Chapter 5. Children in out-of-home care

Purpose

Out-of-home care is utilised for a child when it is assessed that the separation of a child from their family is required to ensure the child’s safety. Out-of-home care provides a safe, supportive and therapeutic environment for a child, while working towards either family reunification or an alternative permanency option. Out-of-home care may be provided during the investigation and assessment or ongoing intervention phases of child protection intervention.

When a child is placed in out-of-home care the department will work with the child, their family, carers, licensed care service staff, staff from another entity and other relevant agencies, to:

- support a child through key transitions such as, moving from home to out-of-home care, changing placements and leaving care
- ensure the protection and care needs of the child are met, including their developmental needs
- assist a child to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

The department is responsible for monitoring out-of-home care placements to ensure that the level of care provided by carers is consistent with the statement of standards (Child Protection Act 1999, section 122), and for taking preventative action to resolve identified concerns before they escalate into a standard of care review or a harm report.

All children in out-of-home care will have an allocated CSO who:

- implements effective, ongoing assessment, planning, implementation and review processes in accordance with case management requirements
- participates in joint planning processes with relevant people and agencies to negotiate responsibility for case work tasks, based on the case plan goal and anticipated outcomes.

The principles of the Child Protection Act 1999 emphasise participation by children, respect for their rights, consideration of their views and involvement in the planning and decision-making processes affecting their lives. For more information about promoting participation of children in out-of-home care in planning and decision making processes, refer to practice resource Participation of children and young people in decision-making, and the Children and young people’s participation strategy.

For information about the processes and phases underpinning out-of-home care, refer to the practice resource Out-of-home care - an integrated child protection response.

Note: Throughout this chapter, the term carer will refer to approved carers, licensed care service staff and staff from another entity, unless otherwise specified.
Key steps

1. Place a child in out-of-home care
2. Support a child in out-of-home care
3. Decision-making for the child
4. Conclude an out-of-home care placement

What ifs - responding to specific out-of-home care matters

Standards

1. The placement matching process is undertaken to determine the placement option that will best meet and respond to the child’s needs and ensures their continued safety.
2. A child is encouraged to participate in decision-making processes and is kept informed of matters affecting them, to the extent possible based on their age and ability to understand.
3. Consideration is given, as a first option, to placing a child with kin.
4. The placement of an Aboriginal or Torres Strait Islander child occurs in accordance with the Child Protection Act 1999, section 83 (the child placement principle) and the views of the recognised entity are recorded in ICMS.
5. When making a significant decision about an Aboriginal or Torres Strait Islander child, the recognised entity is invited to participate in the decision-making process and the views of the recognised entity are recorded in ICMS.
6. Out-of-home care placements are monitored to ensure that the level of care provided by carers is consistent with the statement of standards (Child Protection Act 1999, section 122).
7. Decisions about custody and guardianship matters are actioned in a timely way, so as not to compromise the child’s right to access services that meet their needs or to participate in activities of importance to them.
8. Supports for the child, including the child health passport, education support plan and transition from care, are integrated into case planning and review processes.

Practice skills (Key areas for reflection)

- Have I genuinely consulted and actively included the child in decision-making processes?
- Have I provided the recognised entity with an opportunity to participate in the decision-making process about where and with whom an Aboriginal or Torres Strait Islander child will live, or any change of placement?
- Have I talked with the child about their rights as a child in care?
- Have I identified any risks that may be present for the child in their placement and how the risk can be managed or minimized so that the child’s safety is ensured?
- Have I considered and identified the transitions experienced, or to be experienced, by the child and how can I support the child through these transitions?
- Have I identified the child’s needs and strategies to ensure these needs continue to be met?
- Have I assisted the child to develop and maintain their cultural identity and identified strategies to enable the child’s family and community to participate in this process?
- Have I engaged with the child, their parents and other people significant to the child as part of managing the case?

Authority

- *Child Protection Regulation 2011*, sections 2,3,10,11 and 14
- *Public Guardian Act 2014*
- Communities Policy and Procedure: Recordkeeping
- *Privacy Amendment (Enhancing Privacy Protection) Act 2012*
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy and Procedure: Systems and Practice Reviews
- Policy No. 597: Child related costs - Carer support
- Policy No. 598: Child related costs - Client support and family contact
- Policy No. 599: Child related costs - Education support
- Policy No. 608: Child related costs - Long-term guardian support
- Procedure No. 608: Child related costs - Long-term guardian support
- Policy No. 596: Child related costs - Medical
- Policy No. 600: Child related costs - Outfitting
- Policy No. 628: Child related costs - Placement funding
- Procedure No. 628: Child related costs - Placement funding
- Policy No. 629: Child related costs - Placement support funding
- Procedure No. 629: Child related costs - Placement support funding
- Policy No. 595: Child related costs - Travel
- Policy and Procedure: Complaints Management
- Policy and procedures No. 391: Critical incident reporting
- Policy No. 420: Decision making about end of life medical treatment of a child in out-of-home care, in circumstances where their life is threatened due to illness or trauma
- Policy No. 289: Dual payment of carer allowances
- Procedure No. 289: Dual payment of carer allowances
Policy No. 640: Early childhood education and care participation Minimum gap payment
Policy No. 631: Emergent accommodation
Procedure No. 631: Emergent accommodation
Policy No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
Procedure No. 365: Expenses - Fortnightly Caring Allowance and Inter-state foster payments
Policy No. 296: High Support Needs Allowance
Procedure No. 296: High Support Needs Allowance
Policy No. 368: Immunisation of children in out-of-home care
Policy No. 359: Infection Control
Policy No. 403: Information exchange and service delivery coordination
Policy No. 421: Obligations, actions and responsibilities upon the death of a child in out-of-home care
Policy No. 369: Participation by children and young people in decision-making
Policy No. 578: Placement of children in care as part of an integrated child protection response
Policy No. 36: Placement of children with departmental employees
Policy No. 604: Positive Behaviour Support
Policy No. 606: Residential care
Policy No. 627: Response to children and young people sexually abused whilst placed in out-of-home care
Policy No. 634: Response to children who have experienced significant detriment caused by the actions or inactions of Department of Communities, Child Safety and Disability Services
Policy No. 607: Supporting children in the care of long-term guardians
Policy No. 577: Therapeutic residential care
Policy No. 349: Transitioning from care into adulthood
Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities

Queensland Civil and Administrative Tribunal Act 2009
Key steps - Children in out-of-home care

1. Place a child in out-of-home care
   1.1 Placement matching - an overview
   1.2 Gather information to inform placement matching
   1.3 Determine the appropriate level of support needs
   1.4 Determine the most suitable placement type
   1.5 Obtain approval for the placement
   1.6 Contact the proposed carer or service to request or confirm the placement
   1.7 Prepare for the placement
   1.8 Assess the provision of placement information to parents
   1.9 Complete a placement agreement
   1.10 Provide placement information to parents
   1.11 Place the child in out-of-home care

2. Support a child in out-of-home care
   2.1 Obtain a birth certificate for a child
   2.2 Obtain Medicare and Health care card details
   2.3 Maintain the child's immunisation schedule
   2.4 Develop a child health passport
   2.5 Respond to the child's education needs
   2.6 Facilitate and monitor family contact
   2.7 Provide regular respite for the child
   2.8 Facilitate positive behaviour support for the child
   2.9 Refer the child to Evolve, if required
   2.10 Plan and support the young person's transition from care to independence

3. Decision-making for the child
   3.1 Determine who may decide a custody or guardianship matter
   3.2 Facilitate decision-making - custody matter
   3.3 Facilitate decision-making - guardianship matter
   3.4 Communicate and record the decision
   3.5 Publication of information by the media
   3.6 Make medical decisions, including dental
   3.7 Make counselling decisions
   3.8 Make education decisions
   3.9 Make sporting and recreational activities decisions - daily and overnight
   3.10 Make decisions about culture and religion
   3.11 Make travel decisions - intrastate or interstate
3.12 Make overseas travel decisions
3.13 Apply for a passport
3.14 Make family contact decisions
3.15 Make a change to a child’s surname
3.16 Make decisions about a child’s personal appearance
3.17 Make decisions about DNA testing
3.18 Decide other guardianship matters

4. Conclude an out-of-home care placement

4.1 Conclude the child’s placement in out-of-home care

What ifs - responding to specific out-of-home care matters

1. What if a child requires a placement with another entity (82(1)(f))? 
2. What if I have concerns about the quality of care provided to a child? 
3. What if a child is to be removed from an out-of-home care placement? 
4. What if family contact needs to occur in a correctional facility? 
5. What if a child requires or has a bank account? 
6. What if a child is employed in the entertainment industry? 
7. What if a child wishes to participate in a high or very high risk activity? 
8. What if a decision about end of life medical treatment is required? 
9. What if there is a death of a child in out-of-home care? 
10. What if a child is also subject to youth justice intervention? 
11. What if a child or parent has an infectious or communicable disease? 
12. What if another jurisdiction requests an assessment? 
13. What if a young person in out-of-home care receives a youth allowance or earns a wage? 
14. What if a child is missing? 
15. What if a child or young person is sexually abused whilst in out-of-home care? 
16. What if a child suffers significant detriment as a result of the actions or inactions of the department? 
17. What if a child needs a placement and the carer family are not immunised or are anti-immunisation? 
18. What if a child entering out to home care is being breastfed?
1. Place a child in out-of-home care

1.1 Placement matching - an overview

The fundamental purpose of out-of-home care is to provide for the child’s safety and ensure that their ongoing protection and care needs are met.

In selecting an out-of-home care placement for a child it is vital that the safety and care needs of the child are able to be addressed by the proposed carer or placement option. Placing the child in the first available placement, if the carer or placement is not well matched to the child’s needs, or does not have the required supports necessary for the child or the carer, is unlikely to achieve placement stability and may contribute to an escalation of the child’s placement support needs in the future. An escalation in placement support needs is likely to arise from the traumatic and cumulative effects of harm experienced by the child before entering out-of-home care, and compounded by disrupted placements.

Further, the research indicates that when a child has experienced two or more placement breakdowns, there is a significantly increased likelihood of this pattern continuing.

The placement matching process is informed by the case plan goal and a thorough assessment of the child’s strengths and needs, including the extent to which these impact on the child’s daily functioning and the domains in which they are present. These factors will determine the level of support that the placement needs to be able to provide for the child.

Placement matching enables the identification of the type of care best suited to the child, the supports and services that may be required for the child, either within the community or the placement and the particular skills and abilities that a carer may be required to have.

Knowledge of the diversity of care options and services available within a given locality and the range of funding sources available to support a placement, will also assist in determining or securing the best placement match for a child.

In some cases, the circumstances contributing to the need for an out-of-home care placement, for example, a child’s sudden entry into care, an unexpected placement breakdown or the need to locate a placement after hours, are likely to restrict the extent to which placement matching is able to be completed.

In these cases, implement placement matching to the extent possible and practicable in the circumstances. Once the child’s immediate placement need has been resolved, and as soon as possible following the commencement of the child’s placement, ensure that the current placement is the best available option based on the child’s level of support needs and the case plan, or locate a more suitably matched placement for the child.

Note: Ongoing intervention with a support service case will not involve the provision of an out-of-home care placement. For further information, refer to Chapter 7. Support service cases.

For information about the roles and responsibilities of the CSSC and PSU in relation to pre-placement processes, refer to the Pre-placement checklist. For evidence-based information about placement matching and decision-making, refer to Support needs and placement matching in out-of-home care A Literature Review and the practice resource, Complex/extreme support needs and
1.2 Gather information to inform placement matching

When deciding in whose care the child should be placed, give proper consideration to placing the child, as a first option, with kin (Child Protection Act 1999, section 5(2)). Fully explore kinship care options within the child’s family and community. When there is insufficient information available to immediately identify a suitable kinship carer and the child is placed in another type of placement, efforts to identify a suitable kinship care option will continue until such time that an informed decision is possible.

The positive outcomes of kinship care are well documented, with children benefiting from maintaining familial, cultural and community connections. Kinship carers often face additional challenges, including the complexities and tensions that arise from family loyalties. Consider whether there are any factors that could impact on the safety of the child in a proposed kinship care placement.

For further information about the department’s kinship care program and the factors that are unique in relation to locating and identifying a potential kinship carer for a child, refer to the Kinship care program description.

To assess the placement option best able to meet and respond to a child’s needs, refer to Support needs and placement matching in out-of-home care A Literature Review, the practice resource Complex/extreme support needs and placement matching and the practice resource Placement matching principles, and:

- complete or update the Child information form with essential information about the child
- gather information from the following sources:
  - the child, parents and significant others,
  - the previous carer, specifically information from the Conclusion of Placement form
  - departmental records, including whether the child has a recorded suicide risk alert and if so, any related outcomes, and case notes of direct observations of the child’s behaviour or characteristics
  - the child’s placement history, including frequency of placement change, reasons for placement breakdowns and their relationships with other children in previous placements including incidents of conflict or bullying
  - key stakeholders such as school teachers, medical specialists and other external agencies and specialist services involved with the child
  - the case plan goal, outcomes and actions where developed for a child in need of protection
  - information from a behaviour support plan, where developed to manage more significant problem behaviours
- obtain early identification of due or overdue immunisations – refer to 2.3 Manage the child’s immunisation schedule
- complete a child strengths and needs assessment where one does not exist, or where it is not current, for a child subject to ongoing intervention
- record details of the participation of the recognised entity in the ‘Recognised entity
participation/Child placement principle form’ in ICMS - where the advice or recommendation of the recognised entity is not followed, document a clear rationale in the form - refer to the practice resource The child placement principle.

- consider the child’s attachment and abuse history, and implications for the risk of emotional, behavioural and attachment problems and placement instability - for assistance in identifying a child at high risk, complete the Assessment of risk of emotional, behavioural and attachment problems and placement instability

- consider whether a placement type will impact on the child’s ability to develop a healthy attachment to a primary carer, with particular consideration where the child is under three years of age

- consider any identified issues noted in the child health passport and the education support plan, where appropriate

- gather information about the child’s swimming ability, and consider any risks to the child particularly if the proposed placement has a swimming pool, spa or access to other water hazards such as creeks, dams, rivers and water troughs

- gather information about any medications prescribed for the child, including psychotropic medications, and the possible impacts on the child’s behaviour and functioning - refer to 2.4 Develop a child health passport

- consider a residential placement for a child younger than 12 years only where:
  - a comprehensive assessment indicates that their needs may be best met by residential care, and/or
  - they are one of a sibling group that would benefit from being placed together, and/or
  - the service model has been explicitly developed and approved for children younger than 12, for example, Safe Houses

- consider a therapeutic residential placement for a child younger than 12 years where a comprehensive assessment indicates they have therapeutic needs best met by therapeutic residential care, or they are one of a sibling group who all have complex or extreme support needs and would benefit from being placed together

- if applicable, consider the specific needs of a child who has been sexually abused or has engaged in sexually abusive behaviour - refer to the practice resource Children with sexual abuse histories.

Note: Where considered necessary, seek advice from a senior practitioner and the Sexual Abuse Specialist Support, to discuss the issues that may arise in relation to placement matching and ongoing placement support for a child with a sexual abuse history. Sexual Abuse Specialist Support is contactable by telephone on (07) 3391 6066.

Note: the child placement principle applies to all placements required for an Aboriginal or Torres Strait Islander child, including emergent, respite and the primary placement.

**The placement of siblings**

When a sibling group requires an out-of-home care placement, the first preference is to keep the sibling group together, where there is a suitable foster care, kinship care or licensed residential care service placement available, and the placement option is in the best interests of all the children. It will not always be possible or appropriate to place siblings together.
Factors to consider when making this decision include:

- any history of abuse within the sibling group
- the role and responsibilities each sibling has previously undertaken within the family, for example, older siblings taking inappropriate levels of adult responsibility for younger siblings
- whether the proposed placement is sustainable, both physically and financially.

When it is considered necessary or appropriate to separate sibling groups, consider the best combination of siblings to be placed together, in separate placements. This will include gaining an understanding of each child’s needs and attachments within the sibling group, particularly those that will foster the child’s sense of safety, security and continuity of relationships. Where siblings are placed separately, placement decisions and case planning must include provisions for regular and meaningful contact between siblings.

**The placement of an Aboriginal or Torres Strait Islander child**

When an Aboriginal or Torres Strait Islander child is placed in an out-of-home care placement, including a respite placement, the child must be placed in accordance with the hierarchy of placements outlined in the *Child Protection Act 1999*, section 83 (the child placement principle). These are:

- a member of the child’s family
- a member of the child’s community or language group
- another Aboriginal person or Torres Strait Islander who is compatible with the child’s community or language group
- another Aboriginal person or Torres Strait Islander.

If unable to locate an appropriate placement from within this hierarchy, the Aboriginal or Torres Strait Islander child will be placed, in order of priority, with:

- a person who lives near the child’s family
- a person who lives near the child’s community or language group.

Prior to placing an Aboriginal or Torres Strait Islander child with a carer who is not an Aboriginal or Torres Strait Islander person, ensure that the child’s carer is committed to:

- facilitating contact between the child and their family members, unless restrictions have been imposed under the *Child Protection Act 1999*, section 87
- helping the child to maintain contact with their community and language group
- helping a child to maintain a connection with their Aboriginal or Torres Strait Islander culture
- preserving and enhancing the child’s sense of Aboriginal or Torres Strait Islander identity
- implementing any actions required of the carer within the child’s cultural support plan.

When an Aboriginal or Torres Strait Islander child is placed with a carer who is not an Aboriginal or Torres Strait Islander person, departmental staff must continue, in partnership with the recognised entity and placement service, to regularly review the child’s placement and continue to attempt to locate a placement that meets one of the hierarchy of placements specified in the *Child Protection Act 1999*, section 83(4).

The placement of an Aboriginal or Torres Strait Islander child, including a change of placement, is
a ‘significant decision’, requiring that the recognised entity be provided with an opportunity to participate in the decision-making process about where or with whom the child will live.

Complete the ‘Recognised Entity participation/Child placement principle’ form in the placement event in ICMS for each placement decision about an Aboriginal and Torres Strait Islander child.

For further information, refer to The Child Placement Principle Prompt Sheet, the practice resource The child placement principle and Chapter 10.1 Decision-making about Aboriginal and Torres Strait Islander children.

1.3 Determine the appropriate level of support needs

Using the outcome of the child strengths and needs assessment and all other relevant, available information, determine the extent to which the child’s behaviours and characteristics may impact on the child’s daily functioning and the areas of functioning that are affected.

This will assist in determining the likely level of support that the child will require from the placement, and the services that may be required (including contingency planning for a child who has a history of, or is likely to experience, placement instability).

Note: each increase in support level has been found to correspond to a near twofold increase in the likelihood of a subsequent unplanned change in placement (Children’s Research Centre, 2014).

Support levels are categorised as:

- **moderate** - needs that are typical for most children in care as a result of the harm and trauma that they have experienced, and that can be managed through limit setting or other interventions
- **high** - needs that indicate serious emotional, medical or behavioural issues that require additional professional or specialist input
- **complex** - needs that significantly impact on the child’s daily functioning, usually characterised by health conditions, disabilities or challenging behaviours
- **extreme** - needs that have a pervasive impact on the child’s daily functioning, usually characterised by the presence of multiple, potentially life-threatening health or disability conditions, and extreme challenging behaviours that may necessitate a constant level of supervision and care.

For a detailed description of the child’s characteristics that apply to each of the support levels, refer to the practice resources Support levels and behaviour characteristics and Complex/extreme support needs and placement matching.

**Consider whether additional supports are required**

Where the child has an identified risk of placement disruption or instability, consider whether additional supports are required, based on the outcome of:

- the child strengths and needs assessment
- the Assessment of risk of emotional, behavioural and attachment problems and placement instability
- any other relevant information.
Where there is an identified risk of placement disruption or instability, the case plan and placement agreement will include strategies to address this risk, to minimise the likelihood of further placement disruption and avoid an escalation of the child’s emotional and behavioural support needs.

Strategies to respond to this risk may include:
- an Evolve referral, to reduce a child’s disruptive behaviour and assist in the development of more appropriate skills and behaviours - refer to 2.8 Refer the child to Evolve, if required
- referrals to other specialist counselling services
- the use of respite - refer to Chapter 5, 2.6 Provide regular respite for the child
- specialised training for the carer in providing trauma informed care and positive behaviour support to a child with challenging behaviour
- cultural support, the details of which will be included in the cultural support plan section of the child’s case plan - refer to Chapter 4, 3.2 Develop key items in the case plan.

1.4 Determine the most suitable placement type

When the level of support needs is decided, determine the most suitable placement type and identify who may approve the placement, with reference to the below table.

<table>
<thead>
<tr>
<th>Placement types and approval requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship care</td>
</tr>
<tr>
<td>Kin is defined in the Child Protection Act 1999 as any of the child’s relatives who are persons of significance to the child, and anyone else who is a person of significance to the child.</td>
</tr>
<tr>
<td>If kinship care is available, approval, or provisional approval must be granted before the placement with kin commences.</td>
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<tr>
<td>For further information, refer to the Kinship care policy and the Kinship care program description.</td>
</tr>
<tr>
<td>*placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader</td>
</tr>
<tr>
<td>Foster care</td>
</tr>
<tr>
<td>If kinship care is not a suitable option, consider placing the child with an approved foster carer or a foster carer applicant who is granted provisional approval.</td>
</tr>
<tr>
<td>*placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader</td>
</tr>
<tr>
<td>Supported independent living</td>
</tr>
<tr>
<td>Safe houses</td>
</tr>
</tbody>
</table>

**Placement types and approval requirements**

| Moderate to extreme |
| Residential care | Residential care is provided at premises (not a carer's own home) that are owned or leased for the specific purpose of accommodating children subject to statutory intervention, and may range in levels and combinations of staffing, including live-in workers (such as houseparents), rostered workers with a combination of sleepover shifts and/or on-call arrangements, or rostered workers on duty 24 hours a day. For further information refer to the Residential care policy. | *placement may be approved by a CSSC manager or CSAHSC manager or team leader |

| Complex to extreme |
| Intensive foster care | Intensive foster care is a placement option for children who require more intensive support and service coordination than is typically provided for foster and kinship care placements. Placements in intensive foster care may be with either an approved kinship or foster carer. For more information refer to the Intensive foster care program description. | *placement may be approved by a team leader, CSSC manager or CSAHSC manager or team leader |
| Therapeutic residential care | This placement option is for young people unable to be placed in home-based care or other residential services, and aims to promote the development of the skills and behaviours required to transition to less intensive forms of out-of-home care. For further information, refer to the Therapeutic residential care policy and A guide to the placement of young people in therapeutic residential services. *requires regional director approval |
| Placement types and approval requirements | Special circumstances |
| Placement with another entity | The Child Protection Act 1999, section 82(1)(f), allows for a child to be placed in the care of another entity (other than an approved carer or licensed care service), only when that entity is the most appropriate for meeting the child’s particular protection and care needs. *may be approved by the CSSC manager or CSAHSC manager or team leader *may also require approval by the relevant financial delegate when the placement is funded through child related costs. |
| Placement in emergent accommodation - overnight or short-term accommodation such as a motel or caravan park | A type of placement, that may only be used when there are no grant funded placements available (or one cannot be supported with the use of child related costs – placement support funding) and the child’s placement need is urgent. The child is cared for by direct care workers, and the quality of the care will be monitored and recorded using the Checklist for placement of a child in emergent accommodation. For further information refer to the Emergent accommodation policy. *requires regional director approval for up to 7 days, and regional executive director approval for 7-20 days, and/or for children under 12 years. |

Placement funding arrangements and financial supports will vary depending upon the type of placement, and any payments made directly by the department require the approval of the financial delegate prior to costs being incurred. Refer to the Child related costs – Placement funding policy and procedure for placements funded through child related costs.

Foster and kinship carers receive financial assistance in the form of:
  - the fortnightly caring allowance
- regional and remote loading, where applicable
- the high support needs allowance, where required
- the complex support needs allowance, where required
- establishment and/or start-up allowance, depending on the child’s circumstances
- child related costs as a reimbursement of approved expenditure, based on the child’s needs and eligibility criteria.

Residential care services are grant funded by the department to cover the full range of service costs related to their direct care of the child, excluding the child related costs that would otherwise be incorporated into the complex support needs allowance.

**Placements with a departmental employee**

A child who is subject to a care agreement or an order granting custody or guardianship to the chief executive may be placed with an employee of the department, including a person undertaking employment through a traineeship or student placement, where:

- the employee is an adoption applicant and the child has a valid adoption consent and is to be adopted by the employee
- the employee is an approved carer, or has provisional approval, at the time of their employment
- the employee meets the legislative definition of kin (Child Protection Act 1999, Schedule 3), submits an application to become a kinship carer and has been approved as a kinship carer, including provisional approval (if applicable), by the regional director
- the employee is employed in a non-direct service delivery role, submits an application to become a foster carer and has been approved as a foster carer, including provisional approval (if applicable), by the regional director.

A departmental employee who is employed in a direct service delivery role and who does not meet the legislative definition of kin may only be approved as a foster carer, including provisional approval, in exceptional circumstances, subject to the approval of the regional director. For further information, refer to Chapter 8, 3. What if a carer or carer applicant is also a departmental employee?

Any child placed with a departmental employee who is also an approved carer, including provisional approval, will be recorded as a sensitive client. Select ‘person sensitivity’ as the sensitivity type - for further information, refer to Chapter 10.5 Recording sensitivity.

**Refer to the Placement Services Unit**

Contact the PSU in your region where the child requires an out-of-home care placement, and especially when one or both of the following apply:

- the child has been assessed as having a rating of C or D in the domains of behaviour, alcohol and drug abuse, physical health and development and intellectual ability, as determined by the child strengths and needs assessment
- the child’s overall level of support needs is considered to be complex or extreme.
The PSU will, as a first point of discussion, require that kinship care options be fully explored. Where this placement type is not immediately available, a PSU referral will be completed and the PSU will commence actions to locate a placement.

Information about current approved foster carers and licensed residential care services is available in ICMS.

The PSU is responsible for updating a carer’s ‘Carer entity status’ in the Carer entity profile in ICMS, including details about the expected inactive period end date and inactive reason. A status of ‘Active’ indicates that the carer is operational and taking placements and a status of ‘Inactive’ indicates the carer is operational (approved) but temporarily unavailable to accept further placements, for example, the carer is travelling overseas or is unable to take placements due to a temporary illness.

For information about the roles and responsibilities of the CSSC and PSU in relation to making a referral to the PSU and confirming a placement, refer to the Pre-placement checklist.

**Obtain the child’s views**

Taking into consideration the child’s age, ability to understand and level of maturity:

- provide the child with the information needed to allow them to reasonably participate in decision-making about the most appropriate placement type and if applicable, the most appropriate carer, for them (for example, information about a placement type or a proposed carer and the proposed carer’s household members)
- obtain the child’s views about their personal information, to be given to the potential carer or service
- decide what information about the child will be given to the potential carer or service, taking into consideration the child’s views.

If a child objects to the disclosure of sensitive information about themselves, assess whether disclosing the information to the carer or service is necessary to meet the safety and care needs of the child or other children in the placement. If disclosing the information is assessed as not necessary, the child’s privacy will be respected. For further information, refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy.

Record any views obtained from the child in a ‘Case planning/Implementation’ case note, entitled ‘The child’s view’s.

Note: Carers for a child with a sexual abuse history require the child’s complete history, including full details of the abuse, regardless of the child’s views. For more information about providing relevant details of a child’s sexual abuse history, refer to the practice resource Children with sexual abuse histories.

**Locate the best available placement option**

When the preferred placement type is decided, locate the best available placement option based on the child’s needs and the supports or services required to meet those needs.

Whether this is conducted by the CSSC or the PSU will depend on the preferred type of placement, who is delegated to approve the placement or any placement related funding, and
regional protocols regarding locating placements and making referrals.

As far as possible, locate a placement which ensures that:

- siblings are placed together where possible and appropriate - refer to 1.2 Gather information to inform placement matching, and document the rationale for the decision in a case note
- the child’s family relationships and connections to their community are maintained
- the child’s individual rights and ethnic, religious and cultural identity or values are supported
- the child is afforded continuity and stability in out-of-home care
- the placement is in accordance with the child placement principle for an Aboriginal or Torres Strait Islander child - refer to The Child Placement Principle Prompt Sheet
- babies and children with reduced immunity are not placed into a household or care environment where there may be an increased risk of infection - refer to operational policy, Immunisation of children in out-of-home care

Consider the impact that any existing children in the placement, for example, the number, ages and support needs of these children, and what impact this would have on the needs of the child requiring a placement. Contact the CSO of any other child currently placed with the carer to gather information and consider any feedback about the carer’s ability to provide for the care needs of the existing children, as well as for the additional child requiring a placement.

Where a parent is also residing in the same household, consider the impact of this arrangement on the safety of the child, and the carer’s capacity to meet the child’s safety needs.

Where there is a change to the adult membership of the carer household, it may be necessary to reassess the child’s immediate safety and to also reassess for new or emerging risks associated with the placement. This will assist in the identification of the probability and degree to which the child may be at risk of harm, and will drive the identification of the actions required to remove or reduce the likelihood of future harm to the child.

Take into consideration the financial support, case work support and carer support provided within, or available for, each placement option and whether this enables the placement to meet the child’s support needs. For example, the provision of high support needs allowance may assist a foster or kinship carer to care for a child who might otherwise be placed in a residential setting. Similarly, the provision of additional placement support funded through child related costs may assist a foster or kinship carer to provide a short-term placement to a large sibling group who might otherwise be separated or disconnected from their family, school and local community – refer to the Child related costs – Placement support funding policy and procedure.

To assess the placement option best able to meet and respond to a child’s needs, refer to the practice resource Placement matching principles.

For an Aboriginal or Torres Strait Islander child, provide the recognised entity with an opportunity to participate in the decision-making process and complete the ‘Recognised entity participation/Child placement principle’ form in the placement event in ICMS. For further information, refer to the practice resource Working with the recognised entity.

If a child cannot be placed with an approved carer or licensed care service, and the most
appropriate placement type is considered to be a placement with another entity, refer to 1. What if a child requires a placement with another entity (82(1))? 

1.5 Obtain approval for the placement

When the best available placement type or carer is identified, obtain approval of the placement decision by the delegated officer, as recorded in the ‘Placement Types and Approval Requirements’ table - refer to 1.4 Determine the most suitable placement type. Approval may be obtained before or after contacting a carer or service to discuss placement availability and willingness to accept the placement.

Note: Local protocols established by a region or CSSC with a local service, may also inform the placement approval process.

If the proposed placement is located in a geographical area covered by another CSSC, the team leader or CSSC manager with responsibility for that area must give permission for the placement in writing prior to the commencement of the child’s placement - refer to Chapter 3. 3. What if an ongoing intervention case needs to be transferred to another CSSC?

The placement decision will only be approved where the delegated officer is satisfied that:
- the child requires statutory intervention and removal from their home is necessary to ensure their immediate safety
- the recognised entity for an Aboriginal or Torres Strait Islander child has had the opportunity to participate in the decision-making process, and the decision made and actions taken are in accordance with the child placement principle
- depending on their age, the views of the child and their family have been sought and considered in relation to the child’s care
- every effort has been made to find a placement where all siblings requiring out-of-home care are placed together, where possible and appropriate
- family relationships can and will be maintained, and the individual rights and ethnic, religious and cultural identity and values of the child and family can be accommodated
- the information provision requirements in relation to the placement are fulfilled with respect to the child, parents and the carer - refer to 1.10 Provide placement information to parents.

Note: Prior to contacting the most suitable carer or service to request a placement for the child, an assessment of the placement information to be provided to parents must be undertaken - refer to 1.8 Assess the provision of placement information to parents. The assessment of placement information to parents however does not apply when a child is subject to a care agreement, as parents must be provided with full placement information. For further information about care agreements, refer to Chapter 6, 3. Place a child using a child protection care agreement.

1.6 Contact the proposed carer or service to request or confirm the placement

Following approval of the placement decision:
- liaise with the relevant departmental officer, or the foster and kinship care service that the carer is affiliated with, to request or confirm the placement
• contact the carer to request or confirm the placement
• provide the proposed carer or service with information about the child that will:
  • assist the carer or service to make an informed decision about accepting the placement
  • assist the carer or service to respond to the child’s needs
  • protect the carer and where applicable, members of their household or staff members of the service, from potential harm - include details of the placement information that is to be provided to parents.

If the carer or service does not agree with the decision by the department about placement information to be provided to parents, the placement will not be able to proceed or where applicable, continue. Refer to 1.8 Assess the provision of placement information to parents.

1.7 Prepare for the placement

When the carer agrees to the placement and the decision by the department about the placement information to be provided to the parents:
• create a placement event in ICMS – under the ‘Locations’ tab
• complete the ‘Authority to care for child’ form in ICMS - refer to the practice resource The authority to care form
• provide the signed ‘Authority to care for child’ form to the carer
• plan, consult and negotiate with all relevant parties involved in the placement process, to ensure the commencement of the placement causes as little trauma as possible to the child
• obtain information from the child’s parents, to enable the child’s needs to be met during the placement, for example, Medicare enrolment details, immediate health needs and essential medical history - refer to 2.2 Obtain Medicare and Health care card details and 2.3 Develop a child health passport
• contact the Australian Immunisation Register (AIR) to request information about the child’s immunisation status – refer to 2.3 Manage a child’s immunisation schedule
• ensure all relevant information about the child is recorded in the Child information form, including the child’s:
  • name, date of birth, sex and cultural or Indigenous status
  • health information, including allergies to food and medication, and their Medicare and Health Care Card details
  • behaviours, including learning difficulties, developmental delays and high risk taking behaviours
  • normal daily routine
  • education, vocation or employment details
  • dietary requirements, including specific needs for a child under two years of age
  • the child’s swimming ability and the level of supervision they require when in, on or near water
  • non-essential health information, family health history and child’s strengths and needs
• provide the carer or residential care service with the Child information form (sections A and B only) at the commencement of the child’s placement to ensure they have the
information necessary to decide whether to agree to the placement and assist them
provide adequate care for the child

- where possible, provide an opportunity for the child to visit the carer or service prior to the
commencement of the placement
- complete a placement agreement with the carer or service - refer to 1.9 Complete a
placement agreement
- provide placement information to the parents and advise the child what information has
been provided, having regard to the child’s age and ability to understand - refer to 1.10
Provide placement information to parents.

In certain circumstances, a signed authority to care form may be provided to the child’s parents,
with a copy to an applicable service. In these circumstances, the usual ‘Authority to care for child’
form is unable to be completed in ICMS and an Authority to care form is completed. For further
information refer to the practice resource The authority to care form.

For further information about the roles and responsibilities of the CSSC and PSU in relation to
placement preparation and commencement, refer to the Placement commencement checklist.

Ellen Barron Family Centre

The Ellen Barron Family Centre is one service that requires parents to have an authority to care
form in order to facilitate admission to the centre, where a child is subject to a child protection order
granting custody or guardianship to the chief executive. The authority to care form must cover the
duration of the admission. Children subject to a CAO granting custody to the chief executive may
not be referred to the Ellen Barron Family Centre, as they are not able to be placed with a parent
under the Child Protection Act 1999, section 82(2).

When making a referral to the Ellen Barron Family Centre (formerly Riverton), the centre requires
the following documentation:

- a completed referral form, which is to be obtained from the centre
- a completed Admission agreement - Ellen Barron Family Centre
- a copy of the signed Authority to care - section 82(2) form which has been provided to
the parents - refer to the practice resource The authority to care form.

When a family is to attend the Ellen Barron Family Centre, the following guidelines apply:

- where possible, a departmental officer is to both drop-off and pick-up the parents from
the centre
- where it is unavoidable that parents be served with court papers during their admission to
the centre, a prior discussion with Ellen Barron Centre staff will assist in managing any
sensitivities that may arise from this action
- if an assessment is made that a child is to be removed from their parents care, make every
effort for this to occur at an alternative location, or if the removal is considered urgent, the
Ellen Barron Family Centre requires that their staff be consulted and involved in the
planning process.
1.8 Assess the provision of placement information to parents

The purpose of assessing the level of information to be provided to the child’s parents, about where and with whom the child is placed, is to determine whether the provision of placement information could (for an assessment order) or would (for a TCO or a child protection order) constitute a significant risk to the safety of the child, the carer or anyone else with whom the child is living.

The Child Protection Act 1999, section 85 and 86, requires that:

- for a child subject to an assessment order or child protection order granting custody or guardianship to the chief executive, an assessment must be conducted prior to each new placement, to decide the provision of placement information to parents
- parents and the child are told, and in specified circumstances, notified in writing, regarding the decision about the provision of placement information to parents.

An assessment must also be conducted prior to the placement of a child subject to a TCO, to decide the provision of placement information to parents.

If the assessment is unable to be completed at the time the child is placed with the carer or service, due to further information being required, it will be completed as soon as practicable after the placement commences.

When a child is no longer in the care of their long-term guardian and is subject to an assessment order, TCO or interim custody order, the long-term guardian has the same rights as parents regarding information provision and appeal rights.

Note: the parents of a child placed in out-of-home care subject to a care agreement, must be provided with full placement information.

Conduct the assessment

Before a decision is made about the level of placement information to be provided to the child’s parents:

- consider each of the significant adults in the child’s family, including parents, partners of a parent, anyone with a high level of involvement regarding the child’s removal from home and anyone else who will have regular contact with the child
- gather information to assess whether any of the significant adults could or would constitute a significant risk to the safety of the child, the carer or anyone else with whom the child is living, should the parents be provided with full placement information - consider the specific risk factors listed in the ‘Assessment of placement information to parents’ in ICMS
- consider the quality of the information gathered, the reliability of the source and its relevance to the safety of the child, the carer or anyone else with whom the child is living, and decide upon the placement information to be provided to parents, either:
  - give full placement information to parents
  - initially give partial information to parents, prior to a decision about the information to be provided to, or withheld from, parents
  - withhold full or partial placement information, based on the assessed significant risk
- record the assessment by completing the ‘Assessment of placement information to parents’ in ICMS.
Discuss the assessment with the carer, licensed care service or another entity

Before requesting approval of the assessment outcome:

- contact the carer and discuss the proposed level and nature of placement information to be provided to parents and the degree of risk, if any, associated with the placement
- only discuss information directly relevant to the level of placement information to be provided to parents - do not discuss past issues if they are not relevant to the current situation
- reach an agreement with the carer regarding the level of information to be provided to parents about where and with whom the child is placed.

Note: The placement will not proceed, or may not continue, if agreement cannot be reached with the carer (see below).

Request approval of the assessment outcome

Based on the legislative requirements (refer to the Child Protection Act 1999, section 85 for assessment orders or section 86 for child protection orders), the information gathered and the views of the carer:

- finalise the assessment outcome
- obtain approval of the assessment outcome, as follows:
  - for an assessment order, team leader CSSC or CSAHSC, or senior practitioner
  - for a child protection order, CSSC manager or CSAHSC manager or team leader.

For a child subject to a TCO, a CSSC manager or CSAHSC manager or team leader approves the assessment outcome.

In a small number of cases, a very high level of security is maintained because of serious and irrevocable safety concerns and all placement details are withheld from parents. The decision in these cases must be:

- approved by the CSSC manager as being long-term and not subject to regular review
- endorsed by the regional director.

Inform relevant parties of the approved decision

When the decision about placement information is approved:

- advise the parents and the child of the decision, verbally and where required, through written advice signed by the CSSC manager - refer to 1.10 Provide placement information to parents
- inform the carer of the final decision.

When a decision is made that placement information is to be withheld, or that only partial information is to be given to parents, consider whether other persons or selected agencies, such as the child’s school administration or a hospital, should be advised that the parents are not to be informed of information regarding the child’s placement.

Implement actions where agreement cannot be reached

If after all reasonable attempts, agreement about the level of placement information to parents cannot be reached with the carer, locate an alternative placement for the child, having regard to the circumstances of the child and the case plan.
If a child has already been placed with a carer, licensed care service or another entity, following an initial decision to withhold full placement information or to provide only partial placement information, and circumstances change regarding the provision of placement information to parents, discuss the new assessment and outcome with the carer.

If agreement cannot be reached with the carer about the new level of information to be provided to parents, and a decision is made to remove the child from the placement, the child or carer may apply to QCAT to have the decision reviewed, where:

- the child is subject to a child protection order granting custody or guardianship, and
- the carer is an approved foster or kinship carer and either:
  - the child protection order grants the chief executive long-term guardianship of the child, or
  - the stated reason for the decision is that the carer is no longer a suitable person to have the care of the child or that the carer is no longer able to meet the standards of care in the statement of standards for the child.

In this circumstance:

- provide the child with written notice of the decision to remove the child, and information about the departmental complaints systems
- provide the carer with written notice of the decision to remove the child, Letter to carer - removal of a child (section 89).

For further information refer to the department’s Compliments and Complaints feedback website. A provisionally approved carer or staff member of a licensed care service or another entity does not have the right of review under the Child Protection Act 1999. They may however access the departmental complaints system.

Record information

Record the assessment and the decision about the provision of placement information to parents in the:

- ‘Assessment of placement information to parents’ in ICMS
- ‘Placement agreement’ in ICMS
- licensed care service or another entity referral.

When all placement details are withheld from parents and the CSSC manager approves the decision as being long-term and not subject to regular review, the CSSC manager is responsible for recording the details and outcome of the discussion with the regional director as a case note in ICMS.

Review the decision to withhold full or partial placement information

Unless a long-term decision has been endorsed by the regional director, the decision to withhold full placement information or to provide only partial information to a child’s parents will be regularly reviewed by the department, regardless of the order type, as follows:

- in accordance with the review date specified on the ‘Assessment of placement information to parents’ form
- if additional information potentially affecting the level of placement information to parents
becomes known.

Each decision resulting from a departmental review is a ‘new’ decision subject to review mechanisms. The new decision will be communicated to the parents, the child where possible and the carer - refer to 1.10 Provide placement information to parents.

Where a decision is made to withhold placement information to parents on a long-term basis, regular review is not necessary. This does not however preclude the future provision of placement information should the circumstances of a case change dramatically, thereby negating previously identified significant risks.

1.9 Complete a placement agreement

The Child Protection Act 1999, section 84, requires a written agreement be entered into between the department and an approved carer regarding a child’s care. A placement agreement is a written agreement between the department and a carer or care service about the care of a child.

A placement agreement must be developed for every child placed in out-of-home care. This includes a child subject to an assessment order, TCO, child protection order or care agreement where the child is placed in out-of-home care with:

- an approved foster carer, approved kinship carer or provisionally approved carer (either primary or respite)
- a licensed care service, including residential care services and therapeutic residential care services

The purpose of the placement agreement is to ensure carers and care services have access to relevant information about a child and adequate support for the placement. Information is provided to enable the carer or care service to provide an appropriate level of care for the child and to ensure the child’s safety, as well as that of the carer, members of the carers household, or children and staff in a residential care service. It also includes what is required to ensure the safety of a child in circumstances where a child’s parents are also living in the household.

The placement agreement:

- outlines the goals of the placement
- provides relevant information about a child
- records the agreed support and services to be provided to the carer or care service, based on the assessed level of the child’s needs.

A placement agreement is not required when a child protection order grants long-term guardianship to a suitable person - refer to Chapter 3, 1. What if a suitable person has long-term guardianship?

Complete the placement agreement prior to the child’s placement wherever possible, to establish the roles and responsibilities of each of the parties in achieving the case plan goal and outcomes of the placement.

If a placement is required at short notice and limited information is available about the child, complete a placement agreement with all known information, enter a short review timeframe and update the agreement when more details are obtained.

If it is not possible to provide a written agreement at the time of placement, provide the carer or service with as much verbal information about the child as is possible, and provide a written
agreement to the carer **within 3 working days** of the placement.

**Gather information to inform the placement agreement**

Gather relevant information to inform the development of the placement agreement. This information has also informed placement matching, and includes:

- the child’s strengths and needs
- the child's assessed level of support needs, including behaviour support
- the case plan goal, outcomes and actions
- any specific financial or other supports to be provided to the carer
- information required for the child to be up to date with their immunisation
- if not yet incorporated in the case plan, details of the child health passport and education support plan, where applicable, and any related actions required by the carer
- information from departmental records, including details of:
  - previous placements (for example, frequency, reasons for placement breakdowns or their relationships with children in previous placements, including incidents of conflict or bullying)
    - previous suicide risk alerts, and related outcomes
  - information provided by agencies involved with the child, including specialist services such as Evolve
  - the views of the recognised entity for an Aboriginal or Torres Strait Islander child.

Where a placement agreement is being developed for a child under 12 years of age who is being placed in a residential care service, gather information from any additional assessments that indicate their needs are best met by the residential care service or therapeutic residential care service. Include details of the nature and frequency of departmental contact that will occur to monitor the child’s progress, especially during the period from placement commencement until the initial placement review is held.

**Negotiate the placement agreement**

Arrange a time with the carer to complete the placement agreement **prior to** the child’s placement, wherever possible. Where possible and in accordance with the child's age and ability to understand, involve the child in developing the placement agreement.

When negotiating the placement agreement:

- provide information in an open, accountable and timely manner to enable the carer to provide a level of care consistent with the legislated statement of standards
- maintain the confidentiality of personal information about the child or parents, that is **not directly relevant** to ensuring the child’s safety and well-being, and the safety of other members of the carer’s household
- ensure the arrangements made maintain family relationships and support individual rights and ethnic, religious and cultural identity or values.

Include the following specific matters in the placement agreement:

- relevant details about the child, their family and other persons of significance to the child
- the placement information provided to the child’s parents
• information about the child’s health, including:
  • any requirements for the child to receive their recommended schedule of immunisations including the provision of consent from the child’s parents if required – refer to 2.3 Manage the child’s immunisation schedule
    • management of any prescribed medications, including psychotropic - refer to 2.4 Develop a child health passport
  • information about the child’s education, religion, culture, behavioural support needs and recreational interests or hobbies
  • ways to positively maintain and extend the child’s self-development and life skills
  • decisions about the care of the child, able to be made by the carer, and decisions to be made by parents or the department - refer to 3.1 Determine who may decide a custody or guardianship matter
  • information regarding behavioural factors that may impact on the safety and well-being of the child or others in the household, for example, previous sexual abuse and suicide risk alerts or previous relationship issues with other children, including incidents of conflict or bullying
  • where the carer or care service has a swimming pool, spa or other water hazard in, or near their premises, provide information about the child’s swimming ability and where necessary develop a strategy to manage any identified risks
  • strategies developed in a behaviour support plan
  • information about the carer’s commitment to provide care in accordance with the Child Protection Act 1999, section 83(7) when the child is an Aboriginal or Torres Strait Islander person and the carer is not an Aboriginal or Torres Strait Islander person
  • existing or required support and services for the child and details of who has financial responsibility for any costs incurred
  • the reasons for the child entering care and significant historical information
  • family contact arrangements
  • roles and responsibilities for the child’s care, including the nature and level of parental contact, when the child’s parents are residing in the same household
  • the agreement between the department and the carer or care service about:
    • the goals of the placement
    • the duration of the placement
    • the support and services available to the carer or service, including respite
    • the timeframe for the review of the placement agreement.

Financial responsibility for any costs incurred will be in line with the agreed expenditures in the child’s case plan.

For a kinship carer, discuss and incorporate in the placement agreement:
• their broader training and support needs as negotiated following their approval or renewal of approval - refer to Chapter 8, Regulation of care
• any support needs associated with their dual role, if applicable, as a kinship carer and a departmental employee, including (where appropriate) strategies for managing or resolving conflicts of interest - for further information, refer to Chapter 8, 3. What if a carer or carer applicant is also a departmental employee?
Where a child under three years of age is being considered for placement in a residential facility, for example, a safe house, consider and include strategies to address how the placement type will impact on the child’s ability to develop a healthy attachment to a primary carer.

**Record the placement agreement**

Record the key details of the placement agreement, including agreed roles and responsibilities, in the 'Placement agreement' in ICMS and provide a copy to the carer and the foster and kinship care service that the carer is affiliated with, where applicable.

**Review the placement agreement**

The placement agreement will be reviewed on a regular basis, and at a minimum, *every six months*, to ensure consistency with the child’s current case plan and review processes, however, the review may occur prior to, during, or following a family group meeting or review of the case plan. For further information, refer to Chapter 4. Case planning.

**1.10 Provide placement information to parents**

The *Child Protection Act 1999*, section 85 and 86, requires that as soon as practicable after deciding in whose care to place a child, the department:

- **must** tell (for an assessment order) or notify (for a child protection order) the child’s parents in whose care the child is placed and where the child is living
- **must** notify (for a child subject to a child protection order) the child of the decision about placement information provided to parents.

The *Child Protection Act 1999*, section 51AK, requires that for a child subject to a TCO, as soon as practicable after deciding in whose care to place a child, the department:

- **must** tell the child’s parents in whose care the child is placed and where the child is living
- **must** tell the long-term guardians in whose care the child is placed and where the child is living, if the child has long-term guardians
- **must** attempt to notify the parents in whose care the child is placed and where the child is living, if the child has long-term guardians.

Before providing written placement information to parents or the child, an assessment **must** be conducted - refer to 1.8 Assess the provision of placement information to parents.

When a child is no longer in the care of their long-term guardian and is subject to an assessment order, TCO or interim custody order, the long-term guardian has the same rights as parents to placement information. Advise the long-term guardians of the placement information or decision to withhold placement information as per the requirements to a parent.

**Inform parents and the child of the decision**

For an assessment order or a TCO of any duration, and a child protection order where the placement is less than seven days:

- verbally provide placement information to parents
- inform parents of the rationale for the decision and the option available to have the decision reviewed
- tell the child what placement information has been, or will be, provided to their parents
- inform the child of the reasons for the decision and the option available to have the

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decision reviewed.

For a child protection order where the placement is more than seven days (exceeds six nights), the decision about in whose care to place the child, or to withhold full or partial placement information from parents, is a reviewable decision. This includes when a child will have planned and on-going respite with one carer that is cumulatively more than seven days for the duration of the current case plan review period.

The written notice to be provided about these decisions will be signed by the CSSC manager. In this circumstance:

- verbally provide placement information to parents
- inform parents of the rationale for the decision and options available to have the decision reviewed by the department or QCAT
- provide written notice of the decision to the parents (see below)
- where age and developmentally appropriate:
  - tell the child what placement information has been, or will be, provided to their parents
  - inform the child of the rationale for the decision and options available to have the decision reviewed by the department or QCAT
- provide written notice of the decision to the child.

When placement information is fully or partially withheld due to significant safety concerns, provide the parents with a general description of where and in whose care the child is placed, for example, with an approved carer or licensed care service in the Brisbane area.

The table below sets out the requirements for how information provision requirements are to be communicated to the child and family.

<table>
<thead>
<tr>
<th>Type of placement / order</th>
<th>Tell parents the decision</th>
<th>Provide written notice of the decision to parents</th>
<th>Tell the child the decision*</th>
<th>Provide written notice of the decision to the child*</th>
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* where the child is of an appropriate age and has the ability to understand.

**Provide written notice of the decision to parents**

Provide the applicable written advice, signed by the CSSC manager, along with information about the department’s complaint process, to the child’s parents, either:

- the Letter advising parent/s of placement information, where full placement information is provided
- the Letter advising parent/s of withholding placement information, where the assessment results in a decision to withhold placement information, or to provide only partial information to parents, due to safety concerns.

When a child will have planned respite with one carer that cumulatively exceeds six nights over the case plan review period, outline the respite plan in the written advice to the parents.

For further information about complaints, refer to the department’s Compliments and Complaints feedback website.

**Provide written notice of the decision to the child, if applicable**

Where required, develop written notice of the decision to provide full placement information to parents. Develop the written notice on a case-by-case basis, in accordance with the child’s age, level of maturity and ability to understand and ensure that it includes:

- the details outlined in the Child Protection Act 1999, section 86(2)
- information about accessing the department’s complaints system.

When a decision is made not to provide full placement information to parents, written notice to the child will include:

- the details outlined in the Child Protection Act 1999, section 86(2) and section 86(5)
- information about accessing the department’s complaints system - for further information about complaints, refer to the department’s Compliments and Complaints feedback website.

Provide the written notice, signed by the CSSC manager, to the child, as soon as possible after the decision about placement information to parents is made.

When a child will have planned respite with one carer that cumulatively exceeds six nights over the case plan review period, outline a respite plan in the written advice to the child.
Record details of the placement information provided
Ensure that case notes reflect the extent and nature of information discussed with parents and the child, having regard to the child’s age and ability to understand, and provide an overview of the parents and the child’s response, where known. Record the details of the placement information provided to parents in the placement agreement - refer to 1.9 Complete a placement agreement.

Attach a copy of all correspondence sent to the parents and the child to the relevant event in ICMS.

Support the child through a Queensland Civil and Administrative Tribunal review, if applicable
When a child indicates that they wish to apply to have a decision reviewed, the CSSC manager will:
- nominate a departmental officer not involved in the decision about placement information, to support the child through the review process
- consult with the regional director about legal support the child may access, having considered the child’s age and capacity to instruct legal representation.

In this circumstance, the regional director will seek advice on a case-by-case basis through Court Services.

For information about when a departmental officer is to review the decision about the provision of placement information to parents, refer to 1.8 Assess the provision of placement information to parents.

1.11 Place the child in out-of-home care
Ensure that, as far as practicable, the child and the carer are prepared for the placement, and that the child’s personal belongings and records move with them when the placement commences.

For further information about the roles and responsibilities of the CSSC and PSU in relation to placement preparation and commencement, refer to the Placement commencement checklist.

Provide information to the child and parents
When a child is placed in out-of-home care, provide the following information to the child, having regard to their age and ability to understand, and to their parents:
- an explanation of the role of the department in protecting children
- placement information provided to parents, and when applicable to long-term guardians. For further information, refer to 1.10 Provide placement information to parents
- the composition and routine of the carer’s household, licensed care service or another entity
- arrangements for contact with parents, siblings, relatives and friends, including written notice of a reviewable decision - refer to 2.5 Facilitate and monitor family contact
- details of the child’s case plan, including anticipated placement outcomes
• details of child care or educational arrangements
• advice about locating and accessing support and advocacy services
• information about processes for reviewing the decisions and actions of departmental officers.

In addition, for a child subject to a child protection order granting custody or guardianship to the chief executive, and having regard to their age and ability to understand:
• tell the child about the Charter of rights for a child in care and its effect
• provide written information about the charter of rights, using the relevant booklet:
  • My journey in care, designed for an older child
  • Kids rights, designed for a younger child
• provide the child with the Info kit
• tell the child about the role of the CCYPCG and other relevant agencies that can help if the child feels the charter of rights is not being complied with
• tell the child about the role of community visitors and provide them with a Community Visitors Publications.

Note: Additional requirements for the commencement of a placement apply when a child is placed in out-of-home care subject to a care agreement - refer to Chapter 6, 3.1 Place a child using a child protection care agreement.

Provide information and documentation to the carer

When placing a child in out-of-home care under the Child Protection Act 1999, section 82(1)(a-f), provide the carer with the following:
• a signed ‘Authority to care for child’ form - refer to 1.7 Prepare for the placement
• the signed Care Agreement - Form, if the child is subject to a care agreement
• a copy of the placement agreement - refer to 1.9 Complete a placement agreement
• the completed Child information form (sections A and B only), which includes information about the child’s:
  • name, date of birth, sex and cultural or Indigenous status
  • health including allergies to food, medication and Medicare and Health Care card details
  • any missing or upcoming immunisations due for the child
  • behaviours including learning difficulties and developmental delays, and high risk taking behaviours
  • normal daily routine
  • education, vocation and employment
  • the child’s swimming ability and the level of supervision they require when in, on or near water
  • dietary requirements including specific needs where under two years of age
  • additional information to help the carer provide adequate care for the child
  • non-essential medical history, family health history and their strengths and needs
• a completed Conclusion of a placement form, where the child has left a previous out-of-home care placement of more than a few days duration
- a copy of the child’s birth certificate and any other relevant records
- if requested, a Letter to Centrelink confirming approved carer status, to assist the carer in seeking an exemption from the Commonwealth government’s Welfare to Work initiative.

If applicable, provide the carer with:
- the child’s Medicare card - refer to 2.2 Obtain Medicare and Health care card details
- bank account details and associated documentation, including a key card
- a copy of the child’s education support plan
- a copy of the child’s Immunisation History Statement, where this is required for child care or school enrolment – refer to 2.3 Manage a child’s immunisation schedule
- the child health passport folder
- the following letters:
  - Letter re: Custody (Medical) or Letter re: Custody and Guardianship (Medical), and
  - Letter re: Custody (Schools) or Letter re: Custody and Guardianship (Schools).

**Consider a referral to the CSAHSC**

After considering the circumstances of the case, the child’s needs and the nature of the placement, decide whether a referral to the CSAHSC is required. A referral to the CSAHSC is made when additional after hours support is required to ensure practice standards are met and a child's safety cannot be ensured outside normal business hours. If applicable, complete the Child Safety After Hours Service Centre: After hours referral form. For further information about making a referral to CSAHSC, refer to Chapter 10.15 The role of the Child Safety After Hours Service Centre.

**Consider a referral to the CSAHSC - Foster and Kinship Care Support Line**

If a carer requires additional support outside business hours to support the child’s needs in the placement, decide whether a referral to the Foster and Kinship Care Support Line is required. Circumstances where a referral may be considered include:
- a child or sibling group has been newly placed
- a child has complex needs due to their behaviour or other special needs
- a child has high support needs due a specific event or issue
- a carer has been provisionally approved or newly approved as a kinship carer.

If applicable, complete the Foster and Kinship Care Support Line Referral Form.

Foster and Kinship Care Support Line staff will record information about the contact with the carer within ‘Documents and Communications’ in the carer’s ‘Monitor and Support’ screen in ICMS.

Approved foster and kinship carers, provisionally approved carers, and departmental staff can also phone the support line on 1300 729 309, Monday to Friday 5.00pm - 11.30pm and Saturday and Sunday 7.00am - 11.30pm.

**Complete actions in ICMS and Carepay to commence payment**

When a child is placed in out-of-home care with an approved foster or kinship carer, or a provisionally approved carer, complete the following to commence the carer’s payment:
- ensure the placement event is created in ICMS with a placement start date and end date
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Timely and targeted provision of services that match a child’s assessed needs will assist to improve their life chances, both now and in the future. For evidence-based information about the support needs of children in out-of-home care, refer to Support needs and placement matching in out-of-home care: A Literature Review and the practice resource Complex/Extreme Support.
needs and placement matching.

The provision of case management and case work in conjunction with specialised or structured support services enables a holistic response to a child’s assessed needs across a range of areas including:

- physical health (including dental)
- emotional and behavioural stability
- child development and intellectual ability
- cultural identity
- social relationships including relationships with the family of origin, the carer family and the community
- education, vocation and employment
- life skills
- alcohol and drug use.

**Child subject to a long-term guardianship order to a suitable person**

While a child subject to a long-term guardianship order to a suitable person is no longer placed using the authority of the *Child Protection Act 1999*, section 82(1), the child or long-term guardian may contact the department to request support. For further information, refer to the *Supporting children in the care of long-term guardians and Child related costs - Long-term guardian support policies*, and Chapter 3, 1. *What if a suitable person has long-term guardianship?*

### 2.1 Obtain a birth certificate for a child

When a child is placed in out-of-home care under a child protection order, **obtain at least two** original birth certificates for the child. One original birth certificate is to be retained on the child's file, and a second original is to be provided to the child as part of transition from care planning (for further information see 2.10 *Plan and support the young person’s transition from care to independence*) or at the child’s request. A certified copy is to be provided to the carer.

To obtain birth certificate/s, complete and email the Request for Birth Certificate form to DMS. DMS will process the request, liaise with Births, Deaths and Marriages, verify the child's birth details on ICMS and post the certificate/s to the CSSC. A copy of the original child protection order must be attached for all applications for interstate, overseas and late registration birth and death certificates.

### 2.2 Obtain Medicare and Health care card details

Whenever a child is placed in out-of-home care, the CSO is required to either:

- obtain the child’s Medicare card details from the parents and provide the information to the carer
- arrange for the child to have their own Medicare card.

**Obtain Medicare details from parents**

Medicare enrolment details are provided to the carer in the completed *Child information form* when a child is placed in an out-of-home care placement. Where Medicare information was not
provided at the time of the placement:

- obtain the information from the parents as soon as possible
- update the Child information form
- provide a copy of the updated form to the carer.

It is \textbf{not} necessary to obtain the Medicare card from the child’s parents. The child continues to be listed on the parent’s card, even where the department applies for an individual card for the child.

If the child’s Medicare enrolment details are not able to be obtained from the parent a direct request can be made to Medicare Australia by the department in accordance with the Information Sharing Protocol between the Commonwealth and Child Protection Agencies. To request a Medicare number for a child under 15 years of age, send the following details to DMS via the email group CSDMS\_Req\_MedicareNo@communities.qld.gov.au with the subject heading of ‘Request for Medicare Number for Child’s Name’.

The email will need to contain the following details:

- full name of child
- date of birth
- any alias details for child
- mother’s name if known.

DMS will send a return email with the Medicare number requested.

Where a child is subject to a child protection order granting custody or guardianship to the chief executive, it is a Medicare Australia \textbf{requirement} that these children be issued with their own Medicare card. \textbf{Only} the department can apply for the Medicare card for a child in this circumstance, unless the child is over 15 years of age, in which case they can apply for their own card.

A doctor or pharmacist is able to directly request Medicare enrolment details from Medicare Australia which may be necessary in emergent situations. If medical care or pharmaceuticals are required by a child for whom an \textbf{existing} Medicare card number is not available, the carer must have accurate information about the personal details of the mother and the child in order to assist the doctor or pharmacist to make a request for the Medicare card number.

\textbf{Actions required where a child is not enrolled with Medicare Australia}

If a child has \textbf{never} been enrolled with Medicare Australia and does not have a Medicare card number, bulk billing by medical practitioners and subsidised medication from pharmacies is \textbf{not} available, and full fees or charges will have to be paid.

Medicare Australia will reimburse the rebate when the child has been issued with a Medicare card. In this circumstance, advise the carer to keep all receipts (\textbf{both medical and pharmaceutical}), and obtain the rebate once the Medicare number is issued.

\textbf{Apply for a Medicare card - custody or guardianship to the chief executive}

To apply for a Medicare card for a child in out-of-home care who is subject to a child protection order granting custody or guardianship to the chief executive, either:
• complete a Medicare Enrolment Application form for a child under 15 years of age
• complete a covering letter and attach all necessary documents, as outlined in the Medicare information sheet
• support the young person, if aged 15 years or over, to attend their local Department of Human Services service centre in person to transfer from one Medicare card to another and list themselves as the cardholder - advise the young person they will require an original or certified copy of the following:
  • their birth certificate
  • their health care card
  • student identification
  • an Eftpos card with signature.

**Receive the Medicare card and record relevant information**

Once issued, the Medicare card will be sent directly to the CSSC with case responsibility for the child. When the card is received:

• attach a copy of the Medicare card to the health care file - refer to 2.3 Develop a child health passport
• record the Medicare card details in the 'Child information form' and provide a copy of this form to the carer for the child health passport folder
• provide the Medicare card to either:
  • the young person, where they are listed as the cardholder
  • the child’s carer.

**Lost Medicare cards**

A young person aged 15 years and over and listed as the cardholder, may request a replacement card by:

• calling Medicare Australia on telephone 132 011, and correctly answering the security questions
• presenting at a Medicare Australia office with identification that displays their signature, for example, a learner’s drivers licence or key card) - any photocopied identification documents must be certified by a Justice of the Peace.

In all other circumstances, complete a **Letter to Medicare - lost card**, and forward it Medicare Australia.

**Implement ongoing administrative requirements**

Each time a child changes placement:

• notify Medicare Australia of the change, using the **Letter to Medicare - change of address**, to enable them to maintain an accurate record of the carer details for the purpose of progressing claims
• obtain the Medicare card from the existing carer and provide it to the new carer.

When a child is returned to their parents care, notify Medicare Australia using the ‘Letter to Medicare - change of address’ and either:

• obtain the child’s Medicare card from the carer and place the card on the child’s health care file
ensure the young person retains their Medicare card, where they are listed as the cardholder.

**Advise carer to apply for Health care card**

All children in out-of-home care are entitled to a health care card in their own name. The card remains with the child even if they change placement and it is automatically renewed every six months, as long as the child remains eligible. Health care cards for children in out-of-home care are exempt from income and asset testing.

When a child is placed with a foster or kinship carer, only the carer can make the application for a health care card. When making an application for the health care card, the carer will need to complete a claim form, and provide documents to prove that they are legally caring for the child, for example, the Authority to care form and proof of identity for the carer and child in out-of-home care. Refer carers to their local Centrelink office for full details, or to the Centrelink website.

When a child is placed in out-of-home care other than with a foster or kinship carer (for example a licensed residential care service), apply for a low income health care card by completing the health care card claim form (do not tick that you are claiming a health care card for a ‘foster child’).

When a child with a health care card changes placement, advise Centrelink of the child’s new address and carer’s name.

**Provide information about related Centrelink benefits**

When the child is placed in an out-of-home care placement with an approved foster or kinship carer, or a provisionally approved carer, inform the carer that they may:

- be eligible for the lower threshold of the Medicare Safety Net, Child Care Benefit, Rent Assistance or Remote Area Allowance
- be eligible for Family Tax Benefit (if claimed with health care card, carer must contact Centrelink)
- be eligible for low or no cost approved kindergarten programs for the child in their care – refer to 2.4 Respond to the child’s education needs.

### 2.3 Maintain the child’s immunisation schedule

Children who enter out-of-home care may have missed one or more of their routine childhood vaccinations, leaving them at risk of significant health consequences. The department has a responsibility to meet the health needs of children in out-of-home care and accepts that it is in a child’s best interest to be protected against vaccine-preventable diseases - refer to the Immunisation of children in out-of-home care policy. ([Hyperlink to this](#))

Immunisations are a simple and effective way of protecting children against harmful diseases that can cause serious health problems. Vaccinations on the National Immunisation Program Schedule are provided free if a child is eligible for Medicare:
When a child enters out-of-home care it is important to establish their immunisation history as early as possible, to identify any due or overdue immunisations. Most vaccinations need to be given several times to build a child’s long lasting protection. For example the Human Papillomavirus (HPV) vaccine is given as three injections over a period of six months and it is important to complete the full course for the best protection.

A child’s parents are a vital source of information about the child’s immunisation history, including information about serious adverse reactions to previous vaccinations. Document this in the Child Information Form and provide a copy to the carer.

**Obtain the parents’ consent to their child’s immunisation**

Seek the parent’s views on commencing and/or maintaining their child’s immunisation schedule while they are in out-of-home care. Where the child’s parent expresses concern about immunisation:

- Discuss the ‘Information Sheet – Comparison of the effects of diseases and the side effects of NIP vaccines’.
- Encourage the parent to phone 13 HEALTH (13 43 25 48) for a discussion with a professional health advisor about the risks and benefits of immunisation.
- Inform them where to access additional relevant information about immunisation - available from Queensland Health Vaccination Matters website or the Immunise Australia Program website.
- Consider whether it is appropriate for the parent to accompany the child at the immunisation appointment, where they can discuss their concerns directly with the immunisation provider.

Where parents retain legal guardianship of the child, their consent to commencing and/or maintaining the child’s immunisation is required. This applies to children placed in out-of-home care.
care under a:
- care agreement
- assessment order
- temporary custody order
- child protection order granting custody to the chief executive.

Obtain the parents consent to immunisation at this time using the **Parental consent for childhood immunisation form**:
- Advise the parent they can revoke their consent at any time.
- Provide a copy of the form to the carer, as this provides proof of parental consent for the immunisation provider.

Alternatively if the child is to be immunised at a local council clinic or child health centre, the parent can be asked to sign the consent form provided by that clinic. This would be required each time the child is due to receive a vaccination.

For children subject to a child protection order granting guardianship to the chief executive, the parents consent to immunisation is **not** required (see below).

**Request the carer to make immunisation arrangements**
Where due or overdue immunisations are identified, request the carer to arrange for the child’s immunisation or catch up immunisation. Vaccinations can be obtained from:
- a general practitioner (a consultation fee may apply)
- an Aboriginal Medical Services
- the local council immunisation clinics (in some areas)
- some local child health centres
- the school immunisation program (year 7/8 vaccinations only).

A catch-up program can be individually tailored for children with overdue vaccinations. The immunisation provider will electronically check the child’s immunisation status through the Australia Immunisation Register. Some vaccines like rotavirus, cannot be given if too much time has passed. In rare circumstances a child may be exempt from vaccinations, but only where this is verified by a General Practitioner and recorded on the Australian Immunisation Register.

When the child has received a vaccination:
- ask the carer to confirm the vaccination/s has been provided to the child, and to also provide any information from the immunisation provider that may have an impact on future vaccinations.
- request the carer update the child health passport to reflect the particular vaccination/s received– refer to 2.4 Child Health Passport.
- update the child’s ICMS health profile with the new vaccination information.

**Who can sign the immunisation consent forms**
Clinics operated by local councils and community health centres require the parent or legal guardian to sign an immunisation consent form. These forms may be available to download from the immunisation provider.

Children in year seven and attending a Queensland high school are provided with information about their forthcoming vaccinations through the School Immunisation Program, usually at the
beginning of the school year. This includes a consent form for the parents or legal guardian’s signature.

For children in the custody of the chief executive, the carer or a departmental officer do not have authority to sign the immunisation consent form. The CSO will either:

- arrange for the parent to sign the immunisation providers consent form and provide to the carer for the immunisation provider, or alternatively
- provide the carer with a copy of the Parental consent for childhood immunisations form, previously signed by the parent. The carer will need to attach this form to the immunisation providers consent form.

For children subject to a child protection order granting guardianship to the chief executive, approved carers and care services are authorised to make immunisation arrangements. Where the immunisation provider requires a signed consent form, the carer will attach the Authority to Care - Guardianship to the Chief Executive form as this refers to their authority to arrange for the child’s immunisation.

**Obtaining the child’s immunisation history**

The Australian Immunisation Register (AIR) is a national register recording the vaccination details of everyone in Australia. An AIR immunisation history statement provides details of when and what vaccines have been given to a child.

Departmental staff can request a record of a child’s immunisations from the AIR Wards of State Skill Group using the AIR request immunisation letter. This request can be emailed to the following address CO.Immunisation.Section@humanservices.gov.au or faxed to AIR on 08 9214 8222. The AIR Wards of State Skill Group can be contacted on 1800 037 723 if required. Immunisation history statements should be kept on the child’s departmental Health Care file and a copy provided to the carer for filing with the child health passport folder. The child’s health tab should reflect the information provided in the immunisation history statement.

If a child is to be enrolled in an early childhood service, proof of their up-to-date immunisation status is required. A delay in providing the Immunisation History Statement may lead to delays in the child commencing at the child care or kindergarten. If a child is not immunised in accordance with the National Immunisation Program Schedule, they may not be eligible to attend a kindergarten program or will be precluded at times when a communicable disease is present in the centre.

Children of all ages must meet immunisation requirements in order for some of the family payments available through the Australian Government – Family Tax Benefit (FBT) Part A end of year supplement, Child Care Benefit and Child Care Rebate.

The AIR automatically generates an Immunisation History Statement to parents/carers upon completion of the childhood vaccination schedule (usually around four years of age). If a child’s immunisation is not up to date, Immunisation History Statements are also automatically generated and sent to parents/carers at key vaccination milestones.
2.4 Develop a child health passport

Many children who enter out-of-home care do so with higher rates of significant health issues than children in the general population. A number of factors can contribute to this including poor diet, poor prenatal care, exposure to parental substance use and inadequate past medical care. This can result in children entering out-of-home care with previously unknown or undiagnosed illnesses, developmental delays or dental problems.

Finding and dealing with health problems early reduces the risk that they become entrenched and chronic. The child health passport aims to ensure that children receive effective and coordinated health care on entering out-of-home care.

The child health passport contains the information the carer requires to meet the day-to-day health needs of the child. A child health passport is required for a child in out-of-home care subject to:

- a child protection care agreement that has been extended beyond 30 days
- a CAO that has been extended beyond 30 days
- an interim order granting custody to the chief executive
- a child protection order granting custody or guardianship to the chief executive.

The child health passport framework aligns with the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (the Framework) developed by the Australian Government as a guide for health practitioners to assess and respond to the health needs of children in out-of-home care.

More information on the Framework can be located at National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) - March 2011.

Commencement of a child health passport

A child health passport is commenced when the department makes a request in writing for a health and dental professional to complete an appraisal or undertake an assessment of a child’s health and dental needs, or when confirmation of a medical appointment has been received.

It must begin 30 days and no later than 60 days after a child enters out-of-home care.

The child health passport process is not to be implemented as an isolated event, but is to be linked to the child’s strength and needs assessment and the development and ongoing review of the child’s case plan and case work. For further information, refer to the practice resources Child health passports and Child health passports flowchart.

All persons involved in the child health passport process are to be made aware of their responsibility to maintain the confidentiality of health related information in accordance with the requirements of the Child Protection Act 1999, section 187 and 188.

The child health passport folder must move with the child whenever the child moves to a new placement.

Definitions

Relevant health professional means a health professional who has seen the child, in a professional capacity, within the last 12 months, usually the child’s general practitioner, and can
comment on:
- the child’s general health status, any significant health issues
- the day-to-day health needs of the child
- any follow up treatment required.

A **health appraisal** is appropriate if a child has seen a health professional within the last 12 months and the health professional has enough information about the child to provide a comprehensive report in relation to the child’s day to day health needs, health status and any medical follow up or treatment that may be required.

A **health assessment** is required when the child has not seen a health professional in the last 12 months or if the health professional is unable to provide a comprehensive report about the child’s health status without seeing the child.

**Prepare the departmental health care file**

When commencing the child health passport process, arrange for the creation of a departmental health care file by completing a [CSSC file creation request](#) and forwarding it to the CSSC Records Officer. File all original documents relating to the child’s health on the health care file and copies of the originals in the child health passport folder.

**Gather essential health information**

When a child is to be placed in out-of-home care, obtain information from parents and where necessary, relatives or other health professionals, about:
- the child’s immediate health needs (details of general practitioner, health specialist and outstanding appointments) and essential medical history
- whether the child has recently received a health or dental service and if so, by whom
- any medication the child may be taking, including the dosage and who prescribed the medication
- whether the child has recently been seen by a dentist or the Child and Adolescent Oral Health Service
- whether the child has a diagnosed or suspected disability and who they are involved with to meet their support needs
- the child’s immunisation details, refer 2.3 Maintain a child’s immunisation schedule
- Medicare and if applicable, health care card - refer to 2.2 Obtain Medicare and Health card details
- who should complete the health assessment, where necessary.

For more information about gathering a child’s essential health information (including immunisation details) refer to the practice resource Child health passports.

Record the essential health and dental information in the Child information form and:
- provide a copy to the carer at the beginning of the child’s placement
- attach the ‘Child information form’ to the relevant event in ICMS
- file the original on the child’s health care file.

Record all attempts to obtain the child’s health history as case notes in ICMS.
Decide if a health assessment or health appraisal is required

Essential health information obtained from the child’s parent, carer or other sources will inform whether a health assessment or health appraisal is required. To determine this:

- establish whether the child is currently receiving a health service
- contact the child's carer or parent to find out whether the child has been seen by any health professional or has accessed any other health services in the last 12 months, for example:
  - a dentist or the Child and Adolescent Oral Health Service
  - a medical examination conducted as part of an investigation and assessment.

A health appraisal is appropriate where a child is currently receiving a health or dental service, or has been seen by a health professional in the last 12 months, for example:

- a dentist or the Child and Adolescent Oral Health Service
- a medical examination conducted as part of an investigation and assessment.

Note: Early Childhood Caries (Infant Tooth Decay) can occur soon after the baby teeth erupt, usually between nine months and two years. The need for infant dental treatment may be guided by the medical assessment.

Arrange a health appraisal

Where a health professional may have enough information to provide a comprehensive report about the child’s health needs, forward a Health appraisal letter and any available information or outcomes of recent assessments to the child’s health professional and request:

- whether they have assessed the child’s health (as outlined in the letter), within the last 12 month period
- an updated summary of the child’s health needs and health assessments, including any prescribed medication for the child.

Where the health professional indicates that the child does not require a health assessment:

- the information they provide is the health summary and forms the basis of the child health passport - record this in the child's case plan at the next review under the heading 'Child Information'
- negotiate with the child's carer during the development of the placement agreement to maintain scheduled appointments with the identified health professional, if applicable
- prepare the child health passport (see below)
- place the health summary on the health care file, and a copy in the child health passport folder.

If the health professional's reply indicates that the child needs to be seen to complete a health assessment, or a child has not seen a health professional in the previous 12 month period, arrange a health assessment.

For a dental assessment, where the child has previously received dental services, contact the service provider to obtain details, including any recommended follow-up. Where the child has not received any dental services in the past 12 months, or recommended treatment has not occurred, arrange an appointment with a dentist or dental service. For school age children, this may occur through the Child and Adolescent Oral Health Service.
Provide the carer with the Letter re: Custody (Medical) or Letter re: Custody and guardianship (Medical) to inform the dentist of who can provide consent for any proposed dental treatment.

For further information, refer to Queensland Health, Child and Adolescent Oral Health Services.

Where a child has mental health issues that require intervention and treatment by Child and Youth Mental Health Services, refer to the Interim Memorandum of Understanding between State of Queensland (through the Department of Communities Child Safety, Youth and Families) and State of Queensland (through Queensland Health Child and Youth Mental Health Services) 2010-2013.

Decide which health professional will conduct the health assessment, if applicable

The child’s general practitioner (GP) should complete the health assessment where possible. Where the child has not seen a GP, to decide the most appropriate professional to conduct the health assessment, consider the child’s age, Indigenous status and current living arrangements. For further information, refer to the practice resource Child health passports.

When there are limited services available to conduct a health assessment, or where a specific service is required for the assessment, contact the CPLO to:

- negotiate a health assessment by a Queensland Health service
- obtain advice about local services or processes.

Involve the child, parents and the carer in the health assessment

Where it is determined that a child requires a health assessment:

- discuss the requirement for a health assessment with the child’s parents and carer, and explain the assessment process
- speak with the child, where age and developmentally appropriate, to explain the assessment process, answer any questions they may have and obtain their agreement to attending an appointment with the GP, or a dentist
- ask the child who they would like to attend the appointment with them
- advise the parents and the carer that they may be required to provide health information or history, if requested by the health professional
- consider parental involvement in the appointment
- advise the parents, where they retain guardianship of the child, that their consent may be required for certain procedures or treatment for the child.

If a child refuses to attend a health assessment appointment, record this in a case note in ICMS and continue to work with the child to address their concerns about attending the appointment.

Where a child does not want anyone to attend the appointment with them, and a doctor deems the child as ‘Gillick competent’, consider their right to privacy and discuss with them whether information can be shared between the health professional and the department following the assessment. In addition, consider the views of the child prior to informing the child’s parents and carer of the outcome of the health assessment and any further actions required.

A decision will be made on a case-by-case basis as to whether the parents attend the health assessment appointment. When reunification is the goal of the child’s case plan, parents should be involved in attending medical and dental appointments. When deciding about parental attendance, consider the views of the child and ensure the decision is consistent with the child’s
Arrange the health assessment appointment, if required

To initiate a health assessment, ask the carer to make an appointment with the preferred health professional or service and request a long consultation.

Prepare the following documentation for the carer to provide to the health or dental professional:
- the Child information form, if completed
- the Health summary letter
- copies of assessments or reports that may inform the health assessment.

In addition, advise the carer to take a copy of the completed ‘Letter re: Custody (Medical)’ or ‘Letter re: Custody and guardianship (Medical)’ to the appointment, to inform decision-making about custody and guardianship matters, if required - refer to 1.11 Place the child in out-of-home care.

Negotiate payment processes with the health professional

A large number of Medicare items are appropriate for when various aspects of the health needs of children in out-of-home care are being assessed. For example, for an Aboriginal or Torres Strait Islander child, the health professional has the discretion to bulk bill the cost of a health assessment. For further information on eligible items for Medicare refer to the practice resource Child health passports.

For a non-Indigenous child, there is no single Medicare item number for a health assessment and full payment may be necessary.

Where full payment for the health assessment is required, the following options are available for payment:
- the carer pays for the health assessment and then claims the gap through Medicare. The department reimburses the carer for the ‘gap fee’ associated with the health assessment
- the health professional directly invoices the department - this option must be agreed to by the health professional prior to the appointment. If the child is Indigenous, the department can arrange for a Medicare rebate using the child’s Medicare number.

Use the child health passport account code 54355 to cover the initial health assessment and any follow up health assessments. This code excludes all other costs associated with meeting the child’s health care needs met by the carer in accordance with the Expenses - Fortnightly Caring Allowance and Inter-state foster payments policy.

When a child is referred to other health providers for follow up, for example, a dietician, a respiratory specialist or speech therapist, the carer will pay for one appointment only and the department will meet the cost of the other appointments, using the relevant Child Related Cost account code.

In relation to dental assessments, school age children can be assessed through the Child and Adolescent Oral Health Service, at no cost. For teenagers, the Medicare Teen Dental Plan provides annual vouchers that cover the initial costs of a dental examination.
Prepare the child health passport

When the health summary from the health and dental professional is received:

- obtain a child health passport folder from the records officer and print the cover sheet
  Child Health Passport - Private and confidential for the front of the folder
- attach a self-adhesive alert on the inside cover of the folder for any child with a medical condition - this sticker is available from the records officer
- place a copy of the following documentation in the child health passport folder:
  - the Child information form
  - information about any medical alerts (see note below for what may constitute a medical alert)
  - the child’s Medicare card and if applicable, health care card
  - the Health appraisal letter or Health summary letter
  - the Letter re: Custody (Medical) or Letter re: Custody and guardianship (Medical)
  - the letter from the health professional summarising the child’s health needs (this constitutes the health assessment)
  - information relating to the specific health needs of the child, including a diagnosed disability or any other health related information that would assist the carer to meet the child’s health needs
  - information about any prescribed medications.

The Child information form will be added to the child health passport, excluding section C, which relates to the parental health history information that is not relevant to meeting the child’s medical needs, after non-essential information is gathered (see below).

Note: All medical alerts for the child, including adverse drug reaction, sensitivity/allergies of significance, significant mental health alerts, prescribed psychotropic medications and infections of significance, require the self-adhesive alert to be placed on the inside cover of the child health passport folder.

In addition, where an alert relates to a life threatening medical condition, record the medical condition as a ‘serious health condition’ alert on the child's person record in ICMS.

Provide the child health passport to the carer

Provide the child health passport folder to the carer at the commencement of the child's placement, or as soon as possible following the commencement of the placement. At this time, the child’s carer must be informed that it contains confidential information and must be kept in a secure location.

Do not include information pertaining to other family members in the child health passport folder.

Register the provision of the folder to the carer on the departmental record management system, RecFind.

Inform relevant parties of the health assessment or health appraisal outcome

The health summary from the health and dental professional will include:

- significant findings from the health assessment
- a recommended health plan
- recommended follow-up, including timeframes.

When the health summary is received:
- register receipt of the health assessment letter on RecFind
- discuss the outcome with the child, where age and developmentally appropriate, the parents and the carer
- provide a copy of the letter to the carer, for the child health passport folder
- place the original letter on the health care file
- arrange any recommended follow up appointments.

Note: Where a medical practitioner reports that a child under 16 years has a sexually transmitted disease or is pregnant, inform the QPS according to the Child Protection Act 1999, section 14(2) and (3) using a Police referral fax, and, where the information meets the threshold for recording a notification, record a notification in accordance with Chapter 1, Intake.

Arrange health follow up

When the health assessment recommends further action:
- negotiate responsibility for meeting related costs (see below)
- organise health services or specialist appointments in consultation with the child and the carer
- ensure necessary documentation is provided when the child attends specialist or other appointments
- consider additional referrals that may assist in meeting the child's identified needs, for example, an Evolve referral may be appropriate to the child's mental health or disability needs - refer to 2.8 Refer the child to Evolve, if required
- either:
  - incorporate the follow up actions in the next review of the case plan and placement agreement, or
  - consider whether a review of the child's case plan and placement agreement is required, where the health findings and required actions are significant.

If during the health assessment or follow up appointments, consent is required for medical tests or procedures, for example, immunisation or pathology tests, ensure that the person able to provide consent, either the child if 'Gillick competent' or the child's guardian, has:
- information about the procedure or test
- the opportunity to discuss concerns about the procedure or test with a health professional, before providing consent.

The health professional will decide if the child is able to provide consent for medical procedures based on the concept of 'Gillick competency'. For further information, refer to 3. Decision-making for the child.

Where a child has mental health issues that require intervention and treatment by Child and Youth Mental Health Services, refer to the Interim Memorandum of Understanding between State of Queensland (through the Department of Communities Child Safety, Youth and Families)
and State of Queensland (through Queensland Health Child and Youth Mental health Services) 2010-2013.

Negotiate responsibility for follow up costs

In relation to follow up health appointments:

- access public health services as the first option
- access state and federal health schemes, where available and appropriate.

Specific health schemes which may be of assistance include:

- Medicare Teen Dental Plan
- Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule (MBS).

Where necessary, seek appropriate approvals with respect to child related costs expenditure for required appointments, for example, if the required health service is not available publicly.

Gather ‘non-essential’ health information

Within 12 months of the child’s placement in out-of-home care, or as required due to case circumstances, obtain information about:

- any childhood illnesses and hospitalisations experienced by the child
- the child’s developmental progress - refer to the resource Physical and Cognitive Developmental Milestones
- the pregnancy history of the child’s mother
- the child’s family’s health history.

Specific circumstances prompting the collection of ‘non-essential’ health history are outlined in the practice resource Child health passports.

Where it is identified that a child or parent has an infectious or communicable disease, refer to 11. What if a child or parent has an infectious or communicable disease?

Record the ‘non-essential’ health information in the Child information form and:

- provide a copy to the child’s carer, excluding parental health history information that is not relevant to meeting the child’s medical needs, for inclusion in the child health passport folder
- attach the ‘Child information form’ to the relevant event in ICMS
- file the original on the child’s health care file.

Arrange a subsequent health assessment

If the child has ongoing health issues, a health issue arises or the child has not had a health assessment for a significant period of time, arrange a subsequent health assessment, as outlined above.

Where possible, arrange for the health professional who conducted the previous health assessment, to complete this health assessment.

Once the health professional has completed the assessment and revised the child’s health status, they will prepare a letter to the department outlining the child’s health needs and any required follow up. This letter constitutes an updated health assessment.
Manage the location of the child health passport

When a child commences a new out-of-home care placement:
- provide the new carer with the child health passport, with the possible exception of a respite placement (see below)
- inform the carer about any medical alerts for the child, including any life threatening medical condition
- advise Medicare Australia of the child's new address
- update the location of the child health passport on RecFind.

When a child commences a respite placement:
- advise the respite carer of the child's health needs, including all medical alerts and any appointments or treatment required during the placement period
- depending on the length or frequency of the respite placement, arrange for the primary carer to provide the respite carer with the child health passport, for the duration of the respite placement.

When a child returns to the care of parents:
- provide the parents with the child health passport
- inform the parents about relevant medical information and any follow up appointments
- update RecFind
- advise Medicare Australia of the child's new address using the Letter to Medicare - change of address.

When a young person transitions from care to independence:
- provide them with the child health passport
- update RecFind
- advise them to inform Medicare Australia of any new address.

Management of psychotropic medication

Psychotropic medications are used to treat psychiatric disorders. They are not disorder specific, but provide clinical benefit for a range of psychiatric disorders and symptoms. Some medications, such as some anticonvulsants, which are primarily used to treat medical and neurological conditions, are also used to treat psychiatric disorders.

The most common types of psychotropic medications used to treat psychiatric disorders are:
- antidepressants
- antipsychotics
- anxiolytics
- mood stabilisers
- hypnotics
- stimulants
- cognitive enhancers.

Given the significance of a decision to prescribe or alter a psychotropic medication for a child in out-of-home care:
- gather sufficient information to make informed decisions
• consult with the child, the parents and the carers and facilitate their participation in decision-making, as appropriate
• document all actions and decision including completing relevant sections in the Child information form, the education support plan, the case plan and the child strengths and needs assessment.

Gather information and consult
When a medical practitioner seeks consent for a child in out-of-home care to be prescribed a psychotropic medication or to change the type of psychotropic medication prescribed for the child, obtain the following information from the medical practitioner:
• the child’s diagnosis and the behaviours or symptoms the medication is intended to modify or alleviate
• the name of the medication, the dosage and the anticipated period of time that the child would be required to take the medication
• the possible short and long term side effects that may be experienced by the child
• the anticipated date when the use of this medication will be reviewed by the medical practitioner.

As soon as possible after the use of a psychotropic medication is recommended, consult with the child, the parents and the carers, as appropriate, to ensure that all the relevant persons:
• have information about the diagnosed medical condition requiring treatment with psychotropic medication
• are clear about the specific type of medication and the possible side effects
• understand when the use of this medication will be reviewed by the medical practitioner.

Obtain consent
To obtain consent for the use of psychotropic medication for a child in out-of-home care:
• complete the Consent form - Psychotropic medication and obtain the guardian’s consent, either:
  • the parents when the parents retain guardianship of the child
  • the CSSC manager or CSAHSC manager or team leader or, when the chief executive has guardianship of the child
• forward the signed consent form to the medical practitioner
• place a copy of the signed consent form on the child health file
• provide a copy of the signed consent form to the carer for inclusion in the child health passport.

Participate in review of medication
When a child in out-of-home care is prescribed psychotropic medication:
• request that the medical practitioner provide advice about the outcome of any scheduled review of the medication
• facilitate the participation of the child, the parents and the carers, as appropriate, in this review
• include discussion of the psychotropic medication in any review of the case plan or review of the child health passport.
Share information with relevant professionals

When a child in out-of-home care is prescribed psychotropic medication, relevant information about the medication and the possible impacts on the child’s behaviour and functioning can be provided to:

- staff from the Department of Education, Training and Employment - information can be provided to staff at the child’s school and during the education support planning process
- a youth justice caseworker - where the child is subject to youth justice intervention by the Department of Justice and Attorney-General (Youth Justice Services)
- staff from a youth detention centre - where the child is subject to a detention order or remanded in custody.

Management of Personally Controlled Electronic Health Records

The Commonwealth Department of Health has introduced Personally Controlled Electronic Health Records (eHealth) which is an online record of a person’s health history. A person can create their own and their children’s eHealth file online for a centralised electronic record of all their health records. The eHealth record is shared with health professionals involved in the individual’s care. Information may include medication, discharge summaries, immunisations, specialist assessments etc. Further information on eHealth can be found on the Commonwealth Department of Health website.

The department is implementing interim procedures only for those children who are identified as ‘critical high risk clients’ as outlined below.

Identify critical high risk clients

Critical high risk clients include those children in care where:

- there is an immediate threat to the child’s life, health or wellbeing if the whereabouts of the child is disclosed to the parents AND
- the department has made the decision to withhold this information from the parents.

The eHealth system is currently unable to block specific details in the eHealth file including the child’s current address. A parent who has access to a child’s eHealth file will be able to view all the child’s health records, including the child’s address and contact details. This may place a child at significant risk if the department has made a decision to withhold the whereabouts of the child from the parents. The eHealth system recognises children in these circumstances as ‘critical high risk clients’.

Notify the eHealth System Operator

When a child in care has been identified as a critical high risk client, the Child Safety Officer may notify the eHealth System Operator by phoning 1800 723 471 to advise the following:

- details of the child in care e.g. name, date of birth, medicare number
- details of the child protection order authorising the department to make decisions on behalf of the child in care
- notification that the child in care is considered a critical high risk client as per circumstances outlined above
- determine whether the child in care has an eHealth record currently open
- If the child has an eHealth file open, then request the parent’s authority to access the file be removed
• If the child does not have an eHealth file open, then request a flag be placed on the child’s name to prevent an eHealth file being opened by the parents or any other individual.

The eHealth System Operator may request the above information to be confirmed in writing.

**Monitor and Review**

When a parent has their access and legal authority removed from their child’s eHealth record, the parent may apply to the eHealth System Operator for a review of the decision. The department may be required to provide evidence to support the decision to block the parent’s access to the child’s eHealth file.

When a situation changes for a child in care, the eHealth System Operator will need to be notified. This may include circumstances where there is no longer a risk to the child to withhold their whereabouts to the parents or the child protection order changes. Notification of these changes is only able to be completed by the child in care’s ‘authorised representative’.

**Authorised Representative**

An authorised representative has legal parental authority to act on behalf of a child and will hold responsibility for the creation, management and review of the child’s eHealth file. The chief executive may apply to become an authorised representative for a child in care.

The eHealth system will not recognise decisions made by a delegate of the chief executive as the authorised representative. Any decisions on behalf of the child in care will need to be made directly by the chief executive. An exception has been made to allow a delegate of the chief executive to notify the eHealth System Operator of the critical high risk clients only.

**2.5 Respond to the child’s education needs**

A good education gives children the best possible start in life, leading to greater opportunities in adulthood. Research shows that children and young people in out-of-home care experience a number of adverse educational outcomes including lower attainment and fewer years of schooling. They are also less likely than their peers to remain in education or training after 16 years of age. Children in out-of-home care start with a level of disadvantage when compared to their peers and it is the responsibility of both Child Safety Services and the Department of Education and Training (DET) to provide them with opportunities to overcome their adversity and help them achieve.

For additional guidance in responding to the education needs of children, refer to the practice paper *Valuing and improving educational outcomes for children in out-of-home care* and the related practice resource *Education outcomes for children in out-of-home care*.

Children and young people involved in the child protection system also continue to experience higher levels of school disciplinary absences (SDA) across Queensland compared to those in the general population. Child safety staff play an important role in supporting children and young people through their education and working closely with the educational facility to share the right information at the right time. To assist child safety officers in understanding the SDA process, the following resource has been developed *School disciplinary absence*. 
Kindergarten plays a key role in laying the foundation for children’s future learning and lifetime outcomes. Effective learning involves ideas and concepts that build on each other. If children do not acquire crucial skills and knowledge, and develop positive attitudes to learning early on, it can become increasingly difficult for them to learn as they get older.

Under the Kindergarten funding scheme offered by the Office of Early Childhood Education and Care, all children in out-of-home care, who are aged at least four years old by 30 June in the year they participate, are entitled to low or no cost approved kindergarten programs. This initiative encourages the participation of disadvantaged children in quality early childhood education. Eligibility for the program is on the basis of the child holding a health care card, to which all children in out-of-home care are entitled – refer to 2.2 Obtain Medicare and Health care card details.

Approved kindergarten programs are delivered in a range of settings, including: C&K, Independent Schools Qld, Queensland Catholic Education Commission, Qld Lutheran Early Childhood Services, Lady Gowie and approved long day care services.

The early childhood education and care participation minimum gap payment assists foster and kinship carers to meet the costs arising from the child’s attendance at centre-based child care or kindergarten. This payment is automatic for eligible children and does not require pre-approval by the CSSC manager. For more information, refer to the ‘Early childhood education and care participation minimum gap payment’ policy.

If a child is not immunised in accordance with the National Immunisation Program Schedule, they may not be eligible to attend a kindergarten program or will be precluded at times when a communicable disease is present in the centre.

Foster and kinship carers may also be eligible for reimbursement, through child related costs, for out-of-pocket expenses.

Children who are attending kindergarten do not require an education support plan.

**Ensure the development of an education support plan**

The education support plan (ESP) is a joint initiative of the department and the Department of Education and Training (DET). It aims to ensure that a child in out-of-home care is enrolled and participating in an educational program that meets their individual learning needs, maximises their educational potential and improves their well-being. The ESP is the key process to plan and document the child’s educational goals and outcomes and strategies to achieve identified outcomes.

DET is responsible for the development and annual review of the ESP. The department is responsible for advising DET-of the child’s eligibility, participating in the development and review of the ESP and monitoring that the ESP process occurs.

DET has a separate agreement with the Independent and Catholic schooling sectors, requiring these schools to establish the same process as State Schools for completing an ESP.

An ESP will be completed where a child meets all of the following requirements:

a) residing in out-of-home care in Queensland and subject to an interim or final child protection order granting custody or guardianship to the Chief Executive. This includes:
a) short term custody or guardianship order to the Chief Executive
b) long term guardianship order to the Chief Executive.

Or:
b) subject to a final interstate child protection order granting custody or guardianship to the chief executive of that state and:
   a. residing in out-of-home care in Queensland
   b. not accessing equivalent funding interstate.

And:
c) The child is enrolled in a Queensland educational facility and is in Prep to Year 12 (i.e. in the compulsory schooling/participation phase) and has not turned 18 years of age.

A child will not be eligible for an ESP when they:

- are subject to an interim or finalised child protection order but no longer reside in out-of-home care. For example, the child has returned home as part of a planned reunification process and the child protection order has not yet been varied or revoked
- are being cared for under a private care arrangement between family members
- are subject to an order made by the Family Court of Australia
- are involved with DCCSDS under an Intervention with Parental Agreement case, a temporary custody order, temporary assessment order or court assessment order
- are subject to any of the following child protection orders:
  - an order granted by a court in another Australian state which has not been transferred to the DCCSDS
  - an interim CPO except in the circumstances noted above
  - a protective supervision or directive child protection order
  - an order granting custody or long term guardianship to a suitable person who may be a member of the child’s family or a person nominated by DCCSDS.
  - have turned 18 years of age – young people who are turning 18 years of age should consult with their Child Safety Officer about their transition from care plan which should incorporate education support.

If DET or DCCSDS identifies that a child would benefit from education planning but is not eligible for education support through this MOU, the child will be supported to access the range of other programs and support options available through DET.

Where eligible, support will be documented in the child’s DCCSDS case plan and discussed as part of the transition from care planning process.

For further information about ESPs, Educational Outcomes: Memorandum of Understanding between Department of Education and Training and Department of Communities (Child Safety Services).

Inform the school principal of the child’s eligibility

Prior to the enrolment of a child who may require special consideration in accessing an educational program, contact the local DET regional office to identify schools in the area with support services to best meet the child’s needs. This may be appropriate, for example, for a child who has disabilities or is subject to school disciplinary absences.
Where a child is eligible for an ESP, notify the school principal of the child's eligibility by completing and providing the Letter to school - education support plan to the school's principal, within the following timeframes:

- before, or at the time of, the child's enrolment with the school
- where the child is already enrolled in a school and residing in an out-of-home care placement, within one month of the commencement of the child protection order (interim or final) granting custody or guardianship to the chief executive.

If the school has not contacted the department within five working days following the notification of the child's eligibility, contact the principal to make arrangements for an ESP planning meeting.

The school principal is responsible for finalising the child's ESP within one month of being notified of the child's eligibility.

**Prepare for the education support planning meeting**

Prior to attending the school to participate in the development of the ESP:

- consult with the child about the development of the ESP and discuss and encourage their attendance at the meeting, where appropriate - refer to the practice resource Participation of children and young people in decision-making and the Children and young people's participation strategy
- determine the appropriate level of involvement for the child's carer and parents
- provide an opportunity for the recognised entity to participate in the meeting for an Aboriginal or Torres Strait Islander child
- in collaboration with the principal, identify and engage other agencies that may provide services to support the educational participation, retention and achievement of the child
- liaise with Queensland Transport to identify school transport arrangements that enable the child to attend the nominated school, where applicable
- inform the child's carer of the availability of financial support through the department, including child related costs as outlined in the Child related costs - Education support policy, and the school, to enable the participation of the child in any learning support opportunities
- cooperate with the principal and related staff to ensure the development of the ESP within specified timeframes.

Note: Any expenditure by the department is subject to approval by the CSSC manager and will be recorded in both the child's ESP and case plan.

**Attend the education support planning meeting**

The carer and where considered appropriate, the child and the child's parents will attend education support planning meetings. For an Aboriginal or Torres Strait Islander child, the recognised entity may also attend. The CSO with case responsibility is required to actively participate in the meeting, which will include discussion of:

- any health or well-being risks related to the child, other children or staff
- strategies to address identified risks
- educational services that may assist the child
- the potential impacts of any prescribed medications, including psychotropic medications,
on the child's achievement and functioning - refer to 2.4 Develop a child health passport
- any planned placement changes, including respite, or reunification that may impact on school attendance and participation, and/or a change of school
- strategies and goals to maximise the child's academic potential and school engagement.

Where a child chooses not to attend the meeting, their views and educational goals should still be communicated at the meeting, where possible. This may occur by either the CSO or carer ascertaining their views prior to the meeting.

If a child is truanning, discuss the risks to the child and associated management strategies at the meeting, and request that school staff advise the child's carer or, where not contactable, the CSSC, whenever this occurs.

Where necessary, take a copy of the Letter re: Custody (Schools) or Letter re: Custody and guardianship (Schools) to the education support planning meeting, to inform decision-making about custody and guardianship matters. For further information refer to 3.8 Make education decisions.

DET will require all parties who attend the education support planning meeting, or annual review, to sign the ESP.

**Obtain and file a copy of the education support plan**

DET will distribute a copy of the final education support plan to the key parties involved in the development or review of the plan.

Upon receipt of the ESP from the school:
- ensure a copy of the ESP has been provided to the child and clarify any questions they may have
- attach the ESP to the relevant event in ICMS.

**Attend the review of an education support plan**

DET is responsible for reviewing the ESP, at a minimum, every **12 months**. An earlier review may be organised if the child's circumstances change, for example, if the child is to transfer to another school or existing goals have been met and new goals need to be established.

If a CSO has not been contacted by the school within 12 months of the date of the current ESP, contact the principal to make arrangements for the review.

The CSO is required to attend each review of the child's ESP.

**Inform the school principal about changes in circumstances, including changes in eligibility**

For the duration of the child’s placement in out-of-home care, inform the principal in a timely way of any changes in a child’s legal status, out-of-home care placement or change in school enrolment. This includes providing the completed Letter to school - education support plan (change in eligibility) when a child is **no longer eligible** for an education support plan, for example, where a child protection order is made granting long-term guardianship to a suitable person or the child returns to the care of the parents.
Education support funding program

Funding is available through the Education Support Funding Program, initiated and administered by the school, where a child has a completed ESP which identifies individualised needs and strategies which require funding to meet the specified educational goals.

2.6 Facilitate and monitor family contact

Continuity of relationships with family, friends and other significant people, and connections to familiar environments and activities can help children in care to better cope with the difficulties of transition. More specifically, family contact promotes the child’s sense of identity, assists towards achieving reunification and ensures ongoing relationships and support following the child’s transition from care. Maintaining sibling relationships is positively associated with child well-being and adult functioning.

When a child is placed in out-of-home care:

- provide opportunity for contact between the child, the child’s parents and appropriate members of the child’s family as often as is appropriate (the Child Protection Act 1999, section 87)
- ensure that an appropriate level of contact occurs between a child and their siblings, particularly where siblings are not in the same out-of-home care placement or where there are siblings who continue to reside with their parents
- ensure that the child’s view about contact is considered and accurately recorded in the decision-making process - refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy
- the CSO maintains responsibility for the child having appropriate family contact, where the child resides in a non-family based placement.

Where a contact decision is made that is contrary to the child’s wishes, ensure that the reason for the decision is explained to the child.

Family contact visits will only be held in a CSSC where there are legitimate reasons for doing so, such as threats of violence or risk of abduction.

If a decision is made to refuse to allow, restrict or impose conditions on family contact, each person affected by the decision, including the child, where age and developmentally appropriate, must be provided with written notice of the decision.

Decide the level and nature of family contact

The level and nature of family contact is decided within the case planning process, using an inclusive decision-making process. The decisions made must reflect the goal and outcomes of the case plan, be in the best interests of the child and not place the child at further risk of harm.

A team leader or CSSC manager are the delegated officers to decide the level and nature of family contact within Queensland. When the family contact is in another jurisdiction, only the CSSC manager can approve the contact - refer to 3.14 Make family contact decisions. A team leader or CSSC manager may also decide to refuse, restrict or impose conditions on contact.

To inform decisions about the level and nature of family contact, consider requesting information
about any criminal or domestic violence history about the parents or adult household members. QPS may provide a written report of criminal history and a summary of domestic violence protection orders and their conditions on:

- a parent of the subject child
- an adult member of the parent’s household
- an adult who may be a person responsible for alleged harm.

The request can be made at any time a decision is being made in relation to a child, under the authority of the Child Protection Act 1999, section 95(3). The request can be used in circumstances such as:

- a parent or household member refuses to disclose their criminal or domestic violence history, and reliable information cannot be gathered from other sources to inform the family contact decision
- it is assessed that a parent or household member has not fully disclosed any history
- it is alleged that a parent or household member has a history of offences against children, but the full history is not available.

In most instances these requests will not be urgent. For further information about making a non-urgent request to the QPS for a written report on criminal and domestic violence history refer to Chapter 2, 2.7 Gather information from other sources.

For further information informing decisions about family contact, refer to the practice resource Facilitating family contact, the Practice guide: The assessment of harm and risk of harm and the practice papers Family contact for children and young people in out-of-home care and Supporting children and young people in care through transitions.

Note: A CSO must comply with contact arrangements directed by the Childrens Court and the Family Court of Australia, however, orders made under the Child Protection Act 1999 take precedence over Family Court of Australia directives (Family Law Act 1975, section 69ZK (2)).

If a child is at risk of harm during contact that has been directed by the Family Court of Australia, and the parent with whom the child is having contact refuses to suspend contact arrangements, a CSO must take action to ensure the child’s safety. For further information, refer to Chapter 10.21 Family courts.

When a child’s parent, family member or other significant person is in custody in a correctional facility, refer to 4. What if family contact needs to occur in a correctional facility?

When a child’s parents are residing in the same carer household, consider the carer’s capacity to provide care in accordance with the case plan and the placement agreement, including arrangements for contact between the parent and child in relation to daily care matters.

**Family contact where there is history of domestic violence**

Where domestic violence is identified in a parental relationship, assess whether:

- family contact may be used by the perpetrator to further harm the child and as a means to continue the abuse of the non-violent parent or extended family members
- family contact between the child and the perpetrator or extended family members is in the child’s best interests
- the child’s behaviour is significantly affected before, during or following family contact.
When a child is placed with a kinship carer who is a member of the perpetrator’s family, assess:

- whether the carers are able to meet the child’s protective and care needs during family contact with the perpetrator
- the level of fear of the perpetrator held by family members and the level of control the perpetrator has over them.

When a child is placed with a kinship carer who is kin of the non-violent parent, assess whether there are safety concerns for the child or any members of the household, when decisions are being made about contact between the child and the perpetrator.

Where there is a concern about a child’s safety during contact, ensure that only agreed family contact is occurring and that kinship carers and parents are not making their own arrangements. Changes to agreed family contact arrangements must occur in accordance with 3.14 Make family contact decisions.

For further information, refer to the practice resource Facilitating family contact and the practice paper Domestic and family violence and its relationship to child protection.

**Supervise family contact**

A departmental officer is **required** to supervise family contact when:

- there are significant safety concerns for the child, and a high level of control and oversight of the parents or other persons participating in contact with the child is required
- there are legitimate concerns that the child may be abducted or harmed during contact
- the child or family requests that a departmental officer be present
- a qualified professional working with the child or family recommends that contact be supervised, based on legitimate concerns.

A departmental officer may also be present during family contact when:

- there is a need to assess interactions between the child and family, to check the progress of the case plan or to assist with court processes
- the departmental officer is working in a therapeutic capacity with the child and family.

**Negotiate carer participation in family contact**

Carers may participate in family contact arrangements where both of the following apply:

- cases are reasonably straightforward and do **not** require a high level of control and oversight of the parents or other persons participating in contact with the child
- the factors considered prior to the provision of placement information to parents do **not** identify significant safety concerns, such as:
  - recent threats of removal or abduction of the child
  - aggressive behaviour by the parents during the removal of the child, which resulted in harm to others.

Negotiate the carer’s involvement in family contact, and document the agreed arrangements in the case plan and placement agreement.

**Outsourcing transport and/or supervision of family contact**

An external party may be contracted to provide transport and/or to supervise family contact in
accordance with a child’s approved case plan. Expenditure in relation to this contracted service needs to be pre-approved as detailed in Child related costs - Client support and family contact policy.

Any contractual arrangements made with external parties engaged in undertaking transport and/or the supervision of children for family contact must ensure that the employee (paid or volunteer) has:

- a positive blue card, and where possible, has undergone personal history screening
- a ‘C’ class driver’s licence
- knowledge and skills in working with children and their families
- knowledge of current child restraint laws in Queensland
- a mobile phone to enable contact with departmental staff should an emergency arise
- when transporting children, a registered vehicle that has either comprehensive or third party vehicle insurance that indemnifies the department against certain liabilities at law
- an awareness of their responsibility to report any concerns, including harm or risk of harm
- agreed to provide timely written details about their observations
- an ability to deal with client matters of a sensitive and confidential nature – parties would be required to sign an oath of confidentiality and comply with relevant confidentiality provisions under the Child Protection Act 1999
- sound interpersonal skills and an ability to liaise with children, their families and carers from a variety of cultures
- been informed that they may be required to give evidence in legal procedures including the Children’s Court or Queensland Civil Administrative Tribunal.

All departmentally funded non-government organisations, whether licensed or not licensed, including services such as recognised entities, family intervention services, and counselling and intervention services, are required to comply with the Working with Children (Risk Management and Screening) Act 2000 as a condition of funding.

Prepare participants for family contact

When the family contact arrangements have been decided:

- inform all participants about the date, time and venue
- inform all participants of their responsibilities during family contact
- discuss whether strategies or supports are required to assist the child, their carer or family members to effectively manage family contact arrangements
- discuss appropriate strategies and interventions to be implemented when the contact involves a child who has been sexually abused and/or has engaged in sexually abusive behaviour, if applicable - refer to the practice resource Children with sexual abuse histories
- ensure suitable transport arrangements are made for the child
- arrange appropriate supervision for the family contact, if required
- ensure that appropriate information and advice is provided with respect to safety issues and associated management strategies, including the use of standard infection control
precautions if a child or parent has an infectious disease.

**Change family contact arrangements**

The CSO or the child's carer can negotiate to change family contact arrangements where the changes are minor and consistent with the case plan goal and outcomes. Reasonable requests by the child or family for additional family contact may are to be accommodated, where possible, if they are consistent with case plan goal and outcomes.

When changes are made, inform all participants and record relevant information in a case note in ICMS.

When requests are made for additional contact or changes to family contact that are substantially in conflict with the agreed case plan, or are likely to result in significant issues for the child or their family members, the child's guardian (team leader or CSSC manager) **must** make the decision - refer to 3.14 Make family contact decisions.

Should the contact arrangements in the case plan no longer be in the best interests of the child, initiate a case plan review, in accordance with Chapter 4, 5. Review and revise the case plan.

For further information, refer to the practice resource Facilitating family contact.

**Monitor the progress of family contact**

Family contact arrangements are to be monitored on an ongoing basis, in order to:

- obtain information from the child about their experience of the contact
- gather information about the progress and suitability of the family contact from **all other** parties, including the parents, family members, carers and departmental officers
- assess parental progress in meeting the child's protection and care needs during family contact, if applicable
- address any concerns identified, as they arise
- assist and support the child, their family and the carer and their family, in maximising positive family contact.

**Respond to child protection concerns related to family contact**

Where information is received about harm or risk of harm to a child by their parent, during family contact, the CSO with case responsibility will:

- take immediate action to ensure the child's safety
- record the information in **an intake event** in ICMS and determine if the concerns meet the threshold for a notification - refer to Chapter 1. Intake
- address the matter with the parents, or conduct an investigation and assessment, where appropriate
- review the family contact arrangements, where necessary.

It is not appropriate to record the concerns in a case note only, as harm or risk of harm in this context is to be responded to in accordance with usual intake procedures. For further information, refer to Chapter 3, 2. What if new child protection concerns are received?

**Respond to disruptive family contact**
When family contact is assessed as not meeting the needs of the child, or when issues arise about the actions or behaviours of family members during contact, engage the relevant parties to resolve the identified issues. Consider possible strategies to address disruptive contact, including:

- discussions with parents and other family members regarding the expectations of the department during family contact, and the establishment of clear boundaries
- support and therapeutic intervention for the child and parents or family members.

If the issues persist or escalate, consult the team leader to consider changing the contact arrangements to meet the needs and best interests of the child, and initiate a case plan review.

If issues relating to the carer’s role or responsibilities arise during family contact, discuss the matter with the carer and consider strategies for resolving the issues - refer to Chapter 8, Regulation of care.

**Record family contact arrangements and outcomes**

Record family contact arrangements in the child’s case plan and placement agreement. Record information and decisions about family contact in case notes, including:

- the child’s views
- observations about the progress or outcomes of family contact
- disruptive family contact and response strategies.

**Refuse, restrict or impose conditions on family contact**

A team leader or CSSC manager may decide to refuse, restrict or impose conditions on contact, when either:

- family contact is not in the child's best interests
- it is not practical for the parents or family member to have contact.

If the child is Aboriginal or Torres Strait Islander, provide the recognised entity with an opportunity to participate in the decision-making process about any decision to refuse, restrict or place conditions on family contact.

When a decision is made to refuse, restrict or impose conditions on family contact:

- inform all affected persons of the decision, the reason for the decision and how to have the decision reviewed
- ensure the child’s understanding of review processes and support options
- **provide written notice** of the decision, as soon as practicable after the decision is made, as follows:
  - for the child, develop a letter on a case-by-case basis, that reflects the child’s age, maturity and capacity to understand
  - for other persons affected by the decision, complete the Letter re: Refusal or restriction of family contact.

Attach a copy of each written notice to the relevant event in ICMS.

The team leader or CSSC manager is responsible for ensuring compliance with the legislative requirement to provide written notice of a decision to refuse, restrict or impose conditions on family contact.
When a child is no longer in the care of their long-term guardian and is subject to an assessment order, TCO or interim custody order, the long-term guardian has the same rights as parents. Advise the long-term guardian of the decision to refuse, restrict or impose conditions on family contact as per the requirements for a parent.

Note: Under the Public Guardian Act 2014, section 133, the Public Guardian has the ability to apply to the Queensland Civil and Administrative Tribunal for a review of the decision by a team leader or CSSC manager, not to refuse, restrict or impose conditions on a child’s contact in accordance with the Child Protection Act 1999, section 87(2). Before requesting a review, the Public Guardian must attempt to resolve the concern with the department.

Decide the nature of overnight contact with kin

When it is planned that a child will stay overnight with kin, either in Queensland or in another state, territory or New Zealand, (for example, during school holidays), the CSSC manager has the discretion to determine whether the arrangement constitutes a placement that will be subject to regulation of care requirements.

Alternatively, the CSSC manager may decide that the arrangement constitutes family contact or a holiday, not requiring the child’s kin to be approved as a kinship carer. In this case however, an assessment for the purpose of family contact or holiday is still necessary.

Provide the CSSC manager with the following information to inform the above decision:

- the goal and outcomes of the case plan
- the level of risk to the child posed by the contact
- the child’s views about the contact
- the child’s age and vulnerability
- the history of previous contact between the child and the child’s kin
- the length of stay, location and circumstances of contact
- whether the fortnightly caring allowance is required.

Note: Where the child’s kin requests financial support for the placement, the fortnightly caring allowance can only be paid if the kinship member is approved as a kinship carer. Where the CSSC manager decides that the placement will be subject to regulation of care requirements, approach the child’s kin about submitting an application to become an approved kinship carer. For further information about the assessment and approval of a carer applicant, refer to Chapter 8, Regulation of care.

Where the CSSC manager decides that the placement will not be subject to regulation of care requirements, the departmental officer will conduct an assessment for the purpose of family contact or holiday.

Conduct an assessment - family contact or holiday within Queensland

To undertake an assessment where the child’s kin resides in Queensland:

- ensure they are willing to care for the child
- discuss any relevant issues regarding the placement and the child’s safety during the proposed visit
- arrange a time to visit them and conduct the assessment
- check departmental records for any child protection history on the child’s kin and other
household members - their consent is not required, but they are to be advised that the checks will be undertaken

- conduct an assessment interview with the kinship member and complete the Request for Interstate Assessment - Holiday Placement
- consider approval delegations required for intrastate travel – refer to 3.11 Make travel decisions – intrastate or interstate

No other personal history checks may be undertaken. Should further checks be assessed as necessary, consideration **must** be given to formally assessing them as a kinship carer.

Where the kinship member lives in another geographical area from the child and the CSSC and there is a significant geographical distance, complete the Request for Interstate Assessment - Holiday Placement and forward the request to the appropriate CSSC for actioning. Following the assessment, the CSSC responsible for the child must approve the contact decision.

**Facilitate an assessment - family contact or holiday in another jurisdiction**

To facilitate an assessment where the child’s kin resides in another state, territory or New Zealand:

- ensure there is a sufficient period of time before the intended contact, to complete the assessment - allow 8-9 weeks
- ensure the child’s kin is aware of the proposed visit and is willing to care for the child
- discuss any relevant issues regarding the proposed visit and the child’s safety during the visit
- conduct interstate or New Zealand child protection history checks on the kinship member and all other household members, through DMS - email CPIS_checks@communities.qld.gov.au
- contact the Queensland ILO, Court Services and obtain the Request for Interstate Assessment - Holiday Placement template
- complete the ‘Request for Interstate Assessment - Holiday Placement’ template and attach appropriate supporting documentation, for example, medical and psychological reports on the child
- ensure the request outlines the dates for the intended visit
- have the request signed by the CSO with case responsibility and their team leader
- fax or post the form and supporting documentation to the ILO **at least 8 weeks** before the intended holiday, to allow the other jurisdiction sufficient time to complete the assessment.

The completed assessment is returned to the Queensland ILO, who forwards the assessment to the CSSC. The CSSC manager decides whether the family contact or holiday is to proceed, regardless of the recommendation by the other jurisdiction.

Additional approval decisions will be required for interstate or international travel, or if a passport application is required - refer to 3.11 Make travel decisions - intrastate or interstate, 3.12 Make overseas travel decisions and 3.13 Apply for a passport.

Where the family contact or holiday is to proceed:

- obtain approval for the interstate or international travel, and where applicable, a passport
application

- advise the ILO of the:
  - decision to proceed with the family contact or holiday
  - proposed dates for the child’s family contact or holiday
  - details of the child’s kin, including name, relationship to the child and phone number.

The ILO will advise the ILO in the other jurisdiction of the child’s intended holiday visit and:

- request the details of the local office in the jurisdiction that covers the kinship member’s home
- provide the CSSC with the contact details for the local office.

If another state, territory or New Zealand (jurisdiction) requests a carer assessment for the purpose of family contact or a holiday, refer to 12. What if another jurisdiction requests an assessment?

## 2.7 Provide regular respite for the child

Respite is defined as a service intended to provide support to a child in out-of-home care and their primary carer.

The aim of respite is to enhance the child’s quality of life, support the carer’s ability to continue in their role as a primary carer and sustain the caring relationship. Respite will always occur with an approved foster or kinship carer or provisionally approved carer, who is not their primary carer.

Respite is to be offered for any child in out-of-home care where the child is subject to:

- a care agreement
- an assessment order granting custody
- a child protection order granting custody
- a child protection order granting guardianship to the chief executive.

A respite carer will be paid the same carer allowances for the duration of the child’s respite placement, as the primary carer usually receives.

If the child’s primary carer also requires payment for the duration of the respite placement, obtain CSSC manager or regional director approval for the dual payment of carer allowances. For more information, refer to the Dual payment of carer allowances policy.

Note: If another state, territory or New Zealand (jurisdiction) requests a carer assessment for the purpose of respite, refer to 12. What if another jurisdiction requests an assessment?

### Incorporate respite arrangements in the case plan

Respite options are to be negotiated within the context of the family group meeting and case planning and review process. This includes identifying possible respite placement options and resourcing alternative respite activities, based on:

- the need for a timely response to the child’s changing needs and circumstances
- changes to family relationships and connections over time
- the support needs of the carer.

Record respite arrangements in the case plan and the placement agreement.
Support participatory and collaborative working relationships

When exploring respite options, support participatory and collaborative working relationships, as follows:

- mobilise the child’s family and cultural and community connections whenever possible, to resource and facilitate respite arrangements
- provide the recognised entity with an opportunity to participate in the decision-making process about respite options for an Aboriginal or Torres Strait Islander child
- actively work with the child and engage with families and carers to gain an understanding of their views about respite options
- prepare the child and their primary and respite carers for a respite placement.

In some instances, respite care may not be in the immediate best interests of the child, for example, an infant’s need for attachment and bonding or a child who has experienced significant placement disruption, may need stability as a priority. When considering a respite placement under these circumstances, discuss the child’s need for security and the carer’s expectations regarding respite arrangements. Where there is conflict between the interests of the child and the carer, the child’s needs are to be prioritised in negotiation with the carer. This may result in the respite not going ahead or being delayed, to enable the child’s security and attachment needs to stabilise.

Identify and decide respite options

When developing respite options to be included in the case plan for the child:

- plan and decide respite options, including frequency and duration, in accordance with the needs of the individual child, their carer and the case plan goal and outcomes
- identify and deliver flexible and diverse respite options that are likely to improve and enhance the child’s quality of life - refer to the practice resource Respite options
- provide a combination of respite options for an individual child, for example, a couple of hours of respite per week, attendance at a recreational camp and planned respite placements
- identify respite options within the child’s community that sustain their connection with their family, culture and social support networks.

Where respite incorporates an out-of-home care placement, seek a placement that:

- is consistent with the child placement principle for an Aboriginal or Torres Strait Islander child
- is consistent with the cultural needs of a culturally or linguistically diverse child
- enhances sibling contact, particularly where siblings reside in separate placements
- enhances contact with extended family and other persons of significance to the child
- as far as practicable, occurs with a consistent carer and ideally, a person with whom the child has an existing relationship.

When planning and deciding on a respite placement for an Aboriginal or Torres Strait Islander child, ensure that:

- the recognised entity is consulted about possible compatible respite options within the child’s family and community
- the child is placed in accordance with the hierarchy of placements specified in the Child Protection Act 1999, section 83 (the child placement principle)
- the carer is committed to meeting the child’s cultural needs as outlined in the cultural support plan, particularly when the carer is not an Aboriginal or Torres Strait Islander person
- the carer is committed to meeting all of the requirements in the *Child Protection Act 1999*, section 83(7), when the carer is not an Aboriginal or Torres Strait Islander person - refer to 1.2 Gather information to inform placement matching.

Where necessary, seek approval with respect to child related costs expenditure.

Review respite options when reviewing the child’s case plan, or the placement agreement, having regard to the changing individual needs of the child and their carers.

**Decide the nature of overnight respite with kin**

When a child is to stay overnight with kin, either in Queensland or in another state, territory or New Zealand, (for example, during school holidays), the CSSC manager has the discretion to determine whether the respite arrangement will be considered a placement, subject to regulation of care requirements, or a family contact visit or holiday.

For further information, refer to 2.6 Facilitate and monitor family contact.

**Manage differing views about suitable respite options**

Where there are differing views about the most suitable respite option, make the final decision based on what is in the child’s best interests, having considered:

- the views of the child, their family and the carer
- the maintenance of family relationships, individual rights and ethnic, religious and cultural identity or values.

**Provide placement information to the parents and the child**

When a child, subject to a child protection order granting custody or guardianship to the chief executive, will have regular and ongoing respite with a carer for more than seven days for the duration of the current case plan, the decisions about in whose care to place the child, or to withhold full or partial placement information from parents, are reviewable decisions.

For further information, refer to 1.10 Provide placement information to parents.

### 2.8 Facilitate positive behaviour support for the child

Positive behaviour support is targeted to address the developmental needs of children in out-of-home care who have experienced trauma and cumulative harm. Positive behaviour support assists a child to learn acceptable behaviours through the implementation of positive strategies by the carers, such as:

- role-modelling
- positive reinforcement
- skill development
- collaborative and inclusive approaches.

At the earliest point possible, using information in the *Assessment of risk of emotional, behavioural and attachment problems and placement instability*, identify children who display or are at risk of displaying behaviours that may have a negative effect on themselves or others in
order to plan effectively to meet their behavioural needs.

Where the child strengths and needs assessment has identified significant needs in the behaviour or emotional stability domains:

- make a referral to Evolve and/or Disability Services or, if unavailable, to a psychologist - refer to 2.9 Refer the child to Evolve, if required
- develop a behaviour support plan (unless this has been developed by a clinician) as part of the case plan - refer to the practice resource Guide to supporting positive behaviour
- regularly review the effectiveness of the support plan in line with the review of the case plan and the placement agreement.

The plan may include case work support for carers and assistance with planning and implementing strategies to de-escalate behaviours through positive responses such as:

- redirection
- changing the environment
- removal of privileges or attention for a period of time
- organisation of referrals to therapeutic services.

Where carer learning and support needs are identified through case planning, these needs will be responded to and recorded in either:

- the foster carer agreement, for a foster carer
- the placement agreement, for a kinship carer.

When placing a child in out-of-home-care, carers will be informed that positive behaviour support must be consistent with the Statement of Standards, the Charter of Rights for children and the Positive Behaviour Support policy.

Where age and developmentally appropriate, engage the child as an active participant in the development of the behaviour support plan. Refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy for additional information about the involvement of children in planning and decision-making processes that impact on them.

**Record the positive behaviour support plan**

There are no specific fields in the case plan for the positive behaviour support plan. Record the support plan in a Word document and attach it to the ongoing intervention event in ICMS.

### 2.9 Refer the child to Evolve, if required

Evolve Interagency Services (Evolve) is a collaborative partnership across the department, Queensland Health and the Department of Education, Training and Employment. Evolve comprises teams of both mental health professionals from Hospital and Health Services (Evolve Therapeutic Services) and psychologists, speech and language pathologists and occupational therapists from Disability Services (Evolve Behaviour Support Services).

These teams work in collaboration with school guidance officers and the CSO with case responsibility to provide therapeutic and behaviour support for children in out-of home care who have severe and complex behavioural and psychological issues. Evolve allows an intensity of service provision consistent with the level of need of the child and their support network to:
• reduce frequency and intensity of challenging behaviour
• form secure attachments and positive peer relationships
• increase placement stability
• increase participation in educational programs and improve educational outcomes
• increase participation in community activities to facilitate their wellbeing
• enhance communication with the key people involved with their care
• promote greater understanding of their behaviour and the best way to respond to their needs
• build capacity of their support network.

**Determine eligibility for a referral to Evolve**

The eligibility criteria for the Evolve Interagency Services are as follows:

• the child is under the age of 18 and
• the child presents with severe and complex psychological and/or behavioural problems and
• the child is in out-of-home care and under an interim or finalised child protection order granting custody or guardianship to the chief executive of the department.

Additional eligibility criteria exist for an intensive mental health therapeutic intervention or Disability Services positive behaviour support intervention. This includes:

• the child must have a disability as defined by the *Disability Services Act 2006* to receive a Disability Services service
• the presence of multiple, intense and persistent emotional and/or behavioural problems
• a high level of risk
• severe functional impairment across a variety of domains
• the presence of additional risk factors.

If a child has a disability and does not meet the above Evolve eligibility criteria, refer to the ‘Evolve specialist disability assessment and early intervention service’ section, below.

Information from the completed child strengths and needs assessment and other case planning activities will assist in determining whether specialist therapeutic and behaviour support services will be sought for the child.

For further information about Evolve services, refer to the [Evolve Interagency Services Manual](#) and the practice resource [Evolve interagency services](#).

**Make a referral to Evolve**

Where it is assessed that an Evolve referral is necessary:

• obtain the informed consent of the child’s guardian and wherever possible, the consent of the child, for the referral to Evolve and the release and sharing of relevant information - for further information about obtaining consents, refer to 3.1 Determine who may decide a custody or guardianship matter
• complete the [Evolve Referral form](#)
• consult with any member of the Interagency Panel, if required
• record the decision to make a referral and any related interventions as actions in the case
plan
- submit the referral form to the Evolve administration officer and/or panel chair
- attend the panel meeting to discuss the referral and engage in an interagency case presentation, if requested.

Once the referral is received, the interagency panel will determine the appropriate service response. When a referral is accepted, the panel will allocate a primary service provider which is either Evolve Therapeutic Services or Evolve Behaviour Support Services. In some situations, services may be jointly provided.

**Monitor the intervention**

As part of the ongoing implementation of the child’s case plan and Evolve plan, if applicable:
- maintain close links with the Evolve service providers and participate in regular stakeholder meetings to develop and review the Evolve plan
- monitor the effectiveness of the intervention to ensure the goals are being achieved
- participate in panel activities, such as reviews and case closure
- action appropriate recommendations from the panel and stakeholder meetings.

**Maintain file records**

Ensure that the following documentation is filed on the child's case file:
- a copy of the 'Evolve Referral' form
- a copy of assessments and information provided by the Evolve teams and interagency panel.

Case notes are recorded in accordance with usual record keeping processes.

**Evolve specialist disability assessment and early intervention service**

If a child has a disability, a referral may be made to the Disability Services, Evolve Behaviour Support Services to undertake a Specialist Disability Assessment by completing the Evolve Behaviour Support Services Specialist Disability Assessment Referral Form. The Specialist Disability Assessment provides a comprehensive profile of the disability specific needs of a child. This assessment aims to inform the stakeholders about the necessary supports, services and placement options that will be required to meet the child’s needs. The Evolve clinician may also provide a period of consultation (for up to three months) to assist the CSO to implement the recommendations.

One of these recommendations may include ongoing service provision through the Evolve Behaviour Support - Early Intervention service. This service within the Evolve program delivers medium to long-term early intervention positive behaviour support services for children with a disability who have complex behaviours and behaviour support needs, and are at-risk of being relinquished by their families to the child protection system. The main goal is to offer early intervention for families by providing intensive family centred services in managing the complex needs of their child.

**2.10 Plan and support the young person’s transition from care to independence**
The years leading into adulthood are a time of opportunity and great change. As young people learn to take greater control of their own lives, their relationships change and the connections with friends, family and community begin to alter to reflect their growing maturity. The transition into adulthood can be exciting and daunting, particularly for young people who have experienced trauma in their lives and who have lived in out-of-home care. These young people are often insufficiently prepared, emotionally and materially, for the responsibilities of independent adult life.

Young people leaving care are often confronted by issues such as reconnecting with their families and communities, coming to terms with the reasons why they came into care or finding themselves alone without the security of a family or community to fall back on. A well-planned, gradual and flexible process for transitioning young people to independence is therefore critical, including the potential provision of post-care support, if necessary.

Working with young people can be challenging. There may be high-risk behaviours, instability of placements and young people who want nothing to do with staff from ‘the department’. The key to every young person having the opportunity to transition from care well is communication, information provision, early planning, active involvement and participation of the young person and other significant persons in their lives, which may include the staff of services who have been engaged with the young person.

For further information about the participation of children and young people in decision-making, refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy

**What is transition from care?**

All young people subject to a child protection order granting custody or guardianship to the chief executive have the right to receive appropriate assistance and support with their transition from care to independence, in order to maximise their life opportunities and choices.

Transition from care is the planning process that occurs as part of the ongoing case work and review process with a young person from the year they turn 15. Transition from care planning is the opportunity for young people to identify their future goals and needs, and to work towards these with the support of the department and the community.

Transition from care is an ongoing process that is made up of numerous experiences, successes, attempts and challenges. A parallel planning approach will assist young people to meet both their immediate day-to-day needs, as well as short and long-term goals.

Transition from care assistance and support may continue to be provided once a young person leaves care or after they have reached the age of 18 years by way of a support service case - refer to Chapter 7, 1. Provide intervention through a support service case. This can occur when there are existing case planning goals and outcomes still to achieve, or if there are key life events for which the young person may require ongoing support. For example, completing year 12 or making an application to study at university or TAFE.

**Commence transition from care planning**

Transition from care planning commences in the calendar year that a young person turns 15. When a young person is identified as turning 15 during the year, review the young person’s case plan to include transition from care planning.
To commence this process, initiate discussions with the young person at an appropriate time in case work to introduce the idea of planning for their life after care, and:

- explain the purpose and process of planning for their transition from care to independence
- identify potential members of their support network who might participate in the planning process and be an ongoing advocate for the young person, particularly the young person’s carer, or staff members if the young person is placed in a residential care service
- discuss the young person’s strengths and needs, to inform the revised child strengths and needs assessment and the case plan review - refer to Chapter 4, 1.2 Assessing the child’s strengths and needs
- assist them to identify their goals and dreams for their adult life
- consider what support and practical assistance they may require to achieve the identified goals
- advise them what financial resources are available from the department and the Australian Government’s Transition to Independent Living Allowance (TILA) that will focus on meeting their identified needs and enhance their ability to become an independent adult
- provide the young person with, and discuss, the booklet Transition from care: Information to assist young people during meetings to plan their transition to independent living, the reference guide Transition from care: Employment, education and training and the Info Kit, if not already provided
- discuss the way the young person would like to engage in the planning process and encourage a sense of ownership for their future planning.

When beginning to discuss transition from care with a young person, meet with the young person’s carer or staff members in the residential care service to:

- discuss and reflect upon the relationship between the young person and the carer or staff members
- consider what support and practical assistance they may be able to offer to the young person to meet their goals for adult life
- acknowledge the change in the relationship between the carer and the young person once the young person turns 18.

Following discussions with the young person about their goals and plans for the future and what to expect as they begin the transition from care process, provide them with a completed Letter to young person at 15 years. The purpose of this letter is to provide the young person with written information about the transition from care planning process. The letter should confirm information that you have already discussed. The receipt of this letter must not be the first time that a young person becomes aware of the transition from care process.

**Complete assessment activities to inform the case plan review**

Prior to the case plan review, complete the necessary assessments and reassessments, as outlined in Chapter 4, 5. Review and revise the case plan.

Ensure the young person’s health needs are identified and effective health care is received during their transition to independence by arranging a subsequent health assessment where the
young person has:

- ongoing physical, dental or mental health issues
- a physical or mental health issue that arises
- the young person has not had a health assessment for a significant period of time.

For further information about arranging a subsequent health assessment and the child health passport process, refer to 2.3. Develop a child health passport.

A case plan that incorporates the transition goals for the young person requires a parallel planning approach to ensure that both the immediate needs of the young person and their future transition goals are addressed.

To enable holistic and thorough transition to independence planning, eight key life areas have been identified to discuss in detail with the young person. These key life areas cover the main areas of a young person’s life and are interconnected with each other and the child strengths and needs assessment. The eight key life areas and their corresponding child strengths and needs domains are:

<table>
<thead>
<tr>
<th>Key life areas</th>
<th>Child strengths and needs domains that relate to each key life area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relationships and connections</td>
<td>CSN 4 Family of Origin Relationships</td>
</tr>
<tr>
<td></td>
<td>CSN 5 Social Relationships (non-family)</td>
</tr>
<tr>
<td></td>
<td>CSN 12 Relationships with Carer Family</td>
</tr>
</tbody>
</table>

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2. Cultural and personal identity
   - CSN 2 Emotional Stability
   - CSN 4 Family of Origin Relationships
   - CSN 6 Cultural Identity

3. Placements and housing
   - CSN 10 Additional Child Identified Strength/Need

4. Education and training
   - CSN 9 Education/Vocation/Employment

5. Employment
   - CSN 9 Education/Vocation/Employment

6. Health
   - CSN 2 Emotional Stability
   - CSN 3 Alcohol and Drug Use
   - CSN 7 Physical Health
   - CSN 8 Child Development and Intellectual Ability

7. Life skills
   - CSN 11 Life Skills

8. Financial resourcing
   - CSN 11 Life Skills

For further information about discussing these key life areas and domains with the young person and transferring the identified needs into the case plan review process, refer to the resource Transition from Care Planning Tips for CSOs, the practice resource Transition from care and the definitions in SDM: Child strengths and needs assessment.

For particular groups of young people who are considered to be most at risk of experiencing social discrimination, isolation or exclusion, provide additional, intensive support in planning for, and in the lead-up to, their transition.

For further information about engaging with young people who have been hurt and traumatised by adults and are now behaving in ways that are likely to hurt themselves or others, refer to the practice paper A framework for practice with ‘high risk’ young people (12-17 years).

**When a young person has a disability**

When a young person has a verified disability and is likely to require adult support or services following their eighteenth birthday:

- complete the Young Adults with Disabilities Leaving the Care of the State (Referral to Disability Services) form, when the young person turns **15 years** of age
- forward the completed referral form to the nearest Disability Services’ Service Centre noted on the form
• confirm that Disability Services’ officers have received the referral
• schedule a date to conduct a joint visit to the young person.

If a young person with a disability enters out-of-home care following their fifteenth birthday and is likely to require adult support or services following their eighteenth birthday, refer them to Disability Services as soon as they become subject to an interim or final child protection order granting custody or guardianship to the chief executive.

In circumstances where Disability Services are not able to provide transition support to a young person it is responsibility of the department to work with the young person to address their transition needs.

Refer to the Memorandum of Understanding between Disability Services Queensland and the Department of Child Safety 2007 - 2010, Schedule 2, to determine the eligibility of young people for referral to Disability Services.

Refer to the practice resource Transition from care for further detail about the role of Disability Services in transition planning.

When a young person who may be eligible to receive a Disability Support Pension, turns 16 years of age, contact Centrelink to advise that payment of the Disability Support Pension, if approved, must be made directly to the young person’s bank account. When a young person’s decision-making is impaired, discuss with Disability Services, mechanisms for protecting the child’s financial rights and interests.

**When a young person has impaired decision-making capacity**

When a young person with impaired decision-making capacity will require their interests to be protected and their needs met after they turn 18 years of age:

• consider applying to have a guardian or administrator appointed by the Queensland Civil and Administrative Tribunal (the tribunal) - application forms and related brochures and fact sheets are available on the Queensland Civil and Administration Tribunal website
• consider the circumstances outlined in the QCAT information Administration for adults and Guardianship for adults
• consult with a team leader or senior practitioner about whether to apply to the tribunal and obtain CSSC manager approval to submit the application
• consider applying to the Public Trustee for management of payments for a young person who is subject to a guardianship order – application forms and related fact sheets are available on the Public Trustee website.

Where the young person is receiving transition support from Disability Services, consult the Disability Services’ officer during case planning or review processes, as to whether an application to the Guardianship and Administration Tribunal may be appropriate.

Where it is considered necessary to apply for a guardian or administrator, complete an application as soon as possible after the young person turns seventeen and a half years. This allows adequate time for the investigation and hearing by the tribunal.

Make a referral to the Child Advocate, Office of the Public Guardian with a view to seeking their representation of the young person in any tribunal proceedings.
When a young person requires housing assistance

Determine if the young person will require assistance with securing housing when they exit care and continue to explore and revisit the young person's housing needs throughout transition planning with the young person.

Where a young person requires assistance with securing housing, the Department of Housing and Public Works can assist by providing:

- access to social housing when the young person would find it difficult to sustain a tenancy in the private rental market
- advice regarding other housing options and products.

Facilitate and support a young person to begin the process of applying for public housing from 15 years of age. Housing and Homelessness Services begin formal Joint Action Planning when a young person reaches the age of 16, however a referral from the department will be accepted for a young person aged 15 if it is part of their transition from care needs identified in their case plan.

For procedural information about referring a young person for housing assistance, links to an overview of the referral and planning process and the referral form, refer to Chapter 3, 4. What if assistance is required with social housing?

For information about the framework for Housing and Homelessness Services and the department to provide housing assistance to young people transitioning from care, refer to Schedule 2 of the Memorandum of Understanding (MOU) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007.

Where a young person is homeless or at risk of homelessness, consider a referral to Youth Housing and Reintegration Services (YHARS). YHARS assists young people who are homeless or at risk of becoming homeless by providing support and access to a range of accommodation options. YHARS also provides an additional service, The After Care Service, which is specifically for young people aged 18 to 20 years old who have recently left the care of the department. The After Care Service can provide case management and financial support to assist young people to establish and maintain independent accommodation. For further information, refer to Young person after care flyer, After Care Service for young people exiting care - Factsheet and YHARS Service Guidelines.

Ensure compulsory education and training requirements for 15 to 17 year olds

A young person’s case plan and transition from care goals must comply with the Department of Education, Training and Employment’s requirements in relation to compulsory schooling. It must also take into account eligibility criteria for Commonwealth benefits.

All young people must participate in ‘learning or earning’:

- for two years after they complete compulsory schooling (that is, have completed year 10 or turned 16 years of age), or
- until they turn 17 years of age, or
• until they complete a Queensland Certificate of Education or a Certificate III (or higher level) vocational qualification.

The Department of Education, Training and Employment will develop a Senior Education and Training (SET) Plan during year 10, or in the year prior to the young person’s sixteenth birthday (whichever comes first), for any young person attending a state, independent or Catholic school. The SET plan is created by the young person working with the school and their carer to identify career goals.

The young person will be registered with the Queensland Studies Authority and given a learning account to enable any achievements to be accrued and monitored.

The existing education support plan should be congruent with the SET plan.

In recognition of some of the difficulties young people leaving care may face in completing tertiary education, the Australian Government has standards for justifying the withdrawal from study, without accruing penalties. A letter of support from the department may enable a young person to continue their study at a later time.

If the young person does not have a SET Plan developed during year 10, or in the year prior to the young person’s sixteenth birthday, contact the school principal to request the development of the plan.

For further information about SET plans and how to ensure that a young person’s case plan goals comply with the Department of Education, Training and Employment’s requirements, refer to the practice resource Transition from care.

Schedule a case plan review
Following the completion of case plan review assessment activities in accordance with Chapter 4, 5. Review and revise the case plan:

• encourage the young person to have ownership of this planning process and let them be involved in the preparation for the case plan review
• decide with the young person whether a family group meeting or other processes will be used for the case plan review
• talk to the young person to identify all of the relevant people to attend the case plan review meeting, and invite them to participate in the development of the case plan
• discuss the case plan review process with the young person’s carer and invite them to attend the case plan review
• provide an opportunity for the recognised entity to participate in the transition from care planning process for an Aboriginal or Torres Strait Islander young person
• determine whether a representative from Disability Services or Housing and Homelessness Services will participate in, or provide written information for, the case plan review.

Develop a new case plan which includes transition from care planning
Develop a case plan that:

• reflects the young person’s goals for their future
• focuses on the young person’s strengths and needs
• addresses the young person’s needs in relation to the eight key life areas
• identifies strategies and timeframes to meet the stated goals of the young person
• states who is responsible for implementing each action
• details the resources required to achieve each outcome
• includes contingency planning for changes in the young person’s life and future goals.

If a young person is placed in a care environment that provides intensive levels of support, such as intensive foster care or therapeutic residential, the case plan will include strategies to improve the young person’s behaviour, skills and functioning, with the aim of preparing them for a less intensive care environment following their transition to independence.

When developing the case plan, adopt a longer-term view of the young person’s needs. It is critical that the planning process builds an enduring support network around the young person. The young person needs to know who they can approach for assistance or advice once they have left care. This will involve identifying adult services that may be useful to the young person in the future, as well as family, friends and community members.

When the case plan relates to an Aboriginal or Torres Strait Islander young person, ensure the cultural support plan supports the young person’s connections to family, community and culture. For further information, refer to the practice resource Developing a cultural support plan for an Aboriginal or Torres Strait Islander child.

The development of a case plan, which includes transition from care planning, may take some time. The young person may require support to develop an understanding of how their life may change as a result of leaving care. The young person may also require support to develop an understanding of adult roles and responsibilities before they are able to make informed decisions about their goals and support options.

**Obtain approval for funding**

Departmental funding is available to support and resource transition from care goals which are based on the assessed needs of the young person. All expenditure is to be included as part of an endorsed case plan, with transition from care actions and outcomes.

Transition from care funding from the department is not an ‘exit’ payment upon the young person leaving care. Rather, it is subject to ongoing review in accordance with the changing needs of the young person within the context of the case planning and review process or support service planning process.

All requests for financial support are to be consistent with the eligibility criteria outlined in the Child related costs - Client support and family contact policy, are to be recorded in the young person’s case plan and are subject to the CSSC manager’s approval. Obtain approval by submitting a Child related costs approval form to the CSSC manager.

Note: Funds may be expended on a young person who has already left care and previously been subject to a child protection order granting custody or guardianship to the chief executive.
Consider, and assist the young person to access, other specific programs in the local community, or educational facility that may provide financial assistance to the young person leaving care.

For examples of financial support and service options for young people transitioning from care, refer to the practice resource Transition from care.

**Transition to Independent Living Allowance (TILA) funding for the young person**

Assist the young person to access the Australian Government’s Transition to Independent Living Allowance (TILA) funding. This one-off payment of $1,500 is available to all young people aged between 15 and 25 years who are preparing to exit, or have exited, out-of-home care.

Applications for TILA must be made by a CSO through a Regional Intake Service or CSSC. Once a young person has been assessed as eligible for TILA and approval has been granted by the TILA Program Office for the expenditure, the application for TILA can be made in the Department of Human Services Unified Government Gateway (UGG). CSSCs are responsible for registering staff access to the UGG. For information on TILA UGG registration refer to Appendix 3 of the Transition to Independent Living Allowance (TILA) Operational Guidelines on the Australian Government Department of Social Services website.

For further information on eligibility and the application process, refer to the Transition to Independent Living Allowance (TILA) Operational Guidelines on the Australian Government Department of Social Services website.

**Record and distribute the case plan outlining the goals for the future**

When recording the revised case plan for the young person:

- use language that can be easily understood by all parties, especially the young person
- document the young person’s goals, along with the roles and responsibilities of the young person, family, carers, friends and other support persons in achieving these goals
- include any decisions relevant to funding
- provide a copy of the case plan and the list of proposed review dates to the young person, the Disability Services’ officer where applicable, the young person’s carer, all other persons who participated in the planning process and persons responsible for implementing case plan actions.

While it is essential to record the transition from care outcomes and actions in the case plan, the information also needs to be meaningful to the young person. Explore creative options with the young person and work with them to create useful and individual ways to record their transition from care goals, in addition to their formal case plan. For example:

- develop a calendar that shows who is doing what, and when
- create a TFC notebook for the young person and another for their carer or support person - outline different goals on each page and have the young person and carer write down how they are going to meet those goals, and update progress towards achieving the goals
- draw a floor plan of a house or unit and collect pictures or make a list of the things that the young person may need to live in that space
- sit down with a pile of magazines and collage a picture of where the young person would...
like to be in five years.

**Review the case plan**

Review the young person’s case plan and their progress towards achieving transition from care goals at each case plan review or **at least** every six months as outlined in **Chapter 4, 5. Review and revise the case plan.**

More frequent reviews may be held at the young person’s request or if their support needs are complex. In addition, the young person may experience episodes of uncertainty as their order approaches expiry and the frequency of case planning and departmental contact with the young person should increase accordingly.

Consider whether the young person has significant life events occurring during the transition stage, for example, completing academic commitments, when scheduling case plan reviews with the young person.

Ongoing assessment of the young person’s readiness to leave care will be completed throughout the transition planning process. Young people should not leave care under 18 years, unless they are ready to on both a practical and emotional level.

At the last scheduled case review meeting **prior to** the young person’s eighteenth birthday, determine whether ongoing support is to be provided to the young person by the department. If ongoing support is to be provided:

- document the support to be provided to the young person past the age of 18 in the case plan
- open a support service case following the young person’s eighteenth birthday - for further information about support service cases, refer to **Chapter 7. Support service cases.**

**Recognise a young person’s journey from being a child in care to entering adulthood**

Rituals and celebrations are an important part of life and are often long remembered and reflected upon. Consider ways to recognise the young person’s journey from being a child in care to entering adulthood.

Consult with people close to the young person such as their carer or nominated advocate about appropriate activities to mark this time of transition. This may range from sending a congratulatory birthday card to a celebratory event. If there are several young people leaving care around the same time, it may be feasible to plan a combined event at a CSSC level or involving more than one CSSC.

If not provided previously, six months prior to the young person turning 18, provide the young person a copy of the resource **Transition from care: Information to assist young people during meetings to plan their transition to independent living and Support Service Case: Information for young people transitioning from care.** Over the next six months ensure that the young person has the following:

- their child health passport folder
- an original birth certificate (one original birth certificate is to be retained on the child’s file and a second original is to be provided to the child as part of their transition from care planning)
• information about how to access the Australian Government’s Transition to Independent Living Allowance (TILA) funding if they have not already done so
• information and assistance about enrolling to vote, where required
• their Tax File number
• the ‘Go Your Own Way’ kit – a resource developed in partnership between CREATE Foundation and the department – for further information refer to CREATE Queensland
• for Aboriginal or Torres Strait Islander young people, a copy of their Aboriginality Certificate to assist future funding applications for study purposes - for further information, refer to the practice resource Developing a cultural support plan for an Aboriginal or Torres Strait Islander child.

When the young person turns 18, provide them with the Letter to young person at 18 years, that:
• acknowledges their milestone birthday
• makes reference to the young person’s journey and achievements whilst in care
• clearly states that the child protection order has expired
• outlines whether the department will continue to have contact with the young person (in a support service case capacity).

Attach a certified copy of the young person’s child protection order to the letter and retain the original copy on the young person’s file.

**Assist the young person to enrol to vote**

Any young person who is 18 years of age and over and an Australian citizen must enrol to vote for federal, state and local government elections. If the young person is 17 years old, they may enrol but are not entitled to vote until they turn 18.

Assist the young person, where required, to enrol to vote by having them complete an enrolment form that can be obtained from any Medicare, Centrelink, Australian Taxation Office, Australia Post outlets, State/Territory Electoral Office or online from the Australian Electoral Commission.

For further information about enrolling to vote, refer to the Australian Electoral Commission’s website.

**Provide information to a child in care from their departmental file**

A child in care may request access to their personal information held by the department. Information can be provided to a child in the custody or guardianship of the chief executive by a delegated officer as part of performing their functions under the Child Protection Act 1999. However, this must not include the release of notifier details.

If a child requests specific information, such as details about their placement history or the location of their siblings, this can be provided as part of regular case work. Similarly, if a child requests copies of their personal documents, such as a birth certificate or case plan, these can be provided.

If a child requests detailed information about their personal history, including the circumstances which led to them coming into care, or asks to review their departmental file, consult with a senior team leader to determine how information can be released in a planned, supportive manner. In consultation with the senior team leader:
• consult with the child’s carer about the circumstances that led the child to make the request, and how best to support the child to access the information
• review the information before it is provided to a child
• remove information not relevant to the child
• arrange a time and a space to review information with the child
• meet with the child to discuss the information being released and explain sensitive or confusing information
• refer the child to a support service, such as a counsellor or psychologist, for ongoing assistance, where appropriate.

Time in Care Information Access Service

A person who was in care, or a child who is transitioning from care, may request their personal information through the Time in Care Information Access Service.

The Time in Care Information Access Service is an administrative release scheme administered by the Right to Information, Information Privacy and Screening Branch. It is a separate process from requesting documents under the Information Privacy Act 2009 or the Right to Information Act 2009.

The type of information that may be available through the Time in Care Information Access Service includes a Time in Care Report detailing their placement history, family constellation and their experiences in care. They may also be provided with documents on file including the birth certificates, school reports and medical records.

Information about the service, including information sheets and application forms is available on the Right to Information website.
3. Decision-making for the child

The responsibility of caring for a child in out-of-home care involves a partnership between the department, parents, carers and for an Aboriginal or Torres Strait Islander child, a recognised entity.

For a child in out-of-home care, decisions usually made by the parents about the child’s daily care (custody matters) or about issues likely to have a significant or long-term impact on the child’s well-being and development (guardianship matters) may continue to be made by parents in some circumstances, or may instead be decided by the child’s carer or the chief executive. The definitions of custody and guardianship are outlined in the Child Protection Act 1999, section 12 and 13.

Decision-making about a child in out-of-home care will take into account:

- the level of importance or urgency of the decision
- the risk associated with any activity, if applicable, and potential impacts on the child’s well-being and functioning

The views and wishes of children in out-of-home care need to be considered in decision-making processes. Communication and building relationships are the foundation to the effective engagement and involvement of children. For more information about engaging children in the decisions that affect their lives, refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy

The person with legal authority to make decisions or provide consents about custody and guardianship matters for a child in out-of-home care, is determined by:

- the nature of departmental intervention
- the type of decision or consent required, either a custody or guardianship matter
- who has custody or guardianship under an order
- the level of the departmental officer delegated to make the decision or provide consent, when the chief executive has custody or guardianship of a child.

Decisions about custody and guardianship matters occur within the broader process of ongoing intervention and the principles that underpin this intervention, in particular, inclusive decision-making.

Prior approval for eligible child related costs must be obtained from the CSSC manager.

3.1 Determine who may decide a custody or guardianship matter

When a decision or consent is required for a child in out-of-home care, determine who has custody or guardianship of the child, based on the nature of the department intervention or type of order, in accordance with the below table.
<table>
<thead>
<tr>
<th>Nature of statutory intervention / order</th>
<th>Effect on custody and guardianship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment care agreement</td>
<td>The parents retain custody and guardianship. The type of day-to-day care decisions the parents must be consulted about are included in the care agreement.</td>
</tr>
<tr>
<td>Child protection care agreement</td>
<td>The chief executive has custody, the parents retain guardianship. The type of day-to-day care decisions the parents must be consulted about are included in the care agreement.</td>
</tr>
<tr>
<td>CPO - Directive order</td>
<td>The parents retain custody and guardianship.</td>
</tr>
<tr>
<td>CPO - Supervision order</td>
<td>The parents retain custody and guardianship.</td>
</tr>
<tr>
<td>Use of section 18 of the Act</td>
<td>The chief executive has custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>TAO</td>
<td>The chief executive or parents have custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>CAO</td>
<td>The chief executive or parents have custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>Interim order (made on adjournment of CAO)</td>
<td>The chief executive has temporary custody or the parents retain custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>TCO</td>
<td>The chief executive or parents have custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>Interim order (made on adjournment of CPO)</td>
<td>A family member or the chief executive has temporary custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>CPO - Custody order</td>
<td>A family member or the chief executive has custody, the parents retain guardianship.</td>
</tr>
<tr>
<td>Nature of statutory intervention / order</td>
<td>Effect on custody and guardianship</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>CPO - Short-term guardianship order</td>
<td>The chief executive has custody and guardianship.</td>
</tr>
<tr>
<td>CPO - Long-term guardianship order</td>
<td>The chief executive or another suitable person has custody and guardianship.</td>
</tr>
<tr>
<td>CPO - Transition order</td>
<td>The chief executive or suitable person retains custody or guardianship as per the existing child protection order for the duration of the transition order.</td>
</tr>
</tbody>
</table>

Based on the intervention type, determine who is responsible for deciding or providing the required consent, by referring to the relevant procedure:

- 3.5 Publication of information by the media
- 3.6 Make medical decisions, including dental
- 3.7 Make counselling decisions
- 3.8 Make education decisions
- 3.9 Make sporting and recreational activities decisions - daily and overnight
- 3.10 Make decisions about culture and religion
- 3.11 Make travel decisions - intrastate or interstate
- 3.12 Make overseas travel decisions
- 3.13 Apply for a passport
- 3.14 Make family contact decisions
- 3.15 Make a change to a child’s surname
- 3.16 Make decisions about a child’s personal appearance
- 3.17 Make decisions about DNA testing
- 3.18 Decide other guardianship matters.

### 3.2 Facilitate decision-making- custody matters

When the decision or consent relates to a custody matter, advise the carer that they may legally make all custody decisions for a child in an out-of-home care placement, and subject to either:

- a child protection order
- a child protection care agreement, in keeping with the provisions documented in the agreement
- an assessment order or TCO, in keeping with the provisions documented in the orders.

For a child subject to an assessment care agreement, only those matters agreed to by the parent and documented in the care agreement can be decided by the carer.
There may be some cases where it is agreed, that although the carers can make all custody decisions, the parents or the chief executive will decide or have input into specific custody decisions, particularly those which may be of a contentious nature, including:

- medical decisions
- education
- sporting and recreational activities
- the child’s personal appearance.

Custody decisions to be made by either the parents or a delegated officer will be discussed with the carer and documented in the placement agreement - refer to 1.9 Complete a placement agreement.

Where parents retain legal guardianship of the child, through a care agreement, temporary custody order or child protection order granting custody to the chief executive, their consent to commencing and/or maintaining the child’s immunisation is required - refer 2.3 Maintaining the child’s immunisation schedule.

Consult a senior officer where the decision is of a complex or sensitive nature

Regardless of who can decide a custody or guardianship matter, or provide consent, always consult with the team leader, senior practitioner or CSSC manager where the decision or consent is complex or sensitive.

This is necessary to ensure any potential complexities associated with the decision are evaluated.

3.3 Facilitate decision-making - guardianship matters

Where the parent has guardianship, obtain a decision or consent about guardianship matters from the child’s parents. Both parents must provide consent for guardianship decisions, unless all reasonable attempts to locate and consult with one parent have been unsuccessful.

Where the chief executive has guardianship, obtain the decision or consent from the delegated officer, as outlined further in this procedure. The level of the departmental officer able to make the decision or to provide consent varies, depending on the delegations assigned by their instrument of delegation and this procedure.

Where a suitable person has long-term guardianship of a child, that person makes all guardianship decisions for the child, with the exception regarding the publication of information leading to, or likely to lead to, the identification of the child - refer to 3.5 Publication of information by the media.

Obtain the delegated officer’s decision or consent

When the child is subject to an order granting guardianship to the chief executive, and a guardianship decision or consent is required:

- speak with the child, the parents and the carer to advise them of the decision-making process, and to obtain their views about the necessary decision or consent
- determine the delegated officer able to make the decision or provide the consent, and inform them of the of the decision or consent required, and the views of all parties
• obtain and record the delegated officers decision or consent, and where applicable, attach documents providing written consent to the relevant event in ICMS.

The delegated officer will ensure that the views of the recognised entity are considered for an Aboriginal or Torres Strait Islander child.

If the delegated officer is not available to make the decision, another equivalent or higher level delegated officer may do so. For example, if the CSSC manager is unavailable to make a guardianship decision, and the matter is urgent, another CSSC manager in the region or the regional director may be contacted.

Where a guardianship decision is likely to be particularly sensitive or contentious, the delegated officer may seek a decision, or consent, from a more senior delegated officer.

In some circumstances, only a senior executive officer, as the delegated officer, may decide a specific guardianship matter, for example, decisions about end of life medical treatment - refer to 8. What if a decision about end of life medical treatment is required?

3.4 Communicate and record the decision

Communicate the decision or consent
Once the delegated officer or other decision-maker decides a matter or provides consent, inform all parties of the decision and where appropriate, the rationale for the decision.

Provide advice of review mechanisms
Ensure that all parties, particularly the child are informed of how to access applicable review processes, should they wish to have departmental decisions reviewed.

Decisions and consents with respect to custody and guardianship matters may be reviewed by a senior departmental officer or, through external review mechanisms, at the request of the child or a person acting on their behalf, for example, a parent or carer.

Review processes include, but are not limited to:
• the department’s complaints system, refer to Chapter 10.17 Complaints management
• the Complaints Unit, CCYPCG.

Ensure that the child receives appropriate support and assistance in accessing available review processes, if required.

Record information about custody and guardianship matters
In many circumstances, the provision and documentation of consent will occur through the completion and signing of official letters or forms which can be attached in ICMS or placed on the child’s file.

In other circumstances, record the following details and the decision or consent in a case note in ICMS:
• decisions or consents that carers seek the department’s advice about
• relevant information about the views of the child, parents and carers
• relevant information about the views of a recognised entity, where applicable
• guardianship decisions made by parents, including verbal and written consents and refusals, and their stated reasons
• guardianship decisions made by delegated officers, including the rationale
• documentation associated with the approval of child related costs.

3.5 Publication of information by the media

Regardless of who has guardianship of a child, the Child Protection Act 1999, section 189 requires that a person must not, without the written approval of the chief executive, publish information that identifies, or is likely to lead to the identification of, a child as:
• a child who is, or has been, the subject of an investigation under the Child Protection Act 1999, section 14
• a child in the custody or guardianship of the chief executive
• a child for whom an order is in force.

In such circumstances, the person who wishes to publish the information, usually a representative of the media, is responsible for contacting the department to obtain approval.

3.6 Make medical decisions, including dental

Custody decisions

Custody (daily care) decisions relating to medical matters include:
• seeking the continuation of health treatments and administering prescribed medication for established conditions with the exception of:
  • psychotropic or other medications prescribed to manage behaviour or mental health conditions - refer to 2.4 Develop a child health passport
  • medications being prescribed as part of a new treatment regime
• administering non-prescription medication and seeking routine medical attention related to common illnesses
• seeking routine dental treatment where a general anaesthetic is not required
• seeking urgent medical or dental treatment not requiring a general anaesthetic, blood transfusion or surgery
• resuming care of a child when they are being discharged from a hospital
• seeking treatment involving local anaesthetics
• seeking a second medical opinion (only a guardian can decide to act on a second opinion)
• seeking medical or other health treatment for non-routine, newly presenting conditions including diagnostic tests relevant to the presenting condition - for example, x-rays.

Guardianship decisions

The Child Protection Act 1999, section 13, allows a delegated officer to authorise the medical examination or treatment, including routine medical care, invasive medical examinations and surgical procedures, of a child subject to an order granting guardianship to the chief executive.
Guardianship decisions include:

- immunisation, refer to 2.3 Maintain the child’s immunisation schedule
- blood tests
- invasive medical and surgical procedures, examinations or considerations - for example, medical treatment involving general anaesthetic, blood transfusion, surgery, or the degree of care to be provided to a critically ill child
- use of psychotropic or other medications prescribed for behavioural or mental health conditions - for example, dexamphetamines and anti-depressants - refer to 2.4 Develop a child health passport
- management of smoking behaviour
- acting on a second medical opinion
- contraception where one of the following applies:
  - a child is under 12 years of age
  - a child is not considered ‘Gillick competent’
- pregnancy termination
- end of life decisions - refer to 8. What if a decision about end of life medical treatment is required?

To facilitate the provision of a child’s recommended schedule of immunisations, carers are authorised to make the necessary immunisation arrangements on behalf of the chief executive. This applies only for a child subject to an order granting guardianship to the chief executive.

Proof of this authorisation can be demonstrated to the immunisation provider by providing a copy of the Authority to Care – Guardianship to the Chief Executive form.

This authority does not extend to children in the custody of the chief executive. In these circumstances consent from the child’s parents for their immunisation is required. Refer to 2.3 Maintain the child’s immunisation schedule.

Medical decisions can only be made after consultation with the appropriate medical practitioner where the CSO obtains sufficient information about the:

- treatment, procedure or surgery
- possible side effects or restrictions the child may experience
- rehabilitation requirements
- medical follow up required, with any medical practitioner or health professional.

The table below outlines the delegated officer able to make decisions or provide consent in relation to medical matters when the chief executive has guardianship of a child.

<table>
<thead>
<tr>
<th>Decision or consent</th>
<th>Delegated officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed medications to manage behaviour or mental health conditions</td>
<td>CSAHSC team leader or manager, CSSC manager</td>
</tr>
<tr>
<td>Immunisation</td>
<td>CSSSC senior team leader, CSAHSC team leader or manager, CSSC manager, regional director</td>
</tr>
</tbody>
</table>
Blood tests (excluding DNA testing) | CSSC senior team leader, CSAHSC team leader or manager, CSSC manager, regional director
---|---
Invasive medical and surgical procedures or considerations | CSAHSC team leader or manager, CSSC manager, regional director

### Decision or consent

<table>
<thead>
<tr>
<th>Decision</th>
<th>Delegated officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting on a second medical opinion</td>
<td>CSAHSC team leader or manager, CSSC manager, regional director, depending on the type of illness/condition and proposed treatment</td>
</tr>
<tr>
<td>Other decisions relating to medical matters requiring a guardian's explicit consent</td>
<td>CSAHSC team leader or manager, CSSC manager, regional director</td>
</tr>
<tr>
<td>Pregnancy termination</td>
<td>Regional director</td>
</tr>
<tr>
<td>Contraception</td>
<td>Regional director</td>
</tr>
</tbody>
</table>
  - a child is under 12 years of age
  - a child is not considered “Gillick competent”
| DNA testing | Regional Executive Director |
| End of life decisions | Director-General |

The *Child Protection Act 1999*, section 97, provides the authority for a health professional to medically examine or treat a child subject to an order granting custody to the chief executive, including a child subject to a child protection care agreement. This provision may be utilised despite parents retaining guardianship of the child. However in using this provision, departmental officers must be guided by professional medical opinion and advice as to what constitutes reasonable examination or treatment in the circumstances.

In circumstances where a child protection order grants custody to the chief executive, but does not grant guardianship, the consent of the child’s parents must be obtained for an end-of-life decision for the child. In this circumstance, the Director-General will not provide consent for an end-of-life decision for the child. If the parents cannot be located or will not consent, and the medical advice is that the proposed treatment, including the withholding of treatment should proceed, the CSO will inform the CSSC manager, who will immediately seek advice from Legal Services Branch. For further information, refer to 8. What if a decision about end of life medical treatment is required?

In circumstances where a child is presented to a health professional for medical examination or treatment, the CSO will provide the health professional with the letter Authority to medically examine or treat a child in accordance with the *Child Protection Act 1999*, section 97. This letter...
clarifies the authority of the health practitioner to proceed with medical examination or treatment and the written consent of parents is not required.

Give careful consideration to proceeding with medical examination or treatment of a child subject to a child protection care agreement without the full consent of the parents, given the voluntary nature of the placement.

Where the chief executive has guardianship, delegated officers able to make decisions include CSAHSC team leader and manager, CSSC team leader, CSSC manager and regional director, except in relation to decisions about the degree of care to be provided to a critically ill child, DNA testing and the termination of life support.

To facilitate the provision of health services, carers of a child subject to a child protection order granting guardianship to the chief executive, are authorised to make the necessary arrangements for a child to have a blood test, where one has been requested by a doctor to assist in diagnosis or medical intervention (excluding any DNA blood testing). This consent is included on the ‘Authority to Care – guardianship to the Chief Executive’ form. This authority does not extend to children in the custody of the chief executive.

In life threatening emergency situations where appropriate consents cannot be obtained prior to treatment, or the time taken to obtain appropriate consent would jeopardise the child’s life, doctors have the legal authority to proceed with treatment.

Where a delegated officer provides the consent for a guardianship decision, for a child subject to a child protection order granting guardianship of the child to the chief executive, about applicable medical or dental needs, they will sign the Consent form - Operations and treatment. A copy of the form is to be attached to the relevant event in ICMS and either:

- the original forwarded to the relevant professional
- the original provided to the carer, to be provided to the professional.

Prior approval for all eligible child related costs must be obtained from the CSSC manager unless the expenditure is related to emergency medical or dental treatment.

**Gillick competency**

Health practitioners will apply the concept of ‘Gillick competency’ in deciding whether a child can consent or whether the consent of a custodian or guardian is required for a medical procedure or treatment. ‘Gillick competency’ is a legal term referring to a child’s ability to understand and provide consent. Where a child is Gillick competent, doctors are not required to notify parents or carers, although carers may be involved through their support of the child.

**Smoking behaviour in children**

In circumstances where a child is in the custody or guardianship of the chief executive, and the child is placed in accordance with the Child Protection Act 1999, section 82, decision-making around the child’s smoking would rest with the chief executive due to the significance of this decision for the child and the potential long-term impacts on the health of the child.

A carer or staff member must not actively support a child’s addiction, for example, by supplying cigarettes, setting aside an area specifically for children to smoke, or enabling or advising a parent to supply the cigarettes to the child for the period of their placement. Whilst a carer or
staff member is not able to physically stop a child from smoking, they are obliged to actively discourage children from smoking.

When a child presents with a nicotine addiction, seek medical advice whenever a nicotine reduction strategy is planned to manage their addiction. This includes the use of nicotine patches or any similar treatments.

### 3.7 Make counselling decisions

CSOs and team leaders can make custody (daily care) decisions about counselling that are consistent with case decisions and the child’s case plan.

Decisions or consents in relation to counselling and therapies that are not part of the agreed case plan must be provided by the guardian. When a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer able to make guardianship decisions about counselling.

### 3.8 Make education decisions

**Custody**

A carer can make the following custody (daily care) decisions:

- variations to school routine, including day excursions of low to moderate risk or interstate
- sporting and recreational activities of low to moderate risk, undertaken at school
- signing school reports
- child care, excluding financial approval for child care
- curriculum related activities, including but not limited to swimming, arts council and religious education consistent with the views/beliefs of the child and their family.

A CSO or team leader can also make these decisions, where required.

Under the Education (General Provisions) Act 2006, both custody and guardianship to the chief executive comes within the meaning of parent. Where enrolment or a change of school is assessed as being in the child’s best interest, and the parent is unwilling or unavailable to consent, the team leader can make this decision.

**Guardianship**

The table below outlines the delegated officer able to make a decision or to provide consent in relation to education matters where the chief executive has guardianship of a child.

<table>
<thead>
<tr>
<th>Decision or consent</th>
<th>Delegated officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolling a child in a school.</td>
<td>team leader</td>
</tr>
<tr>
<td>Day excursions involving high and very high risk activities.</td>
<td>team leader</td>
</tr>
<tr>
<td>Sporting or recreational activities involving high and very high risk activities.</td>
<td>team leader</td>
</tr>
</tbody>
</table>
School camps. | CSO  
---|---
Educational adjustment program for students with disabilities. | team leader  
Work experience, including school-based apprenticeships and traineeships. | CSO  
The decision to seek dispensation from compulsory schooling, that is, for a child to leave school prior to the compulsory school leaving age. | CSSC manager

### 3.9 Make sporting and recreational activities decisions - daily and overnight

**Custody**
A carer can make the following custody (daily care) decisions:
- sporting and recreational activities not involving high or very high risk activities
- taking a child on family outings that do not conflict with family contact arrangements or the case plan
- allowing a child to stay with another person for a period of up to two nights - for example, a sleep-over at a school friend’s house.

A CSO or team leader can also make the decisions outlined above, where required.

If an activity is considered to be of high or very high risk, refer to 7. What if a child wishes to participate in a high or very high risk activity?

**Guardianship**
Allowing a child to be in the care of another person for three nights or more requires a decision by the child’s guardian. Where a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer.

This decision-making capacity is intended to be used to normalise the activities of the child, for example, a weekend away with friends. It is not intended as a substitute for placement decision-making or to override regulation of care requirements.

### 3.10 Make decisions about culture and religion

**Custody**
Carers, CSOs or team leaders can make custody (daily care) decisions about the child’s observance, maintenance or participation in cultural and religious events and activities, including religious education at school. These decisions must consider and be consistent with the views or beliefs of the child and their family.

**Guardianship**
Decisions about the child’s observance, maintenance or participation in cultural and religious events and activities that are not consistent with the views of the child and their family must be made by the guardian.
Where a child is in the guardianship of the chief executive, a CSSC manager is the delegated officer able to make a guardianship decision about culture or religion.

For an Aboriginal or Torres Strait Islander child, consult the recognised entity around these issues to ensure carers are supported to maintain the child’s family and community cultural connections.

3.11 Make travel decisions - intrastate or interstate

Consent for decisions regarding travel for a child is dependent on:

- who has custody and guardianship decision-making responsibilities for the child
- the proposed type of travel, for example, air travel or non-air travel
- whether there are any costs associated with the travel
- the destination - intrastate, interstate or overseas
- the duration of the travel.

Where a suitable person has been granted long-term guardianship of a child, there is no requirement for the department to approve the travel.

When a carer and a child in out-of-home care intend to travel within the state for up to three nights, or interstate for a day trip, the carer is not required to seek consent from the department, unless travel costs are likely to be sought.

When a carer and a child in out-of-home care, or a child in out-of-home care, will be away from their usual residence for an extended period, for example, on holiday, advise the carer they are required to provide their contact details to the CSO with case responsibility.

When interstate travel occurs for the purpose of family contact or a holiday with kin, refer to the requirements to involve the ILO, as outlined in 2.5 Facilitate and monitor family contact.

For further details on the planning, approval and reporting requirements for undertaking travel, refer to the Travel - Domestic and Overseas policy.

The table below outlines who is able to provide consent for travel and approve travel costs, where the chief executive has custody or guardianship of a child.

<table>
<thead>
<tr>
<th>Approval for travel (no cost) when the chief executive has custody</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of travel</strong></td>
</tr>
<tr>
<td>Intrastate non-air travel up to three nights and not in conflict with the case plan or family contact arrangements.</td>
</tr>
<tr>
<td>Intrastate non-air travel of greater than three nights or in conflict with the case plan or family contact arrangements.</td>
</tr>
<tr>
<td>Intrastate air travel.</td>
</tr>
<tr>
<td>Type of travel</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Interstate non-air day trips not in conflict with the case plan or family contact arrangements.</td>
</tr>
<tr>
<td>Interstate non-air travel in conflict with the case plan or family contact arrangements.</td>
</tr>
<tr>
<td>Interstate air travel.</td>
</tr>
<tr>
<td>Overseas air travel.</td>
</tr>
</tbody>
</table>

**Approval for travel (no cost) when the chief executive has guardianship**

<table>
<thead>
<tr>
<th>Type of travel</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrastate non-air travel up to three nights and not in conflict with the case plan or family contact arrangements.</td>
<td>Carer</td>
</tr>
<tr>
<td>Intrastate non-air travel of greater than three nights or in conflict with the case plan or family contact arrangements.</td>
<td>Senior team leader</td>
</tr>
<tr>
<td>Intrastate air travel.</td>
<td>CSSSC manager</td>
</tr>
<tr>
<td>Interstate non-air day trips not in conflict with the case plan or family contact arrangements.</td>
<td>Carer</td>
</tr>
<tr>
<td>Interstate non-air travel in conflict with the case plan or family contact arrangements.</td>
<td>CSSSC manager</td>
</tr>
<tr>
<td>Interstate air travel.</td>
<td>Regional director</td>
</tr>
<tr>
<td>Overseas air travel.</td>
<td>Regional director</td>
</tr>
</tbody>
</table>

**Financial delegate approval for travel costs when the chief executive has either custody or guardianship**

<table>
<thead>
<tr>
<th>Type of travel</th>
<th>Financial delegate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrastate air and non-air travel.</td>
<td>CSSSC manager</td>
</tr>
<tr>
<td>Interstate air and non-air travel.</td>
<td>Regional director</td>
</tr>
<tr>
<td>Overseas travel within five (5) hours flying time from Brisbane.</td>
<td>Director-General</td>
</tr>
</tbody>
</table>
### 3.12 Make overseas travel decisions

The consent of the guardian is required for a child in out-of-home care to travel overseas. Approval for travel (no cost) where the chief executive has guardianship must be granted by the Regional Director.

Where a suitable person has been granted long-term guardianship of a child under the *Child Protection Act 1999*, there is no requirement for the department to approve, or to inform the Director-General of, the overseas travel, and financial support is not available.

Where overseas travel occurs for the purpose of family contact or a holiday with kin, refer to the requirements to involve the ILO, as outlined in 2.5 Facilitate and monitor family contact.

Where there are costs to be met by the department related to the overseas travel for the child, for example, overseas airfares, accommodation costs and domestic flights, approval must be sought from the Director-General in circumstances when the flight is under five (5) hours in duration eg: New Zealand. If the overseas travel time is beyond five hours and costs are to be incurred by the department then it needs to be approved by the Minister as stipulated in the whole of government Travel Policy.

Approval for these costs will be considered only

- to maintain family contact where it is assessed as essential for the well-being of the child or to support a reunification plan
- to enable a gifted child to participate at an international level in their field of excellence, for example, sporting or academic competitions
- in cases where exceptional circumstances demonstrate that overseas travel is essential in maintaining a child’s safety, best interests and well-being.

Approval for overseas airfares and accommodation costs will not be given for a child in out-of-home care to participate in school excursions to an overseas country.

Incidental costs for overseas travel, such as passport fees, visas and travel insurance may be approved by the CSSC manager.

Where Director-General approval is required for overseas travel costs, any applicable letters of advice to the carer will be prepared by the CSSC, signed by the Regional Director and forwarded to Executive Services with the approval request.

Where a child in out-of-home care has been approved to travel overseas and the carers are covering the costs of the travel, the CSSC will prepare an accompanying draft letter for the Regional Director’s signature to either the carers or the child who is travelling (whichever is appropriate under the circumstances). The above correspondence should then be sent to the regional office and include the carer’s name and address, along with the request for the regional director’s approval for the travel.

Note: Staff are encouraged to seek travel advice from the Department of Foreign Affairs and Trade (DFAT) by telephone on (07) 1300 555 135 or to refer to the Smartraveller website for information regarding security and/or health risks relating to the proposed travel destination.
3.13 Apply for a passport

Where a child in out-of-home care does not have a current passport and requires one, the Australian Passports Act 2005 requires that the passport application be signed by all persons with parental responsibility, that is, both the guardian and the person who has custody of the child.

If a person other than the parents has guardianship, the parents are not required to sign the passport application, however, they will be informed of the proposed travel and have their views sought, where possible.

In addition to the passport application, the DFAT Form B-10 must be completed and signed by either:
- the regional director, where the chief executive has guardianship
- the suitable person, where a suitable person has guardianship.

The table below outlines the forms required, and the persons responsible for signing the relevant forms.

<table>
<thead>
<tr>
<th>Type of child protection order</th>
<th>Forms</th>
<th>Type of consent required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardianship to the chief executive.</td>
<td>Australian Passport Child Application Form  DFAT Form B-10</td>
<td>Regional director Note: parental consent is not required.</td>
</tr>
<tr>
<td>Guardianship to a suitable person.</td>
<td>Australian Passport Child Application Form  DFAT Form B-10</td>
<td>Suitable person Note: parental consent is not required.</td>
</tr>
<tr>
<td>Custody to the chief executive, including an interim order.</td>
<td>Australian Passport Child Application Form</td>
<td>Regional director and parents</td>
</tr>
<tr>
<td>Custody to a suitable person.</td>
<td>Australian Passport Child Application Form</td>
<td>Suitable person and parents</td>
</tr>
</tbody>
</table>

Where parental consent is required and either or both parents decline to sign the passport application, or are unable to sign, discuss the matter with the team leader, who may seek advice from Legal Services Branch.

Foster and kinship carers will be reimbursed for the purchase of a passport for a child, including the cost of the application and the child’s photograph.

3.14 Make family contact decisions

Carers and CSOs can make custody (daily care) decisions with regard to family contact arrangements if they are consistent with case decisions and the case plan. These decisions must take into consideration the views of the child, their carer, the family and service providers, if
applicable. For information and guidance to inform the family contact decision-making process, refer to the Practice guide: The assessment of harm and risk of harm.

Any decisions with regard to making or varying family contact arrangements for a child in the custody or guardianship of the chief executive, where they substantially conflict with the agreed case plan, or are likely to result in significant issues for the child or their family members, must be made by the team leader or the CSSC manager. For further information refer to 2.5 Facilitate and monitor family contact.

3.15 Make a change to a child’s surname

In some circumstances a child may request that they be referred to by a different surname. The child’s views must be given consideration, and the child supported, where appropriate.

The legal change of surname requires the consent of the child’s guardian. Where a child is in the guardianship of the chief executive, the CSSC manager is delegated to make a decision about the child’s surname.

3.16 Make decisions about a child’s personal appearance

A child has the right to have their views considered in relation to their personal appearance, including haircuts, clothing, jewellery and piercing. If the decision may become contentious, the carer should consult the CSO with case responsibility.

For example, the decision to have a child’s hair cut is a custody decision that the carer may make. If the child has always had long hair, and the carer wants their hair cut short, the CSO or team leader may decide to:

- ask the child’s parents to make the decision
- make the decision, after considering the views of the child, their parents and the carer.

Tattooing or intimate body piercing is unlawful for a child under 18 years.

3.17 Make decisions about DNA testing

A DNA paternity test can be used when there is uncertainty about a child’s parentage and if it is considered to be in the best interests of the child.

A DNA paternity test should only be undertaken in exceptional circumstances. Exceptional circumstances may include where significant conflict about the child’s parentage may result in a change in the child’s placement or their usual family situation.

The department does not have the authority to compel any child or adult to undertake a DNA test. A DNA paternity test cannot be undertaken by the department when a father has been recorded on the child’s registered birth certificate. The recording of a father on a birth certificate is considered the primary evidence of parentage of a child and speculation otherwise will not be sufficient to consider a DNA test when a father is listed on the certificate.

The department may make two types of approval decisions relating to a DNA paternity test:

- approval for a DNA test for a child subject to a child protection order granting guardianship to the chief executive
- approval for the financial costs of the test.
Prior to seeking approval for a DNA paternity test, consult with the senior practitioner about the decision, and for an Aboriginal or Torres Strait Islander child, consult with the recognised entity.

When a child is subject to a child protection order granting guardianship to the chief executive, regional executive director approval is required for the DNA paternity test. If a child is subject to a short term order granting custody to the chief executive, consent for a DNA paternity test must be provided by the relevant legal guardian.

If the Regional Executive Director is to provide approval for the DNA paternity test prepare a brief with the following:

- who requested the DNA paternity test
- the views of the parent and the child, where age and developmentally appropriate, about the test
- why the DNA paternity test is being considered
- what understanding the family has of a DNA paternity test and the impact of the test outcome
- what emotional support will be offered to the child and family
- who is going to inform the family of the DNA paternity results

Attach the brief and other relevant information to the relevant event in ICMS.

Where costs for the DNA paternity test cannot be met by the child’s legal guardian, seek financial approval from the CSSC manager. The CSSC manager has the discretion to exercise their financial delegation to approve the financial cost of a DNA paternity test where it is consistent with the case plan and the appropriate approval has been obtained.

For further information about DNA paternity testing, refer to the practice resource DNA paternity testing.

3.18 Decide other guardianship matters

The decision for a young person under 18 years of age to marry, or to join the Australian Defence Forces, requires the consent of the guardian. Where a child is in the guardianship of the chief executive, a regional director is the delegated officer able to provide consent for these decisions.

4. Conclude an out-of-home care placement

4.1 Conclude the child’s placement in out-of-home care

When a child is placed in out-of-home care, the conclusion of the placement needs, as far as practicable, to:

- be a planned event
- occur in a way that maximises support for the child during their transition home or to a new placement
- be consistent with the child’s case plan.

For information about the roles and responsibilities of the CSSC and PSU in relation to the conclusion of a child’s placement, refer to the Conclude a placement checklist.
Plan the placement change

Planning a placement move for a child occurs within the broader context of case planning and review procedures, as outlined in Chapter 4, Case planning.

To manage the conclusion of a placement in the best interests of the child:

- review the case plan outcomes achieved during the placement with the child and family
- identify and articulate the specific roles of the CSO and carer in assisting the child with the transition
- determine how and when the child will leave the placement - ensure that all the child’s possessions go with them
- ensure the views and wishes of the child are considered in the process - refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy
- adequately prepare the child for the move, to the extent possible within existing timeframes
- facilitate the involvement of relevant support workers for the child and the carer
- facilitate an opportunity for the child, the carer and household members to say goodbye to each other
- determine the level of future involvement by a carer following the placement change, if continuity of the relationship is important for the child’s emotional needs.

Manage the unplanned conclusion of a placement

In some circumstances, it is not possible to plan the conclusion of a placement. Urgent placement changes may be required:

- to ensure a child’s immediate safety or well-being
- due to the level of the child’s support needs
- when an approved carer, licensed care service or another entity requests an immediate placement change in response to a crisis situation, where the crisis cannot be immediately resolved to avoid the unplanned conclusion of the placement.

In circumstances where a child leaves a placement and self-places with parents, immediately undertake a safety assessment as outlined in Chapter 2, Investigation and assessment. If the outcome of the safety assessment is ‘unsafe’, the child must be immediately removed to a safe placement.

If a child refuses to return to the out-of-home care placement, take the following action:

- negotiate with the child to go to an alternative placement
- consult with the child’s parents about options for the child
- consult with the recognised entity about safe, compatible placement options for an Aboriginal or Torres Strait Islander child
- consider whether a person in the current residence, or another person who is kin to the child can be provisionally approved to care for the child - refer to Chapter 8, Regulation of care.

If the child self-places with another family member or family friend, complete an assessment of that person as a kinship carer. The child can only remain in the placement if the carer is granted provisional approval while the kinship carer assessment is being undertaken - refer to Chapter 8.
Regulation of care.

If the Childrens Court decides not to grant a subsequent child protection order or revokes an existing order, a transition order may be considered to continue the existing child protection order for up to 28 days. This will enable the child’s gradual transition from an out-of-home care placement to their parent’s full-time care. Refer to Chapter 3, 2.9 Apply for a transition order for further information.

Respond to the child’s request to leave a placement

Where a child requests to leave a placement, attempts should be made to resolve the issues leading to the request, unless the move is necessary for a child’s immediate safety or well-being.

In other circumstances, if a child requests to leave the placement:

- meet with the child as soon as possible to:
  - establish the reasons for the child’s request
  - obtain contextual or background information on any issues raised by the child
  - allow the child an opportunity to express any feelings they may be experiencing
  - work through identified issues to achieve a positive outcome
- seek the views of all relevant parties, including the child’s parents and the carer or service, where applicable, to identify strategies for resolving identified issues and to maintain the child’s placement
- consider whether a review of the child’s case plan is necessary.

If a child, who is at or above school leaving age, expresses a wish to leave the placement with a view to living independently, the request is to be considered in consultation with the team leader or CSSC manager, taking into account:

- the availability of licensed supported independent living services
- the circumstances of the individual case, including details of transition from care planning and outcomes achieved to date - refer to 2.9 Plan and support the young person’s transition from care to independence
- the child’s ability to make sound judgements about their own safety, well-being and self-development - refer to the practice paper A framework for practice with ‘high risk’ young people (12 -17 years)
- the capacity of the child to live independently
- the requirements of the Department of Education, Training and Employment in relation to compulsory schooling - refer to 2.9 Plan and support the young person’s transition from care to independence
- eligibility criteria for Commonwealth benefits - refer to the Centrelink website
- the views of all relevant parties, including the child’s parents and for an Aboriginal or Torres Strait Islander child, the recognised entity.

In this circumstance, consider reviewing the child’s case plan in order to include the necessary services required to prepare and assist the child for their transition to independent living.

Respond to a request by the carer for a child to leave a placement

Where a carer requests that a child leave the placement prior to the agreed date recorded in the placement agreement, attempt to resolve the presenting issues, unless the move is considered
necessary for a child’s immediate safety or well-being.

In this circumstance, the CSO with case responsibility will:

- hold an emergency meeting, as soon as possible, to be attended by:
  - the child, if considered appropriate
  - the carer
  - the departmental out-of-home care worker, manager, coordinator or support worker or staff member of a licensed care service or another entity
  - a worker from the recognised entity, if applicable
  - the team leader or CSSC manager, if necessary
- consider the following matters:
  - issues identified by the carer and the child
  - stressors associated with the current placement
  - any support, training or resources that may support the placement, for example, respite or additional support funded through child related costs
  - safety issues associated with the placement, including the impact on other children in the placement and the family of the carer.

Where it is agreed that the child’s placement is to continue, consider:

- reviewing the case plan
- updating the placement agreement - refer to 1.9 Complete a placement agreement.

**Manage concerns associated with the placement**

Where there are concerns about the quality of care provided to a child in an out-of-home care placement, and the child remains in the placement, consult with the team leader or CSSC manager to:

- determine whether any of the issues constitute a standard of care review or harm report - refer to Chapter 9, Standards of care
- ensure the child’s safety needs will continue to be met
- assess whether the goal and outcomes agreed in the child’s case plan have been met or need to be renegotiated

- decide whether any meetings or reviews are required, in accordance with case planning requirements - refer to Chapter 4. Case planning.

**Provide information to the child, parents and the carer**

When a decision is made to conclude an out-of-home care placement, regardless of whether it is planned or unplanned:

- advise the child, their parents, the carer and service, if applicable, of the decision and the reasons for the decision
- provide the child, their parents and the carer with information about accessing the complaints system of the department should they wish to have the decision reviewed
- provide the child with written notice of the removal decision, including reasons for the decision and advising them that they have 28 days to seek a review of the removal decision, by QCAT
- provide the child and their family (unless a decision to withhold all or some placement
information has been made) with information about the new placement and further planned actions, if the child is not returning to their parents care

- contact the child’s school and other agencies undertaking casework services with the child and family, to advise of the change of placement and to provide updated placement details, if applicable.

**Implement actions relating to the carer**

When a child leaves a placement:

- inform the child’s carer:
  - that the fortnightly caring allowance for the child will cease
  - of their responsibility to advise Centrelink of the conclusion of the child’s placement
  - of the need for them to complete a **Conclusion of placement form**

- arrange to meet with the carer to collect all documents of relevance to the child, including, where applicable:
  - the completed ‘Conclusion of placement’ form
  - the child’s birth certificate
  - the child’s Medicare card and health care card
  - the child health passport folder
  - the child’s school reports
  - bank account details and associated documentation, including a key card, if applicable

- collect all of the child’s personal belongings and records, which must be transported to the child’s next household.

Following the conclusion of the placement, contact the carer to discuss the outcomes of the placement, including:

- identified strengths demonstrated in managing the placement
- learning and support needs for future placements.

If required, vary the foster carer agreement, based on the experience gained through the placement.

**Removal of child - right of review by carer**

A carer, excluding a provisionally approved carer, is entitled to seek a review by QCAT of the decision to remove a child from their care (*Child Protection Act 1999, section 91*).

If a child is subject to a child protection order which grants the chief executive long-term guardianship, the carer has the right to seek a review of the decision to remove the child from their care, regardless of the reason for removal.

If a child is subject to a short term child protection order which grants the chief executive custody or guardianship, the carer has the right to seek a review of the decision to remove the child from their care only where the stated reason for the decision is that they are no longer a suitable person to have the care of the child or is no longer able to meet the statement of standards.

Where applicable, provide the carer with **Letter to carer - removal of a child (section 89)**.
Complete administrative requirements

Ensure that the following documentation is completed or updated as soon as practicable following the conclusion of a placement, and where appropriate, filed on the child's and/or carer's file:

- the Child information form
- the placement details on the child's paper file
- a Child Safety After Hours Service Centre: After hours referral form, if applicable
- a ‘Conclusion of a placement’ form (completed by the carer) - place the original on the child’s file and provide a copy to the new carer or to the parents, where the child returns home
- an updated foster carer agreement, if applicable
- the Letter to Medicare - change of address - refer to 2.2 Obtain Medicare and Health care card details
- update relevant child and carer details in ICMS, including end dating the placement so payments to the carer cease and closing the placement event.

Request the return of the certificate of approval for a kinship carer and file it on the carers file.

For additional requirements when concluding a placement for a child subject to a care agreement, refer to Chapter 6, 3. Place a child using a child protection care agreement.
What ifs - responding to specific out-of-home care matters

1. What if a child requires a placement with another entity (82(1)(f))?

The *Child Protection Act 1999*, section 82(1)(f), allows for a child to be placed in the care of another entity, other than an approved carer or licensed care service, only when that entity is the most appropriate for meeting the child's particular protection and care needs. This applies when a child in out-of-home care is subject to one of the following:

- a care agreement
- an assessment order
- a TCO
- an interim order
- a child protection order granting custody or guardianship to the chief executive.

Refer to the practice resource *Placements with another entity - 82(1)(f)* for details of placements with another entity and placements that fall outside of the *Child Protection Act 1999*, section 82(1)(f), such as a disability or mental health facility.

**Determine whether an 82(1)(f) placement is appropriate**

Any placement under the *Child Protection Act 1999*, section 82:

- must comply with the statement of standards (*Child Protection Act 1999*, section 122)
- can only be made in services where staff are required to undergo criminal history screening through the CCYPCG’s blue card process.

Prior to assessing the suitability of an 82(1)(f) placement:

- determine the placement option best able to meet and respond to the child's level of support needs. If required, make a referral to the PSU - refer to 1.3 Determine the appropriate level of support needs and 1.4 Determine the most suitable placement type
- provide the recognised entity with an opportunity to participate in the placement decision-making process for an Aboriginal or Torres Strait Islander child
- consult with the relevant team leader or CSSC manager, where the proposed placement is physically located in another geographical area - for further information refer to Chapter 3. 3. What if an ongoing intervention case needs to be transferred to another CSSC?

**Assess the suitability of the proposed 82(1)(f) placement**

Because another entity's compliance with key provisions of the *Child Protection Act 1999* is not monitored via a licensing arrangement or a carer approval process, a departmental officer will gather information to assess whether the care provided will be consistent with the statement of standards and that the entity understands their critical obligations under the *Child Protection Act 1999*. For example, request information from the entity about whether they are undergoing licensing or are regulated by a government agency. Refer to practice resource *Meeting the statement of standards* in completing the assessment and provide the entity with a copy of the *Standards of care*. 
The assessment will:

- consider whether the care provided by the entity is subject to regulation by a government agency such as Disability Services
- determine whether the entity is willing to act in accordance with reasonable directions from the department and work cooperatively to meet the goal and outcomes of the child’s case plan
- consider the length of the proposed placement and the child’s age and development
- ensure that:
  - the placement is able to facilitate family and cultural contact for an Aboriginal or Torres Strait Islander child
  - the entity uses appropriate behaviour support strategies consistent with the statement of standards and departmental policies
  - the entity is aware of the requirements for reporting harm to children in out-of-home care to the department
  - care will be provided by workers who pose no risk to the child’s safety, have a current blue card, are able and willing to protect the child from harm and able to provide care that is consistent with the principles of the Child Protection Act 1999 (section 5)
  - the entity agrees to legislative confidentiality requirements (Child Protection Act 1999, sections 187 and 188)
  - the premises where the child is to be placed is safe and suitable for their needs
  - the placement will assist a child to gain positive life skills and a sense of well-being
  - appropriate strategies and interventions will be implemented for a child who has been sexually abused or has engaged in sexually abusive behaviour - if applicable refer to the practice resource Children with sexual abuse histories
  - other people residing at the premises are an appropriate peer group, considering the child's age and gender.

**Obtain approval for the placement**

Following the assessment, seek approval for the placement from the team leader.

Where the placement is funded through child related costs, additional approval is required for the funding - refer to the Child related costs – Placement funding policy and procedure.

**Decide the provision of placement information to parents**

Prior to placing the child:

- assess and provide placement information to parents - refer to 1.8 Assess the provision of placement information to parents and 1.10 Provide placement information to parents
- complete a placement agreement - refer to 1.9 Complete a placement agreement
- commence the child's placement in accordance with 1.11 Place the child in out-of-home care and provide the entity with an 'Authority to care for child' form and a copy of the child's case plan.
Monitor and review the child’s placement
Placements with another entity require an additional level of monitoring by the CSO with case responsibility to ensure that the standards of care are met.

The team leader is required to monitor the ongoing level of contact between the CSO and the child and regularly review that the placement continues to be the most appropriate for meeting the child’s protection and care needs.

Monitoring the quality of care provided to a child
Departmental staff must inform staff members of another entity about the statement of standards and the required standards of care. Where there are any concerns about the quality of care provided to a child, refer to Chapter 9, Standards of care.

2. What if I have concerns about the quality of care provided to a child?

The department is responsible for monitoring out-of-home care placements to ensure that the level of care provided by the carer is consistent with the statement of standards (Child Protection Act 1999, section 122), and for taking preventative action to resolve identified concerns before they escalate.

Regardless of the provisions within the case plan for contact with the child and the carer, ongoing assessment and monitoring of the care environment and the quality of care provided, is a vital component of case work with the child.

Where issues are identified, discuss the matter with a team leader or senior practitioner to determine the appropriate response. For further information about monitoring the standards of care being provided to a child, or whether a standard of care review or a harm report is to be recorded, refer to Chapter 9, Standards of care.

3. What if a child is to be removed from an out-of-home care placement?

A CSSC manager, regional director or CSAHSC manager or team leader may decide to remove a child from a placement:

- if satisfied it is in the child’s best interests
- in response to concerns about the standard or care being provided to a child, or harm to a child, including risk of harm
- to ensure the child’s immediate safety and well-being.

Removal may be considered to be in the child’s best interests when there is a serious issue for the child or carer, for example, an issue in relation to the standards of care being provided, a safety issue for the child or conflict between a child and carer. The purpose of responding to concerns about a child’s safety is to ensure continuity of the child’s relationship with the carer or care service and the stability of the child’s placement, as far as possible, unless it becomes apparent that the child is at immediate risk of harm or unacceptable risk of future harm in the
care environment, and protective intervention would not adequately ensure the child’s safety and well-being in the care environment.

As far as practicable, the removal of the child is to occur in a way that is the least traumatic or disruptive for the child.

Where it will not jeopardise the immediate safety or well-being of the child, the CSSC manager will make this decision following consultation with the senior practitioner, having taking into consideration the views of:

- the child, where age and developmentally appropriate
- the recognised entity, for an Aboriginal or Torres Strait Islander child
- the carer or the coordinator or manager of the care service, if applicable
- the foster and kinship care service or care service, if applicable.

If the child is subject to a child protection order granting custody or guardianship to the chief executive:

- provide written notice of the decision to the child, having regard to their age and ability to understand, in accordance with the Child Protection Act 1999, section 90
- discuss with the child the internal and external review options available to them
- provide written notice of the decision to the child’s carer - Letter to carer - removal of a child (section 89).

Note: Under the Child Protection Act 1999, section 90 and 91, parents and staff members are not able to seek a review of this decision by QCAT.

Should a parent, a carer or staff member disagree with a decision by the department to remove a child, inform them of the review mechanisms available - for further information about complaints, refer to the department’s Compliments and Complaints feedback website.

Moving a child in urgent circumstances

Where the child’s immediate safety and well-being necessitate their removal from the care environment prior to seeking the views of the above relevant persons, or where having regard to the views of relevant persons, the CSSC manager proceeds with the decision to remove a child:

- record the decision and the rationale for the decision
- explain the rationale for the decision to all persons affected by the decision
- implement applicable information provision and administrative requirements, in accordance with the Child Protection Act 1999, section 90, and 4. Conclude an out-of-home care placement.

For additional information on concluding a placement, refer to 4. Conclude an out-of-home care placement.

4. What if family contact needs to occur in a correctional facility?

In some circumstances, family contact visits for a child in out-of-home care will need to take place in a correctional facility. These visits are referred to as a ‘personal visit’. Queensland
Corrective Services (QCS) requires that all ‘personal visits’ are booked in advance, regardless of whether the visit is one-off or a regular occurrence.

Contact with parents or other family members in correctional facilities may include visits, telephone calls, letters and video conferencing. In addition to the procedures informing decisions about family contact outlined in 2.5 Facilitate and monitor family contact and the practice resource Facilitating family contact, when deciding the frequency and type of contact to occur with parents or other family members in correctional facilities, consider the following:

- the case plan goal
- the child’s age and development
- the child’s views and wishes about if and how the contact should be conducted
- the child’s physical and emotional safety within the correctional facility
- the quality of relationship with the parent or family member
- the history of child protection concerns relating to the child and parent or family member
- the nature of the charges against the parent or family member, and whether they relate to the child or other family members
- the length of the parent or family member’s sentence (if brief, it may be in the child’s best interests to delay contact until the parent or family member’s release)
- the distance between the child’s placement and the correctional facility, and the disruption that travel to and from visits may cause to the child
- the parent or family member’s access to telephone calls, and whether the child’s need for family contact can be met by telephone contact.

The decision regarding the type and frequency of family contact will be regularly reviewed, giving ongoing consideration to the above, as well as:

- the child’s views about the quality of contact
- the child’s behaviour and interactions during contact
- the carer and/or direct-care worker’s observations of how the child behaves and before and after visits.

All decisions regarding the frequency and type of contact should be made in consultation with the respective correctional facility, taking into consideration the particular guidelines and protocols of the facility, and any conditions specific to the individual.

Corrective Services may not allow visits or telephone calls, depending on:

- the level of security under which the family member has been placed
- the family member’s conduct at the correctional facility
- the nature of the charges against the family member
- the need to protect the family member from other inmates of the correctional facility (for example, if the family member has been charged with sexual assault of a minor).

It is the responsibility of Corrective Services to assess these factors, and the timely provision of relevant information by the department will assist the correctional facility to make the decision.
Some correctional facilities will only allow ‘non-contact’ visits (that is, visits in which prisoners and visitors are separated by a glass barrier) until after a preliminary period in which the prisoner can be assessed and approved for ‘contact’ visits. The correctional facility may not allow children at ‘non-contact’ visits. When a parent or significant family member is placed in a correctional facility, contact the facility to enquire about protocols and guidelines for child visitors, as well as restrictions that may apply at the time of the proposed visit.

Due to the nature of charges against the family member, the court may rule that contact cannot occur between the child and family member, for example, if the child’s parent has been charged with murder of the child’s siblings. Contact the Department of Public Prosecutions to gather information about any such restrictions.

Where it is decided that family contact is appropriate, but contact visits are not permitted by the correctional facility, seek alternative means such as telephone calls and video conferencing.

Contact details for each correctional facility are available on the Corrective Services website.

To arrange a family contact visit at a correctional facility:

- contact the facility seven days in advance to arrange a booking
- complete a Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor) (Form 27) for each child, departmental officer or other person who will be attending the visit
- if the child is to be accompanied by someone else, complete a letter from the guardian confirming the arrangement and attach it to the ‘Form 27’ for that person - to determine who the guardian is, refer to 3.1 Determine who may decide a custody or guardianship matter
- forward the necessary documentation to the correctional centre.

Once at the correctional facility:

- each visitor will be advised of the conditions of entry to that facility, including standards of dress and searches - refer to the Department of Corrective Services - Safety and Security resources for more information
- the departmental officer must show facility staff a current identification card, or provide identification as outlined in the ‘Form 27’ - do not display the identification card during the visit
- the departmental officer will either accompany the child on the visit or take them to the reception area where a Corrective Services Officer will escort the child to the visits area, and collect them at the end of the visit from the reception area.

In addition:

- it is an offence under the Corrective Services Act 2006 for any person to obtain entry to a corrective service facility under a false identity or knowingly provide false information in a ‘Form 27’
- any visitor who breaches a condition of visitation or access or fails to comply with an order of the person in charge, or otherwise prejudices the security and good order of a corrective service facility, may be ordered to leave the facility - reasonable force may be
used to remove the visitor from the facility if they fail to comply with an order to leave the facility (Corrective Services Act 2006).

5. **What if a child requires or has a bank account?**

The process of opening and managing a bank account may apply to any child in out-of-home care, but there are different requirements depending on the child’s order.

Where the **chief executive has guardianship** of a child:
- decisions about opening and managing the child’s bank account must be made by the team leader, as the delegated officer
- the account is to be in the child’s name, rather than in joint names - if the bank policy requires a joint account, the team leader will be the other account holder
- under no circumstances will a departmental officer open an account for a child solely in the departmental officer’s name
- the team leader is to accompany the child to the local branch to open the bank account, and bank staff may assist with decisions about the child’s capacity to open and manage an account in their own name.

For further information refer to the practice resource **Bank accounts**.

Where a child is subject to a custody order and the **parents retain guardianship**:
- a parent must make decisions and provide consents in relation to opening and managing the child’s bank account
- the parent will be the co-signatory if a joint account is required due to the child’s age or developmental ability
- the CSO with case responsibility will discuss any concerns in relation to the manner in which the child’s bank account is being managed, with the team leader.

**Open an account where another person has guardianship**

When a suitable person has been granted long-term guardianship of a child, they may make decisions about opening and managing bank accounts, taking into account the child’s views.

**Manage low level concerns about the child’s ability to manage financial matters**

When low level concerns exist in relation to a young person’s ability to manage their financial matters, consider their needs and the services that may assist when planning for their transition from care.

**Protect the child’s financial rights and interests**

If a child has significantly impaired decision-making, consult with the team leader, and take steps to protect the child’s rights and interests in relation to managing their financial matters. This may be particularly relevant for a young person in receipt of a Disability Support Pension, or for those approaching 16 years of age who will become eligible to receive the Disability Support Pension.

When a young person who may be eligible to receive a Disability Support Pension, turns 16 years of age, contact Centrelink to advise that payment of the Disability Support Pension, if approved, can be made directly to the young person’s bank account. Where a young person’s
decision-making is impaired consider a referral to the Public Trustee for management of funds once the young person has turned 16.

If the young person is over 17 years of age, and it is considered their financial interests need to be protected after leaving care, consult with the team leader about applying to have a guardian or administrator appointed by the Guardianship and Administration Tribunal. For further information, refer to 2.9 Plan and support the young person's transition from care to independence.

Record relevant details and file documentation

Record all relevant details and documentation in ICMS or on the child’s file, especially guardianship decisions made and consents provided by the team leader, as the delegated officer.

6. What if a child is employed in the entertainment industry?

In Queensland, the employment of children is governed by the Child Employment Act 2006 and the Child Employment Regulation 2006. Legislative regulations covering the employment of children in the entertainment industry:

- limit the amount of work children can perform to 40 hours per week
- outline education requirements for children working in the entertainment industry
- clarify the role of parents and supervisors.

The legislation currently requires employers to inform parents of the existence of the guide and provide them with a copy if they request it, and to have a signed parenting consent form from the child’s guardian, before employing the child.

The child’s guardian is required to sign the parenting consent form. Where a child is in the guardianship of the chief executive, the CSSC manager is the delegated officer able to sign the parenting consent form.

Further information may be obtained from the Department of Justice and Attorney-General website.

7. What if a child wishes to participate in a high or very high risk activity?

Where parents retain guardianship, they must provide consent for a child to participate in high or very high risk activities. When a child is in the guardianship of the chief executive, the consent of the team leader, as the delegated officer, is required.

Provide the child with information about the approval process and explain that a decision will be made, or obtained, in a timely way, so as not to prevent the child from undertaking the activity, should consent be given. Once a decision is made, inform the child of the outcome.
Gather information about the activity

To inform the decision about a child’s participation in the activity, gather the following information:

- the nature, qualifications and credentials of the organisation or individuals providing the activity
- what protective strategies can be taken to minimise the level of risk including:
  - the level of adult supervision to be provided during the activity
  - the supply and enforced use of compulsory safety equipment, for example, whether a Type 1 PFD (personal flotation device) is available when participating in boating activities
  - the child’s access to necessary safety equipment, for example, if the carer will support the child to have a mouthguard fitted
  - the potential hazards and risk level of the activity (see below)
- the insurance provisions provided in the event of an accident.

Determine the level of risk

The risk associated with high and very high risk activities may be mitigated by the use of protective equipment, or participation under specific guidelines (age restriction, adult supervision, codes and regulations).

The Queensland Injury Surveillance Unit (QISU) website contains Injury Bulletins on a range of injury topics. These bulletins discuss risk factors that contribute to injuries, based on Queensland Hospital emergency department injury surveillance data, and relevant preventative strategies.

QISU staff can provide advice about protective strategies for children who intend to participate in activities, but require seven days minimum to respond to any request. They **cannot** calculate the relative risk of injury. Review the Injury Bulletins before making a request for information.

High risk and very high risk activities may be defined as activities where:

- there is a high risk of injury to the child or other persons if the equipment or procedures associated with the activity are not used in the prescribed manner
- there is a risk of severe injury to the child or other persons
- there is a high likelihood, high probability or frequency, and/or a significant consequence or impact of an injury or event occurring
- a high level of adult supervision of all aspects of the activity is required.

Activities that may be considered high or very high risk include but are not limited to, white water rafting, rock climbing and abseiling and high ropes courses.

The participation of 16 and 17 year olds in such activities will be discussed directly with them with a view to increasing the young person’s decision-making skills. Check the indemnity forms for activities, as some activities may allow consent by a young person aged 16 or 17 years.

Carers may provide consent for activities that are not assessed as being high or very high risk.
Gather information about the suitability of the activity for the child

Gather the following information to inform the decision about the suitability of the activity:

- the views of the child, parents and carer about participation in the activity, and the suitability of the activity in relation to the child’s age, developmental level and experience
- the suitability of the activity in relation to the needs of the child, as identified in their case plan.

Request consent from the child’s guardian

Guardianship with the parents

Where parents retain guardianship of a child placed in out-of home care and consent has been sought through the department for the child to participate in a high or very high risk activity:

- contact both parents to advise of the request and to seek their consent
- explain the nature of the activity and the hazards and risks for the child
- provide the parents with a copy of any written information obtained from the organisation offering the activity.

Note: Where a child remains in the guardianship of parents, both parents must provide consent for these decisions unless all reasonable attempts to locate and consult with one parent have been unsuccessful.

If the parents provide consent for the child to participate in the activity:

- ensure the parents sign the consent form provided by the organisation offering the activity
- if a consent form has not been provided, provide each of the parents with a Guardian consent form for high risk and very high risk activities to sign
- place a copy of the signed consent form on the child’s file and attach a copy to the ongoing intervention event in ICMS
- inform the child and the carer that the parents have given consent
- provide the original signed consent form to the organisation offering the activity.

If consent is not given:

- record each parent’s decision on the consent form, place the form on the child’s file and attach a copy to the ongoing intervention event in ICMS
- inform the child and the carer that parents have not provided consent, and that the child’s participation in the activity cannot proceed
- inform the organisation offering the activity that the child does not have permission to participate in the activity.

Guardianship with the chief executive

To obtain team leader consent for the child’s participation in the activity:

- complete a Recommendation/consent request for a child or young person to participate in a high risk activity - this includes a letter advising of the decision by the department
- submit the request to the team leader.
When a parent opposes the child’s participation in the activity, their views must be taken into account, and the team leader may seek guidance regarding the decision from the CSSC manager. If the team leader or CSSC manager approves the activity, record the parents views and the rationale for the decision in a case note.

If participation in the activity is approved:

- place the approved form on the child’s file
- inform the child, the carer and the child’s parents of the approval
- provide the organisation offering the activity with the signed letter advising of the decision by the department.

If the activity is not approved by the team leader:

- place a copy of the form on the child’s file
- inform the child, the carer and the parents of the decision not to provide consent
- provide the organisation with the Child Safety consent form for high risk or very high risk activities signed by the team leader stating that the child does not have permission to participate in the activity.

8. What if a decision about end of life medical treatment is required?

End of life medical treatment decisions are to be informed by appropriate medical expertise, and undertaken in a timely way by a person with the legal authority to consent to such decisions, to assist the relevant parties to make care and treatment decisions in the best interests of the child and alleviate the child’s pain and suffering.

Decisions about end of life medical treatment for a child in out-of-home care may be required:

- when their life is threatened due to illness, trauma or injury as a result of an accident, self-harm or harm inflicted by another party
- when the child is facing death as a result of a terminal illness, either long-term or acute
- when consent for a ‘not for resuscitation’ decision is sought.

Respond to reported concerns

When the department receives information that the child’s medical condition may be the result of harm, either self-inflicted or by another person, or the harm may have involved the commission of a criminal offence relating to the child, ensure that:

- notification is made immediately to the QPS, in accordance with the Child Protection Act 1999, Section 14(2) and (3) using the Police referral fax
- consideration is given to the recording of a notification, refer to Chapter 1, Intake.

Provide information to the hospital

When a child subject to a child protection care agreement or an order granting custody or guardianship to the chief executive is admitted to hospital with a life threatening medical
condition, or their medical condition deteriorates such that their life is threatened:

- inform the hospital and medical staff of:
  - the nature of the child’s order or placement
  - the effect that the order or placement has on who (other than a ‘Gillick competent’ child) can legally give consent for medical procedures, and decisions about end of life medical treatment
  - the names and contact details for all persons relevant to the child, including the child’s guardian
  - the role of the CSAHSC, should the hospital require an after hours decision or consent
- provide the hospital, upon the child’s admission or as soon as possible following the admission, with:
  - a copy of the child protection order, if applicable
  - a copy of either the Letter re: Custody (Medical) or the Letter re: Custody and guardianship (Medical)
  - a written copy of the names and contact details for all persons relevant to the child, including the child’s guardian.

The above documentation will be regularly reviewed and updated and provided to the hospital and carer as necessary, to ensure the information is accurate at all times.

When the child is subject to an assessment care agreement or another order, a letter confirming who has custody or guardianship of the child may be provided to the hospital, at the hospital’s request.

Note: A child protection order ceases upon a child’s death and the authority to make decisions in relation to the child’s post death care and funeral arrangements, rests with the child’s parents.
For further information, refer to 9. What if there is a death of a child in out-of-home care?

**Complete a referral to CSAHSC**

When a child is in out-of-home care and their life is threatened as a result of an illness or trauma, complete a Child Safety After Hours Service Centre: After hours referral form and ensure that updated referrals are provided so that the information is accurate at all times - refer to Chapter 10.15 The role of the Child Safety After Hours Service Centre.

**Complete a critical incident report**

Depending on the circumstances that have led to the child’s life threatening medical condition, a Critical incident report may be required - refer to the Critical incident reporting policy.

**Respond to requests for consent - guardianship to the chief executive**

When a child is subject to a child protection order granting guardianship to the chief executive, consents about end of life medical treatment, including the ‘not for resuscitation’ decision must be obtained from the Director-General.

Immediately upon the receipt of advice that the child is facing death due to illness or trauma:

- inform the CSSC manager of the child’s medical condition
• contact Legal Services and obtain legal advice
• contact the recognised entity to ensure that cultural protocols are observed in communicating the child’s circumstances to the family, for an Aboriginal or Torres Strait Islander child
• request that a medical case conference be convened to develop a medical treatment plan - it may be in the best interests of the child and the family for a hospital Social Worker, who is experienced in dealing with such matters and may already know the child and family, to facilitate this discussion
• consider the appropriateness of inclusive decision-making (as outlined below)
• arrange for the attendance of all relevant persons at the conference, including:
  • the Director-General or their nominee
  • the child (taking into account their age, ability to understand and their medical condition)
  • the treating medical practitioners
  • the parents and carers unless considered inappropriate
  • the recognised entity, if applicable
  • the hospital’s social worker or Indigenous Liaison Officer
• assist the child and the parents to communicate their wishes, in order that cultural and religious protocols and practices are taken into consideration and where required, arrange for an interpreter
• fully explore options for the treatment and/or withholding of treatment, so that the child (if ‘Gillick competent’), or the delegated officer, can provide informed consent to the proposed medical treatment plan.

Obtaining agreement from all parties at the medical case conference can be difficult, given the highly emotive nature of the circumstances. Hospital social workers are skilled in assisting families to make such decisions and should be included to assist the parties reach a mutual agreement about the best care plan for the child. When the child is Aboriginal or Torres Strait Islander, determine whether the hospital’s Indigenous Liaison Officer is available to participate in the conference.

Note: If the child’s parents reside in a remote location and are unable to travel, arrange a teleconference or video link to facilitate their participation in the medical case conference.

Where consent to end of life medical treatment or the withholding of treatment or consent for a ‘not for resuscitation’ decision is required:
  • request a letter of advice from the treating doctor, outlining the proposed treatment
  • obtain the views of the parents in writing, where possible
  • obtain legal advice from Legal Services
  • complete a briefing note seeking the delegated officer’s decision
  • attach the following to the briefing note:
    • the letter of advice provided by the treating doctor
    • written information provided by the parents, if applicable
- legal advice from Legal Services

When making an end of life medical treatment decision, including a ‘not for resuscitation decision’, the delegated officer will consider:

- the views of the child and the parents, taking into account the child’s age, ability to understand and their medical condition
- the views of the carers, where the child has been in the placement for a significant period of time
- the medical treatment plan, including information available about the proposed treatment, its effect and benefits and any possible side effects or risks
- whether there are any alternative treatments to those proposed and their effects, benefits, side effects or risks
- the effect of not proceeding with the treatment
- the medical personnel’s written rationale for the proposed treatment or recommendations
- the legal advice obtained from Legal Services.

Use the End of life decision-making guide when preparing a brief to seek the approval of the Director-General and attach copies of the documents listed in the guide and forward to the Director-General.

If approved, the Director-General will sign the ‘Consent form - Operations and treatment’.

The CSO will:

- inform all relevant parties of the decision
- provide the original, signed ‘Consent form - Operations and treatment’ to the hospital
- attach a copy of the signed ‘Consent form - Operations and treatment’ in ICMS.

In circumstances where medical treatment decisions are required after hours, medical staff should contact the CSAHSC to facilitate contact with the delegated officer or their nominee, in order to:

- discuss the child’s medical care needs
- obtain the required consents.

Where practicable, this discussion will occur at the hospital and should include the child, the parents and the carers, where the child has been placed with the carers for a significant period of time.

If the Director-General or their nominee is unable to attend the hospital in person, they will contact the child’s parents, carers and where possible, the child to discuss the treatment options. Should contact with the child not be possible, their previously expressed views about their medical treatment will be considered. The delegated officer will provide the hospital with the signed Consent form - Operations and treatment, and forward a copy of the signed form to the CSSC for the child’s file.
Should the child’s condition dramatically change or deteriorate, it may be necessary to urgently obtain further consents for additional treatments, or to cease or withhold treatment. In these circumstances, reconvene a medical case conference to update the medical treatment plan and include those end of life treatment decisions that have been consented to by either the child (if ‘Gillick competent’) or the delegated officer. A hospital social worker, who is experienced in dealing with such matters and may already know the child and family, may reconvene the medical case conference.

The reconvened conference will include the Director-General or their nominee, the child (taking into account their age, ability to understand and their medical condition), the parents, the carers and treating medical practitioners, either in person or by telephone.

Where parents and carers are unable to participate in the medical case conference, ensure that all parties are informed of the medical treatment plan for the child and the consents provided by the delegated officer.

**Consider the appropriateness of inclusive decision-making**

When the chief executive is the child’s guardian, consider the appropriateness of including a person, for example the child’s parent, in the decision-making process, having regard to:

- the immediate and long-term child protection history of the child, their family and carers
- any causal relationship to the child’s illness or trauma
- the safety of departmental officers
- advice from any other service provider with relevant information about the child or another person, including advice from the QPS in relation to previous or current commission of offences against the child.

Where it is determined that a person is not appropriate to be included in decision-making, or restrictions should be placed upon their involvement, the CSSC manager will seek advice from Legal Services. Following this, the person is to be advised of the decision, and provided with the information in writing. Should the person disagree with the proposed action or decision, advise them to seek legal advice.

**Provide information to the child, parents and carer**

In circumstances where the child’s death is predictable:

- facilitate discussions between the child, their parents where possible, the child’s carers and the department, to consider the range of end of life decisions that may be required
- seek guidance from medical staff about when such discussions should take place and the matters requiring discussion
- seek the child’s views regarding proposed funeral arrangements, if the child is willing and able to do so - this is to occur in conjunction with the child’s parents and in accordance with cultural or religious protocols and practices.

Where the child’s medical condition is unexpected or sudden, ensure the child, their parents and carers are provided with information about the care and treatment options recommended at the earliest possible time.
In both circumstances:

- advise the child, parents if applicable and the carers of their rights and responsibilities regarding decisions about end of life medical treatment and the post death care of the child
- provide advice about emotional and practical assistance that is able to be offered by the department in relation to the child’s funeral arrangements - refer to 9. What if there is a death of a child in out-of-home care?

If the child or parents wish to discuss organ or tissue donation, refer them to the child’s medical practitioner. Only the parents can make this decision, unless the child was assessed as being ‘Gillick competent’ and provided consent for such actions, prior to their death.

**Respond to differing views about the proposed treatment plan**

In the absence of agreement to the child’s medical treatment plan:

- resolve any disputes between parties, including the department, in favour of the best interests of the child, as informed by medical expertise
- advise disputing parties to seek legal advice should they oppose, or be unwilling to consent to, a recommended medical treatment.

Similarly, should a party insist upon a medical treatment that is not recommended as being in the best interests of the child, advise any other interested party to seek legal advice.

**Manage contact between the child, their parents and carers**

It is important that contact arrangements between the child and persons of significance to them are discussed with, and agreed to, by all parties during the end of life phase. This contact includes parents, siblings, other family members, carers and their family members and other persons of significance to the child. Consider any relevant cultural or religious protocols when discussing and organising contact arrangements.

Ensure that any court-imposed restrictions on family contact between a person and a child are complied with. Where previous family contact between a parent and a child has been subject to restrictions or conditions, review the contact arrangements with a view to maximising the parents contact with the child, without compromising the child’s safety, well-being or wishes.

In circumstances where conflict between the parties is anticipated or develops, make efforts to negotiate a mutually acceptable plan that accommodates the interests of all concerned. This will be guided by the wishes of the child and informed by advice from medical and nursing staff familiar with the child’s medical condition.

Where conflict exists, inform hospital staff so that they may provide assistance as required. In some circumstances, it may be necessary to develop and distribute a visitation roster, informed by advice from the child’s medical practitioner.

**Provide support to parents, siblings and carers**

As part of the process, the department will:

- offer grief counselling and practical support to all persons affected by the imminent death of the child
• offer carers, who may be required to spend lengthy periods of time at the hospital supporting the child through the final stage of their life, support which may include:
  • assistance with travel costs
  • respite care for other children in the out-of-home care placement
  • assistance with meals and other household tasks and activities
• offer assistance to siblings to visit their ill sibling and allow them the opportunity to talk through their feelings
• offer assistance with travel, meal costs and accommodation, to parents and other significant family members, especially where the parents do not reside in close proximity to the hospital.

Respond to requests for consent - guardianship to others
In circumstances where the parents retain guardianship of the child, or another person has guardianship of the child, medical personnel should obtain all consents for end of life care and treatment decisions from either the child, if Gillick competent, the parents or the other person.

In circumstances where the child is subject to a child protection order granting custody to the chief executive, the Director-General will not provide consent for an end-of-life decision for the child. The consent of the parents or guardians of the child must be sought.

Make every effort to locate both parents. When one parent cannot be located, the other parent can assume responsibility for the decision-making. Where practicable, either:
  • encourage the parents to include the carers in the decision-making process, where the child has been placed with the carers for a significant period of time
  • encourage the guardian to include the parents in the decision-making process.

Respond to concerns relating to a parent, or another person, as the guardian
While parents may wish to include other family members in the decision-making process when they are the guardian, they must be willing and available to provide the necessary consents for the child’s medical care. Similarly, when another person has guardianship of the child, they must be willing and available to provide any necessary consents.

Urgent legal advice is to be sought in circumstances where a parent or another person is the guardian and ultimate decision-maker, and they are unable to make decisions in the best interests of the child for the following reasons:
  • competence
  • availability
  • willingness
  • causal relationship to the child’s illness or trauma.

To do this the CSSC manager will contact Court Services to discuss the most appropriate action relevant to the child’s circumstances. Should consultation be required out of hours, the manager, Court Services is on call and can be contacted through the CSAHSC.
Organ and tissue donation
The child’s medical practitioner can arrange for a member of Queenslanders Donate, a division of Queensland Health, to provide the parties with expert advice and information, and where applicable, oversight the process. Organ and/or tissue donation also requires the consent of the ‘designated officer’, a medical person who is authorised to perform such duties under the Transplantation and Anatomy Act 1979. In some cases, the consent of the Coroner and forensic pathologist may also be required.

Record case information
All details, actions and decisions relevant to end of life medical treatment are recorded, with copies of official forms, consents and letters attached to the relevant event in ICMS.

Record information and implement actions following the death of the child
Following the death of the child, there are additional requirements regarding the management of client records which must be adhered to - refer to Chapter 10.19, 1 Implement actions following the death of a child. For further information, refer to 9. What if there is a death of a child in out-of-home care?

9. What if there is a death of a child in out-of-home care?

The death of a child in Queensland, regardless of the cause and where the death occurred, is a reportable death under the Coroners Act 2003. The death of any child in out-of-home care must be reported direct to the QPS by either:

- the department, if the child’s death occurs within the carer’s home or some other location including the parent’s home, a licensed care service or another entity
- the hospital, where the child’s death occurs in hospital.

The QPS is responsible for advising the Coroner of the child’s death. This includes circumstances where the death was natural, due to illness, acute or long-term, or unnatural, due to accident, suicide or homicide.

Upon the death of a child, the powers, duties and responsibilities imposed upon the chief executive or another person by the Child Protection Act 1999 cease, and revert back to the child’s parents.

While parents may nominate another family member or significant other to act on their behalf in carrying out certain duties and obligations in respect of the child, only a parent can make decisions or undertake actions that require the legal consent or authority of the child’s guardian, following the child’s death.

In all matters relevant to the child’s death and funeral arrangements, departmental officers will be respectful of, and sensitive to, the child’s cultural and religious background. Parents should be assisted to communicate their wishes so that cultural and religious protocols and practices can be considered. This may require the engagement of an interpreter.

For information about funerals and memorial services, refer to the practice resource Funerals and memorial services.
Implement actions following the death of a child in out-of-home care

Due to the sensitivities associated with the death of a child and the complexities that may arise due to parents assuming responsibility for decisions about the post death care of the child’s body, it is the responsibility of the CSSC manager to:

- decide the most appropriate departmental officer to implement the actions required following the death of a child
- ensure the completion of all necessary actions.

Immediately upon the death of a child:

- implement the procedures for critical incident reporting - refer to the Critical incident reporting policy
- contact the recognised entity to ensure protocols are observed in communicating the death to the child’s parents and family, if the child is an Aboriginal or Torres Strait Islander child
- make every effort to locate and inform both parents of the child’s death, so they can assume responsibility for decision-making about the handling of the child’s body and the funeral arrangements
- ensure that parents and carers are aware of the requirements of the Coroners Act 2003 for reportable deaths
- inform the parents that the Coroner may decide an autopsy or inquest is required to determine the cause of death and that where this occurs, it may cause a delay in the release of the child’s body for the funeral
- refer the parents to the Coroner’s office, should they have any questions relevant to the Coroner’s role in relation to the death
- ensure that hospital staff report the death to the QPS if the child dies in a hospital or inform the QPS of the child’s death
- provide the QPS with:
  - contact details for the child’s parents
  - contact details for the child’s doctor
  - the child’s most recent placement arrangements
  - confirmation that the child was in out-of-home care
- advise the QPS, medical staff and carers that responsibility for decisions relevant to the post death care of the child’s body rests with the parents, subject to any direction by the Coroner that an autopsy is required
- liaise with the QPS, parents and carers regarding the formal identification of the body, the attendance of a medical doctor for the purpose of issuing a death certificate certifying the cause of death and transporting the child’s body to the mortuary
- if the child is subject to current contested court and/or tribunal proceedings, inform Court Services of the child’s death.

At an appropriate time, advise the parents and carers about departmental requirements regarding child death case reviews - refer to Chapter 10.19 The review of child deaths.
In deciding whether an autopsy is warranted, the Coroner is required to consider the views of the parents, particularly with regard to cultural traditions or spiritual beliefs. In circumstances where the decision to proceed with an autopsy causes distress to the parents, departmental officers will ensure that parents have access to support services. Specialist coronial counsellors are contactable at the John Tonge Centre by telephone on (07) 3274 9200.

In circumstances where one parent cannot be located, the other parent may assume responsibility for decision-making.

When a parent is unable to attend to the formal identification of the child, because they have not maintained contact with the child, the carer or a departmental officer may be required to make the identification.

If parents are asked by hospital staff to consider organ or tissue donation, for either live transplant or other therapeutic, medical or scientific purposes, only the parents can make this decision, unless the child was assessed as being ‘Gillick competent’ and provided consent for such actions prior to their death.

Where parents are unable to be located, or unable or unwilling to make decisions regarding post death care and funeral arrangements, the CSSC manager will immediately contact Court Services to discuss the requirements for an application to the Supreme Court of Queensland, for an order to attend to matters relevant to the child’s circumstances.

**Provide support and assistance**

Following the death of a child:

- ensure the parents are provided with information about, or access to, persons or services available to assist them in making relevant decisions and in dealing with their grief
- provide support and assistance, including grief counselling, to the child’s siblings and carers and their family members
- encourage parents to allow carers to spend time with the deceased child, particularly where the death has occurred in a hospital
- provide access to debriefing and support services for departmental officers who have been actively involved in providing services to the child at the time of the child’s death.

**Assist parents with the funeral arrangements**

When the funeral is being arranged:

- the departmental officer may assist parents with funeral arrangements, if requested
- the parents wishes regarding the child’s funeral arrangements take precedence in all cases
- siblings of the deceased child who are in out-of-home care should be assisted to attend the funeral, provided it is in keeping with the wishes of parents
- seek and respect the views of parents regarding the attendance of departmental officers at the funeral.
Encourage parents to consider the involvement of carers in funeral arrangements

In circumstances where the child has been placed with the carers for a significant period of time, encourage the parents to consider and involve the child’s carers and their family members in funeral arrangements. In all cases however, such involvement is at the parents discretion.

Carers in serious dispute with proposed funeral arrangements will be advised that they can make application to the Supreme Court of Queensland to adjudicate the matter.

If carers and significant others are unable to attend the child’s funeral, due to the parents wishes or distance, the departmental officer may arrange, or assist to arrange, a memorial service to enable carers, past and present, their family members and other significant people to pay their respects to the child. Where appropriate, advice regarding such arrangements will be provided to the parents.

Inform parents of available financial assistance

Advise the parents that financial assistance is available from the department for the costs associated with the funeral of a child in out-of-home care, including:

- transporting the child’s body from the place of death to where the funeral will be held
- assistance with travel costs for family members, carers and their family members and other significant persons to attend the funeral, subject to the parents wishes.

Attend to the child’s belongings and personal effects

The child’s parents are responsible for decision-making regarding the handling of the child’s belongings and personal effects. To facilitate this process, the departmental officer will:

- seek the parents views regarding the handling of the child’s belongings and personal effects, and inform the parents of any views expressed by the child before their death
- contact the carer to make arrangements to transfer the child’s belongings to the parents, unless otherwise advised by the parents
- collect the child’s belongings if they are in some other location, and provide them to the parents, unless otherwise advised by the parents.

Record case information

All details, decisions and actions relevant to the child’s death and post-death care are to be recorded, and the relevant documentation placed on the child’s file.

There are additional requirements regarding the management of client records following the death of a child which must be adhered to - refer to Chapter 10.19, 1. Implement actions following the death of a child.

10. What if a child is also subject to youth justice intervention?

When a child is subject to a child protection order granting custody or guardianship, and is also subject to youth justice intervention (with the exception of a child protection order granting long-term guardianship to a suitable person):

- each department maintains individual case management responsibility
• consult with the youth justice case worker about relevant persons to attend youth justice meetings, reviews, conferences and court proceedings
• inform the youth justice case worker as to who has custody and guardianship rights and responsibilities for the child - refer to 3.1 Determine who may decide a custody or guardianship matter
• coordinate service delivery for the duration of the out-of-home care placement, including:
  • enabling the youth justice case worker's participation in the development or review of the child's case plan
  • obtaining information to inform the development or review of the child's case plan
  • providing information about the child to the youth justice case worker
  • where applicable, attending youth justice meetings, reviews, conferences and court proceedings
  • ensuring the needs of a child who has been sexually abused or has engaged in sexually abusive behaviour are met, if applicable, and clarifying the responsibilities of each department in this regard - refer to the practice resource Children with sexual abuse histories.

Information requested by a youth justice case worker that is necessary to the child’s safety or well-being, or to coordinate service delivery will be provided in accordance with the confidentiality requirements of the Child Protection Act 1999, section 187 and 188.

For further information about the interface between child protection and youth justice intervention, refer to the practice resource Youth justice - an overview.

Provide information to the youth justice case worker
Information to be provided to the child’s youth justice case worker will include:
• the child’s placement details, for the duration of any youth justice intervention
• the child’s case plan, when the youth justice case worker participates in the development or review of the case plan, or has responsibility for implementation of case plan actions
• periods of illness or hospitalisation preventing the child from complying with the conditions of their youth justice order or program
• a critical incident report recorded in relation to the child or their family - for further information, refer to the Critical incident reporting policy
• actions taken by the child that appear to be inconsistent with the requirements of their youth justice order or program
• advice of the child’s return home and case closure by the department.

If there is uncertainty about whether the information should be provided verbally or in writing, consult with the team leader. Any request that relates to a youth justice referral to the Griffith Youth Forensic Service (GYFS) can be provided verbally.

For further information about information sharing between the respective departments, refer to Chapter 10.3 Information sharing.
Participate in youth justice processes where the chief executive has custody or guardianship

Where the child protection order grants custody or guardianship to the chief executive, a departmental officer, as determined by the CSSC manager, is required to attend:

- youth justice meetings, including all initial interviews and final reviews when a child is subject to conditional bail or has been remanded in custody
- every second progress review for an intensive supervision order, conditional release order or conditional bail program
- youth justice court proceedings to provide information about the child, their placement and case plan.

Where possible and appropriate to the child’s needs, also attend warning meetings undertaken by Youth Justice Services with respect to the child’s non-compliance with a youth justice order or program.

Should the CSO or another departmental officer be unable to attend the required meeting:

- provide relevant information to the youth justice case worker prior to the meeting
- record the reason for non-attendance on the child’s file and include details of other actions taken.

Where a child protection order grants custody to a family member, a departmental officer may attend youth justice meetings and court proceedings, if appropriate to the child’s needs.

Decide the participation of parents and carers in youth justice processes

When the child is subject to a child protection order granting guardianship to the chief executive:

- decide whether it is appropriate for parents, carer, or both to attend relevant youth justice meetings and court proceedings
- inform the youth justice case worker, parents and carer of the decision - the youth justice case worker is responsible for advising all relevant persons about when court proceedings are scheduled.

Implement actions when a child is held in watch-house custody

When informed by the QPS that a child is being held in watch-house custody:

- advise the QPS to contact the child’s youth justice case worker
- negotiate a joint plan for visiting and phoning the child while in watch-house custody, with the youth justice case worker.

Implement actions when a child is subject to a detention order or remanded in custody

When a child enters a detention centre:

- contact the detention centre case worker and provide information about the child, including:
  - the child’s strengths and needs
  - the case plan, including the cultural support plan, education support plan, behaviour support plan senior education and training plan and the child health passport
• who has guardianship of the child and the implications for decision-making and consents
• issues likely to impact on the child’s safety or well-being, or the safety of detention centre staff or residents
• arrange an initial visit with the child.

While the child remains in the detention centre:
• maintain contact with the child, in person (where geographically possible) and by phone
• maintain contact with the child’s carer and family
• liaise with the detention centre case worker to monitor the child’s progress
• attend or participate in case planning and review processes
• attend youth justice court proceedings
• attend to any issues as requested by detention centre staff or the youth justice case worker
• participate in planning for the child’s transition from:
  • detention, if applicable
  • being a child in care, if applicable
• ensure that the child is aware of the plan for their release from detention.

When a child exits a detention centre:
• attend or participate in any final planning or review meeting
• obtain relevant information about the child’s educational and medical requirements
• ensure that the child’s basic needs are met in a timely way
• consider whether the child’s change in circumstances is such that a review of their case plan is required.

If a child in detention is to be transferred to an adult correctional facility, or a child over the age of 17 years is charged as an adult and remanded in an adult correctional facility:
• participate in the planning process
• continue to liaise with the youth justice case worker and staff at the detention centre and/or adult correctional facility, until such time as the child protection order expires, or the support service case is closed.

Obtain prior approval of costs to be met by the department

If the services provided to a child and their family include both child protection and youth justice intervention, the respective managers will adopt a collaborative approach to sharing the costs.

The responsibility for costs is determined by:
• whether the financial support is:
  • primarily related to administering youth justice orders or programs
  • specific to the case plan for addressing the young person’s protection and care needs
• who has custody or guardianship of the child.
Costs associated with the daily care of a child in a youth detention centre are met by the detention centre. Costs not associated with the daily care of the child are the responsibility of the child’s guardian, whether the chief executive or the child’s parents.

In the event that a dispute regarding financial responsibility cannot be resolved by the relevant managers for each department, the managers will refer the matter for a final decision to:
- the regional director
- the regional director, Youth Justice Services.

Where the child’s living arrangement is, or is likely to be, a component of conditional bail or a youth justice order, program proposals and associated costs to be met by the department will be discussed and documented by the CSO and the youth justice case worker. Nominated costs must be endorsed by the appropriate financial delegate within the department, prior to any submission being made to a court by a youth justice case worker.

In these circumstances:
- inform the youth justice case worker that written approval of the proposed costs is required from the financial delegate for the department prior to any submission being made to a court
- seek approval for the proposed costs from the financial delegate as soon as possible
- once the financial delegate has made a decision, immediately advise the youth justice case worker of the outcome so that Youth Justice Services can complete the relevant court submission
- comply with the department requirements in relation to any placements funded through children related costs - refer to the Child related costs – Placement funding policy and procedure.

Following the child’s next court appearance, continuations or extensions of existing programs and associated costs require renegotiation and re-approval by the delegated officer.

Note: On rare occasions where a court orders that accommodation arrangements are to be part of conditional bail or a youth justice order, prior to the approval of proposed costs, the requirements of the order must be implemented until such time as the condition is otherwise ordered by the court as part of a sentence review.

11. What if a child or parent has an infectious or communicable disease?

Where it becomes apparent or information is received that a parent has an infectious or communicable disease such as HIV or Hepatitis C, or engages in behaviour or actions that may result in the contraction of a disease:
- record the information in the Child information form
- consider any risk to the child or carers, and identify actions to mitigate the risk.

Follow infection control procedures during all contacts with the child and parents, for example, when supervising family contact visits or conducting home visits to parents, to ensure the ongoing health and safety of staff and the child.
Where it becomes apparent that a child has contracted an infectious or communicable disease, seek medical attention. All resulting information will be:

- recorded or updated in the Child information form
- discussed with the child, where age and developmentally appropriate
- discussed with the child’s parents
- discussed with the child’s carers, to allow them to respond to the child’s health needs and implement any necessary safety precautions.

Where a health professional has assessed a young person is “Gillick competent”, the CSO will need to negotiate with the young person about the information will be shared with the parents and carers. For example, whether the young person would like a support person at the initial discussion and what strategies could be put in place to provide ongoing support to the young person, the parents and carers.

Where a medical practitioner confirms that a child has a sexually transmitted disease:

- inform the QPS according to the Child Protection Act 1999, section 14(2) and (3) using a Police referral fax
- record the information in accordance with Intake procedures and determine if the information meets the threshold for recording a notification - refer to Chapter 1, Intake.

Information regarding infectious or communicable diseases, including recommended safety precautions, is available from the following websites:

- Queensland Health (Sexual Health)
- First aid and standard precautions (Fact sheet 11)
- You’ve got what? - Prevention and control of notifiable and other infectious diseases in children and adults
- Parents of Kids with Infection Diseases.

Infection control processes must observe the principles of the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Complaints regarding breaches of the standard must be dealt with through the complaints procedure outlined in the department’s privacy plan.

12. **What if another jurisdiction requests an assessment?**

Another state, territory or New Zealand (jurisdiction) may contact the department requesting that an assessment be conducted for the purpose of facilitating:

- family contact or a holiday
- a respite placement
- a foster carer placement
- a kinship carer placement
- an assessment of parents for the purpose of reunification.

If the request relates to a non-relative carer assessment, refer to Chapter 10.18, 3.3 Request to locate a non-relative placement in Queensland. If the request relates to the assessment of parents, refer to Chapter 10.18, 3.4 Carer assessment requests from another jurisdiction.
Where the request relates to family contact, a holiday or respite, the interstate jurisdiction contacts the ILO, Court Services and provides the completed Request for Interstate Assessment Holiday Placement form (or the requesting jurisdiction’s equivalent form). The ILO will ensure that sufficient information has been provided in relation to the child’s behaviour and medical issues, and will forward all relevant documentation, with an accompanying letter, including a summary of the case and the due timeframe, to the CSSC manager or the director of the PSU for allocation. The ILO will maintain contact with the CSSC to ensure completion of the request within the agreed timeframe.

In response to the assessment request:

- conduct the assessment within the agreed timeframe or obtain CSSC manager approval to contract the assessment out to a private practitioner
- liaise with the ILO or the requesting jurisdiction to clarify any issues
- complete the assessment report and seek approval for the recommendation from the CSSC manager, team leader or the director of the PSU
- fax the completed assessment report, signed by the CSSC manager, team leader or director of the PSU, to the ILO
- post the original report to the ILO
- file a copy of the report within the CSSC or PSU, as appropriate.

On receipt of the assessment report, the ILO will forward the report to the ILO in the requesting jurisdiction.

13. **What if a young person in out-of-home care receives a youth allowance or earns a wage?**

In circumstances where a young person in a foster or kinship care placement receives a Commonwealth benefit such as the Youth Allowance or Abstudy, or earns a wage:

- the carer will receive the fortnightly caring allowance to cover the young person’s day-to-day needs, including food, clothing, hobbies, school costs, medical bills, prescriptions and personal care items
- the young person is not expected to contribute towards meeting the costs of their day-to-day needs.

A young person (aged between 15 and 17 years) placed in a supported living service, may be asked to co-contribute financially towards the costs of their day-to-day living needs. This arrangement should be identified in the service agreement between the service provider and the department.

It is reasonable to expect that a young person would pay, or contribute to the expenses, for personal items and social and entertainment activities not covered by the fortnightly caring allowance or child related costs. This may include CDs, books, magazines or personal savings. For further information, refer to 5. What if a child requires or has a bank account?

In circumstances where there is a dispute between the parties about financial responsibilities, convene a meeting to discuss the relevant issues.
14. What if a child is missing?

Purpose
To support departmental staff when responding to situations where a child in out-of-home care is missing from where they live.

Definitions
- **A child** is one who is placed in the custody or guardianship of the chief executive or with carers who have been granted long term guardianship of the child under the *Child Protection Act 1999*.
- **A direct carer** is an approved carer, long term guardian or staff member in a care service.
- **A missing child** is any child whose location is unknown and there are fears for the safety or concern for the welfare of that child.
- **An absent child** is a child who is absent for a short period without permission, and where the child’s location is known or can be quickly established.
- The term ‘**frequently**’ is defined as regularly, that is, **frequently absent** describes a child who exhibits a pattern of regularly leaving their placement without permission or not providing details of where they are going and how they can be contacted. **Frequently missing** describes a child whose location is regularly unknown and there are continuing fears for the safety and/or welfare of that child.
- The term **care team** is used to reflect those people engaged in the provision of care and support to the child. This may include direct carer, care services, child safety, police, education, the parents, friends and family of the child. These people may also be identified as active members of the safety and support network.

**When a child is abducted**
If you know or reasonably suspect a child has been abducted, contact police immediately by calling 000. Once police have been advised please contact the care service, the Child Safety Service Centre (CSSC) or if after hours, the Child Safety After Hours Service Centre (CSAHSC).

**When a child is absent**
In some circumstances, children absent themselves from where they should be for a short period and then return. They may be testing the boundaries, or have become side-tracked on their way home. The direct carer should make all reasonable attempts to locate the child and then will have to make a judgement about the seriousness of the situation and respond like any reasonable parent.

In most instances the child’s whereabouts are known or can be readily confirmed. It is important the child’s direct carer initiates actions that a reasonable parent would take, to quickly establish the child’s location and their safe return. This includes:

- searching the house and the premises including the garage, grounds and surrounding area
- asking friends or neighbours if they have seen the child
• contacting the child’s school to determine if they have information about the child’s whereabouts
• checking places where the child frequently attends, such as shops, parks, friends’ homes or other ‘special places’ they may go to
• alerting the child’s friends and networks that you are looking for the child and seeking their assistance to find the child, where this is appropriate to do so
• engaging with other members of the child’s care team.

It may also be appropriate to contact the child’s parents or family members and enquire if the child is in contact with them. It may be preferable for this action to be undertaken by the child safety officer.

If there is doubt about how to respond, the direct carer will contact their agency or the child safety service centre for advice.

An absence may be an early indicator that a child is missing. Therefore the child’s absence will need to be carefully monitored and escalated if the child becomes ‘missing’.

When a child is frequently absent from their placement, the child safety officer together with the child and young person and their care team/safety and support network are to develop a safety and support plan. Refer to the Practice resource: Safety and support plans - young people frequently absent or missing.

**When a child is missing**

Regardless of the order or care agreement the child is subject to, if a child in out-of-home care is missing, immediate efforts are required to locate them.

**As soon as possible after all reasonable attempts to find the child have failed, the child must be reported as missing to the police.**

Responding quickly and appropriately when a child is missing is vital, even for short periods. It is important the child’s direct carer initiates action that any reasonable parent would take, to secure the safe and timely return of the child.

For information about the role and responsibilities of government and non-government agencies, refer to: Queensland Government Protocol for Joint Agency Response - When a Child in Care is missing (PDF, 199 KB).

**Additional responsibilities of the Child Safety Officer**

• Communicating with the child’s direct carer to confirm who will complete the following actions where they have not already occurred:
  • alerting the child’s parent’s and networks that you are looking for the child and mobilising their assistance to find the child unless it is not reasonably practicable to do so or would potentially threaten the child’s safety and well-being
  • contacting the child’s school, where relevant, to obtain information about the child’s attendance record and other relevant contextual information
  • completing or assisting to complete the ‘missing child checklist (DOC, 930 KB)’ and ensuring that police are provided with as much relevant information as possible about the child
  • completing the official missing person report.

• Identifying factors which may increase the level of risk or vulnerability for the missing
child, such as:
- medical conditions and developmental disorders
- the impact of not taking prescribed medications
- the presence of suicide risk or self-harm behaviours, substance or alcohol misuse
- recent situational anxieties or triggers for the child.

- Providing immediate verbal advice to the CSSC manager and/or CSAHCS manager.
- **Creating a ‘missing child’ alert in the child’s ICMS profile**; and closing the alert when the child is located.

Completing a critical incident report through the Critical Incident Reporting Management System (CIRMS) in line with Critical incident reporting user guidelines (DOCX)

Providing advice to CSAHCS about where the child will live if located after hours.

Referring to the SCAN Coordinator, in line with the Suspected Child Abuse and Neglect (SCAN) Team System Response Protocol - Children Missing from Out-of-Home Care (PDF, 110 KB) Suspected Child Abuse and Neglect (SCAN) Team System Response Protocol - Children Missing from Out-of-Home Care (RTF, 67 KB).

**Responsibilities of the CSSC manager or CSAHCS manager**

- Providing guidance and support to staff, and ensure all actions are completed in a timely manner as required by the Critical Incident Policy (DOCX):
  - a level 1 type critical incident (such as abduction of a child) requires immediate verbal advice to the regional director, and the completion of a critical incident report within four business hours of the staff member becoming aware of the incident.
  - a level 2 type critical incident (such as a missing child) requires completion of a critical incident report form by 5pm of the next business day of the staff member becoming aware of the incident.
  - Liaising with the regional director regarding the level of information that is suitable for publication, including how the direct carers are to take into account section 189 of the Child Protection Act 1999, and various privacy provisions.

**Responsibilities of the Regional Director**

- Providing advice as soon as practical to the regional executive director of a level 1 type critical incident.
- Exercising, as appropriate, the statutory delegation to authorise the publication of information that will or is likely to identify a missing child as being subject to invention under the Child Protection Act 1999.
- Responding to requests for media statements, such as with ‘amber alerts’, and leading the development of a media strategy in consultation with police and the direct carer.

**Making a missing person report**

The police require a ‘missing person report’ be completed. This is done by attending the local police station in person. Irrespective of how long the direct carer has known the child, they are usually the best person to make the missing person report.
If there are extenuating circumstances that prevent the direct carer from going to the police station, they must contact the police to discuss an alternative process to facilitate lodging the missing person report.

Police must be provided with as much relevant information as soon as possible to assist them in making a risk assessment and locating the missing child. The ‘missing child checklist (DOC, 930 KB)’ must be completed to assist police with the information they need. It does not replace the need to make a missing person report.

Where information is not known it can be provided later, and should not delay taking immediate action. The checklist can be completed online or completed manually. It can be pre-populated and kept in a safe place, particularly where there have been previous incidents.

Where the checklist is completed by the direct carer, the child safety officer will review the information as soon as possible and identify what additional information they can provide directly to the police. This is likely to be after the direct carer has been in contact with the police.

After making the missing person report, obtain and record the following details:

- the date and time the missing person report was made
- the name of the police officer who received the missing person report
- the QPRIME number, obtained from the police officer taking the information.

As soon as practical, the direct carer must provide these details to the Child Safety Service Centre, or if after-hours, to the Child Safety After Hours Service Centre as well as to their care service.

The child safety officer must then record these details in the ‘missing child’ alert in the child’s ICMS profile.

Providing a photograph of the missing child

Police may request a recent photograph of the missing child to assist their efforts to locate the child. The direct carer should where possible, provide a clear recent photograph of the missing child to police.

In the event police need to release additional information with the photograph that will identify the missing child as being subject to any intervention under the Child Protection Act 1999 they (the police) must seek the written authorisation from the chief executive, Department of Communities, Child Safety and Disability Services.

Regional directors and regional executive directors have the statutory delegations to provide written permission in these circumstances.

Publishing a photo to social media

A photo of the missing child can be published on social media by any member of the care team and/or Queensland Police Service, where the child is not identified as being subject to intervention under the Child Protection Act 1999. For example:

- It is OK to publish a photo on Facebook to say "Johnny Smith a member of my son's football team is missing. Here is a photo of him" - as this does not or is not likely to identify him as a child in care, nor does it identify any other person.
- It is not OK to post the same photo on Facebook with the commentary "Here is a photo of Johnny Smith, a foster child that I am caring for who is missing" – as this identifies
him as a child in care.

**Involving the mainstream media**

Police make the decision to release information to mainstream media (including newspapers, television and radio) to help locate the child, including the issuing of an ‘Amber Alert’.

An Amber Alert involves the urgent broadcast to the public to facilitate the recovery of an abducted child or high risk missing child. Police will tell Child Safety when they issue a media release by phoning Child Safety After Hours Service Centre, who will contact the relevant Child Safety Service Centre.

Every effort will then be made by the Child Safety Service Centre or if after hours, the Child Safety After Hours Service Centre, to locate the child’s parents or key family members and advise them the police will release a photograph of their missing child to the media.

**While the child continues to be missing**

During the time a child is missing it will be important the child’s care team continue to work together to regularly exchange information regarding the actions being taken to locate the child.

**Additional responsibilities of the child safety officer**

- Maintaining regular contact with police to see if there is additional information that the child safety officer can provide.
- Continuing to provide support to the carer and police to identify places where the child frequently attends.
- Maintaining contact with the child’s family, friends and networks, including previous carers, to establish if the child has been located and/or identify other possible locations where the child may have gone.
- Taking other actions to locate the child, such as trying to make telephone contact, leaving messages on the child’s phone and through other social networking sites used by the child.
- Cooperating with police regarding media coverage media, such as with ‘amber alerts,’ and providing this information to the regional director for their consideration and action.
- Assisting the regional director in working with the police on a media strategy, which is likely to include consultation with the direct carer and where appropriate, the child’s parents.

Actions which the police may be undertaking during this time are contained in chapter 12 of the *Queensland Police Operational Procedures Manual*.

**When the missing child is located**

When a missing child is located or returns to where they live it is important the direct carer or child safety officer **immediately advise the police.** This can be done by contacting *[Policelink on 131 444](tel:131444)* and providing the Queensland Police reference number (QPRIME number) which was provided when the report was initially made to police. Advise all members of the care team who were previously aware the child was missing should also be advised.

The child safety officer will also meet with the child following their return. This meeting may be undertaken jointly with police.
This should occur within 48 hours of the child being located and will include a focus on:

- Inviting discussion about any difficulties the child may have experienced including exploration of adverse experiences, either physical and psychological.
- Identifying what if anything, the child was ‘running away’ from or ‘running to.’
- Exploring for any concerns about their current living arrangement.
- Helping the child to feel safe where they live.

The child safety officer will also arrange a meeting with the child’s care team to discuss the reasons why the child went missing, and consider any actions to support the child’s safety and ongoing wellbeing and reduce the likelihood of the child from going missing in the future. When a child is frequently absent from their placement, the child safety officer together with the child and young person and their care team/safety and support network are to develop a safety and support plan.

The ICMS ‘missing child’ alert will be closed, by entering an ‘end date’ for the alert.

**When a child is frequently missing**

If a child is frequently missing, the child’s care team will identify strategies to reduce the likelihood of recurrence and the actions required when the child is missing.

The child safety officer will partner with other members of the child’s care team and the child to review the placement agreement, safety and support plan and/or child’s case plan.

A missing child checklist can also be pre-populated with the required information and copies given to the child’s care team.

**15. What if a child is sexually abused whilst in out-of-home care?**

The *Response to children and young people sexually abused whilst placed in out-of-home care* policy outlines the department’s responsibility to provide a response to children who have been sexually abused whilst placed in out-of-home care, irrespective of who is responsible for the sexual abuse.

The responsibility to provide a response includes, but is not limited to, situations where a child has experienced sexual abuse by:

- a carer or member of the carer’s household or
- a staff member of a licensed care service or another entity
- a parent or other family member during family contact
- an adolescent or adult family friend
- a teacher or sports coach.

**When to provide a response to a child**

In all circumstances where departmental staff become aware that a child has been sexually abused during the time they were placed in out-of-home care, a response will be provided that includes:

- acknowledgement of the abuse and resulting harm experienced by the child, which may include a letter expressing regret
- a review of the child’s case plan to meet the child’s specific needs when they are subject to ongoing intervention
• a referral to Legal Services
• consideration of a referral for the child and their carer to relevant therapeutic support or medical services.

This response applies to a child:
• in the custody or guardianship of the chief executive or subject to a care agreement and placed with an approved carer, a licensed care service or another entity, including respite arrangements
• reunified with a parent and receiving ongoing intervention
• subject to a long-term guardianship order to a suitable person and placed in out-of-home care under an assessment order, TCO or interim order
• in the custody or guardianship of the chief executive under an adoption care agreement or following parental consent to adoption and placed with an approved carer, a licensed care service or another entity, prior to an interim adoption order being made.

A response must be provided to a child where he or she has alleged sexual abuse and there has been:
• a substantiated investigation and assessment outcome - refer to Chapter 2, 3.2 Determine whether the child is in need of protection
• a substantiated investigation and assessment outcome for a harm report - refer to Chapter 9, 7. Investigate and assess a harm report
• criminal or civil proceedings commenced in relation to the sexual abuse of the child that occurred during the time that the child was placed in out-of-home care.

Additional information about responding to concerns regarding a child subject to ongoing intervention is located in Chapter 3, 2. What if new child protection concerns are received?

When a response in accordance with the policy is not required
The Response to children and young people sexually abused whilst placed in out-of-home care policy and these procedures do not apply to a child who:
• is in the custody of a relative under a short-term child protection order
• is the biological child, step-child or adopted child of an approved carer or staff member, or resides
• resides in the care environment but is not subject to statutory intervention.

In addition, the policy does not apply to adults who were former children in care who are seeking monetary compensation. Consistent with the 1999 Queensland Government response to the recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions (Forde Inquiry), any claims for monetary compensation for past abuse and neglect in institutional and out-of-home care need to proceed through ordinary legal processes.

Acknowledge the abuse and resulting harm experienced by the child
When it is established that a child has experienced sexual abuse while placed in out-of-home care, provide information to the child either verbally or in writing, about the outcome of the investigation and assessment, the matter of concern investigation and assessment or the criminal or civil proceedings.
When acknowledging the abuse and resulting harm with the child, take into account their age and maturity level and their cultural and linguistic background. Also acknowledge the emotional and psychological impact upon the child and the possible resulting behaviour. The practice paper Child sexual abuse provides additional guidance on responding to children who have experienced sexual abuse.

An expression of regret, in accordance with the Civil Liability Act 2003, is a written statement that expresses regret for the harm experienced by the child as a result of the sexual abuse. Expressions of regret will only be provided in response to legal proceedings where the terms of a settlement includes providing an expression of regret or apology to the plaintiff in those proceedings.

**Review the child's case plan**

The department must review and revise the case plan of a child who has been sexually abused while in out-of-home care and is subject to ongoing intervention in order to:

- reflect and respond to any significant change to the child's needs, including their safety needs
- include any actions necessary to respond to the impact of the sexual abuse, irrespective of who is responsible for the sexual abuse.

For more information on responding to a child's changed needs through their case plan review, refer to Chapter 4, 5. Review and revise a case plan.

Departmental staff may review and revise a child's case plan where the child has been sexually abused and where he or she is subject to a child protection order granting long-term guardianship to a suitable person. For more information, refer to Chapter 4, 5.10 Long-term guardianship to a suitable person - case plan review.

**Contact Legal Services**

Contact Legal Services on telephone 3405 6701 to facilitate access to independent legal advice for a child who has been sexually abused while placed in out-of-home care. Legal Services will be responsible for:

- providing legal advice to departmental staff when children in out-of-home care have experienced sexual abuse
- informing the child of their legal rights
- facilitating access for the child to obtain independent legal advice to assist in pursuing legal remedy or compensation where appropriate
- determining whether a child may be eligible, and should be referred to Victim Assist Queensland - Chapter 10.20 Victims of Crime and the role of Victim Assist Queensland provides information on the process to apply for assistance and support from Victim Assist Queensland, including making an application on behalf of a child who is a victim of crime
- referring matters to the Public Trustee to brief solicitors from an appropriate law firm that will act on a ‘no win – no fee’ basis on behalf of the child where it appears that the State may owe an obligation.

**Facilitate a referral for a child to an appropriate therapeutic service**

A child may suffer emotional, psychological and physical harm as a result of sexual abuse.
Departmental staff will consult with the child, carer or parent regarding access to therapeutic services and where required, ensure that the child, carer and/or parent are referred to the most appropriate medical, therapeutic or behavioural support services to address their identified needs. Refer to the practice paper Child sexual abuse and the practice resource Children with sexual abuse histories for guidance about the impact that sexual abuse may have on a child.

**Response where a child is no longer subject to ongoing intervention**

Although a child may no longer be subject to ongoing intervention, he or she still requires a response to the sexual abuse that occurred while in out-of-home care and the resulting harm.

The department also has a responsibility to provide a response to a child who is no longer subject to ongoing intervention when:

- the child is under 18 years of age, and
- the child was placed in out-of-home care, and
- the child has disclosed that they were sexually abused while they were placed in out-of-home care and the allegations resulted in:
  - the commencement of criminal or civil proceedings
  - a substantiated investigation and assessment outcome - refer to Chapter 2, 3.2 Determine whether the child is in need of protection
  - a substantiated investigation and assessment outcome for a harm report - refer to Chapter 9, 7. Investigate and assess a harm report.

The region that receives information regarding the sexual abuse of a child when placed in out-of-home care will be responsible for undertaking the following actions to ensure the child receives an appropriate response. In these circumstances refer the matter to a regional intake service to:

- assess the information and determine a response - when information is received about an Aboriginal or Torres Strait Islander child, contact the recognised entity prior to the decision being made about the most appropriate response – refer to Chapter 1, Intake
- seek evidence that criminal or civil proceedings have commenced where the allegations relate to a person who is extra-familial, not a carer or licensed care service staff member
- contact Legal Services on telephone 3405 6701 for advice on providing an appropriate legal response to the child, including informing the child of their legal rights, facilitating access to appropriate independent legal advice and determining whether the child may be eligible for and should be referred to Victim Assist Queensland
- provide the child or their parent or guardian with resources or referrals to appropriate medical and therapeutic services
- complete a brief to inform the regional director of the sexual abuse to the child and include:
  - any actions taken that support the implementation of the policy
  - any advice received from Legal Services
  - the letter of regret for signing, if this is required as part of a settlement of legal proceedings
- record any action that supports the implementation of the policy in a case note and attach the approved regional director brief. If a letter of regret was provided, attach a copy of the letter to the relevant ICMS event.
Recording a notification is the appropriate response when the concerns meet the legislative threshold of harm or risk of harm and it is reasonably suspected that a child is in need of protection. A notification is an appropriate response, for example, where a child has disclosed they were sexually abused in the past by a family member while on family contact visits, and there are current concerns that the parent is not able and willing to protect the child from future harm. For more information on deciding how to respond to concerns, refer to Chapter 1, 2.6 Assess the information and decide the response.

Where historical concerns, for example over 12 months, relating to an approved carer or licensed care service staff member’s action or inactions are identified as having contributed to harm to a child, refer to Chapter 9, 5. What if the concerns received are historical?

16. What if a child suffers significant detriment as a result of the actions or inactions of the department?

Where it becomes apparent that a child who has been the subject of Child Safety decision making or intervention, has suffered harm or injury of a significant nature, leading to their permanent incapacity, and where this harm or injury or damage has been caused by the actions or inactions of Child Safety Services, then the department has ongoing responsibilities to the child.

The Response to children who have experienced significant detriment caused by the actions or inactions of Department of Communities, Child Safety and Disability Services policy outlines the nature of these responsibilities.

Who decides

In instances where the requirement for a case review is triggered, the Systems and Practice Case Review Committee will give consideration to whether the case meets the policy requirements. As part of this process the Regional Director will contribute to the decision and recommendations.

The decision making, actions or inactions by Child Safety Services may have occurred in response to a report about a child or an unborn child (for example, a decision not to record a notification), during an investigation and assessment or during ongoing intervention to a child subject to:

- a support service case
- an intervention with parental agreement
- an intervention with a child protection order.

Record an ICMS alert

Following consultation with Legal Services, an alert, ‘Experienced detriment by department – policy 634’, is recorded in ICMS. The Regional Director will approve use of this alert. Consult with the CSSC Manager and team leader to discuss the most appropriate way of recording the information, including an appropriate review date.

Meet the child’s need (or Responses to the child)

For children who are subject to ongoing intervention by the department, or when the Children’s Court has made an order granting long-term guardianship to a suitable person, the case planning and review process, or the review of a support plan, is to include consideration of the department’s special obligations to the child, as outlined in the policy, depending on their age and circumstances.
The review and revised case plan will address appropriate medical, therapeutic and behaviour supports necessary to meet the child’s needs.
Consultation with Legal Services will be required in order to:
- give consideration to matters of redress and potential compensation
- give consideration to an acknowledgement of the impacts upon the child
- give consideration to providing an apology, as is contemplated by the Civil Liability Act 2003, or some form of expression of regret.
- arrange for the child’s access to independent legal advice
- consider referring the child to other agencies, such as the Public Guardian, who may provide support to the child
- provide information about the role and contact details for Victim Assist Queensland
- provide information to relevant staff members about their potential involvement in criminal or civil proceedings.

For children who are not subject to any ongoing intervention, the department maintains responsibility for providing assistance to the child and responding to new requests for support from the child or their guardian.

17. **What if a child needs a placement and the carer family are not immunised or are anti-immunisation?**

The Queensland Government supports the immunisation of children in line with the National Immunisation Program Schedule. Vaccines recommended on the schedule are funded for all Australian children in order to protect them against serious infectious diseases. Information on the schedule is located on the Immunise Australia Program, Department of Health website.

Queensland Health advises that a child who is not immunised is at significant increased risk of infection if placed with an unimmunised family. Additionally, any child that has not completed their 12 month primary immunisations is at significant increased risk of pertussis (whooping cough), Haemophylis Influenzae Bacteria (HIB) and Meningococcal C (Men C) if placed with an unimmunised family.

Family members and carers are a common source of infection for childhood diseases and immunisation should be considered. Recommended vaccinations for parents, carers, family members and adults working with infants and young children include Influenza, MMR (if non immune), pertussis (whooping cough) and varicella (chicken pox) (if non immune).

Adult whooping cough (pertussis) vaccine booster dose is recommended every 10 years. This vaccination is particularly important for people living with or caring for infants under six months old.

Due to the risks associated with placing a child with an unimmunised carer family, it is important to explore the immunisation status and views of a carer applicant family, including their willingness to continue to follow the immunisation schedule for a child placed in their care. If a carer is opposed to immunising their own children, under no circumstances can the carer decide to not immunise a child who is placed in their care as immunisation is a guardianship decision.

Although a carer’s immunisation status and views cannot be considered grounds for refusal of approval, these issues should be considered and documented as part of the carer assessment.
and foster carer agreement as they may impact placement matching and restrict the types of placements the carer will be able to provide. For example, placement of a new born with an unimmunised carer family will place the infant at significant increased risk and therefore should not be considered.

The table below details the risks to a child at various stages of the immunisation schedule should they be placed with an unimmunised carer family and considerations for placement matching of a child with an unimmunised carer family.

A copy of the National Immunisation Program Schedule can be found at the [Immunise Australia Program, Department of Health website](https://www.immunise.gov.au).

<table>
<thead>
<tr>
<th>Immunisation stage (age) of child in care</th>
<th>Risk to child if placed with unimmunised carer family</th>
<th>Placement matching considerations</th>
</tr>
</thead>
<tbody>
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<td>Not immunised</td>
<td>Significant increased risk of infection</td>
<td>Placement of unimmunised child with unimmunised carer family is not recommended.</td>
</tr>
<tr>
<td>12 month primary immunisations not completed</td>
<td>Significant increased risk of • pertussis (whooping cough) • Haemophilus Influenzae B (HiB) • Meningococcal C (Men C) • Invasive pneumococcal disease • MMR (low risk if no outbreak)</td>
<td></td>
</tr>
<tr>
<td>Immunised children between 12 months and 2 years</td>
<td>Small increased risk of • HiB and • Men C HiB risk up to 5 years</td>
<td>Placement of a child in this category with an unimmunised family should be determined on a case-by-case basis, giving consideration to the child’s health status and in consultation with advice from the child’s treating general practitioner.</td>
</tr>
<tr>
<td>Immunised children any age</td>
<td>Even if completely immunised there remains a risk of • measles, mumps, rubella if placed with an unimmunised family and a community outbreak were to occur. • Mild varicella (chicken pox) when in close household contact with chicken pox.</td>
<td></td>
</tr>
</tbody>
</table>

18. What if a child entering care is being breastfed?

There is significant medical evidence which demonstrates that breastfeeding has both physical and psychological benefits for the child and the mother. A child may enter care at a time that breastfeeding is already established. Alternatively a mother may be commencing breastfeeding with a new born and wishes to continue. Departmental staff will promote and support...
breastfeeding for children placed in out of home care, as evidenced based best practice.

Engage with Parents
Discuss with the mother and the father, their wishes regarding breastfeeding. Explore with them the logistics of making breastfeeding work, including the use of breast pumps and the hygienic carriage of breast milk. Identity other family members or friends, who might support the breastfeeding process. Encourage parents to discuss breastfeeding with the relevant medical personnel.

Consult with Medical Personnel
Consult with medical personnel caring for the child and mother regarding any consideration of health risks to the child or the mother should breastfeeding continue. Discuss with medical personnel the safe logistics of transporting breast milk, for feeding between contact visits.

Placement Matching
Foster care agencies will require detailed information of a child’s breastfeeding needs, in order to determine the placement, which is best equipped to support breastfeeding on a day to day basis. There will be daily contact with the mother to be maintained.

Case consult
Planning for breastfeeding will require case consultation to determine the mother’s and/or child’s capacity to maintain breastfeeding, whilst in out of home care. Where breastfeeding cannot be supported due to a range of safety or logistical issues, departmental staff will need to advise the mother and father, as to the reasons for the decision.

The Supporting mothers to breastfeed their children in out of home care Practice Guide outlines the considerations departmental officers need to undertake with regards to breastfeeding in out of home care.
Resources

Forms and templates

- Admission agreement - Ellen Barron Family Centre
- Assessment of risk of emotional, behavioural and attachment problems and placement instability
- Australian Immunisation Register – request letter
- Australian Passport Child Application Form
- Authority to care
- Authority to care
- Authority to care – guardianship to the Chief Executive
- Authority to care - section 82(2)
- Care agreement - Form
- Checklist for placement of a child in emergent accommodation
- Child information form
- Child related costs approval form
- Child Safety After Hours Service Centre: After hours referral form
- Child Safety consent form for high risk and very high risk activities
- Conclude a placement checklist
- Conclusion of placement
- Consent form - Operations and treatment
- Consent form - Psychotropic medication
- Critical incident report
- CSSC file creation request
- DFAT Form B-10
- Evolve Behaviour Support Services Specialist Disability Assessment Referral Form
- Evolve Referral
- Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor)
- Foster and Kinship Care Support Line Referral Form
- Guardian consent form for high risk and very high risk activities
- Health appraisal letter
- Health summary letter
- Letter advising parent/s of placement information
- Letter advising parent/s of withholding placement information
- Letter re: Authority to medically examine or treat a child (section 97)
- Letter re: Custody (Medical)
- Letter re: Custody (Schools)
- Letter re: Custody and guardianship (Medical)
• Letter re: Custody and guardianship (Schools)
• Letter re: Refusal or restriction of family contact
• Letter to carer - removal of a child (section 89)
• Letter to Centrelink confirming approved carer status
• Letter to Medicare - change of address
• Letter to Medicare - lost card
• Letter to school - education support plan
• Letter to school - education support plan (change to eligibility)
• Letter to young person at 15 years
• Letter to young person at 18 years
• Medicare enrolment application
• Missing child checklist
• Parental consent for childhood immunisation
• Placement commencement checklist
• PSU referral
• Police referral fax
• Pre-placement checklist
• Recommendation/consent request for a child or young person to participate in high or very high risk activity
• Request for Birth Certificate
• Request for Interstate Assessment - Holiday Placement
• Young Adults with Disabilities Leaving the Care of the State (Referral to Disability Services)

Departmental resources
• A guide to the placement of young people in therapeutic residential services
• Child Health Passport - private and confidential
• Children and young people’s participation strategy
• Compliments and Complaints feedback
• End of life decision-making guide
• Evolve Interagency Services Manual
• Info kit for children and young people in care
• Information Sharing Protocol between the Commonwealth and Child Protection Agencies
• Intensive foster care program description
• Interim Memorandum of Understanding between State of Queensland (through the Department of Communities Child Safety, Youth and Families) and State of Queensland (through Queensland Health Child and Youth Mental health Services) 2010-2013
• Kids rights: Charter of Rights for children in care
• Kinship care program description
• Medicare information sheet
• Memorandum of Understanding between Department of Education and Training and Department of Communities 2010 (Child Safety Services)
• Memorandum of Understanding between Disability Services Queensland and the Department of Child Safety 2007 – 2010 - Schedule 2
• Memorandum of Understanding (MOU) between The State of Queensland through the Department of Child Safety and The State of Queensland through the Department of Housing 2007 - Schedule 2
• My journey in care
• Physical and Cognitive Developmental Milestones
• Practice Guide: Supporting mothers to breastfeed their children in out of home care
• Practice guide: The assessment of harm and risk of harm
• Practice paper: A framework for practice with ‘high risk’ young people (12-17 years)
• Practice paper: Child sexual abuse
• Practice paper: Domestic and family violence and its relationship to child protection
• Practice paper: Family contact for children and young people in out-of-home care
• Practice paper: Placing children in out-of-home care - principles and guidelines for improving outcomes
• Practice paper: Supporting children and young people in care through transitions
• Practice paper: Valuing and improving educational outcomes for children in out-of-home care
• Practice paper: Working with children and young people in out-of-home care
• Practice resource: Bank accounts
• Practice resource: Child health passports
• Practice resource: Child health passports flowchart
• Practice resource: Children with sexual abuse histories
• Practice resource: Complex/extreme support needs and placement matching
• Practice resource: Developing a cultural support plan for an Aboriginal or Torres Strait Islander child
• Practice resource: DNA paternity testing
• Practice resource: Education outcomes for children in out-of-home care
• Practice resource: Evolve interagency services
• Practice resource: Facilitating family contact
• Practice resource: Funerals and memorial services
• Practice resource: Guide to supporting positive behaviour
• Practice resource: Meeting the statement of standards
• Practice resource: Out-of-home care - an integrated child protection response
• Practice resource: Participation of children and young people in decision-making
• Practice resource: Placement matching principles
• Practice resource: Placements with another entity - 82(1)(f)
• Practice resource: Respite options
• Practice resource: Safety and support plans - young people frequently absent or missing
• Practice resource: School disciplinary absence
• Practice resource: Support levels and behaviour characteristics
• Practice resource: The authority to care form
• Practice resource: The child placement principle
• Practice resource: Transition from care
• Practice resource: Working with the recognised entity
• Practice resource: Youth justice - an overview
• Reporting missing children: Guidelines for approved carers and care services
• Right to Information
• SDM: Child strengths and needs assessment
• Standards of care
• Support needs and placement matching in out-of-home care A Literature Review
• Support Service Case: Information for young people transitioning from care
• The Child Placement Principle Prompt Sheet
• Transition from Care Planning Tips for CSOs
• Transition from care: Employment, education and training
• Transition from care: Information to assist young people during meetings to plan their transition to independent living

External resources
• Administration for adults
• After Care Service for young people exiting care - Factsheet
• Australian Electoral Commission
• Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule (MBS)
• Centrelink
• Child and Adolescent Oral Health Service
• Community Visitor Publications
• Corrective Services Act 2006
• CREATE Foundation Queensland – Go Your Own Way Kit
• Department of Corrective Services
• Department of Corrective Services - Safety and Security resources
• Department of Education - Kindergarten funding scheme
• Department of Justice and Attorney-General
• First aid and standard precautions (Fact sheet 11)
• Guardianship for adults
• Information Sheet – Comparison of the effects of diseases and the side effects of NIP vaccines
• Privacy Amendment (Enhancing Privacy Protection) Act 2012
• Public Guardian Act 2014
- Medicare Teen Dental Plan
- National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) - March 2011
- Parents of Kids with Infectious Diseases
- Partnership agreement: Educating Children and Young People in the Care of the State
- Public Trustee
- Queensland Civil and Administration Tribunal
- Queensland Health (Sexual Health)
- Queensland Injury Surveillance Unit
- Smartraveller
- Transition to Independent Living Allowance (TILA)
- Vaccination Information and Vaccination Administration System
- Victim Assist Queensland
- Working with Children (Risk Management and Screening) Act 2000
- YHARS Service Guidelines
- You’ve got what? - Prevention and control of notifiable and other infectious diseases in children and adults
- Young person after care flyer