the conclusions of their evaluation reports which in the main did not recommend the need for a substantial increase in resources.

Instead, the evaluation teams' reports focussed the majority of recommendations on practice approaches or on the development of policy and procedures. Resource based recommendations were mainly concerned with training issues and building facilities. As a result, there seemed to be no need to scale down the standards to allow for the current resource constraints evident in the sector.

Specific changes to the manual include:

- a refining of the standards resulting in a more compact and clear document
- further clarification on casework practice issues

### Refining of the manual

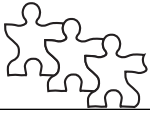
The first draft of the manual had 48 standards and 389 indicators. The final manual is shorter, with two less standards and fourteen fewer indicators.

Following suggestions received, a number of indicators and further considerations have been reworded, to make clearer their intent.

### Clarification of casework practice issues

The major work to refine the manual was done on the first section of the standards relating to casework practice.

The draft manual had a set of standards relating to case planning and a separate one for placement planning. Feedback indicated that for most organisations, the distinction between case and placement plans did not sufficiently reflect current practice and made it difficult to apply. The final manual has combined the two standards while attempting to make clear the distinction between developing overall goals within a case plan and the specific day to day strategies required in placements to achieve the overall plan.



Similarly, two standards related to achieving permanency of care for children - one in relation to restoration, the other for out of home placements. It was felt that dividing the two was not useful in signalling the importance of permanency as an overall principle underpinning practice. As a result, the case planning standard has been strengthened in relation to planning for permanency while the practice of supporting restoration or permanent out of home care has been combined into one standard.

Finally, indicators relating to the participation of children and families in casework have been placed in a standard on 'Participation in decision making' and moved from section five (client rights) into section one (casework).

#### The Implementation Process

The first stage of the project has been completed with the project report presented to the Department by RPR Consulting. A set of standards for Substitute Care services has been developed together with a number of tools and resources to assist an accreditation process.

There are now key tasks and activities arising from the project report which need to be initiated over the next two years. The interim phase of the project will again be directed at government and non-government Substitute Care services and SAAP agencies.

Tasks for the interim phase of the project include:

- Initial decision making and planning
- approval for and adoption of the standards
- establishment and setting up of an interim accreditation unit
- promotion and training for standards and the accreditation system
- training and assessment for a targeted number of agencies
- consultation
- ongoing refinement of the process, training and tools
- further development of standards
- transition to a fully operational accreditation system

The Department of Community Services will assume the responsibility for implementing the interim phase of the project through the Service Development Directorate.

Participation in training and assessment will be on a voluntary basis. It is anticipated that the demonstrated value of the agencies and individuals committing themselves to the interim phase of the project will act as an encouragement throughout the sector: an incentive for other agencies to assess and demonstrate that they are doing an effective job.



# Principles of practice in substitute care

These principles underpin the standards, and are reflected throughout the standards document. The principles have been derived from the *Work in Progress* document and the *Legislative Review Discussion Paper*.

'Wherever possible, children shall grow up in the care of their families. Responsibility for children rests primarily with their parents but if that is not fulfilled, it devolves upon the community. Children shall only be separated from their families where it is demonstrated that the family (including the extended family) is unable, or unwilling, to provide a safe and nurturing environment for the child.' *Legislative Review Discussion Paper*, page 39.

Each child or young person should receive a substitute care service which:

- is designed to meet their individual needs in the most appropriate manner
- provides them with continuity and stability of care, allowing them easy access to their families and social networks
- provides them and their families with the opportunity to be involved in decisions which affect them
- respects and recognises their privacy and dignity
- values them and assists them to maintain their language and cultural background
- provides a safe and nurturing environment, which caters for special needs such as disabilities
- encourages them to have a say and seeks to resolve complaints when they arise
- assists them to plan for and live independently on leaving care.

Each substitute care service should provide services which:

- are accountable and work towards a common set of standards
- have direct carers who are recruited, selected, trained, supported and supervised in a way that supports quality care for children and young people
- are designed and managed to meet the individual needs of children, young people and their families.



## Glossary of Terms

### Advocate

Person who speaks on behalf of a child or young person.

### Aftercare

Services provided to a child or young person who has left substitute care, or to the family of such a child/young person.

### Assessment

The initial and ongoing process of collecting and evaluating contemporary information regarding a child or young person and their family and social setting in order to identify the needs of the child or young person. A current assessment is one which has been completed or updated within the previous six months.

### Care Environment

The physical, social and emotional surroundings in which care is provided to a child or young person.

### Case Plan Goal

The outcome to which casework efforts will be directed. The safe, stable, permanent place the child or young person will grow up in.

The case plan goal will be on of the following:

- maintaining in or returning to family; or to Aboriginal extended family or community
- placement with relatives
- independence with appropriate supports
- adoption
- permanent community residential service with appropriate supports
- guardianship order to carers, or
- other situation which provides legal security and long term care

### Case Plan Review

The meeting of casework supervisor, caseworker, child or young person, family representatives and other relevant parties to consider and report on the implementation and progress of case plans and to extend the planning process.

### Case Worker

The person allocated the primary responsibility of overseeing the implementation of the case plan.

### Child or Young Person

The child or young person under the age of 18 years receiving the service.

Where 'child' has been used by itself, it refers to a child under 12 years of age. Where young person is used alone, it refers to a young person aged 12-18 years.

### DCS Area

A geographical area in which DCS services are provided, funded and coordinated for management purposes.

### Delegated Worker

The worker who has the authority to make a decision. Delegations may relate to powers described in the Children (Care and Protection) Act, 1987.



### Carers

Foster carers and residential direct care staff.

Sometimes foster carers are referred to separately as are direct care workers. When 'carers' is used it refers to both.

### Duty of Care

The duty to take reasonable care of a person. Agencies in their delivery of services must take reasonable care to avoid causing injury or harm to the child or young person in their care.

### Family Members

The biological parents, persons responsible and siblings and immediate relatives who might have a significant relationship with the child or young person. In certain cultures, 'family members' cover a wide range of familial relationships such as grandparents, aunts, uncles and cousins. In Aboriginal communities, 'family members' include tribal elders.

### Foster Care/Foster Carers

Approved, trained and supervised community volunteers, who provide care and support in their own home for children and young people.

### Guardian

Person entrusted by law with the care of a child or young person.

### Informed Consent

For a consent to be 'informed', and so valid, a person is entitled to be informed of the advantages and foreseeable disadvantages of what they are being asked consent to. An informed consent cannot be obtained if information is withheld. Children under fourteen cannot give legal consent (eg to medical treatment). The consent of both the young person and the parent or guardian should be obtained if the young person is aged from fourteen to sixteen. In the case of a young person over sixteen it is necessary only to obtain the consent of the individual.

### Non-identifying Information

Information which is specific to the child or young person but which does not identify them.

### Parents

In addition to birth parents, this may include the guardian of the child or young person and a person who has custody of the child or young person.

### Permanency Planning

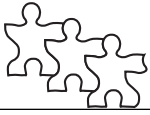
A formal commitment to ensuring that continuity of significant relationships, stability of placement and planned outcomes for the child or young person are maximised.

### Permanent Placement (out of home)

Care provided for children and young people who require a constant care arrangement. Permanent placements are provided through adoption, foster care or in some cases residential care.

### Placement strategies

Placement strategies detail the day-to-day management of the placement in relation to the overall Case Plan. A Case Plan sets out goals and objectives for the care of the child or young person. Placement strategies develop specific ways to work with children and young people on an everyday



basis. Placement strategies will need to be changed frequently while the overall case plan is likely to remain in place for a longer period of time. Placement strategies will need frequent, ongoing monitoring, while case plans will need reviews at set times.

#### Planned outcomes

All identified outcomes for the child or young person, which work with them is aimed at achieving, including the Case Plan Goal.

#### Planned periodic care

Planned periodic care is the provision of respite care to families in a planned way, in contrast to emergency short term care. Planned periodic care provides care for children on a short term basis, allowing a break from care for parents or carers.

#### Policy

A framework of principles that guides decision making and activity.

#### Procedure

Written prescriptions of behaviours.

#### Residential care

Care in which up to 6 children or young people reside at a location where care is provided by direct carers employed by a service or agency.

#### Staff

A paid worker (full time, part time or casual).

#### Substitute care

All out of home care services, government and non-government, which are approved in accordance with the Children (Care and Protection) Act 1987. These include foster care and residential care providing short to long term services.

#### Supervision

Direction, performance monitoring and support, including teaching and accountability functions.

#### Support services

Services other than foster care, residential care or accommodation, which contribute to meeting the needs of children, young people and their families who are at risk of entering substitute care or who are in care.

#### Target group

The group of children or young people for whose needs the service is funded.

#### Universal Infection Control Procedures

Guidelines recommended by the WHO, the Commonwealth Department of Health, Housing and Community Services and the NSW Department of Health covering use of protective gloves, cleaning spillage of bodily fluids and the disposal of body substances and sharp instruments. DCS have policies and procedures based on these guidelines.



# Section 1:

## Casework practice

### Standard 1.1 Initial assessment, access and referral

Children and young people in need of care and support will have timely access to appropriate services, based on a thorough assessment of their needs and family situation.

#### Indicators of good practice

#### Further considerations

1.1.1 Does the organisation have detailed up-to-date policies and procedures for initial assessment, referral and placement?

Do they include:

- the need to assess the family situation that has led to placement in care to see if and when restoration can occur
- the need to investigate non-substitute care options
- clear criteria for referring children, young people or their families to specific services or programs most able to meet their needs
- placing children in situations best able to support their ongoing needs
- time frame for assessments and referrals
- acceptance of referrals not based on any discriminatory policies, but on assessment of need.

Where children have entered substitute care as a result of child protection issues, early assessment of the family situation needs to be undertaken to see whether restoration is possible. Assessment of needs will also need to occur when a child is placed in care voluntarily, to see whether restoration can occur, or whether suitable permanent out of home placement needs to be found. In most cases, children return to live with their families within a short time, with only a minority staying in long term care.

Effective intervention in assisting families to deal with the reasons for removal increases the likelihood that children will remain outside the care system.

Placement and referral to services should be based on assessment of the needs of children, young people, and families, so that restoration can be supported where possible.

Where it is assessed that restoration is unlikely or not possible, initial placements should be made with least likely long term disruption to the child or young person.

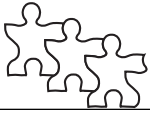
Discriminatory practices would include excluding children or families on the basis of their ethnic background, disability, religion, sexual preference, marital status, age or gender. Following the Aboriginal and Torres Strait Islander placement policy is not discriminatory.

1.1.2 Does the organisation undertake an initial assessment of each child or young person's situation prior to their placement? In emergencies, is the assessment carried out immediately after the child is placed in temporary care?

Where children are removed because of child protection concerns, this initial work will be done by DCS. However, where children are placed by parents for respite care or on a voluntary basis, this might be done by an NGO or by DCS.

The initial assessments should be done within 72 hours of contact, while a case plan needs to be completed within 28 days.

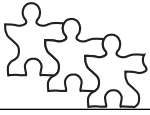
Where this initial assessment is done by DCS but the child is placed with an NGO, effective handover will include ensuring this assessment has been completed.



Indicators of good practice	Further considerations
<p>1.1.3 Does the initial assessment cover the child or young person's:</p> <ul style="list-style-type: none"><li>• history and total family situation, including strengths and needs of all parties</li><li>• key relationships (family and other)</li><li>• the wishes of the child or young person and the wishes of parents and other family members</li><li>• current or previous involvement with child protection and substitute care services</li><li>• immediate needs of the child (safety, social, developmental, emotional, identity, personal relationships, health, education)</li><li>• special needs (eg disability)</li><li>• indigenous, ethnic and racial identity</li><li>• legal issues concerning parenting orders?</li></ul>	<p>The focus of the initial assessment should be to provide guidance for most appropriate referral and placement (for both the child or young person and the family) to occur.</p> <p>Where immediate placement of the child or young person is necessary an initial assessment must be done before a case plan can be developed. Sufficient information should be gathered to inform referral and placement.</p> <p>Where more time is possible, the initial assessment may be more comprehensive, gaining the information needed to undertake a case plan.</p>
<p>1.1.4 Does the organisation always investigate non-substitute care options for the child or young person? Does investigation include strategies such as:</p> <ul style="list-style-type: none"><li>• contacting significant family members and others to see if placement is possible</li><li>• conducting family conferencing to develop a plan for the well-being of the child or young person</li><li>• providing (or referring to) intensive family support and intervention types of services</li></ul>	<p>The responsibility for investigating non substitute care options is with the organisation doing the initial assessment. If the child is then placed with another agency, effective handover will include ensuring that this work has been completed.</p> <p>Family conferencing has been trialed as a different approach to traditional case planning approaches. Family conferencing may include the same assessment processes and involvement of other agencies in the assessment, but the extended family itself decides on the plan of action to ensure safety and well being of the child.</p> <p>There may be a single agency able to provide appropriate intervention and support services, or this might be done through a combination of services.</p>
<p>1.1.5 Does the organisation always explore all avenues for substitute family care placements prior to placing a child in residential care?</p>	<p>In only exceptional circumstances would a child under 12 be placed in residential care. Such cases might include:</p> <ul style="list-style-type: none"><li>• where access to a specialised residential care setting will address the complex needs of a child more appropriately than could be expected in a family placement.</li></ul>



Indicators of good practice	Further considerations
1.1.6 Where siblings are being assessed and placed, are the collective needs of siblings considered, together with the individual needs of each child and young person?	Siblings should be placed together unless it can be clearly established that their behaviour, individual needs or wishes indicate that placement should be separate.
1.1.7 Is assessment and referral of Aboriginal children and young people always done in accordance with the Aboriginal placement principle? Is this work documented fully so that it can be demonstrated that the policy has been adhered to?	<p>Section 87 of the Children (Care and Protection Act) 1987 requires that:</p> <p>An Aboriginal child shall not be placed in the custody or care of another person until the following options have each been exhausted:</p> <ul style="list-style-type: none"><li>• placement in the care of a member of the child's extended family, as recognised by the Aboriginal community to which the child belongs</li><li>• if this is not practical, or would be detrimental to the welfare of the child, placement in the care of a member of the Aboriginal community to which the child belongs</li><li>• if either of the above options is not practical or would be detrimental to the child, placement in the care of some other Aboriginal family residing near to the child's usual place of residence</li><li>• where all of the above options are considered not to be practical or they would be detrimental to the child, placement with a person approved by the Director-General of DCS after consultation with members of the child's family and/or relevant Aboriginal welfare organisations.</li></ul>
1.1.8 Where placement of a child is referred to another agency, do the organisations concerned reach agreement on responsibilities in relation to the case and protocols for ongoing communication? Is this agreement documented in each case?	Where DCS retains the role of the case manager, but the caseworker and carer are attached to an NGO, it is very important that the roles and responsibilities are clearly defined. This is especially true during the initial court process where DCS has responsibility for the case in court but the actual management of the case is occurring with another organisation.



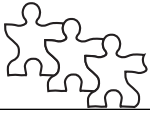
Indicators of good practice	Further considerations
<p>1.1.9 Have clear protocols for referral between organisations been developed to ensure that:</p> <ul style="list-style-type: none"><li>• it is clear when a referral should be made to another organisation</li><li>• referrals are to appropriate services or programs, meeting their entry criteria</li><li>• sufficient information about the child or young person is available for the organisation to make a decision to accept the referral</li><li>• the decision to accept or reject the referral is made in the shortest possible time?</li></ul>	<p>Clear protocols, developed by organisations at the area level can help to improve referral outcomes. DCS staff need clear guidelines on when to place a child with another agency and how to choose that agency. Caseworkers need to be aware of the information needs of organisations they are referring to, so that where possible, the information is available at the time of the referral.</p>
<p>1.1.10 Where a child or young person has requested referral to a placement that is not accepted or is inappropriate, are the reasons communicated by the referring organisation to the child or young person and their family?</p>	
<p>1.1.11 Does the organisation record and monitor the times between conduct of an initial assessment, referral and placement to evaluate whether these processes are conducted without delay?</p>	



## Standard 1.2 Case planning

The organisation will ensure that work with children, young people and their families is based upon an ongoing assessment of their needs and case planning to address these needs.

Indicators of good practice	Further considerations
<p>1.2.1 Does the organisation have detailed policies and procedures for conducting and recording case planning? Do they include:</p> <ul style="list-style-type: none"><li>• the need for ongoing and thorough assessment of needs to inform the case plan</li><li>• addressing restoration as a goal within the case plan where this is appropriate</li><li>• matching wherever possible, the placement to the needs identified in the case plan</li><li>• supporting continuity of the child or young person's significant relationships</li><li>• strategies to support stability of placement</li></ul>	<p>Individual case planning aims to ensure that appropriate plans are made for children and young people in line with the principles of permanency planning. This requires a formal commitment to ensuring that continuity of significant relationships, stability of placement and planned outcomes for the child or young person are maximised.</p>
<p>1.2.2 Is there an up-to-date documented case plan for each child and young person in the organisation's care? Was the first case plan developed within 1 month of the child or young person being placed in care?</p>	<p>Case plans need to be regularly up dated. The initial plan should be developed as soon as possible (within 28 days), with an updated plan occurring within 3 months after placement. All case plans should be formally reviewed and updated through a case conferencing process annually.</p>
<p>1.2.3 Is the case plan based on a thorough assessment of needs that has been informed by all relevant parties, including:</p> <ul style="list-style-type: none"><li>• the child or young person</li><li>• parents, siblings and other significant family members</li><li>• the case-worker and current carer</li><li>• relevant professionals (health workers, teachers, youth workers, child care workers and others)</li><li>• significant others?</li></ul>	<p>Assessment should clearly identify the needs of the child, young person and the family, including difficulties and strengths to be taken into account in developing a case plan.</p>



## Indicators of good practice

## Further considerations

### 1.2.4 Does the case plan specify:

- reasons for care, overall goals and purpose of the placement
- individual goals and planned outcomes for the child or young person in relation to identity and family relationships; religious and ethnic identity; social and emotional development; health and education
- specific placement strategies to achieve the goals
- roles and responsibilities of various parties
- time frames
- arrangements to promote continuity of relationships with family, other important adults, friends and community
- ongoing arrangements and planning based on matching needs and goals with the best possible placement
- resources required to meet the case and placement plan
- frequency of review and next review date?

The case plan needs to set the framework for the care of the child or young person and clearly express the desired outcome of the period in care. In most cases this will be planned restoration to the family, while in others long term substitute care leading to independence will be the goal. The overall goal of the case plan will need to be informed by court decisions.

Goals relating to the range of the child's or young person's needs will also need to be clearly identified.

Once these goals have been identified, placement matching should occur, attempting to match the needs of the child or young person to the placement type.

The case plan will need to include specific strategies which detail how the goals will be achieved. Some organisations have adopted separate case plans and placement plans. Separating these can make it easier to identify long term goals (case plan) versus everyday steps to implement the goals (placement plans). Where case and placement plans are not separated, it is important to clearly distinguish goals and strategies.

### 1.2.5 Does the case planning process involve all key people attending who have an interest in the child or young person? Does this include:

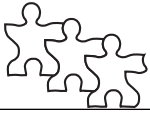
- the child, young person and/or their advocate
- family members and significant others
- current carer of the child
- case-workers
- education representatives
- representatives of other agencies involved
- Aboriginal workers or communities (in the case of Aboriginal children and young people)
- someone with knowledge of specific cultural and religious issues (where the child is from non-English speaking background)
- the person who is able to ratify the case plan?

"Family members" could include biological parents, other adults responsible for care of the child, siblings and relatives who might have a significant relationship with the child or young person. In different cultures, family members could cover a wide range of relationships. For example, in Aboriginal communities it often includes elders.

The case plan should specifically record whether the child or young person, their family and current carer attended the meeting, and if not, how their views were represented.



Indicators of good practice	Further considerations
<p>1.2.6 Is there a case-worker from the organisation assigned to each child and young person prior to their admission to a service? Are their responsibilities clearly spelled out in the case plan? Do they include:</p> <ul style="list-style-type: none"><li>• coordinating the development, implementation and review of case plans</li><li>• working directly with the child or young person to assist them to reach their potential</li><li>• liaising with other workers and coordinating the involvement of other parties significant to achieving the planned outcomes for the child or young person?</li></ul>	<p>Caseworkers have an important role to play in enhancing a child or young person's sense of worth and identity and in assisting them to strengthen the relationship with their families. This means that caseworkers will need to know the children or young people well and to spend time with them so that trust can be developed. While the amount of time spent with the child or young person will differ markedly depending on their situation and age, a caseworker should see each child or young person at least every 3 months once the placement is stabilised. In the initial stages, caseworkers may need to see the child or young person on a daily or weekly basis.</p>
<p>1.2.7 Do indigenous children and young people have access to a caseworker who is from the same indigenous background? Is there evidence in the case plan that indigenous workers have been accessed?</p>	<p>Where there is no available indigenous case worker from a substitute care organisation, it may be possible to arrange a suitable indigenous worker from another organisation to act as a caseworker. Access may not mean the person acts as the caseworker, but may simply advise a non-indigenous caseworker or be available for case meetings with the child or young person.</p>
<p>1.2.8 Is the case planning meeting well prepared and run to maximise input from all relevant parties and to gain agreement on the plan?</p>	<p>It may not be advisable to have the main caseworker acting as the chair as they will have significant input into the meeting. A chairperson who is skilled in facilitation will help in the meetings outcomes. Case planning meetings held to ratify a case plan need to have the person responsible for signing off the plan present.</p> <p>Agendas and other relevant documents need to be circulated to all parties prior to the case planning meeting, so that all parties are well prepared.</p>



### Indicators of good practice

### Further considerations

1.2.9 In developing the case plan, do the parties discuss how best to achieve a goal of permanency?

Planning for permanency should be considered each time a case plan is developed or reviewed. In many cases it will be clear that restoration will occur or that permanent out of home care is needed. Permanency planning will be harder where there have been unsuccessful attempts at restoration or where the child has been in a number of placements. Discussing permanency as a clear goal at each case planning meeting will help to ensure that strategies are put in place to support permanency.

1.2.10 Where restoration is the goal, does the meeting discuss the supports needed for achieving restoration and for how long restoration will be attempted?

Depending on the circumstances, restoration will be the desired goal in the majority of situations. However, restoration goals need to consider:

- the age of the child
- parents willingness to achieve restoration
- wishes of the child
- length of time in care in relation to the child's life
- the degree of risk facing the child
- siblings
- length and type of support needed to maintain restoration.

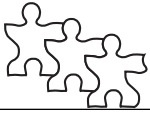
Case plans need to clearly document support strategies and for how long restoration will be attempted.

1.2.11 Where the goal is to achieve a permanent out of home placement, does the meeting discuss the options for having this happen?

Where it is clear that the child will not be restored, all options for achieving permanency need to be considered. For most children, this will mean placing them with carers who are committed to long term care and adoption as a possibility. For children who have already had disrupted placements, finding a permanent care placement will be more difficult. In these cases, the child will need to be stabilised before adoption or other orders might be possible.



Indicators of good practice	Further considerations
1.2.12 Does the meeting discuss arrangements for support services necessary to sustain the adoptive or other permanent legal placement?	Support services in post-care plans could include: <ul style="list-style-type: none"><li>• adoption subsidy</li><li>• exchanges of information</li><li>• contact arrangements</li><li>• family support or counselling services.</li></ul> These will need to be documented as part of the plan.
1.2.13 Is the case plan documented? Does the written plan identify who participated and record the specific wishes and views of the child and young person and other significant family members? Does it record any dissenting views concerning the minutes and/or case plan?	Minutes of case planning meetings may be kept to provide detail on the discussion of the meeting. Any decisions need to be recorded within the case plan itself. Recording of minutes can be contentious, particularly where there is disagreement. The minute taker needs to check the record with the participants before the meeting ends. Case plans should, as far as possible, be recorded in 'non-jargon' plain English so children, young people and their families can read it.
1.2.14 Do all parties involved in the planning process receive a copy of the plan, and are they provided with any subsequent variations?	Minutes and case plans should be circulated to all those who attend and want them.



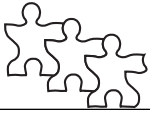
### Standard 1.3 Placement in care

The organisation will provide placements which are planned to meet the child or young person's needs as identified in the case planning process.

Indicators of good practice	Further considerations
1.3.1 Does the organisation attempt to always closely match the needs of the child or young person identified in the case plan to the placement type?	Placement of children with carers should reflect permanency goals. For instance, children who need permanent out of home care should not be placed with carers providing short term or emergency care.
1.3.2 Is the entry to a placement planned where possible, so that the child or young person is best able to adapt to the new environment?	Where it is possible, entry to a placement should be planned. The child or young person should be introduced to the carer and other people in the placement and provided with relevant information about the placement. Information should be similar to that suggested at indicator 1.3.3. Ideally, the child or young person should have time to form some relationship with the main carer prior to placement. Several visits to the placement setting should occur prior to placement where possible. This may not be needed for very young babies. The caseworker will need to take an active role in assisting the child or young person in their transition to the new placement.
1.3.3 Where a child or young person is placed in an emergency, does the case worker or a significant person always accompany them to the placement and stay for a period of time afterwards?	As the caseworker or significant person may be the only person who knows the child or young person in this situation, it is crucial that they stay for some time at the placement to assist the transition for the child or young person. The child or young person should be provided with information about the placement including: <ul style="list-style-type: none"><li>• a description of the members of the household or residential unit</li><li>• reasons for placement</li><li>• how long they will be placed there</li><li>• how they will get to see their family and other people important to them</li><li>• how they are expected to behave</li><li>• what to do if they have a complaint</li><li>• when they will be contacted and visited, and by whom.</li></ul>



Indicators of good practice	Further considerations
1.3.4 Are all children and young people contacted soon after placement to check on how they are feeling, and to offer support?	Telephone contact should be made within 24 hours of placement, with a face to face visit occurring within a week.
1.3.5 Do all children and young people in care meet their caseworkers face to face as soon as possible after the caseworker is appointed?	For very young children, the provision of contact numbers is not appropriate. However, it is important that caseworkers have regular face to face contact with the child, no matter what their age.
1.3.6 Are children and young people provided with contact numbers for their case worker, and who to contact in an emergency?	
1.3.7 When a caseworker is away on holiday or extended leave, are children and young people informed of another caseworker to contact in the interim?	
1.3.8 Is the carer given all the information needed to successfully care for the child or young person placed with them? Does this include: <ul style="list-style-type: none"><li>• a copy of the case plan</li><li>• a copy of the placement plan</li><li>• all relevant background information on the child or young person's needs</li><li>• emergency contact numbers</li><li>• family contact arrangements</li><li>• a copy of the legal order (if any)?</li></ul>	In short term temporary care, it is likely the case and placement plans will be less detailed than those for a longer term placement. Even so the carer will need access to all relevant information if the placement is to be successful.
1.3.9 Does the organisation have arrangements to provide emergency services to children, young people and their current carers out of hours?	This might be done by having staff members rostered on-call, or may be done by a group of organisations cooperating to provide an on-call service.



## Standard 1.4 Casework to support permanency

The organisation will provide casework and other services which aim to provide stable, permanent care that best meets children and young peoples' individual needs.

Indicators of good practice	Further considerations
1.4.1 Does the organisation provide or refer the family to appropriate services which can assist restoration to occur? Does the organisation allocate resources to assist the restoration process?	Resources for restoration could include: <ul style="list-style-type: none"><li>• training of staff</li><li>• allocation of staff time to provide support services to families</li><li>• negotiating with other agencies to provide support services</li><li>• establishing specific services</li></ul>
1.4.2 Where restoration is the goal, are there planned strategies for the gradual supervised transfer of responsibility for the care of the child or young person to their family? Is the caseworker involved in the transfer arrangements?	Restoration arrangements need to be age appropriate. For instance with young babies, contact will need to be daily or every few days, while with older children it may be for weekends. Gradual transfer will take place over the length of the case plan, and may be linked to court orders. Supervised arrangements are necessary to assess the steps needed for restoration to occur. Caseworkers, carers and families will need to be involved regularly in assessing the transfer arrangements.
1.4.3 Do caseworkers work with the child, young person and family to make restoration an easier process?	For young children, restoration may not be their own goal, especially where they have become attached to the carer. In the past, many carers have not been clear on the goal of, or processes needed for restoration. Caseworkers can assist everyone involved to accept restoration by discussing it openly and listening to their concerns.
1.4.4 Do caseworkers work with carers to assist them to positively support the restoration process? Is support available for carers experiencing grief and loss through restoration?	



#### Indicators of good practice

#### Further considerations

1.4.5 Does the organisation encourage families whose children and young people have returned to live with them, to establish access arrangements (where appropriate) to the previous carer?

Where children and young people have lived with a carer long enough to have built a significant attachment to them, it will be important to encourage some ongoing contact with the carer. This will need to be done according to the individual desires and wishes of the child and young person involved. As families can be threatened by this arrangement, it is important to raise the issue early in the restoration process and establish positive relationships between carers and families.

1.4.6 Does the organisation continue to provide or organise ongoing support to the child, young person and their family where restoration has occurred? Does the organisation maintain contact with the child, young person and family for a period of time once restoration has occurred?

It is important that access to support services is organised as part of restoration planning. This support may be provided by the organisation itself, or may be done through referral to other agencies with appropriate services. Whether or not the organisation provides support, some ongoing contact arrangements should be agreed to prior to restoration to increase the chance of a long term outcome.

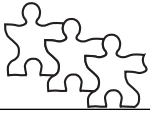
1.4.7 Does the process of establishing a permanent out of home placement include explaining verbally and in writing to children/ young people, foster carers and parents:

- the benefits to the child or young person's identity in formalising permanency arrangements
- what ongoing access arrangements can be made between children and their families
- the range of legal options available
- the implications of the legal options to each party
- the process and time frame in which any legal changes are made
- each part's rights and responsibilities
- options for financial support
- which organisation will undertake the work?

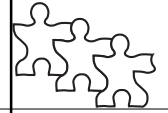
Legal options for permanent placement outside the family include:

- continuation of placement in long term foster care or in a residential unit
- children's court custody order to the carer or organisation
- parenting order through the Family Law Court
- adoption

An information package has been provided by DCS on adoption, and is required to be provided to all parties prior to adoption. Other permanency arrangements will also need to be described to all parties. In particular, the right to equal inheritance for foster children who have lived with carers for a number of years needs to be explained.



Indicators of good practice	Further considerations
1.4.9 Are children and young people provided with access to an independent person with whom they can discuss their wishes in relation to adoption or other permanent orders?	The independent person need not be a lawyer, but needs to understand the legal requirements of all options.
1.4.10 Where it is agreed that adoption or other permanent orders will occur, does the organisation ensure that an accurate record of the child or young person's life is provided to the permanent family, including: <ul data-bbox="252 786 794 891" style="list-style-type: none"><li>• photos and life story records</li><li>• medical and other health records</li><li>• educational and social records?</li></ul>	
1.4.11 Does the organisation discuss with the adoptive family the importance of the child or young person having access to information about their original family, either through documentation or contact?	



## Standard 1.6 Kinship placements

The organisation will offer support to carers who have children or young people in their care as a result of kinship ties, and will monitor the care of these children.

### Indicators of good practice

### Further considerations

1.6.1 Where children or young people are living in kinship placements and receive financial assistance for doing so, does the organisation offer carers access to support services? Do they include access to:

- foster carer training
- planned periodic care
- counselling and other support services?

Children and carers in kinship placements are not usually offered the same levels of support as other carers, due to the voluntary nature of care. Where an organisation provides financial assistance to these carers, a duty of care exists. While carers cannot be compelled to attend training, it can certainly be offered and encouraged.

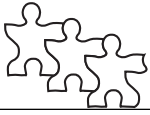
1.6.2 Does the organisation ensure that a caseworker is appointed for these children and that they work with the carer and child or young person to monitor the quality of care?

1.6.3 Does the caseworker have regular contact with the carer and child or young person in order to assess their situation?

Does this include spending time with the child or young person independently of the carer?

1.6.4 Does the organisation have documented procedures on intervention if it assesses that the care environment for these children and young people is inadequate?

Failure to appropriately monitor and support kinship placements has led to the neglect of many children and young people in the past. Intervention steps could be to call a case conference with the family members and devise strategies to improve the situation. However, removal from the placement should also be considered as an option in some cases (removal will need to be undertaken within the child protection framework).



#### Indicators of good practice

#### Further considerations

1.6.5 Does the practice of casework with these placements attempt to mirror, as far as is possible, the practices expected in other placements? Does this include:

- initial and ongoing assessment of children and young people's needs and the capacity of kinship placements to meet those needs
- development of case and placement plans that address health, education, emotional development and identity
- maintenance of contact with immediate family members (where appropriate) and life story work
- organising access to support services if needed
- ongoing monitoring of progress?



## Standard 1.7 Monitoring placements and reviewing case plans

The organisation will regularly monitor placement and review case plans for all children and young people in care to ensure placements meet their individual needs.

### Indicators of good practice

### Further considerations

1.7.1 Does the organisation conduct formal reviews and regular monitoring to ensure the case plans and placement strategies remain relevant to the child or young person's needs? Is a case plan review conducted at least annually?

The frequency of monitoring and reviews will depend on the individual case. In general, case plans will need to be reviewed less frequently than the ongoing monitoring of placement strategies.

A case plan will need to be reviewed at least annually, but possibly more often depending on:

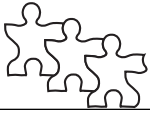
- whether any changes in the placement strategies indicate a need for case plan changes
- major developmental changes are occurring for the young person
- a change in placement is needed, or a party to the case plan indicates change is needed.

Case plan reviews will need to be conducted as case conferences, involving the range of people involved in the case.

Placement strategies are focused on the day to day care of the child or young person, and need ongoing and regular monitoring. Changes to placement strategies will not, in most instances, imply a need to alter the case plan through a review and case conference. When a child is first placed, monitoring may be needed by the case worker weekly or monthly. In a long term stable placement, placement strategies may only need monitoring every 6 months.

1.7.2 Does the case review process include a thorough assessment of the child or young person's individual circumstances? Is the goal of permanency considered in each review?

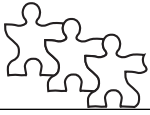
As indicated in 1.4.1, the case plan review process will need to be done at a case conference. However, prior assessment should be done to bring all relevant information to the case conference as part of the review.



Indicators of good practice	Further considerations
1.7.3 Does the process of placement monitoring and case plan reviews include speaking with the child or young person about their care and what is happening in their life?	There should be an opportunity to speak with the child alone. In the case of babies and very young children, observing their interaction with carers and others in the household can provide some information about whether their needs are being fulfilled.
1.7.4 Does the case plan review process draw information from key people able to contribute to an understanding of the current needs of the child or young person?	The actual people involved might vary from the original case plan, particularly the professionals involved. They might attend a case conference meeting or they may provide information through written reports. They could include: <ul data-bbox="831 864 1369 1308" style="list-style-type: none"><li>• case-worker</li><li>• current carer</li><li>• child or young person (where they wish to be involved)</li><li>• staff from other agencies involved in the case</li><li>• foster parents</li><li>• important people in the child or young person's natural family</li><li>• health professionals involved with the child or young person</li><li>• teacher or school counsellor</li><li>• person who can ratify the plan.</li></ul> Some young people will not wish to attend a formal case conference meeting, but their wishes need to be sought and written down for the case conference.
1.7.5 Does the organisation maintain records of: <ul data-bbox="252 1554 794 1720" style="list-style-type: none"><li>• all monitoring of meaningful contacts made by or to the caseworker</li><li>• processes used in formal reviews, including who was involved, and their views?</li></ul> Are the views of the child or young person specifically recorded in placement plans and case plan reviews?	'Meaningful' contacts are those where some interaction occurs between the child or young person and the caseworker. In a residential care setting, there is no expectation that every time the caseworker greets a young person, this would be recorded.



Indicators of good practice	Further considerations
1.7.6 Does the case review cover outcomes of the goals set in the case plan and what has occurred in the placement?	
1.7.7 Does the organisation vary case plans as a result of case plan reviews? Are the reasons for changes clearly documented, including any dissenting views?	
1.7.8 Do case plans identify how the placement plan for each child and young person will be monitored between formal case plan reviews?	
1.7.9 Do participants in the case plan review process, including the child and young person, receive a written record of the outcomes?	



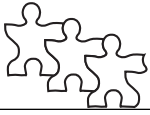
## Standard 1.8 Participation in decision making

The organisation will actively promote the participation of children and young people in care in decisions relating to their own care. Where possible, families will be involved in decision making about their children's care.

Indicators of good practice	Further considerations
<p>1.8.1 Does the organisation have policies and practices that seek to maximise participation by children, young people and (where appropriate) families in decision making?</p>	<p>Participation in decision making about everyday life is an essential part of every child's development and goes far beyond formal involvement in a case plan or review. Institutional approaches (which can occur in any setting) decrease the ability of a child or young person to make meaningful decisions about their everyday lives, or to nurture their family's decision making role in their care.</p> <p>While the range of decisions will change with the child or young person's age/developmental stage, a substitute care setting makes it particularly important to provide as many opportunities as possible for active participation. In residential care settings this might involve house or group meetings as well as one-to-one approaches.</p> <p>In foster care, the organisation will need to work with both carers and the child or young person to ensure encouragement of appropriate involvement in decision making occurs.</p> <p>Where restoration is the goal, families can be encouraged to increase their skills in problem solving and actively contribute to decision making. All families will need to be formally involved (where possible) in case planning and reviews.</p>
<p>1.8.2 Has the organisation developed specific strategies to support the direct involvement of children, young people and their families in case planning? Do they encourage participants to have advocacy support where needed?</p>	<p>Case planning meetings need to be held in locations that are likely to increase the comfort of children, young people, and family members. If parents are working, holding meetings at night or on weekends may also increase their participation.</p>



Indicators of good practice	Further considerations
1.8.3 Does the organisation take steps to ensure the child or young person and their family understand the case plan, after the plan has been developed? Does this involve direct contact with the caseworker?	<p>Preparation of children, young people and their families prior to the case planning meeting is also essential so that they know what to expect, the information likely to be discussed, the need for their involvement and their rights to express their views.</p> <p>Participants may also feel more able to put forward their viewpoint if they are accompanied by another person who can support them.</p>
1.8.4 Does the organisation consult with children and young people when a change in a caseworker or direct care worker is needed?	<p>Instead of providing a written case plan, it might be appropriate to use an audio recording where literacy is an issue.</p> <p>This needs to be done in an age appropriate manner, and will not apply to very young children or those with literacy difficulties.</p> <p>With very young children or those with limited literacy skills other creative methods can be used for communicating case plan review outcomes eg, acting out a situation with puppets, drawing etc.</p>
1.8.5 Does the organisation use interpreters and relevant community members to assist the participation of children, young people and their families, where culture or language would otherwise prevent or limit their participation?	<p>Children, young people and families who are deaf or do not speak English should have an interpreter available to them throughout the case planning process. Participation could also be assisted through building links with other cultural community organisations, who may be able to help advocate or support children and families.</p>
1.8.6 Does the organisation have policies and procedures requiring children and young people to give informed consent about specific issues?	<p>Informed consent to medical treatment can be given by young people 14 years and over. While not required legally before this age, children should be informed and, where possible, their consent sought to any medical procedure. Young people over 16 years of age can only be cared for if they voluntarily consent to their own care, or the placement has been ordered by the court.</p>



## Standard 1.9 Work in relation to courts

The organisation will work to assist court decisions to occur speedily and in the best interests of the child or young person involved, and provide appropriate support to those concerned.

Indicators of good practice	Further considerations
<p>1.9.1 Does the organisation ensure that its relevant documentation for court processes is kept up-to-date and is thorough? Does the documentation include:</p> <ul style="list-style-type: none"><li>• basic information about the child, young person and their family</li><li>• relevant history and background</li><li>• current situation and current placement issues and options</li><li>• current specialists' reports?</li></ul>	<p><i>It is important that information kept by the organisation is current for cases as they reappear before the court. For instance, it is inappropriate to use psychologists' reports which are not current.</i></p> <p><i>Protocols were developed between the Legal Aid Commission, DCS, ACWA and NSW Children's Courts. However, implementation of the protocol is awaiting the final results of the legislative review of the act. The protocol suggest the following be included in court reports:</i></p> <ul style="list-style-type: none"><li>• <i>Psycho/social report of the child and family (including history, the child's own wishes, cultural, ethnic and religious background, socio economic circumstances)</i></li><li>• <i>Medical reports</i></li><li>• <i>Standard Educational Assessment (including current school report and specialist testing)</i></li><li>• <i>NGO reports, including placement reports</i></li></ul>
<p>1.9.2 When the child or young person has been placed with a non-government organisation, is there a clear communication system in place to ensure that information going to court is correct?</p>	<p>Problems have occurred where DCS has not had sufficient information about the current placement to accurately describe the child or young person's circumstances to the court. These problems could be addressed through clear protocols established when the case plan is first developed, with task responsibilities clearly spelled out between the organisations. Meetings held prior to court appearances may also ensure that a coordinated approach is developed.</p>



Indicators of good practice	Further considerations
1.9.3 Does the organisation ensure information is provided to the child, young person, families and carers concerning the court process? Is this presented in an easy to understand way?	<p>This may need to be done by more than one person depending on the complexities of the case.</p> <p>Information to those unfamiliar with courts should include:</p> <ul style="list-style-type: none"><li>• a clear explanation of what the court looks like and who will be there</li><li>• what is likely to happen</li><li>• how courts expect people to behave</li><li>• an explanation of court terms and language.</li></ul> <p>Feedback may also be needed after the case is adjourned or is over.</p>
1.9.4. Does the organisation help to find an independent person who can act as an advocate through the court process for children or young people?	<p>It is important to ensure that children's interests are actually represented within the court process. The children's solicitor should be briefed by the child and/or an advocate for the child. This may require action by the organisation as many solicitors do not meet the child or advocate prior to the court hearing. In some cases, the organisation may need to consider trying to secure separate legal representation for the child via a community legal centre or similar service.</p>
1.9.5 Are families informed of how to gain legal representation and to access advocacy services (where possible)?	<p>In many cases, there will be one caseworker supporting and informing all parties involved. This may present difficulties when there are strong conflicts between the parties. In such cases it may be necessary to allocate different parties to different caseworkers or to have strategies for maintaining the confidence of all those involved.</p>
1.9.6 Does the organisation have guidelines on how to minimise conflict of interest in relation to caseworkers informing and supporting children, young people, their families and carers during court proceedings?	



## Section 2: Meeting needs while in care

### Standard 2.1 Care environment

Children and young people are cared for in a safe and nurturing environment appropriate to their specific needs.

Indicators of good practice	Further considerations
<p>2.1.1 Does the organisation ensure a living environment for children which is comfortable and adequate for their needs? Are there clear guidelines for assessing the adequacy of living environments, both in foster care and other community placements?</p>	
<p>2.1.2 Are the living environments for children in care appropriate for their age and specific needs?</p>	
<p>2.1.3 In the case of residential care, is the living environment similar to that of a home in the community? Does the organisation implement the following:</p> <ul style="list-style-type: none"> <li>• community houses accommodate a maximum of six children or young people, with no more than two houses on the same site</li> <li>• children and young people have their own rooms and lockable spaces for their belongings</li> <li>• the external appearance and furnishings and fittings of the house are in keeping with the quality and style of other houses in the surrounding neighbourhood</li> <li>• the presence of administrative and staff work areas does not intrude on the living environment of children and young people?</li> </ul>	<p>Young people in residential care should have access to their own private space in a way that may not be needed within a home environment. In residential care, young people are placed together of a similar age group, are generally not related and have generally complex care histories. In these circumstances private space is even more critical than in a home environment.</p> <p>It may be possible for young people to share space if they are related and choose to do so - nevertheless, private space needs to be provided.</p>



#### Indicators of good practice

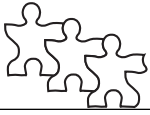
#### Further considerations

2.1.4 Is the physical living environment in residential care safe and hygienic for children and young people? Can the organisation show evidence that:

- community houses are equipped with normal security and fire safety devices
- the organisation has received recent advice from qualified bodies about fire safety practice
- staff are trained in what procedures to follow in the case of fire and precautions to prevent fire
- universal infection control procedures and DCS guidelines on HIV/Aids are followed in the care placement
- swimming pools are fenced to comply with legislation and any council regulations
- poisons, drugs and other chemicals are kept in locked cupboards and staff have access to information on poisoning
- staff are trained in first aid and have access to first aid equipment
- there are no dangerous pets kept on the premises?

2.1.5 In foster care homes, is the living environment safe and hygienic for children and young people? Can the organisation show evidence that carers have been trained on basic safety and hygiene precautions and that homes have:

- smoke alarms fitted
- first aid equipment
- materials to prevent the spread of infection (antiseptics, soap, cleaning equipment)
- no dangerous pets
- fenced swimming pools
- locked cupboards for the storage of poisons; drugs and other chemicals; firearms?



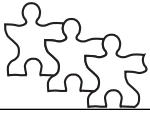
Indicators of good practice	Further considerations
2.1.6 Are children and young people placed in locations which facilitate access to significant people in their lives and familiar community resources, unless there are safety concerns that prevent this from happening?	
2.1.7 Does the organisation ensure living environments allow private space for children and young people, as appropriate to their age?	
2.1.8 Do carers and/or organisation staff encourage children and young people to be involved in decisions about how the care environment can best meet their individual needs? Does the organisation assess whether children are being given choices or a say?	
2.1.9 Do direct care staff and foster carers have a clear set of guidelines and specialist training which aim to minimise the risk of children and young people being harmed or suffering emotional, physical or sexual abuse?	
2.1.10 Does the organisation have procedures which require and facilitate the reporting and investigation of suspected abuse of children and young people by organisation staff, foster carers, other children or other persons? In situations where abuse is reported, is DCS notified immediately?	



## Standard 2.2 Identity and family relationships

Children and young people are placed in care situations which support their individual identity and self esteem and promote the significance of their families, communities and other significant attachments.

Indicators of good practice	Further considerations
2.2.1 Do placement plans specifically identify strategies for encouraging the child or young person's self esteem and identity in care?	
2.2.2 Are children and young people encouraged to express their own cultural and religious identity in care placements? Does the organisation require carers to encourage the understanding and self expression of cultural and religious identity?	
2.2.3 Does the organisation have a clear picture of the important attachment relationships for each child and young person?	
2.2.4 Are children and young people actively supported and encouraged to maintain relationships with important people in their lives? Is the frequency and quality of contacts monitored?	
2.2.5 Are contacts between the child and young person and their family held in places which assist the parties to be comfortable and make the experience positive?	
2.2.6 Do carers and/or organisation staff collect and record photos, information and stories about the child or young person's life which help to develop and maintain a strong sense of self identity?	
2.2.7 Is this information kept in an accessible place? Do all children and young people currently have pictures and information about their life story, including their time in care?	



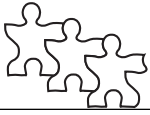
### Standard 2.3 Emotional and social development

Children and young people will be cared for in placements which meet their individual emotional, social and behavioural needs and develop their capacity to lead happy, fulfilled and independent lives.

Indicators of good practice	Further considerations
2.3.1 Is information given to direct carers about the specific emotional and social needs of children and young people placed in their care? How is this reassessed and monitored over time?	
2.3.2 Does the organisation provide support and/or training to foster carers and direct care staff about understanding and responding to the emotional and social needs of children or young people in their care?	Training could be provided through general programs or may need to be tailored to the specific needs of a particular child or young person. This may require the carer having access to a specialist worker who has assessed the child or young person's needs.
2.3.3 Does the organisation ensure individual placements offer daily activities and routines which relate to the developmental needs of children and young people? Is there flexibility and variety in daily routines?	Both residential care and foster care settings can be flexible and varied to focus on the individual needs of the child or young person. Equally, both settings can have an 'institutional' approach, with rigid requirements of the child or young person to fit into the routines or the convenience of adults.
2.3.4 Are children and young people in care encouraged to form, develop and maintain friendships with peers? Is this supported and monitored?	



Indicators of good practice	Further considerations
<p>2.3.5 Does the organisation have a written policy on positive approaches to behaviour management which is clearly communicated to all carers and staff? Does it specify the following measures are unacceptable?:</p> <ul style="list-style-type: none"><li>• corporal punishment, or any punishment which takes the form of immobilisation or force feeding</li><li>• withholding of food</li><li>• use of drugs to control behaviour</li><li>• locking in rooms</li><li>• withdrawal of access to family and other long standing relationships</li><li>• actions which are humiliating and frightening, or which cause ridicule</li><li>• threat of changing aspects of the case plan?</li></ul>	<p>Carers and staff need to have access to policies, procedures, strategies and training to ensure that their approach to behaviour management is effective and positive to the child or young person.</p> <p>Strategies and training need to be age appropriate, so that carers can deal with a 2 year old tantrum and the anger of a 14 year old equally well.</p>
<p>2.3.6 Do direct care workers and foster carers have specific guidelines and training for managing challenging behaviour of children and young people? Can the organisation give examples where use of these guidelines has had positive outcomes for children and young people and/or carers?</p>	<p>Challenging behaviours can be managed by planned strategies and by including the child or young person (where possible) in suggesting how situations will be handled.</p> <p>Policies should clearly outline the exceptional circumstances in which restraint is acceptable (to prevent self injury or injury to others) and how to restrain while minimising the possibility of hurt to the child or young person involved.</p>
<p>2.3.7 Do those working with young people use one-to-one training approaches to assist them to develop skills of independent living?</p>	
<p>2.3.8 Do children and young people in care receive pocket money regularly? Are children and young people informed of the DCS guidelines on pocket money?</p>	<p>As pocket money is often paid directly to carers, it is important that caseworkers check with children and carers that this money is actually being given to children.</p>



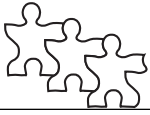
Indicators of good practice	Further considerations
<p>2.3.9 Are children and young people in care encouraged by carers to be actively involved in school and community recreational, special interest and sporting activities? Does the organisation have records of the interests and hobbies of individual children and do case plans detail practical strategies for carers to support them in these pursuits?</p>	<p>The case plan should specify what resources are needed to support the case plan, and who is responsible for paying for various activities and strategies.</p> <p>Where sporting and leisure activities coincide with access visits with families, efforts should be made to alter arrangements to allow both to occur.</p>
<p>2.3.10 Do the caseworker and the carer assess and monitor the overall happiness and positive feelings of the child or young person in care? Where the child or young person is clearly unhappy for sustained periods, is action taken to address their needs?</p>	<p>It will be easier to assess very young children to see if their emotional needs are being met. With older children or adolescents it may be harder to assess. The caseworker's relationship with the child or young person will be critical to picking up sustained unhappiness or having them raise the issues making them unhappy.</p>



## Standard 2.4 Health

The organisation will ensure that children and young people in care have access to proper health care, and that their health needs are regularly monitored and attended to.

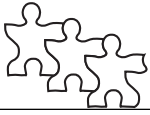
Indicators of good practice	Further considerations
2.4.1 Does the agency have written policy and procedures concerning the timing and frequency of health assessments, and how health needs of children and young people will be monitored?	<p>The frequency of health assessments required depends on whether:</p> <ul style="list-style-type: none"><li>• the care is voluntary or not</li><li>• the length of care</li><li>• the age, developmental and identified health needs of the child or young person.</li></ul> <p>An initial health assessment should be done in most cases, as part of developing the case plan. The policy will need to identify what consents are necessary and in what circumstances, for health care and for assessment.</p> <p>As a minimum for children or young people in long term care, there should be a full health assessment:</p> <ul style="list-style-type: none"><li>• on entry to care</li><li>• every one to two years</li><li>• on leaving care.</li></ul>
2.4.2 Does the policy and individual case plan note critical times for further health assessments? Are records of all health assessments kept?	
2.4.3 Are the preferences of children and young people taken into account when organising for health assessments to be done? Are there specific guidelines which deal with minimising the possibility of abuse from health assessments?	<p>Where possible, health assessments should be done by health workers known to and trusted by the child or young person. Children and young people should have the option of having a support person of their choice accompany them to any health assessment.</p> <p>Health examinations which require examination of the genitals or anus should be done under strict guidelines which minimise the risk of the examination contributing to any abuse that has already occurred.</p>



Indicators of good practice	Further considerations
2.4.4 Do children and young people receive regular medical treatment and preventative checks as needed? Are outcomes and treatment routinely recorded? Does each carer have access to Medicare for the child or young person?	Carers may be provided with the child or young person's own Medicare card, or they may need to use the organisation's card.
2.4.5 Do all children and young people attend regular dental check ups? Are the outcomes and treatment resulting from these recorded?	Dental check ups should be six monthly, when a child is in long term care and of school age.
2.4.6 Are there specific processes for assessment and monitoring of the developmental and health needs of children with disabilities? Do children with disabilities have access to the services identified as needed?	
2.4.7 Are there special procedures for monitoring children with specific health problems and children requiring ongoing medication?	
2.4.8 Do children with special needs have access to regular ongoing therapy from appropriate professionals? Is the progress of this therapy monitored and recorded?	This could include children or young people with: <ul style="list-style-type: none"><li>• specific disabilities accessing a particular therapist</li><li>• mental health problems accessing a professional mental health worker.</li></ul>
2.4.9 Do young people in care receive information which helps them make "healthy" choices in their lifestyle?	
2.4.10 Are carers required to provide information to young people and discuss issues relating to use and abuse of drugs and alcohol?	The organisation's policies for direct carers should also state that they do not usually smoke or drink alcohol when around young people. Exceptions might be made for special occasions, when it may be appropriate to demonstrate drinking in moderation. Foster carers' own use of alcohol and other drugs should be assessed when matching the child or young person to the placement.



Indicators of good practice	Further considerations
2.4.11 Are young people in care provided with information and given opportunities to talk about issues relating to their sexuality including: puberty, contraception, sexual health, sexual orientation, relationships and safe sex?	
2.4.12 Do young people who will be leaving care receive advice and information on how to access health services in the community?	This should be considered as part of preparing young people to live independently. The young person should be encouraged to take responsibility for visits to health services prior to leaving care.
2.4.13 Are carers and caseworkers provided with training in how to recognise and intervene with children or young people with suicidal or self destructive behaviours? Are appropriate specialised services accessed to prevent further destructive behaviour?	
2.4.14 Does the organisation ensure that parents receive information updates about their children's health?	This might be done through case planning meetings or through written or verbal reports on their child's progress. Medical progress reports will need the consent of young people if they are over 14.



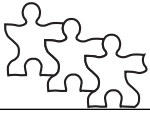
## Standard 2.5 Education

The organisation will ensure that children and young people in care have access to the same range of educational opportunities available to all children and young people, and that there is stability and continuity in their schooling.

Indicators of good practice	Further considerations
2.5.1 When children and young people enter care, does the assessment cover educational needs? Does the case plan cover educational goals for each child and young person?	Educational needs will depend on the age of the child or young person and may include early childhood, school and post secondary education.
2.5.2 Does the organisation ensure the caseworker and/or carer liaises with schools in developing case plans and monitoring the child's development and needs? Is there at least contact every school term with each child or young person's school?	Outcomes for children and young people in substitute care are improved where they have had access to stable, quality schooling. In the past there has been insufficient attention paid to the educational needs of children and young people in care, yet it is a critical influence in their later life. Regular contact with child care centres, schools and other education settings is part of providing stable educational experiences.
2.5.3 Does the caseworker inform the child care centre or school of the need to maintain confidentiality concerning the child or young person's story?	
2.5.4 Does the organisation ensure that parents receive information about their child or young person's progress at school?	How this is done will differ depending on any safety issues relating to the child or young person. In some cases, the parent should receive the full report, while in others a summary may be provided.
2.5.5 Does the organisation systematically record the outcomes of liaison with schools in case records?	



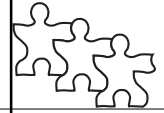
Indicators of good practice	Further considerations
2.5.6 When it is necessary for a child to move in care, how is continuity of education taken into account? Is maintaining the child or young person at their existing place of education considered as a high priority when evaluating possible placements?	
2.5.7 Where the child is required to change their place of education due to a move in care, or for some other reason, does the agency provide or arrange support for the child or young person during this transition?	
2.5.8 Does the organisation act as an advocate for children and young people in relation to their schooling? Where young people have been suspended or expelled from schools, does the organisation actively negotiate with the Department of School Education to ensure access to appropriate schooling?	
2.5.9 Where children or young people have identified learning needs, does the organisation ensure that specialist remedial services are accessed?	To gain access to appropriate services, it may be necessary to pay if waiting times are too long for public services. Payment would need to be negotiated with the DCS Area Manager.



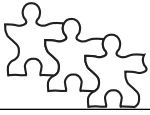
## Standard 2.6 Moving in care

The organisation will work to provide continuity and stability of care for each child and young person in care, and ensure that where a move is necessary it is planned and supported to enable a successful and sustainable transition.

Indicators of good practice	Further considerations
<p>2.6.1 Does the organisation's casework practice facilitate early identification of placements at risk of disruption? Are the factors which might contribute to risk of placement breakdowns discussed routinely in placement monitoring and formal case plan reviews?</p>	<p>Early identification measures which might be considered include:</p> <ul style="list-style-type: none"><li>• regular contact with carers and children and young people</li><li>• regular supervision and support to caseworkers to prevent burnout</li><li>• opportunity for relief from direct care or casework.</li></ul>
<p>2.6.2 Where there are signs that a placement could be disrupted, is a pro-active approach taken to developing a plan to support or change the placement? Would carers, direct care workers and the children and young people involved view the process of moving in care as a planned process?</p>	<p>There will also be crisis situations where a child or young person needs to be found another placement urgently. There need to be strategies to minimise damage to the child or young person at this time.</p>
<p>2.6.3 In cases where a change of placement is necessary, does the organisation work cooperatively with other organisations involved, carers and family members to ensure a smooth transition for the child? Is a case conference called to review the plan?</p>	
<p>2.6.4 In planning for this transition, are efforts made to provide continuity for the child in their significant relationships, life experience and attachments? Does this include consideration of:</p> <ul style="list-style-type: none"><li>• continuity in schools</li><li>• maintaining planned contact with workers whom the child has a special relationship</li><li>• maintaining friendships</li><li>• continuing current special interests, recreational and sporting activities</li><li>• continuing contact with previous carers</li><li>• ensuring the child's or young person's belongings and life story materials go with them?</li></ul>	



Indicators of good practice	Further considerations
<p>2.6.5 When the placement of a child or young person needs to change, does the organisation continue to take responsibility for care until another appropriate care arrangement is made? Does the agency provide information to the child or young person, their carers and family members about changes in agency involvement in the case?</p>	<p>It is crucial for the organisation not to 'give up' on the young person, despite any difficult behaviours they may present. Children and young people will present with increasingly difficult behaviours when faced with a series of placement breakdowns. In the past, residential care was used as a last resort option for such children, rather than considering more innovative solutions. Innovative responses could include recruiting a specialised intensive care worker for a set period of time to help stabilise the child or young person's life or, in the case of older young people, assisting them to live independently in supported accommodation. Residential care may be appropriate for some young people in these circumstances if it is responsive to their needs. However it should not be the used without considering all options possible.</p>
<p>2.6.6 Do children and young people participate in the selection of a new care placement?</p>	<p>The older the child the more critical it becomes to allow them some say about the type of care situation they would like and an opportunity to accept or reject proposed placements.</p>
<p>2.6.7 Where children and young people run away, does the organisation have procedures to actively find them and to respond to their needs?</p>	<p>Policy and procedures should include:</p> <ul style="list-style-type: none"><li>• who will be notified of the child or young person's absence</li><li>• what period of time can elapse before notification occurs</li><li>• what steps will be taken to recover the child or young person</li><li>• how the child or young person's needs will be addressed when they are recovered.</li></ul> <p>Policies and procedures need to include responsibilities of foster carers as well as other carers.</p>
<p>2.6.8 Where children or young people run away, even if they return voluntarily, are they seen in private by a caseworker to discover the reason for their absconding? Where a child or young person has run away consistently in the same placement, are they assessed by a specialist counsellor?</p>	<p>It is important to hear from the child or young person the factors that led to them running away, to see what changes are needed. Where this has occurred consistently, and no reason for the action is identified, it may indicate that the child or young person is being abused and this will need to be assessed by an experienced counsellor.</p>



Indicators of good practice	Further considerations
2.6.9 Is there a staged process of introduction to and contact with new foster carers, direct care staff and caseworkers? Is this process managed by workers with whom the child has a positive relationship?	
2.6.10 Are children and young people who experience intermittent care, or have been previously in temporary care placed with the same service and/or foster carers?	
2.6.11 Where there has been a disrupted placement, does the organisation review what has happened to assist all parties understand the reasons for disruption and reflect on any lessons for practice?	
2.6.12 Are changes made to the case plan which result from the change in placement?	
2.6.13 Does the organisation take steps to ensure all parties understand the case plan, and in particular any changes which have resulted from the changed placement?	It is expected that much of the case plan would be unchanged. However it is important to revisit the plan, and any changes, with the child or young person, their family and new carers to ensure everyone understands what impact the change of placement has had on the case plan.
2.6.14 Does the organisation monitor the number of: <ul data-bbox="255 1585 798 1821" style="list-style-type: none"><li>• placement breakdowns for each individual child or young person</li><li>• placement breakdowns overall as a percentage of placements</li><li>• changes to individual children or young people's schooling and health care services?</li></ul>	Closely monitoring both individual children's outcomes and the overall picture for the organisation can help to identify practice issues to be improved. Children and young people who have stability in placement of at least 75% of their time in care have improved outcomes on leaving care.



## Section 3: Leaving care

### Standard 3.1 Planning for leaving care to live independently

The organisation will work with young people who will be leaving care to live independently within the next year to plan for their future wellbeing.

Note: This standard relates to young people leaving care to establish independent living. Where a child leaves care other than to live independently, it is covered by Standard 2.6 : Moving in Care.

#### Indicators of good practice

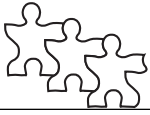
#### Further considerations

3.1.1 Are there mechanisms to alert the organisation to the need to begin planning with the young person for independent living, well before the young person is due to leave care?

3.1.2 Is case planning undertaken with the young person and significant others to plan for the transition to independent living? Does the plan developed include:

- assessment of the young person's current and likely future needs
- assessment of the strengths of the young person
- assessment of the possible sources of support the young person will have access to (accommodation, income, employment or education, emotional, social)
- assessment of the young person's training needs for independent living
- overall goals for the transition to independent living?

3.1.3 Is a specific plan (plus alternative strategies in case of plan not working) then prepared to develop strategies to action the objectives set out in the case plan? Are roles and responsibilities clearly established and stated in the plan, along with time frames for monitoring achievement?



Indicators of good practice	Further considerations
<p>3.1.4 Does the young person's caseworker meet with the young person regularly during this period to:</p> <ul style="list-style-type: none"><li>• assess progress towards the planned goals</li><li>• provide reassurance to the young person concerning their future</li><li>• hear from the young person their concerns and understanding of leaving care and independent living</li><li>• discuss how they will retain contact with their family or previous carers (if desired)</li><li>• ensure they understand the ongoing responsibility the organisation has towards them after leaving care?</li></ul>	
<p>3.1.5 Where the young person is in foster care, does the caseworker work with the foster carer and young person to assist them to develop clear expectations of what support will be available after leaving care?</p>	
<p>3.1.6 Are development opportunities put in place for young people when the leaving care plan identifies the need for additional living skills? Do these include skills for:</p> <ul style="list-style-type: none"><li>• budgeting and managing money</li><li>• living with others, including conflict resolution</li><li>• cooking, cleaning and personal maintenance</li><li>• applying for education, training and employment</li><li>• rights and responsibilities of citizens (voting, taxation, political representation, income support etc)</li><li>• gaining and keeping accommodation (tenant rights and responsibilities)</li><li>• dealing with and education about sexuality and drugs ?</li></ul>	<p>The young person will need to gain these skills over time in a number of ways. Skills are likely to be developed best when linked to immediate concerns and interests and should be offered through group programs and through one-to-one approaches.</p>



## Indicators of good practice

## Further considerations

3.1.7 Are the files and records of the young person's life in care gathered together to ensure they leave care with an accurate record of:

- the reasons for their entry to care
- family history
- history of all placements
- records of their life experiences (including stories, photos, documents)
- educational and health records
- names of significant people in the care system, including caseworkers, carers and other specialists?

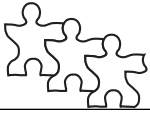
Is the record prepared during the transition period so that the young person has input into it and any gaps can be identified?

3.1.8 Before a young person actually leaves care, does the organisation ensure that basic living requirements have been established? Do these include:

- suitable accommodation
- access to sufficient income
- access to education or employment opportunities
- suitable furniture, clothing and other belongings have been acquired
- emergency and ongoing support contacts?

3.1.9 Where a young person leaves care in an unplanned way, does the organisation ensure that the young person is not assessed as having left care at this point? Does the organisation take ongoing responsibility for the young person until such time as they have been found and a transition plan for leaving care has been put in place?

In some cases young people will be seen as being too hard to provide services for and will be viewed as having left care if they run away over the age of 16. The organisation needs to maintain responsibility for the young person until they are 18 or they have applied to leave care - this includes developing plans to assist their leaving care.



### Standard 3.2 After care support

The organisation will continue to provide tangible support to the young person once they have formally left care as they learn to live independently and take control of their lives.

Indicators of good practice	Further considerations
<p>3.2.1 Does the organisation have clear policies, procedures and resources for the provision of after care services to young people it has had in its care?</p> <p>Do these include:</p> <ul style="list-style-type: none"><li>• the provision for ongoing individualised services to young people according to their assessed needs, which promotes a gradual move to independent living</li><li>• provision of casework services to young people?</li></ul>	
<p>3.2.2 Does the organisation ensure the young person has written information when they leave care which includes:</p> <ul style="list-style-type: none"><li>• information on the process of gaining independence and the possible needs they are likely to experience</li><li>• the responsibilities of the organisation to provide ongoing services and how the young person can access these services</li><li>• a record of their life in care</li><li>• the legal situation regarding leaving wardship</li><li>• how to gain emergency help</li><li>• how to join SYNPIIC</li><li>• the name and contact number for their ongoing caseworker?</li></ul>	
<p>3.2.3 In providing after care services, does the organisation provide support to the young person as they need it?</p> <p>Does support provide a balance between assisting the young person to gain independence and providing a safety net if they fail?</p>	<p>The majority of young people take many years to become independent of their families, often returning home a few times before finally leaving. Young people who have left the care system are particularly vulnerable on leaving care, and will need safety nets to be established for them as they work towards independence.</p>



Indicators of good practice	Further considerations
3.2.4 Does the organisation follow up all young people who have left care at regular intervals for a period of 2 to 5 years (subject to a young person's agreement)?	<p>Contact may already be taking place at the young person's initiative, but if it is not, contact should be made at least:</p> <ul style="list-style-type: none"><li>• within a month after leaving care</li><li>• every quarter for 2 years</li><li>• six monthly for 3 years</li></ul> <p>Contact might not always be face to face, although this is preferable in the early stages. Contact should reinforce the offer of support when needed and provide a safe place for the young person to talk about their achievements and concerns.</p> <p>Contact should occur with due respect for the young person's wishes in regard to contact or non-contact.</p>
3.2.5 Has the organisation worked to provide alternative housing arrangements for young people leaving care? Has it been successful in these attempts?	<p>The organisation itself might gain funding to develop suitable community housing, or may have developed arrangements with other social housing providers to place young people leaving care.</p>
3.2.6 Do caseworkers providing after care services have good links with employment and education organisations which might assist young people?	
3.2.7 Does the organisation organise or provide counselling for young people who have left care when it is needed?	
3.2.8 Where a young person becomes pregnant, are support services specific to pregnancy and parenting provided? Is intensive support available where needed?	
3.2.9 Does the organisation provide opportunities for young people who have left care to link with others in the same situation?	



## Section 4:

# Working with other agencies and liason with the community

### Standard 4.1 Knowledge of community needs and resources

The organisation will maintain contact with a wide range of community agencies and groups to ensure an up-to-date knowledge of community needs and the services and resources which are available.

Indicators of good practice	Further considerations
4.1.1 Does the organisation maintain an up-to-date resource list or data base on services and groups relevant to its work with children, young people and families. Is this file easily accessible to all relevant staff?	<p>The file might include:</p> <ul style="list-style-type: none"> <li>• lists or directories compiled by other agencies</li> <li>• government departments</li> <li>• key individuals within local services that the organisation refers to, along with entry criteria</li> <li>• local government contacts and services.</li> </ul>
4.1.2 Is there a nominated person/s with responsibility for maintaining the list or data base?	
4.1.3 Does the organisation receive written information on services and resources from a wide range of sources (local and state)? Is there a system in place to ensure all staff who need it have access to new information?	
4.1.4 Are staff encouraged to maintain contact with agencies and groups to gain information about changing needs in the community? Is this information used to reflect on practice and management of the service?	
4.1.5 Do all staff working directly with clients have opportunities to liaise with other agencies and participate in relevant community forums and groups?	It is important that staff have a clear understanding and knowledge of services that their clients are referred to, and the overall range of services available. Regular attendance at interagency case conferences, forums and other meetings allow staff to develop good referral networks.

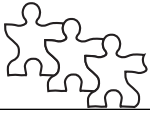


Indicators of good practice

Further considerations

4.1.6 Has the organisation developed contacts in indigenous communities and/or with indigenous community organisations, with a view to understanding their specific needs and what resources are available?

4.1.7 Has the organisation developed contacts with organisations and key individuals addressing the needs of people from a non-English speaking background, with a view to understanding their specific needs and what resources are available?



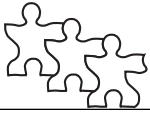
## Standard 4.2 Liaison with other service providers

The organisation will liaise and work cooperatively with other agencies providing services to children, young people and their families to ensure maximum benefit to their clients.

Indicators of good practice	Further considerations
4.2.1 Does the organisation have a record of which agencies are involved with each child or young person and their families? Is there regular communication between the agencies involved in individual cases?	<p>The systems used for recording case plans and monitoring progress in a particular case should routinely document agreements about:</p> <ul style="list-style-type: none"><li>• which agencies are involved</li><li>• the role they play in individual cases</li><li>• the contact staff person</li><li>• what information will be shared and how</li><li>• when client consent is needed for sharing of information.</li></ul>
4.2.2 Does the organisation routinely inform other agencies of changes in personnel, services and available resources? How are changes communicated by the organisation?	<p>Changes in staffing will occur. Sharing information about planned staffing changes and considering the impact of such changes on clients is critical. To ensure minimal disruption and anxiety for children, young people and their families, changes in staffing need to be managed carefully and be supported by other agencies which might be involved.</p> <p>Information about changes to practice, services provided and the resource level available to the organisation are also important if good working relationships are to be maintained and effective use made of the service network</p>
4.2.3 Does the organisation follow consistent protocols and procedures in working with other service providers? Do these cover: referral, assessment, case planning and review?	<p>The protocols and procedures which guide work between different agencies in relation to casework would normally be documented in a policy and procedures manual. Expectations in relation to good practice in this area are covered in Section One.</p> <p>The organisation should have systems in place to allow it to review whether the expected procedures are being followed and to evaluate how well they are working</p>
4.2.4 Does the organisation maintain regular contact with other agencies in monitoring progress of the case plan?	<p>Cross reference to Section One on case work practice.</p>



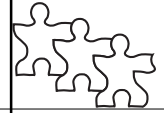
Indicators of good practice	Further considerations
4.2.5 Do staff in the organisation consider the relationships with other agencies are positive and cooperative? Are there recent examples where the quality of work with other agencies has contributed to effective case management and/or positive client outcomes?	<p>The attitudes of staff and management to other agencies will influence how constructively the agencies can work together in individual cases and at a broader level. These attitudes may be influenced by experiences from the past or differences in approach to casework and service management.</p> <p>Where such problems exist the agencies concerned should be attempting to resolve and remedy perceived problems and establish effective working relationships. Maintaining positive relationships requires regular liaison, goodwill and an openness to receive external feedback and assessment of performance.</p>
4.2.6 Does the organisation actively participate in interagency meetings and forums directed to area planning for substitute care?	
4.2.7 Does the organisation participate in meetings and forums with other agencies directed to improving casework practice and keeping abreast of policy and service developments?	<p>All staff involved with service delivery and management should have opportunities to extend their knowledge and information about developments in substitute care and other related areas. The organisation should also use conferences and other external forums to disseminate information about developments in its practice and services.</p>
4.2.8 Does the organisation work cooperatively with other agencies to determine how the role and contribution of different service providers can be complementary?	<p>It will be important to consider the role and contribution of different service providers in individual cases. This would normally be considered in case planning and review.</p> <p>At an area level it is also important that agencies have considered how the available services work together to meet needs within a given geographic area or for specific target groups. The goal is to ensure services are complementary and that the strengths and expertise available within different agencies is used productively.</p>
4.2.9 Has the organisation established regular and formal links with government agencies in the area (for example housing, education, health)?	



### Standard 4.3 Service visibility and publicity

The organisation will publicise its services and functions to ensure the community can use its services, and participate in or support the organisation in other ways.

Indicators of good practice	Further considerations
4.3.1 Does the organisation's strategic plan include strategies for making the community aware of its role and services? Is the effectiveness of these strategies reviewed?	<p>Examples of promoting community awareness may include:</p> <ul style="list-style-type: none"><li>• press releases on positive news stories</li><li>• ads in local papers etc</li><li>• community talks</li><li>• attendance at school forums</li><li>• having stands at local community fairs and events</li><li>• attendance at community activities organised by service clubs</li><li>• sponsoring local community initiatives.</li></ul> <p>It is important for organisations, particularly CSC's to promote more positive images within the local community media.</p>
4.3.2 Does the organisation have up-to-date written information which can be used to publicise the service?	<p>This would normally take the form of a pamphlet or brochure covering role and philosophy:</p> <ul style="list-style-type: none"><li>• what services are available</li><li>• who they are directed to/who can benefit</li><li>• how to contact the service (phone, postal address, location, hours of operation)</li><li>• how consumers can participate in the service.</li></ul>
4.3.3 Does the organisation have more detailed written information which is given to consumers of the service? Is this information accessible to children, young people and their families? Is this information discussed with clients during initial and subsequent visits or interviews by the caseworker?	<p>As consumers of the service, children, young people and their families will need more information about the organisation. Some of this information will be generic and some may need to be tailored to the particular case. As a minimum the information should cover:</p> <ul style="list-style-type: none"><li>• description of services available</li><li>• staff roles and contacts</li><li>• rights of consumers</li><li>• confidentiality and access to records</li><li>• grievance procedures</li><li>• how consumers can participate in the service</li><li>• the involvement of the organisation with other services.</li></ul>



Indicators of good practice	Further considerations
4.3.4 Does the organisation use different written information and/or strategies when presenting information to children, young people and adults using the service?	Good practice involves presenting information in a user friendly and accessible way. Children have different needs and capacities for understanding information about the organisation. Audio tapes might be used instead of written reports. Pictures or photo leaflets might be developed instead of reliance on the written word.
4.3.5 Does the service translate information to clients and the wider community into major community languages relevant to that area? Are these translations up to date?	Translations would only be needed for those language groups included in the organisation's existing client group or those identified as potential clients in the area planning process.
4.3.6 Does the organisation have an accessible and friendly reception area? Is information about the service displayed in an accessible and interesting way?	
4.3.7 Does the organisation consider factors that will make it easier for client groups to contact its services?	Factors might include: <ul style="list-style-type: none"><li>• clear listing of the organisation in phone books</li><li>• locating services near public transport or other facilities.</li></ul>



## Section 5:

# Rights, confidentiality and complaints

### Standard 5.1 Rights of children, young people and families

The organisation will uphold the rights of children, young people and their families in the care system, and will work actively to assist them to exercise these rights.

Indicators of good practice	Further considerations
<p>5.1.1 Do the organisation's policies include clear statements and commitments to the rights of children, young people and their families? Do these include the right to:</p> <ul style="list-style-type: none"> <li>• have their individual needs met in the most appropriate and timely way</li> <li>• have easy and facilitated access between children, young people and their families</li> <li>• be involved in decisions that affect them, to the full extent that their age and understanding permits</li> <li>• be treated with respect</li> <li>• have their privacy and dignity respected</li> <li>• be cared for in a safe and nurturing environment, which cater for their needs and maintains their cultural identity</li> <li>• access to health care, education, adequate food, shelter and other necessities</li> <li>• have a say and make complaints if needed</li> <li>• access to advocates</li> <li>• access to their own information, including their history</li> <li>• access to pocket money</li> <li>• access to assistance to plan for and live independently on leaving care?</li> </ul>	<p>These points may exist within a single policy statement or within a number of policies across the organisation.</p> <p>Other rights specific to the organisation's objectives may also need to be included.</p> <p>If a single rights statement is developed it is useful to have input from children or young people who have experienced the care system to clearly articulate rights.</p>



#### Indicators of good practice

#### Further considerations

5.1.2 Does the organisation provide appropriate, age related, printed or other information to children and young people in care to inform them of their rights? Is it given to them at or near to first contact?

Appropriate information is written in plain English and is presented visually where possible. The information does not simply list rights contained in the policy, but provide children and young people with a practical idea of how these rights could be seen to work in practice. For instance, it should describe clearly what a safe environment might be, or how to complain (including phone numbers of advocacy organisations).

More than one type of printed information should be available to meet the age/developmental needs of children and young people.

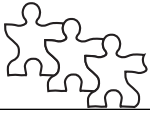
Printed information should, where practicable, be developed with input from the children and young people in care of a similar age to those being targeted.

Information may need to be translated into other languages if the child or young person does not read English.

5.1.3 Does the organisation inform families of their rights in relation to access, case planning, court orders, placements, complaints and appeals? Is this information provided on an ongoing basis as well as in a writing?

A child or young person going into substitute care indicates the family is in a degree of crisis, and may not be able to absorb information easily about their rights. Parents may feel powerless in the process of substitute care and are therefore less likely to be able to exercise what rights they have. Caseworkers have a responsibility to remind families of their rights at critical points. It is important that parents are aware that they need to remain in contact with their children if they have been removed, in order to have eventual restoration achieved.

This might be done through the use of printed materials as well as through contact with families.



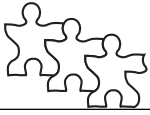
Indicators of good practice	Further considerations
<p>5.1.4 Does the organisation promote an environment in which rights are recognised, respected and actively promoted?</p>	<p>An organisational culture that respects and promotes rights will have developed many strategies for achieving this. Strategies will include how staff are selected and trained, modelling of respect from all levels of the organisation; ensuring policies and procedures are consistent with rights; having a wide range of strategies for informing children and families of their rights.</p> <p>Along with providing printed information, the organisation needs to keep informing children and young people of their rights. This could be done for instance:</p> <ul style="list-style-type: none"><li>• at initial placement</li><li>• through case planning meetings and reviews</li><li>• regular contact with the caseworker</li><li>• house meetings in residential settings</li><li>• meetings with advocates or advocacy organisations.</li></ul> <p>Information needs to be provided conversationally and in context, allowing reinforcement of rights without reading through a list.</p>



## Standard 5.2 Confidentiality and privacy

The organisation will maintain the rights of children, young people and their natural families to confidentiality and privacy.

Indicators of good practice	Further considerations
<p>5.2.1 Does the organisation have clear policies and procedures for confidentiality? Do they include:</p> <ul style="list-style-type: none"><li>• the right to confidentiality of information about children, young people and their families</li><li>• that information can only be shared on a 'need to know' basis within the agency or to carers</li><li>• that information of a personal nature is kept in a secure place</li><li>• protocols for sharing information with outside agencies</li><li>• in what circumstances informed consent of the young person will be sought for release of information within or without the organisation</li><li>• the need for staff to be trained in how to maintain confidentiality</li><li>• the right of children, young people and families to access personal information kept about them.</li></ul>	<p>A 'need to know' principle should guide the sharing of confidential information within and without the organisation. Some broad information will need to be known by all workers involved with the child or young person (eg name, age, ward status, current placement situation). More detailed information about the child or young person's circumstance will need to be known only by those directly involved in planning care, such as those attending a case planning meeting. Most information will be needed by those with direct responsibility for the child or young person's care - the caseworker, their direct manager, and the carer.</p>
<p>5.2.2 Are all staff of the organisation (including administrative) clear on their responsibilities to maintain confidentiality?</p>	
<p>5.2.3 Is all personal information concerning children, young people and their families kept secure, so that only those who need to access it can do so?</p>	<p>Files containing personal information should be kept in a secure area and in lockable filing systems. Files in use should not be left on desks when staff are not using them, but locked away. If names are on the outside of files, they should be turned downwards.</p>
<p>5.2.4 Does the organisation have systems to protect confidentiality of documents containing personal information when they are sent to other organisations?</p>	<p>Written documentation containing personal information should be sent by:</p> <ul style="list-style-type: none"><li>• secure fax line only</li><li>• secure email only</li><li>• registered mail</li><li>• locked bag with couriers.</li></ul>



Indicators of good practice	Further considerations
5.2.5 Does the organisation ensure that when interviewing children, young people and their families, it is done in privacy (in person or by phone)?	It is particularly important to have private interviews when visiting children in foster care homes.
5.2.6 Does the organisation attempt to minimise intrusions into the privacy of children and young people in care? Do caseworkers regularly ask children and young people about their privacy needs?	Caseworkers will need to keep a balance between ensuring sufficient contact with a child or young person to monitor the quality of their care, and intruding on the child or young person's need for privacy. Care settings also need to ensure children and young people have (age appropriate) access to privacy. Listening to and negotiating with children and young people will help to establish a balance between duty of care and intrusiveness.
5.2.7 Does the organisation ensure that, when promoting its services to the public, children and young people's dignity and privacy is not compromised?	Community attitudes and awareness of the needs of children and young people in care are influenced by material used to promote the service. The words and images used by the service in publications for the purpose of carer recruitment or fund raising, should promote how positive outcomes for children and young people can be achieved. Where photos of children are used (for instance for targeted recruitment of carers) consent should be gained from the young person and/or from guardians or natural families.



### Standard 5.3 Complaints and appeals

The organisation will operate and promote a fair complaints system that is accessible to all, and systematically inform clients external rights to appeal.

#### Indicators of good practice

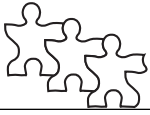
#### Further considerations

5.3.1 Does the organisation's complaints system include policies and procedures which:

- view complaints as a useful form of feedback
- cover all complaints
- allow appropriate staff members to resolve simple complaints quickly
- ensure children or young person have access to a support person if needed
- differentiate more serious complaints which must be dealt with by a senior member of the organisation
- ensure allegations of criminal activity (not related to child protection) are referred for investigation by the police, or where protection issues are involved, are referred to DCS and the police
- ensure complainants are not victimised as a result of making a complaint
- record and monitor all complaints and their outcomes
- seek complainants' views on their desired outcome of the complaint and inform them of action taken
- provide clear time frames to complainants for investigating and resolving the complaint
- referral where appropriate to an external body

The organisation may have a single complaints system that operates for any consumer, staff member, carer, applicant or member of the public. It may in addition have some specific policies that relate to the needs of children, young people and their families.

The complaints policies and procedures should comply with the Complaints Monitoring and Appeals Act and follow the Community Services Commission's guidelines.



Indicators of good practice	Further considerations
<p>5.3.2 Has the organisation developed policies and practices which encourage access by children, young people and their families to the complaints system?</p>	<p>Where organisations actively promote participation in decision making and gain regular feedback on services, formal complaints are less likely. Opportunities for regular feedback may also encourage simple complaints to be made as a matter of course.</p> <p>Practices to encourage children and young people to make more serious complaints could include:</p> <ul style="list-style-type: none"><li>• provision of education sessions by SYNPIIC</li><li>• stickers or easily accessed leaflets with information on making complaints</li><li>• promoting advocates or advocacy organisations to assist children and young people to complain</li><li>• using language that is accessible to children when promoting the complaints system or in the processes used to investigate and resolve complaints.</li></ul> <p>Written material may need to be developed for different audiences. In residential care, materials might be developed by the young people themselves and could be in the form of a poster display or leaflet. In foster care age appropriate materials will need to be developed, and should use visual messages where possible.</p> <p>Leaflets for adult audiences should take into account varying literacy levels and the need for translations.</p> <p>Strategies to promote the complaints system could also include regularly raising it as an agenda item in meetings, discussing it verbally with likely complainants and placing signs or posters welcoming complaints in offices.</p>
<p>5.3.3 When a child or young person makes a serious complaint, are they immediately offered access to a support person to assist them through the process?</p>	<p>The organisation would assist the child or young person to identify someone they would like to act as a support person. If no one is suitable to play this role, the organisation may need to find an independent person to provide support.</p>
<p>5.3.4 As a matter of course, are children, young people, their families and foster carers informed of their rights to appeal decisions through the Community Services Appeals Tribunal?</p>	



Indicators of good practice	Further considerations
<p>5.3.5 Does the organisation have clear guidelines for investigating allegations of misconduct against a carer? Do they include:</p> <ul style="list-style-type: none"><li>• ensuring the immediate safety of the child or young person in care until the allegation is investigated and resolved</li><li>• informing the carer of the allegation and gaining their account of the situation or immediate referral to police if it is a criminal allegation</li><li>• allowing the carer to have an independent person or advocate present when interviewed</li><li>• the need for fair, competent and speedy assessment of the allegation</li><li>• linking the carer and their family to counselling support services while the allegation is under investigation?</li></ul>	<p>Allegations of misconduct must be taken seriously by the organisation, but should be handled in the most sensitive way possible. This includes using 'natural justice' principles, of hearing the carer's account and allowing them to have an advocate present when being interviewed. Allegations of criminal activity should be referred to the police for investigation. Because of the difficult nature of foster caring, there is the possibility that false allegations will be made against carers. The organisation has a responsibility to ensure investigations are carried out competently and speedily to cause least possible trauma to those involved. Linking carers to independent counselling or support agencies may assist in reducing the stress related to investigation.</p> <p>Providing support for the family as a whole is also necessary, particularly where other children are present.</p>
<p>5.3.7 When allegations against carers are not substantiated, does the organisation take steps to repair the damage caused to reputations or family relationships through the investigation processes?</p>	<p>Steps could include:</p> <ul style="list-style-type: none"><li>• providing a debriefing session with the family</li><li>• provision of counselling services to the family</li><li>• providing a clear statement regarding the allegations and their lack of substance to the carer, and making this public if needed or desired by the accused.</li></ul>
<p>5.3.8. Does the organisation regularly review complaints and their outcomes to assess what changes in policies or practices may be needed? Have any recent changes in practice resulted from complaints?</p>	



## Section 6: Care records

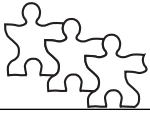
### Standard 6.1 Management of the care record system

The organisation will develop an integrated and well managed record system to document its case work, which ensures its accessibility and confidentiality.

Indicators of good practice	Further considerations
<p>6.1.1 Does the organisation have written policy and procedures to guide the operation of its care record system?</p> <p>Do the policy and procedures include:</p> <ul style="list-style-type: none"> <li>• the aim of an integrated care record system</li> <li>• what essential information is to be included within the system, and how it will be organised within the record</li> <li>• the need for information to be recorded in an objective, factual and accurate manner</li> <li>• how documentation will be linked to the daily practice of casework, with responsibility for day to day maintenance of the record clearly allocated</li> <li>• how different records will be linked to one another</li> <li>• how data collection will be linked to the record system</li> <li>• the position/s responsible for managing the record system</li> <li>• guidelines relating to freedom of information, subpoena and access to records by clients</li> <li>• storage and destruction of records</li> <li>• access and confidentiality of records</li> <li>• how records will be audited and the frequency of audits</li> <li>• the need for staff to be trained in the operation of the record system.</li> </ul>	<p>Reviews of substitute care in recent years have identified the poor quality of documentation of children and young people’s experience of the care system.</p> <p>An integrated record system should seek to reflect daily practice, ensuring that the care records assist in providing quality care for children and young people. Standard formats should be used and records should be filed to ensure easy access to current information and key past events.</p> <p>The record system will need to link records of all those the organisation is involved with - the children and young people themselves, the natural family, foster carers and personnel records of direct carers.</p> <p>While caseworkers may have the responsibility for completing case plans and other documents, responsibility for the management of the record system as a whole should be clearly stated.</p>
<p>6.1.2 Is the record system easy to use, and is it organised to ensure access to vital information about each child and young person in care?</p>	<p>Each record should allow cross referencing between records relating to a child or young person’s care. For example, a child’s record should allow easy cross referencing to other siblings in care; current and past placements; natural families. Key pieces of information may need to be duplicated within each record.</p> <p>Records should provide an easy chronological history, and use coloured tabs or other mechanisms to easily differentiate between subject areas.</p>



Indicators of good practice	Further considerations
6.1.3 Does the organisation have a person/s responsible for managing the record system?	
6.1.4 Is a random audit of records undertaken at least annually by suitably qualified and experienced person/s? Does the audit include consideration of: <ul style="list-style-type: none"><li>• the internal organisation of the record</li><li>• the adequacy of its content</li><li>• legibility of entries, and legibility and existence of dates, signatures and names of recorders</li><li>• organisation and existence of required documentation (signed consent forms, medical and education reports etc)?</li></ul>	The sample size required for a random sample of records will need to be determined depending on the number of current records held by an organisation. The audit needs to be conducted with clear criteria using an independent person/s with knowledge and expertise in the area of substitute care. Some organisations have found it useful to establish reciprocal arrangements for auditing of records.
6.1.5 Is there sufficient secure storage space for current and archived records? Are records (current and archived) easily accessible to those using them?	Records need to be kept for 7 years, and then archived securely forever.
6.1.6 Is confidentiality of records maintained at all times using a 'need to know' principle to determine access?	The record policy should clearly state who has authorised access to records, and this should be consistent with the overall confidentiality policy of the organisation. When records leave the organisation, confidentiality needs to be assured. This could include: <ul style="list-style-type: none"><li>• using registered mail if using the mail system</li><li>• provision of locked briefcases for staff</li><li>• use of locked mail bags for couriers</li><li>• use of shredders when destroying records.</li></ul>
6.1.7 Where a computerised system is used for client information, is it: <ul style="list-style-type: none"><li>• easily linked to hard copy files</li><li>• secure from unauthorised access?</li></ul>	
6.1.8 When files leave the area where they are kept, is a tracer system used to record their whereabouts?	Tracer systems allow files to be kept more securely, and need not be complex or cumbersome.
6.1.9 Do staff receive initial and ongoing training in maintaining high quality records?	



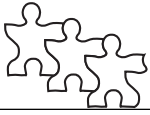
## Standard 6.2 Content of care records

The organisation will ensure that records of children and young people in care contain the information necessary to provide quality care and to assist them in establishing independent lives once leaving care.

Indicators of good practice	Further considerations
<p data-bbox="256 674 794 741">6.2.1 Does each record contain an up-to-date summary information sheet that includes:</p> <ul data-bbox="256 745 794 1429" style="list-style-type: none"><li data-bbox="256 745 794 846">• child or young person's name, age, language spoken, any disability, ethnic, indigenous and religious status</li><li data-bbox="256 851 794 884">• their current address and contact details</li><li data-bbox="256 889 794 990">• name and contact details for their caseworker, direct carer or foster carer, district officer and doctor or other therapist</li><li data-bbox="256 994 794 1028">• their court and care status</li><li data-bbox="256 1032 794 1099">• names and contact details for significant relationships in the child/young person's life</li><li data-bbox="256 1104 794 1137">• access arrangements</li><li data-bbox="256 1142 794 1261">• any vital health, security, education or social/emotional information that needs, to be known in case of an emergency (including Medicare details)</li><li data-bbox="256 1265 794 1355">• a list of every placement and the time spent in each placement, including breaks in placement</li><li data-bbox="256 1359 794 1429">• date of last contact with the child or young person and expected next contact date?</li></ul> <p data-bbox="256 1433 794 1467">Is the summary sheet signed and dated?</p>	<p data-bbox="831 674 1370 813">Summary information should be placed at the front of the record and should be updated whenever any of the summary information changes.</p> <p data-bbox="831 817 1370 956">Summary information can help to ensure that in the case of any emergency or change in caseworker, the vital information about a child or young person can be easily obtained.</p> <p data-bbox="831 960 1370 1028">Signing and dating of summary sheets can assist in ensuring records are kept up to date.</p>



Indicators of good practice	Further considerations
<p>6.2.2 Does the record system for each child or young person contain:</p> <ul style="list-style-type: none"><li>• a summary sheet</li><li>• the initial assessment undertaken on entering substitute care, reasons for placement and any agreements or conditions attached to placement</li><li>• court orders and other legal information</li><li>• each case plan developed</li><li>• documented reviews</li><li>• documented contact and interviews with the child or young person</li><li>• detailed health assessments and health reports</li><li>• documents relating to educational assessments and reports</li><li>• correspondence relating to the child or young person</li><li>• clear information on how the record relates to other files on natural families or placements (current and past)</li><li>• copies of material relating to the life story of the child or young person</li><li>• signed consents (where applicable).</li></ul>	<p>Depending on the length of time a child or young person is in care, the record system may need to have separate files. Where this is needed, the files need to be clearly linked and easily accessible, ensuring current and past care experiences are easily identified.</p> <p>The child or young person in care should have a life story record which includes material relating to their life prior to care and during care, including photos. Some of this material may also be needed within the organisational record on the child or young person, in which case copies should be made.</p>
<p>6.2.3 Does each entry within a record require the recorder's name, position, signature and date of entry to be stated?</p>	<p>This is very important for when records are subpoenaed or for young people wishing to find out about their time in care.</p>
<p>6.2.4 When audits are undertaken, are case plans and reviews checked to ensure compliance with requirements about:</p> <ul style="list-style-type: none"><li>• information on background and assessment of needs</li><li>• goals, strategies and outcomes related to needs identified</li><li>• participation by all relevant parties</li><li>• copies provided to all relevant parties?</li></ul>	<p>These requirements are listed in Section One.</p>
<p>6.2.5 Are young people given the opportunity to make file entries on their own behalf?</p>	



### Standard 6.3 Related records

The organisation will ensure other records related to the care of children and young people are adequate and kept up to date.

Indicators of good practice	Further considerations
<p>6.3.1 Does the organisation store information related to the family of each child or young person in care? Does this include:</p> <ul style="list-style-type: none"><li>• current contact details for each family member</li><li>• contacts or interviews with family members not already documented within the child or young person's own file (or copied from that file)</li><li>• relevant essential background information</li><li>• court or other legal information</li><li>• correspondence</li><li>• record of efforts to locate or identify family members.</li></ul>	<p>'Family' may include immediate as well as extended family members. The information could be stored in a single file or in connected files.</p>
<p>6.3.2 Does the organisation keep comprehensive records on each foster carer and the care household? Do they include:</p> <ul style="list-style-type: none"><li>• a current summary information sheet including emergency contact details and all children or young people placed in their care</li><li>• original assessment and approval documentation</li><li>• reviews and subsequent approvals</li><li>• written agreements with the carers outlining expectations and responsibilities</li><li>• a list of all placements</li><li>• any critical incidents</li><li>• correspondence.</li></ul>	
<p>6.3.3 Are past foster carer files kept accessible while a previously placed child or young person is still in care?</p>	



Indicators of good practice	Further considerations
<p>6.3.4 In residential care settings, is a daily log book kept and does it contain:</p> <ul style="list-style-type: none"><li>• factual accounts of significant daily events</li><li>• details on each young person</li><li>• name and signature of the person making the entry?</li></ul> <p>Is the log book kept secure from unauthorised access?</p>	<p>Daily log books are important sources of information about a young person's experience in care. They need to be written factually and objectively, not as a 'debriefing' log between staff to express their emotional responses to the day's events.</p>
<p>6.3.5 Are foster carers encouraged to keep a diary or log book containing:</p> <ul style="list-style-type: none"><li>• factual accounts of significant daily events</li><li>• observations concerning the child or young person's responses to significant events (eg access visits) while in temporary care?</li></ul>	<p>A carer diary can be useful in assessing how a child or young person is coping with the changes in their life as a result of being in care. It should be kept in a secure place, to be accessed only by the carer, caseworker and when appropriate, by the child or young person.</p>
<p>1.8.7 Does the organisation monitor the quality of court documentation on a regular basis? Are reports monitored for whether they:</p> <ul style="list-style-type: none"><li>• are written in a clear, concise manner</li><li>• are analytical in the presentation of issues</li><li>• provide evidence of currency of information and its source?</li></ul> <p>Monitoring could include:</p> <ul style="list-style-type: none"><li>• auditing court reports along with other case records</li><li>• holding periodic meetings of caseworkers to go through some reports together to improve overall practice</li><li>• reading reports as part of case supervision.</li></ul>	



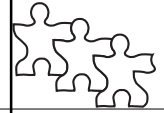
## Section 7:

# Foster care management

### Standard 7.1 Recruitment and selection of foster carers

The organisation will recruit and select foster carers best able to meet the individual needs of young people in their care.

Indicators of good practice	Further considerations
<p>7.1.1 Does the organisation have written policy and procedures for the recruitment and approval of foster carers? Does it cover:</p> <ul style="list-style-type: none"> <li>• the aims of foster care in relation to children and the organisation's goals</li> <li>• the variety of carers needed to support individual needs of children or young people currently in care</li> <li>• the differentiation of short and long term carers</li> <li>• the variety of carers the organisation wishes to target to meet potential needs as identified in the area planning process and the organisation's own goals</li> <li>• the need for potential carers to receive accurate information about fostering and issues relating to court proceedings and guardianship</li> <li>• formal selection processes with clear criteria for approvals</li> <li>• the need for non-approved carers to be informed of the decision?</li> </ul>	<p>Recruitment and approval of foster carers is a major component of ensuring the quality of foster care.</p> <p>Recruitment and approvals might be contained in a single policy or might be covered by other policies on foster care management.</p>
<p>7.1.3 Does the organisation have strategies to recruit carers from a variety of ethnic, indigenous and religious cultural backgrounds (where this is identified as appropriate through area planning processes)? Do they include strategies to attract carers (where relevant) who:</p> <ul style="list-style-type: none"> <li>• are indigenous Australians</li> <li>• have different religious and ethnic backgrounds (particularly non-Christian)</li> <li>• speak different languages relevant to the client group?</li> </ul>	<p>Ethnic, indigenous and religious cultural identity is a crucial aspect of children and young people's growth and development. Agencies need to ensure they recruit carers from a range of language/cultural backgrounds to ensure children and young people can be placed with carers who can maintain their language, religious and other cultural ties. Not all organisations will need to have the full range of carers - where there are cultural specific organisations, care may be provided by them. Area planning processes and the organisation's own experiences will determine what range of carers is appropriate.</p> <p>Because of the past detrimental policies of the removal of Aboriginal and/or Torres Strait Islander children, agencies will need to work closely with indigenous people to establish Aboriginal and/or Torres Strait Islander foster carers, and may need to employ Aboriginal caseworkers to assist the management of carers.</p>



## Indicators of good practice

## Further considerations

Recruitment strategies could include:

- advertising in ethnic media
- meeting with ethnic community organisations
- meeting with religious leaders and community organisations
- meeting with Aboriginal and/or Torres Strait Islander community organisations and leaders to find appropriate ways to recruit, select and support carers
- employing staff from different cultural backgrounds to support foster carers.

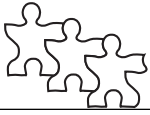
7.1.4 Has the organisation been successful at recruiting carers from a range of backgrounds or who are able to meet special needs? Where there are gaps in the range of carers desired, are there planned approaches to increase these carers?

It may be useful for organisations to set targets for recruitment in order to measure how successful strategies have been and what gaps remain.

Recruitment targets should take into account children and young people currently in the organisation's care, the substitute care section of the Area Integrated Community Services Plan and other demographic information on children and young people in care.

7.1.5 Does the organisation use easy to understand written information about foster care as part of its recruitment process? Is the information written in a positive but realistic way? Information provided should be accurate in describing the potential benefits of fostering for families and individuals and be realistic about its challenges. It should clearly state the expectations of foster carers, details of the selection/approvals process, carer payments and legal issues.

Information needs to be presented in easy to read language and formats and may need to be translated into other languages. It may be useful to develop different information for different audiences, particularly when trying to target carers from diverse cultural and religious backgrounds.



Indicators of good practice	Further considerations
<p>7.1.6 Has the organisation developed general criteria for carer selection that is based on:</p> <ul style="list-style-type: none"><li>• legal requirements</li><li>• the range of needs of children in care</li><li>• general qualities and skills of carers that are needed</li><li>• acceptance of applicants in compliance with the NSW Anti-Discrimination Act</li><li>• assessment of the ability of applicants to carry out care consistent with the policies of the organisation and the standards for substitute care?</li></ul>	<p>Legal requirements include the need for organisations to ensure carers and household members do not have:</p> <ul style="list-style-type: none"><li>• a criminal record indicating patterns of physical violence and crimes of a sexual or emotionally abusive nature</li><li>• a substance abuse problem</li><li>• a psychiatric history where an assessment by a competent authority has diagnosed the person as unsuitable to provide substitute care for children and young people.</li></ul> <p>The Anti-Discrimination Act prohibits discrimination in relation to gender, age, race, sexual preference, disability or marital status.</p> <p>Different carer experience and skill requirements might be needed depending on the needs of children and young people. For example the experience and skills needed for the care of a child in respite care may be different to those of a young person with HIV placed in long term care.</p> <p>All applicants need to be assessed in a non-discriminatory manner. Assessing carers from a wide variety of backgrounds will enable the organisation to meet the range of needs of children in their care.</p> <p>If applicants do not meet the general criteria through the initial screening process, they should be advised at this stage before undertaking more intensive assessment.</p>
<p>7.1.7 Has the organisation specific criteria for use in selecting and approving foster carers? Does the specific criteria include consideration of a carer's:</p> <ul style="list-style-type: none"><li>• motivation to foster</li><li>• adaptability and flexibility in the fostering role</li><li>• stability of all relationships within the household</li><li>• understanding of, and ability to respond to children's and young people's individual needs, including involving them in decision making about their everyday lives</li><li>• willingness and ability to work with children's and young people's natural families and significant others, and to facilitate access</li><li>• personal resources and skills of household members (including the carer's own children)</li><li>• health and support networks</li><li>• physical home environment</li><li>• willingness to undertake initial and ongoing training</li><li>• understanding of the policies and willingness to be accountable to the organisation?</li></ul>	<p>Current and past carers may provide useful information to the organisation about the qualities, experience and skills needed to successfully foster different children. Feedback collected from the end of placements or reviews of carers could be useful in refining criteria.</p>



## Indicators of good practice

## Further considerations

7.1.8 Does the assessment process used to select and approve carers involve:

- applicants being given accurate information on fostering via printed information, access to other carers, group information sessions and interviews prior to applying
- sufficient time for applicants to consider whether to apply
- visits to and assessment of the applicant's home by the organisation's representative
- discussion and interview with all household members using the general and specific selection criteria
- a formal application by the applicant (and other household members) which includes documentation on health status and criminal record; their history and reasons for applying; a statement of their willingness to work within the organisation's policies; references
- checking of criminal and health records and references?

Organisations might undertake assessment in a variety of ways.

Applicants should be informed that, even if approved, it may be some time, if ever, before a child or young person is placed with them.

In some states, a formal selection panel which includes a current experienced carer interviews household members.

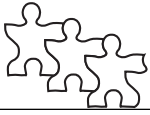
It is important to hear all household member's views (particularly those of other children) independently of the applicant.

Interviews should explore the reasons for fostering, the stability of relationships within the household and the expected impact on the household of a child needing care.

Key expectations of the organisation such as behaviour management, supporting the child's access to their natural family and accountability requirements are important to discuss at length at this stage.

7.1.9 Does the organisation have a formal system for the approval of carers once assessment has occurred? Does this include:

- a written assessment report covering the selection criteria
- the period of placement time before a formal review of a carer is held
- the type of placement and number of children approved
- a formal approval by an appropriate person in the organisation?



Indicators of good practice	Further considerations
<p data-bbox="256 412 798 479">7.1.10 Are successful applicants provided with a written agreement which states:</p> <ul data-bbox="256 483 798 927" style="list-style-type: none"><li data-bbox="256 483 798 584">• the specific conditions of placement which have been approved (type, number of children and short/long term)</li><li data-bbox="256 589 798 723">• the process and time frame for formal reviews, including the need for re-approval if no placement has occurred within a year</li><li data-bbox="256 728 798 862">• the expectations of the organisation and government in relation to fostering, including their duty of care, confidentiality requirements</li><li data-bbox="256 866 798 927">• the rights of carers and complaints procedures?</li></ul>	<p data-bbox="826 412 1375 517">Written agreements assist the carer and the organisation to clarify their expectations of fostering.</p> <p data-bbox="826 521 1375 618">It should be made clear to the approved carer that, because of the need to match children, a placement may not occur for some time.</p>
<p data-bbox="256 999 798 1133">7.1.11 Are unsuccessful applicants provided with feedback on the reason for non-approval? Are they provided with information on how to appeal the decision?</p>	<p data-bbox="826 999 1375 1202">Applicants should be advised how to appeal through the organisation's own complaints procedures, and where appropriate, to other relevant bodies (for example the Human Rights Commission, the Community Services Commission).</p>



## Standard 7.2 Carer training

The organisation will ensure that carers receive appropriate training for their role as carers, including initial and ongoing training.

### Indicators of good practice

### Further considerations

7.2.1 Does the organisation have a policy on training for foster carers? Does it include:

- the commitment of the organisation to the provision of regular training for carers
- the need for all carers to undertake initial training prior to placement of a child
- processes for identifying the ongoing training needs of carers
- the need for all training to use adult learning processes
- a requirement for all carers to attend some ongoing training while fostering
- the need for evaluation of training courses?

Organisations will need to decide who within a carer household will need to attend all of the training and who will need to attend some aspect of training. In some households there will be a clear primary carer, with secondary carer/s possibly needing to attend only some of the sessions. In other instances caring is equally shared, requiring training for more than one carer. This may be an important factor in attracting carers from diverse ethnic and religious backgrounds, so organisations need to think sensitively about the requirements for attendance at training by more than one carer.

7.2.2 Does the organisation ensure that all carers have initial training prior to a child being placed with them? Does the training include:

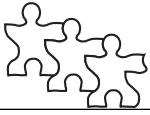
- the legal and policy context in substitute care
- carer's specific legal responsibilities
- working with children and their natural families
- child protection and the effects of abuse
- child development, including attachment, separation and loss
- behaviour management policies and strategies including management of critical incidents
- health and behavioural issues, including knowledge about policy and guidelines on infection control, HIV/AIDS, alcohol and other drugs
- how to balance the needs of their own children with the child or young person in care
- maintaining children and young people's own relationships and identity, including ethnic, indigenous and religious identity
- conflict resolution and carer support networks
- supervision and complaints mechanisms
- key organisational policies, including confidentiality requirements
- role of the agency and the department in relation to the carer
- record keeping, financial entitlements and procedures?

Some organisations will provide training to carer applicants as part of the approval process. Others will first assess the applicant and then provide training. In either case, the carer needs to receive adequate training prior to the placement of any child or young person.

Training needs to provide the opportunity for carers to practise skills and develop understanding of the needs of the children and young people in their care. While the organisation should be firm about policies and expectations of carers, the training course should provide safety for carers to explore divergent views. Therefore training needs to be carried out over a sufficient period of time to allow participants to gain practical knowledge and understanding for their role of carers.

Training might be provided in group sessions or on an individual basis.

All training programs should provide the opportunity for participants to meet experienced carers and to build a support network.



Indicators of good practice	Further considerations
7.2.3 Does the organisation have methods for identifying the ongoing training needs of carers?	Training needs assessments can be done in a variety of ways. Existing carers could be surveyed or assist in the planning of a training calendar. Evaluations of previous courses could be used to provide ideas on training needs. Failed placements provide an opportunity to interview the carer to see if training might help prevent future placement breakdowns.
7.2.4 Is training provided to carers based on the age/developmental needs of children and young people in care?	For instance, training for carers with adolescents may be needed to cover topics such as discussing sexuality or drug and alcohol issues with young people.
7.2.5 Are carers provided with ongoing training opportunities on a regular basis? Is training documented and monitored?	Training opportunities could include holding training sessions or being provided with funds to attend courses provided by other organisations. Ideally, at least six opportunities for training should be provided for carers each year. Training opportunities could be provided through coffee mornings, conferences, seminars or on a one-to-one basis. One-to-one training needs to be planned, organised and documented - not simply be the informal training that occurs between caseworkers and carers in discussing the placement. Training undertaken needs to be recorded on the carer's file and in a training register, so that the organisation monitors overall and individual attendance.
7.2.6 Are carers for children with high support needs provided with training to assist their care?	In this case, carers may need very specialised training assistance. For instance, children with specific disabilities may need carers trained in how best to assist them. This training may be best provided by other agencies or individuals, with the organisation assisting the carer to access it.



### Indicators of good practice

### Further considerations

7.2.7 Are all training courses provided by the organisation documented and do they seek feedback from participants?

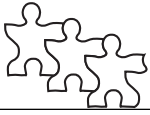
Documentation might include:

- aims and objectives of the course
- course plan
- learning strategies
- resources needed
- participant evaluation form.

7.2.8 Does the organisation have strategies to encourage carers to gain ongoing training, and has it taken steps to reduce potential barriers to training?

Reducing barriers to training might include:

- holding sessions at times most convenient to carers
- providing child care
- locating the course in a pleasant and convenient environment
- providing refreshments and allowing time for networking.



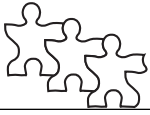
### Standard 7.3 Supervision and support

The organisation will provide supervision and support to its carers that is useful and timely, so that better outcomes for children and young people in care can be realised.

Indicators of good practice	Further considerations
7.3.1 Does the organisation provide regular opportunities for carers to link with each other? Are new carers put in contact with more experienced carers when first starting fostering?	The organisation might organise social events, or support meetings. Encouraging carers to link with carer associations will also provide them with another avenue for support.
7.3.2 When each carer begins a new placement are arrangements made for the caseworker to maintain regular contact with the carer? Is contact sufficient to ensure effective support and supervision, while not being intrusive?	Case planning should outline the frequency of contact between the caseworker and the child or young person in care. Contact needs also to be maintained between the caseworker and the carer. While placement breakdown can occur as a result of difficulties between the carer and the child or young person in care, it also occurs as a result of other factors affecting the carer's life. Regular contact with the carer can encourage intervention before any placement breakdown. Regular contact will differ depending on the experience of the carer, their situation and the type and complexity of a placement. Some carers may need to have weekly phone calls or visits, while for others it may be monthly. The Children (Care and Protection) Regulation 1987 requires that foster carers are interviewed at least once every 90 days.
7.3.3 Does the organisation provide all carers currently fostering with appropriate after hours contact in case of emergencies?	Appropriate after hours contact will need to include the ability to contact a caseworker from the organisation, as well as other emergency agencies.
7.3.4 Does the organisation have guidelines on how support will be provided to carers in the case of critical incidents? Do they include: <ul style="list-style-type: none"><li>• face to face contact with the carer as soon as possible after the incident</li><li>• access/referral to counselling or other services for the carer and their family</li><li>• the opportunity to debrief by all of those involved?</li></ul>	Contact with the carer should occur as soon as is practicable, but within 24 hours of the incident occurring.



Indicators of good practice	Further considerations
7.3.5 Does the organisation provide carers with access to planned periodic care for children in their care when needed?	
7.3.6 Does the organisation have strategies to minimise or address aggressive behaviour from natural parents to carers?	<p>Strategies may include:</p> <ul style="list-style-type: none"><li>• working with the natural family to resolve the conflict or to channel conflict towards less aggressive outcomes</li><li>• working with the carer to develop self protection strategies</li><li>• arranging neutral meeting places for the child or young person in care and their family that does not involve contact with the carer</li><li>• assisting the carer to take out an apprehended violence order against the aggressor</li><li>• removing the young person as a last resort.</li></ul>
7.3.7 Do all foster carers receive their allowances without unnecessary delays? Does the organisation take steps to rectify payment delays?	<p>Payment delays occur particularly around review dates of carers. While NGO's do not have control over the payment system, they can take steps to advocate on the carer's behalf when this is needed. Carer payments are an important acknowledgment of the work of carers as well as a necessity for care. Reliable internal systems to ensure payment occurs is the responsibility of DCS.</p>
7.3.8 Does the organisation ensure that payments to carers are made promptly and fairly once documented claims are received?	<p>Payments to carers should meet ordinary business standards so that carers would receive reimbursement for documented claims within a month of them being lodged.</p>
7.3.9 Is there a documented system for ensuring prompt payment of contingency funds to carers when needed?	<p>Amounts should be available to allow for payment of contingencies, with clear guidelines and appropriate delegations for authorising payment. Ex gratia payments should provide recompense for damage to the foster home caused by the child or young person in care. As current practice only permits DCS officers to make contingency payments, a non-government organisation will need to work with the department to ensure that carers do receive prompt payment.</p>



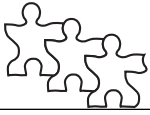
Indicators of good practice	Further considerations
<p>7.3.10 Are caseworkers in the organisation easily accessible to carers to provide information and advice on the care of children or young people?</p>	
<p>7.3.11 Does the organisation ensure that carers are formally reviewed on a regular basis? Does the review include:</p> <ul style="list-style-type: none"><li>• face to face contact between the carer and the caseworker</li><li>• identification of the carer's strengths and areas of difficulty in providing care</li><li>• discussion of performance in relation to case plans and children's and young people's views</li><li>• any changes to household composition requiring legal checks to be undertaken</li><li>• identification of training and support needs</li><li>• an agreed plan of action to address any weaknesses</li><li>• documentation of the review?</li></ul>	<p>Formal review periods will differ according to the experience of the carer and the type of care provided. New carers need a formal review within 3 to 4 months of becoming a carer.</p> <p>Some organisations have instituted reviews at the end of each placement, while others have policies to ensure formal reviews are held whenever a placement breakdown occurs.</p> <p>All carers need a formal review at least annually. Formal reviews provide the opportunity for both the carer and the organisation to raise any issues. Reviews can be a positive experience, providing carers with validation of their work and providing useful feedback on their care. Where performance is not satisfactory, reviews can be used to clearly identify changes that are needed, and what support carers will need to make these changes.</p>
<p>7.3.12 Does the organisation have clear guidelines and criteria for ceasing to use a carer for fostering or for altering the type or number of placements given to the carer? Do the guidelines include:</p> <ul style="list-style-type: none"><li>• the need for renewed approval of carers if they have not had a placement within 1 year</li><li>• renewed approval being provided after considering evidence of satisfactory performance in providing care</li><li>• yearly police check (where carers have had placements)</li><li>• the opportunity for carers to initiate changes to placement approvals</li><li>• the opportunity for carers to be informed and to respond to non-approval or a change in the type of placements?</li></ul>	<p>Automatic non-approval would occur whenever an allegation about abuse by a carer or household member is substantiated, or where a breach of initial legal requirements has occurred. Criteria for ceasing the use of a carer or changing fostering conditions could include:</p> <ul style="list-style-type: none"><li>• continued unsatisfactory performance by the carer in following the organisation's policies and care expectations after documented action plans have been tried</li><li>• a change in household composition requiring renewed assessment procedures</li><li>• the needs of the carer's own children not being met due to placements of a particular type</li><li>• the needs of current children or young people in care not being met due to placements of a particular type</li><li>• continuing placement breakdowns resulting from similar factors in each case.</li></ul>



## Standard 7.4 Carer participation and rights

The organisation will provide opportunities for carers to participate in decisions and uphold their rights.

Indicators of good practice	Further considerations
<p>7.4.1 Do the organisation's policies and procedures relating to foster care include:</p> <ul style="list-style-type: none"><li>• a commitment to develop a good working relationship between carers and the organisation</li><li>• identifying ways in which carers can participate in decision making about issues that affect them</li><li>• a commitment to provide carers with information that affects their provision of care</li><li>• a statement on the rights of carers?</li></ul>	<p>The organisation's policies and practices should consistently reflect a respectful working relationship with carers.</p> <p>The responsibilities of carers should be clearly articulated in a written contract made with carers on placement of children or young people in their care.</p> <p>Rights of carers could include the right to:</p> <ul style="list-style-type: none"><li>• confidentiality and privacy of information about the carer and their family, unless otherwise required under law, or by consent</li><li>• accurate and clear information about children and young people in their care on the basis of need to know</li><li>• training and support, including financial recompense for costs relating to fostering</li><li>• access to the carer's own file</li><li>• complain without retribution</li><li>• refuse placements</li><li>• be treated with natural justice when complaints about them are made</li><li>• to be valued and treated with respect by the organisation.</li></ul>
<p>7.4.2 Are carers consistently involved in case planning and case reviews of children or young people in their care?</p>	
<p>7.4.3 Are carers provided with all relevant information about a child or young person in care when placement plans are made? Is relevant information consistently passed on to the carer during the placement?</p>	<p>In the past, carers have not been provided with all relevant information, making the likelihood of a successful placement more difficult.</p> <p>There is also a legal obligation for organisations to provide this information or they become liable.</p>



Indicators of good practice	Further considerations
7.4.4 Does the organisation provide regular opportunities for carers to offer feedback on the way foster care is managed?	Feedback could include all aspects of how the organisation is managing its foster care. Feedback might be gained through: <ul style="list-style-type: none"><li>• a survey of carers</li><li>• focus groups of carers</li><li>• meetings with representatives of carers</li><li>• evaluations of courses and other programs.</li></ul>
7.4.5 When management decisions are likely to have a substantial impact on carers, are they consulted before the decision is made?	For instance, the organisation might decide to change the way it provides training to carers, or its system for payment of carers. As these decisions will have an impact on carers, it is important for the organisation to hear their views before any decision is made.
7.4.6 Does the organisation encourage the establishment of committees or forums of carers to advocate for issues relating to foster caring?	Some organisations have encouraged carers to join management or advisory committees.
7.4.7 Does the organisation provide opportunities to formally recognise the efforts and accomplishments of carers?	



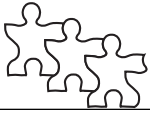
## Section 8: Organisational management

### Standard 8.1 Non-government organisational accountability

The organisation will have clear and effective structures and processes for overall management and accountability in all aspects of its work.

Note: This standard applies to non-government organisations only, and replaces Standard 8.2, which applies only to DCS.

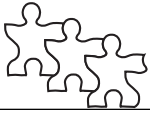
Indicators of good practice	Further considerations
8.1.1 Does the organisation and any specific services and programs have clear statements of purpose and goals?	
8.1.2 Is there a current organisational map which identifies the relationships between parts of the organisation and between positions?	
8.1.3 Does the organisational structure assist the organisation to: <ul style="list-style-type: none"><li>• organise efficient use of resources</li><li>• allocate responsibilities</li><li>• show where decisions are made?</li></ul>	
8.1.4 Do management, staff and teams have clearly defined and appropriate delegations in decision making? Can they identify which decisions they can take independently?	Depending on the size and complexity of organisations management responsibilities may be attached to a single position or delegated to a number of different positions Decision making should be close to the level where the activity is carried out. Clear organisational policies can set the framework for decision making.
8.1.5 Is there at least one staff member with overall responsibility for coordination of planning, evaluation and service development processes?	



Indicators of good practice	Further considerations
<p>8.1.6 Is the selection/election process for the organisation's board fair, open and transparent? Does the board composition ensure that:</p> <ul style="list-style-type: none"> <li>• all board members with access to children have no police record relating to offences to do with violence or sexual assault?</li> <li>• there is the range of skills needed to operate the organisation effectively</li> <li>• there are advocates for the various stakeholder groups covered by the organisation's aims</li> <li>• there is diversity in gender, age and ethnicity?</li> </ul>	
<p>8.1.7 Does the board have a clear statement of its role and responsibilities? Are board members aware of their legal responsibilities in managing the organisation?</p>	<p>Appropriate roles include: setting strategic directions, monitoring organisational performance, appointment of key staff, overall policy setting and financial accountability.</p>
<p>8.1.8 Has the organisation developed guidelines for how the board and management will conduct business and make decisions?</p>	<p>Guidelines could include:</p> <ul style="list-style-type: none"> <li>• how often it meets</li> <li>• conduct of meeting</li> <li>• processes to enhance participation</li> <li>• how conflicts are resolved</li> <li>• substantive issues, access to information</li> <li>• how and when performance is reviewed</li> <li>• record of meetings</li> <li>• how confidentiality is maintained.</li> </ul>
<p>8.1.9 Does the board receive useful, timely and accessible information to inform its decisions?</p>	
<p>8.1.10 Does the organisation have a written code of conduct for staff and management?</p>	<p>A code should set out the basic code of conduct, ethics and practices expected from staff, board and volunteers ( where applicable). It might include statements on how to minimise conflict of interest by having staff and board:</p> <ul style="list-style-type: none"> <li>• disclose all financial interests relating in any way to their position or the work of the organisation</li> <li>• ensure that no special treatment or favours are granted to them, or their relatives and friends as a result of their position</li> <li>• ensure they do not receive gratuities or personal gifts as a result of their position</li> <li>• not participate in any decisions where they may have a conflict of interest.</li> </ul>



Indicators of good practice	Further considerations
8.1.11 Does the organisation have clear processes to involve staff in decision making?	Processes might include: <ul style="list-style-type: none"><li>• access to information and minutes of board/management meetings</li><li>• a staff representative on board</li><li>• open board meetings</li><li>• meetings or working parties</li><li>• consultation on specific issues</li><li>• delegating some decisions to be made at a team or service level.</li></ul>
8.1.12 Does the organisation have a process for reviewing policies and procedures relating to services and programs at least every 3 years? Do staff consider that existing policies are up to date?	
8.1.13 Does the organisation publish and distribute an annual report which covers: <ul style="list-style-type: none"><li>• information on the organisation's management, staff, clients and services</li><li>• major achievements and innovations</li><li>• outcomes of planned activities</li><li>• finances</li><li>• future plans?</li></ul>	Information which might be included: <ul style="list-style-type: none"><li>• profile of consumers and services provided</li><li>• staff profile</li><li>• board member profile</li><li>• achievements in relation to planned activities</li><li>• outcomes of complaints and appeals</li></ul> Wide distribution should occur, so that community agencies and consumer groups have access to the information
8.1.14 Does the organisation regularly report on its activities and financial status to its funding bodies and/or donors?	
8.1.15 Are the organisation's policies, procedures and practices consistent in encouraging, wherever practicable, children, young people and their families participate in decisions about their own care?	



## Standard 8.2 Community Service Centre and Area Accountability

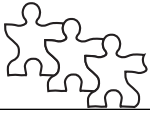
The organisation will have clear and effective structures and processes for overall management and accountability in all aspects of its work.

Note: This standard applies to DCS only and replaces Standard 8.1, which applies to non-government services only.

Indicators of good practice	Further considerations
8.2.1 Does the organisation, and any specific services and programs have clear statements of purpose, goals and responsibilities?	The organisation is defined for this standard as DCS at the area level. It is expected that the area will have statements of purpose and goals, and so will substitute care as a specific service.
8.2.2 Is there an up-to-date organisational map which identifies the relationships between parts of the organisation and between positions?	
8.2.3 Does the organisational structure assist the organisation to: <ul style="list-style-type: none"> <li>• organise efficient use of resources</li> <li>• allocate responsibilities</li> <li>• show where decisions are made?</li> </ul>	
8.2.4 Do management, staff and teams have clearly defined and appropriate delegations in decision making? Can they identify which decisions they can take independently?	Depending on the size and complexity of the organisation, specific management responsibilities may be attached to a single position or delegated to a number of different positions. Decision making should be close to the level where the activity is carried out. Clear organisational policies can set the framework for decision making.
8.2.5 Is there at least one staff member with overall responsibility for coordination of planning, evaluation and service development processes?	
8.2.6 Has the organisation developed guidelines for how management will conduct business and make decisions?	Guidelines could include: <ul style="list-style-type: none"> <li>• how often it meets</li> <li>• conduct of meeting</li> <li>• processes to enhance participation</li> <li>• how conflicts are resolved</li> <li>• substantive issues, access to information</li> <li>• how and when performance is reviewed</li> <li>• record of meetings</li> <li>• how confidentiality is maintained.</li> </ul>



Indicators of good practice	Further considerations
8.2.7 Do managers of the organisation have regular input into decisions made at the larger organisational level?	The larger organisation in this instance is the overall management of the department itself.
8.2.8 Does the organisation have a written code of conduct for staff and management?	A code should set out the basic code of conduct, ethics and practices expected from staff and management( where applicable). It might include statements on how to minimise conflict of interest by having staff and management: <ul style="list-style-type: none"><li>• disclose all financial interests relating in any way to their position or the work of the organisation</li><li>• ensure that no special treatment or favours are granted to them, or their relatives and friends as a result of their position</li><li>• ensure they do not receive gratuities or personal gifts as a result of their position</li><li>• not participate in any decisions where they may have a conflict of interest.</li></ul>
8.2.9 Does the organisation have clear processes to involve staff in decision making?	Processes might include: <ul style="list-style-type: none"><li>• access to information and minutes of management meetings</li><li>• meetings or working parties</li><li>• consultation on specific issues</li><li>• responsibility for some decisions being delegated to teams.</li></ul>
8.2.10 Does the organisation publish and widely distribute an annual report (at the area level) which covers: <ul style="list-style-type: none"><li>• information on the organisation's management, staff, clients and services</li><li>• major achievements and innovations</li><li>• outcomes of planned activities</li><li>• finances</li><li>• future plans?</li></ul>	Information which might be included: <ul style="list-style-type: none"><li>• profile of consumers and services provided</li><li>• staff profile</li><li>• achievements in relation to planned activities</li><li>• outcomes of complaints and appeals.</li></ul> Wide distribution should occur, so that community agencies and consumer groups have access to the information.
8.1.11 Does the organisation have a process for reviewing policies and procedures relating to services and programs at least every 3 years? Do staff consider that existing policies are up to date?	



### Standard 8.3 Teamwork and cooperation

The organisation will encourage cooperation and teamwork as part of management practice.

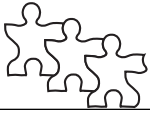
Indicators of good practice	Further considerations
8.3.1 Do staff have the opportunity to work as part of a team?	Effective teams offer opportunities for mutual support, participation in decision making, reflection on practice, peer feedback and good decision making.
8.3.2 Does the organisation ensure that teams are of a workable size, are linked by common work goals and are able to communicate on an everyday basis?	
8.3.3 Do managers foster cooperation and teamwork among staff?	Teamwork is an active process, and is assisted by good modelling, adequate time allocation, specific training and consensus decision making.
8.3.4 Does the organisation have processes to encourage teamwork between managers?	
8.3.5 Does the organisation allocate resources to foster team development? Do they include: <ul style="list-style-type: none"><li>• training to develop skills for effective team work</li><li>• access to external facilitators when needed</li><li>• time away from the workplace to meet?</li></ul>	



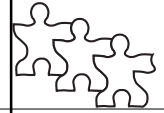
## Standard 8.4 Financial and administrative systems

The organisation will develop and use efficient financial and administrative systems to support effective management and accountability.

Indicators of good practice	Further considerations
8.4.1 Does the organisation have a detailed annual budget which reflects its priorities and funding guidelines? Are there specific budgets that relate to substitute care?	For DCS, the organisation is the area level.
8.4.2 Does the organisation have systems which allow it to maintain up-to-date, accurate records of financial transactions?	
8.4.3 Has the organisation clearly delegated responsibility for approving expenditure and monitoring financial performance against the budget?	This may be more than one person.
8.4.4 Does the board (non-government organisations) or management (DCS) receive and consider financial reports at each meeting?	Financial reporting is most relevant when it contains clear analysis and is written in plain English.
8.4.5 Does the organisation conduct internal reviews/audits of its financial systems?	
8.4.6 Does the organisation have efficient filing systems and procedures which include: <ul style="list-style-type: none"><li>• methods for timely filing of documents</li><li>• responsibility for filing</li><li>• procedures for culling and archiving files</li><li>• access to sufficient storage space?</li></ul>	Files referred to here are not client records, but relate to correspondence, policies, funding, financial systems etc.
8.4.7 Is there an efficient procedure for mail which records incoming and outgoing mail and tracks actions on correspondence?	



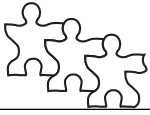
Indicators of good practice	Further considerations
8.4.8 Are there appropriate procedures for the use of motor vehicles which detail bookings, recording distance travelled, servicing and garaging?	
8.4.9 Are there guidelines for the efficient use of telephones, including mobile phones and use of home phones?	
8.4.10 Is there an up-to-date inventory of equipment and a method of tracking portable equipment?	
8.4.11 Does the organisation have up-to-date insurances which cover: <ul style="list-style-type: none"><li>• equipment and premises</li><li>• public liability</li><li>• workers' compensation</li><li>• professional indemnity</li><li>• volunteers (where appropriate)?</li></ul> Are insurances regularly reviewed to ensure cost effective coverage is occurring?	
8.4.12 Has the organisation clearly delegated responsibilities and developed efficient procedures for purchasing goods and services (supplies, equipment, repair services etc)?	
8.4.13 Does the organisation have sufficient administrative resources to operate effectively?	This includes clerical staff, computers, equipment.



## Standard 8.5 Management information systems

The organisation will systematically collect and actively use, information about its staff, clients and activities in planning, decision making and evaluation.

Indicators of good practice	Further considerations
<p>8.5.1 Does the organisation collect information about its clients and services which includes:</p> <ul style="list-style-type: none"><li>• client characteristics (age, gender, ethnicity, location etc)</li><li>• patterns of service usage (reasons for using the organisation, accepted and non-accepted referrals into the organisation, referrals to other agencies, services provided, length of contact, outcomes)</li><li>• inquiries and referral patterns</li><li>• complaints?</li></ul>	<p>Information might include:</p> <ul style="list-style-type: none"><li>• type and length of care</li><li>• number of placement breakdowns, movement in care</li><li>• how many children or young people are in what type of care, by age and ethnicity</li><li>• carer numbers, types of care provided, characteristics of carers</li><li>• numbers of referrals accepted from different sources</li><li>• types of services provided and any outcome measures associated with service provision.</li></ul>
<p>8.5.2 Is there an efficient database for collating this information? Is the data regularly entered, analysed and reported on? Do all parts of the organisation have access to this information?</p>	
<p>8.5.3 Does the organisation contribute its own data collection to an overall collection for substitute care? Does the organisation work to make the overall system an accurate reflection of substitute care?</p>	<p>There is considerable unease concerning the current accuracy of substitute care data across the system. Working to improve this system might include:</p> <ul style="list-style-type: none"><li>• participating in trials of data collection</li><li>• contributing to working parties</li><li>• advocating for change</li></ul>
<p>8.5.4 Does the organisation obtain area and state demographic data on children and families in need of care and support? Are service coordinators and managers aware of trends relating to need for services?</p>	
<p>8.5.5 Does the organisation have recent examples of how demographic, client and service data is used in planning, service development and evaluation?</p>	



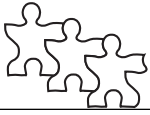
Indicators of good practice	Further considerations
<p>8.5.6 Does the organisation collect information about its staff which includes:</p> <ul style="list-style-type: none"><li>• staff profile (age, ethnicity, gender, skills, qualifications)</li><li>• staff turnover</li><li>• length of vacancies</li><li>• training (how much is spent, has training been allocated equitably)</li><li>• staff grievances?</li></ul>	
<p>8.5.7 Is staff information stored in a useable form and analysed when making decisions about staffing?</p>	<p>Staff data might affect decisions about selection, staff development, budget and meeting EEO principles.</p>
<p>8.5.8 Can the organisation identify what time is allocated to planning and evaluation activities? Is this monitored for management purposes?</p>	



### Standard 8.6 Premises and equipment

The organisation will have premises which are accessible, safe and secure. It will provide appropriate and well maintained equipment for use by staff in their work.

Indicators of good practice	Further considerations
8.6.1 Are the premises fully accessible to people with disabilities (staff and clients)?	This may include ramps, lifts, automatic doors, layout and toilets for disabled staff and clients
8.6.2 Is there adequate space including: <ul style="list-style-type: none"><li>• staff work areas</li><li>• private interview spaces for clients</li><li>• meeting room/s</li><li>• kitchen facilities</li><li>• comfortable staff amenities space/s (including private sleeping spaces for overnight staff)</li><li>• suitable play space for children (where appropriate)</li><li>• reception and waiting area?</li></ul>	The care environment is not dealt with here: see Section Two.
8.6.3 Do the areas where clients meet or wait provide adequate client comfort?	This may include refreshments, comfortable chairs, magazines, pictures and toys.
8.6.4 Do the premises ensure safety for clients and staff and are the premises adequately cleaned?	For instance floor coverings, secure equipment and no drugs or hazards.
8.6.5 Is there adequate lighting, ventilation and air temperature control in all areas?	
8.6.6 Has action been taken to ensure fire safety? Does this include: <ul style="list-style-type: none"><li>• a recent inspection of premises and equipment by an appropriate authority</li><li>• clearly marked fire exits and evacuation procedures</li><li>• instruction and information for staff on fire safety including fire drills?</li></ul>	



Indicators of good practice	Further considerations
8.6.7 Do the premises pose any potential risk to clients, staff, equipment and property?	
8.6.8 Do staff have office furniture and equipment which is ergonomically sound and suitable for their work?	
8.6.9 Does the organisation have adequate office equipment to undertake its work (computers, faxes, telephones, photocopier, Internet etc)? Is the equipment easy to access and does it meet occupational health and safety requirements?	
8.6.10 Are there first aid kits easily available to staff, and are they kept up-to-date?	First aid kits should be available in cars and buildings
8.6.11 Is responsibility for overseeing the purchase and maintenance of equipment appropriately delegated to specific staff?	
8.6.12 Do staff have access to communication systems when working away from their main office, such as mobile telephones and beepers?	



## Section 9:

# Planning, evaluation and service development

### Standard 9.1 Planning processes

The organisation will use systematic processes to plan its activities and services and ensure resources are directed to identified goals and priorities.

#### Indicators of good practice

#### Further considerations

9.1.1 Does the organisation undertake a regular strategic planning process? Is there a written plan which details:

- broad organisational goals;
- key priorities in the coming period;
- specific objectives and strategies;
- indicators for assessing progress;
- resources
- responsibilities for major activities or projects?

For DCS, the organisation refers to the CSC level. A strategic plan may cover a 3 year period, with a more detailed annual plan being developed. Specific services or programs will need to have annual plans that are part of and relate to, the overall organisational plan.

9.1.2 Has the organisation's plan for activities relating to substitute care been developed in relation to the DCS Area Integrated Planning Process? Does the area planning process:

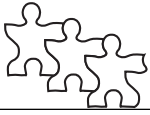
- involve all organisations providing substitute care services
- identify substitute care needs of children, young people and their families
- assess the number and quality of services to fill identified needs
- set strategies for addressing needs and any gaps?

9.1.3 Is there a system and time frame in place for reviewing and reporting against the plan to the board or management?

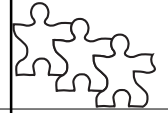
9.1.4 Does the strategic planning process deal with organisational issues as well as goals for services and programs?

Organisational issues might include such things as the need for staff development, restructure of parts of the organisation and developing a communication strategy.

9.1.5 Does the organisation have a developed strategy for securing the resources it needs to support its current and future goals?



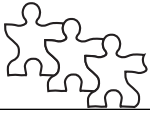
Indicators of good practice	Further considerations
9.1.6 Do staff have opportunities to participate in planning priorities for the organisation as a whole?	
9.1.7 Are staff meetings used to consider new ways of doing things and plan for the organisation to develop new services?	
9.1.8 Do staff see the strategic planning process as useful in directing the organisation's work? Does the overall organisational plan link to more detailed plans for individual staff?	
9.1.9 Does the organisation provide opportunities for children and young people to contribute to the planning of services?	<p>This could be done formally, by having an advisory committee of young people meet regularly to raise issues and suggest possible solutions to be incorporated into service planning.</p> <p>It could also happen on a more one off or informal basis, where a group of children are asked their opinion on a particular planned activity.</p>
9.1.10 Does the organisation use input from clients and other stakeholders in the development of its plan?	
9.1.11 Does the organisation review and update progress on achievement of the plan regularly, and make changes to it where needed?	<p>Reviewing activity against the plan should occur at least on a six monthly basis. The review should identify the goals which it has achieved, and offer some analysis of the areas where it has been less successful in achieving its goals, allowing modification of the plan.</p>



## Standard 9.2 Evaluation

The organisation will regularly evaluate its services and programs and the effectiveness of its management structures and processes.

Indicators of good practice	Further considerations
9.2.1 Has the organisation undertaken specific activities directed to evaluating its services or programs in the last 12 months?	
9.2.2 When reviewing its activities, does the agency look at: <ul style="list-style-type: none"><li>• major achievements</li><li>• outcomes of specific projects/activities</li><li>• progress in relation to objectives set out in planning</li><li>• whether the balance of activities was consistent with overall priorities</li><li>• whether costs are reasonable and resources adequate</li><li>• how structures and management practice could be strengthened?</li></ul>	
9.2.3 In evaluating its work does the organisation consider: <ul style="list-style-type: none"><li>• consumer feedback about services and practice</li><li>• analysis of client data and patterns of referral and service use</li><li>• feedback from other agencies</li><li>• staff experiences in providing services?</li></ul>	Evaluation can include the use of both qualitative and quantitative methods to assess individual programs or the organisation as a whole. For instance, a specific training program for carers might be evaluated by: <ul style="list-style-type: none"><li>• some pre and post test of carer's knowledge</li><li>• feedback from participants</li><li>• trainer observations</li><li>• changes in skills utilised by carers.</li></ul> However, the organisation may also want to evaluate its overall effectiveness in training carers, and might do this by: <ul style="list-style-type: none"><li>• surveying carers</li><li>• holding focus groups with carers</li><li>• asking children, young people and caseworkers for their perceptions</li><li>• collecting data on the number and type of carers who have received training</li><li>• detailing the outcomes of specific training programs.</li></ul>



Indicators of good practice	Further considerations
<p>9.2.4 Does the organisation systematically collect and use information on the views and experiences of clients?</p> <p>Has the organisation developed specific ways to listen to children, young people and families in reviewing its practice and services? Have any changes to formal processes been introduced as a result of monitoring?</p>	<p>Feedback could be sought in a variety of ways including through:</p> <ul style="list-style-type: none"><li>• interviews with individual children or young people</li><li>• group meetings</li><li>• meetings run by external advocates (eg SYNPIIC, Community Visitors)</li><li>• simple evaluation forms.</li></ul> <p>Specific ways of listening to children and families might include use of play materials for very young children; family conferencing; recording of one to one interviews with young people or families.</p> <p>Monitoring might include:</p> <ul style="list-style-type: none"><li>• auditing case planning and review documentation to see whether children or young people participated</li><li>• talking with young people about formal processes to see if they work in promoting participation, and gaining suggestions to improve their involvement</li><li>• the extent to which young people's views are sought and acted upon in relation to care, as documented in case files</li><li>• in reviewing placement breakdowns, assessing the extent to which the participation of children or young people in decision making was/was not a contributing factor.</li></ul>
<p>9.2.5 Do staff have an opportunity to contribute directly to evaluation of the activities they are involved with?</p>	
<p>9.2.6 Does the agency seek out and use research and the experience of other organisations in evaluating and improving its performance?</p>	
<p>9.2.7 Does the agency share its findings and experience of evaluating services and programs with other organisations? Are the findings written up in an accessible way?</p>	



Indicators of good practice

Further considerations

9.2.8 Are there recent examples where, as a result of evaluation, the organisation (or a part of it) has decided to trial a new practice or service approach?

9.2.9 Do staff attend external training and conferences or visit with other agencies to improve their knowledge of best practice and innovation in the field?



## Section 10:

# Human resource management

### Standard 10.1 Employment, recruitment, selection and appointment

The organisation will recruit and select appropriately skilled and experienced staff through fair and consistent processes. It will have employment practices which seek to ensure a stable, committed and qualified workforce.

Indicators of good practice	Further considerations
10.1.1 Does the organisation have an up-to-date policy on employment practices, staff recruitment and selection, which includes casual and permanent staff?	
10.1.2 Does the organisation have employment practices that encourage stability in staff and a focus on meeting client needs?	<p>The needs of children, young people, families and carers in substitute care do not fit neatly into a 9 to 5 working arrangement. As well, the particular demands placed on staff in substitute care can be highly stressful, with 'burn out' a frequent result. Developing employment practices which meet both client and staff needs are likely to produce better outcomes for clients. Practices to support stability might include:</p> <ul style="list-style-type: none"> <li>• flexible working hours</li> <li>• provision for job sharing or part time positions</li> <li>• working from home</li> <li>• the opportunity to adapt working hours around family needs?</li> </ul>
<p>10.1.3 Before filling new and existing positions, does the organisation review:</p> <ul style="list-style-type: none"> <li>• what staff member is needed</li> <li>• the job description</li> <li>• selection criteria</li> <li>• reporting relationships?</li> </ul>	
10.1.4 Are all applicants provided with sufficient and relevant information with which to apply for the position?	



### Indicators of good practice

### Further considerations

10.1.5 Where staff will be working directly with children (as caseworkers or carers), is experience in the direct care of children viewed as an important selection criteria?

Many applicants may have a good a knowledge of child development through their academic qualifications, but have little understanding of the work of looking after children on a full time basis. Their ability to work usefully with families and children can be limited by this lack of experience.

10.1.6 Are all staff selected through a process in which:

- the position is advertised
- applications are assessed against selection criteria
- interviews are conducted by an appropriate panel
- referees are consulted, police checks are made and qualifications are cited (where appropriate)
- decisions are documented
- applicants receive prompt feedback on the decision?

All staff - casual, part time, full time and contracted - need to have the same basic selection process applied.

Selection panels will differ in composition according to the type of position. Coordinators of selection panels should receive appropriate recruitment training. EEO principles should guide the selection process.

Police checks will exclude anyone with a conviction for a crime of a violent or sexual nature.

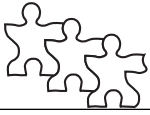
10.1.7 Are successful applicants provided with documentation of their appointment which includes:

- job description and reporting requirements
- conditions of employment
- process for reviewing performance?

This may include wages, leave, hours of work, benefits, conditions, award or industrial agreements.

10.1.8 Are unsuccessful applicants advised:

- promptly of their situation
- how to appeal (if appropriate)
- how to gain feedback on their application or interview
- and provided with their documentation (as appropriate)?



## Standard 10.2 Supervision and support

The organisation will provide adequate and appropriate supervision and support of staff in their work.

Indicators of good practice	Further considerations
10.2.1 Do all staff have an identified supervisor with whom they have regular contact and easy access?	
10.2.2 Does the organisation make sure that all staff have access to appropriate supervision? Does supervision include: <ul style="list-style-type: none"><li>• providing guidance and direction</li><li>• giving feedback about achievements and areas for improvement</li><li>• identifying training and development needs?</li></ul> Is supervision provided at least monthly, in private, for at least one hour?	
10.2.3 Do staff undertaking casework have regular access to a qualified professional supervisor experienced in case management?	A professional supervisor may be brought in to the organisation to provide ongoing staff development and individual case supervision. While supervisors will provide overall guidance and regular feedback on case work, a professional supervisor may work with individuals or with a group in a consultancy role to improve skills and practice using actual cases. In many organisations a professional supervisor is contracted to work with small groups of staff for two hours a month. Group members bring cases they have had difficulty with to the confidential meetings and the group, along with the supervisor, problem solves new approaches that could be taken.



#### Indicators of good practice

#### Further considerations

10.2.4 Does the organisation have a performance appraisal system in place? Has the organisation specified:

- a time frame for formal review
- procedures for undertaking the review
- how feedback from peers and clients will be gathered and used
- processes which involve staff and the supervisor in an interactive process
- how outcomes will be recorded
- ways the performance appraisal system links to work planning and staff supervision?

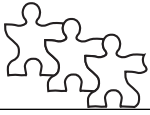
A good performance appraisal system will be used in addition to regular supervision. In some organisations performance appraisal has been linked to performance based pay structures. Performance appraisal systems should be undertaken in a positive way, validating the work of an individual while also developing strategies to address problems.

In some cases the evaluation of staff performance will find it 'unsatisfactory'. This is needed to ensure that those staff who have been given ample opportunity to improve their performance, but have been unable to do so, have their employment with the agency satisfactorily finalised for the benefit of the client. In extreme cases this may mean terminating the employment of staff in accordance with industrial relations legislation.

10.2.5 Do staff perceive supervision arrangements and relationships with other staff as constructive in their work?

10.2.6 Is there a formal process for debriefing after critical incidents which include:

- timely debriefing and support
- access to counselling if needed
- time out from duties
- followup at a later stage?



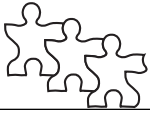
Standard 10.3 Training and development

The organisation will provide staff with learning opportunities relevant to their current position and further development.

Indicators of good practice	Further considerations
<p>10.3.1 Are there policy and procedures relating to training which cover:</p> <ul style="list-style-type: none"><li>• overall goals of training and ways to ensure equity of access</li><li>• how much training staff can expect</li><li>• procedures for requests and approvals</li><li>• payment of time and registration fees for conferences or courses</li><li>• leave entitlements and support for formal training (university or TAFE)?</li></ul>	
<p>10.3.2 Does the organisation identify staff training and development goals in its strategic planning? Do these goals relate to the organisation's objectives as well as individual needs?</p>	<p>There needs to be a balance between client/ organisation's needs and individuals and service development and the needs of organisation.</p>
<p>10.3.3 Is there an identifiable budget for training and staff development?</p>	
<p>10.3.4 Do all new staff receive appropriate orientation which includes:</p> <ul style="list-style-type: none"><li>• information on organisation policies, goals, structure, staffing and plans</li><li>• information specific to their position</li><li>• opportunities to meet people within the organisation and from other agencies (where appropriate)</li><li>• grievance procedures?</li></ul>	<p>The orientation will differ according to the type of staff employed, however all staff, even casual, need basic information on the organisation's policies and specific information on their own duties and reporting arrangements.</p>
<p>10.3.5 Is there a systematic process for informing staff about training opportunities? Is this process monitored to ensure its effectiveness?</p>	



Indicators of good practice	Further considerations
10.3.6 Are staff encouraged to review the value of specific training and identify how it has been applied or used?	
10.3.7 Does the organisation collect or identify ways to access resource materials and information relevant to its work? Do staff have easy access to written and audio visual materials which inform their work?	For instance, external libraries, Internet, internal resource libraries and key documents - standards, policy manual.
10.3.8 Does the organisation organise or facilitate staff participation in activities which allow for debate and discussion about practice and theory relevant to their work?	
10.3.9 Do staff receive training and support directed to improving their skills in planning and evaluation?	



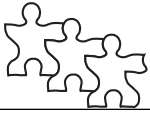
Standard 10.4 Work satisfaction

The organisation creates a work environment which facilitates staff satisfaction in their work.

Indicators of good practice	Further considerations
10.4.1 Does the organisation regularly seek staff's views on whether they feel valued and respected for their work?	
10.4.2 Can staff give examples of where their work and personal contribution has been acknowledged by the organisation?	
10.4.3 Are staff generally satisfied with their work? Do staff feel a commitment to the organisation's goals and work? How is this known within the organisation?	
10.4.4 Are staff able to express and debate opinions which may challenge current practice and thinking?	
10.4.5 Do managers and teams resolve conflict between staff in a fair and positive way? Are conflicts dealt with promptly?	
10.4.6 Does the organisation have written policy and procedures on staff grievances and disputes? Do these cover: <ul data-bbox="255 1675 798 1989" style="list-style-type: none"><li>• principles concerning natural justice</li><li>• who to direct grievances to</li><li>• steps to be followed in assessing and resolving grievances</li><li>• use of mediation</li><li>• access to independent support or advocacy (union, other)</li><li>• confidentiality</li><li>• time frames for responding?</li></ul> Are all staff provided with access to the grievance procedure?	Natural justice involves: <ul data-bbox="829 1608 1366 1821" style="list-style-type: none"><li>• being told of any allegations</li><li>• having the opportunity to give an account of one's own actions and perspectives</li><li>• having access to an advocate if wanted</li><li>• having a fair and open process for resolution of the allegation.</li></ul>



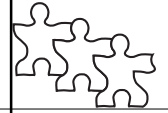
Indicators of good practice	Further considerations
10.4.7 Do staff receive timely information about management decisions and key developments in the organisation?	
10.4.8 Are staff satisfied that the time they contribute to these planning and evaluation is adequate and that their contribution is valued?	
10.4.9 Does the organisation attempt to ensure that workloads are managed in a way that supports staff to do their work well and ensure good outcomes for clients?	Casework loads should be managed so that caseworkers can provide a good service to children, families and carers.



## Standard 10.5 Personnel systems

The organisation has adequate and efficient systems and practices in matters relating to employment of staff.

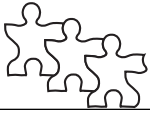
Indicators of good practice	Further considerations
10.5.1 Does the organisation have written procedures for management of personnel records which include: <ul style="list-style-type: none"><li>• confidentiality</li><li>• who has access and in what circumstances</li><li>• secure storage and appropriate disposal?</li></ul>	
10.5.2 Is there an individual file for each staff member containing: <ul style="list-style-type: none"><li>• current address and phone number</li><li>• position application</li><li>• letter of appointment or contract</li><li>• reports of performance appraisals</li><li>• records of grievances?</li></ul> Do staff have access to their own file?	
10.5.3 Is there a system for recording hours worked, leave taken, (sick, annual and other) and pay? Are the records kept up-to-date? Is there a designated person/s responsible for maintaining the system?	
10.5.4 Are staff satisfied that the system delivers timely payment of salary and accurate records of other entitlements?	
10.5.5 Does the organisation have access to independent industrial advice in its employer role?	
10.5.6 How does the organisation support staff access to advice on industrial matters?	
10.5.7 Does the organisation have clear policies and procedures for the dismissal of staff? Are these consistent with legislation and employment policies of the organisation?	



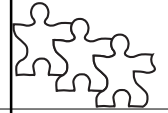
## Standard 10.6 Occupational health and safety

The organisation will provide a safe work environment for its staff.

Indicators of good practice	Further considerations
<p>10.6.1 Are there written occupational health and safety policy and procedures that cover:</p> <ul style="list-style-type: none"><li>• identification of potential hazards</li><li>• ratio of staff to physical space</li><li>• specifications about work spaces</li><li>• ratios of staff to workloads</li><li>• reporting and responding to accidents</li><li>• training of staff?</li></ul>	
<p>10.6.2 Are staff and board members aware of their rights and responsibilities under occupational health and safety legislation?</p>	<p>Some responsibilities include:</p> <ul style="list-style-type: none"><li>• keeping an accident and injuries register</li><li>• completion of critical incident forms within set time frames</li><li>• a designated and trained OH&amp;S officer for organisations over 20 staff</li><li>• audits to identify and rectify OH&amp;S hazards.</li></ul>
<p>10.6.3 Are there examples where the organisation has successfully dealt with identified safety hazards?</p>	
<p>10.6.4 Are occupational health and safety issues a feature of initial and ongoing training of staff?</p>	
<p>10.6.5 Has the organisation taken steps to discourage smoking in its premises?</p>	



Indicators of good practice	Further considerations
<p>10.6.6 Does the organisation have written policy and procedures for avoiding the transmission of communicable diseases (eg Hepatitis B, HIV)? Do they include:</p> <ul style="list-style-type: none"><li>• standard hygiene</li><li>• guidelines for infection control</li><li>• system for waste disposal</li><li>• circumstances in which vaccinations will be provided by the organisation?</li></ul>	
<p>10.6.7 Does the organisation provide equipment and training of staff for infection control and hygiene?</p>	
<p>10.6.8 Do the work practices of the organisation support the general health of staff? Do staff have opportunities for regular breaks?</p>	
<p>10.6.9 Does the organisation have procedures in place and equipment to promptly respond to aggressive behaviour or physical threat? Are staff trained in how to best manage these situations?</p>	<p>Equipment might include:</p> <ul style="list-style-type: none"><li>• buzzer systems linked to police stations</li><li>• security doors and windows</li></ul>



## Standard 10.7 Student placements and Volunteer management

The organisation will contribute to development of the future workforce through providing student placements within its resource and supervisory capacity. Where volunteers are utilised, they will be selected and trained to maximise the effectiveness of their work.

### Indicators of good practice

### Further considerations

10.7.1 Does the organisation have guidelines for student placement and the utilisation of volunteers? Do these include consideration of:

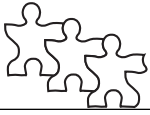
- the capacity of the organisation to provide a useful learning environment
- the time commitment involved
- allocation of supervision, training and physical resources needed to support placements or volunteers
- suitable projects or work available
- the contribution students and volunteers can make?

10.7.2 Are all volunteers and students screened for criminal records before being used by the organisation?

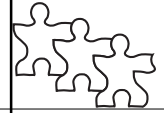
10.7.3 Is a contract or letter of understanding developed with the student about their placement? Does it include:

- key tasks and time line
- expectations of their contact with clients and staff
- arrangements for supervision and reporting?

10.7.4 Are students encouraged to be part of team processes during the period of their placement (as appropriate)?



Indicators of good practice	Further considerations
<p>10.7.5 Are students and volunteers provided with orientation to the organisation which includes:</p> <ul style="list-style-type: none"><li>• key organisational goals and policies</li><li>• reporting relationships</li><li>• client rights, confidentiality and complaints systems?</li></ul>	
<p>10.7.6 Are volunteers provided with initial and ongoing training to enable them to undertake their work effectively?</p>	
<p>10.7.7 Does the organisation have mechanisms to gain feedback from students and volunteers about their work and the organisation?</p>	



## Standard 10.8 Boards of management

The organisation will build the effectiveness of the board/management committee through planned strategies for recruitment, selection and development of its members.

Indicators of good practice	Further considerations
10.8.1 Does the current board reflect a mixture of members selected for their skills/expertise, their commitment to the goals of the organisation and their capacity to represent relevant interests?	
10.8.2 Do new members of the board/committee receive induction to the organisation and their role? Does it cover: <ul style="list-style-type: none"><li>• role and responsibilities</li><li>• meeting arrangements and process</li><li>• overview of the organisation's work and policies</li><li>• organisation chart, plan, staff roles</li><li>• financial position, including sources of funds</li><li>• key government policies and reports?</li></ul>	
10.8.3 Does the organisation assist board/committee members to build relationships with each other and key staff?	
10.8.4 Does the organisation facilitate access by board/committee members to ongoing education or development opportunities relevant to their role?	
10.8.5 Are there strategies to ensure skills and knowledge are passed on to new board/committee members?	

