



ACT
Government

Carer Handbook

The go-to resource for kinship and foster carers in the ACT

September 2026



Acknowledgement of Country

We acknowledge the Ngunnawal people, traditional custodians of this beautiful Country we have the privilege to call home. We pay our respects to their Elders, past and present, and the contribution they make to the life of this city and to its success.

We recognise the land known as the Australian Capital Territory has been occupied, used and enjoyed since time immemorial by Aboriginal peoples, and they continue to be interconnected with it today.

Signs of Safety acknowledgement

Children, Youth and Families uses the international Signs of Safety practice approach to guide how we work with children, young people and families.

Contacts

Children, Youth and Families (CYF)

- > (02) 6207 1069
- > After hours for emergency or serious incidents, or to make a report about a child to CYF:
1300 556 729

Out of Home Care service providers

- > Australian Childhood Foundation | P: 0430 959 312 | E: oohcact@childhood.org.au | W: www.childhood.org.au
- > Barnardos | P: (02) 6110 2200 | E: carersupport@barnardos.org.au | W: www.barnardos.org.au
- > Key Assets | P: (02) 6252 1100 | E: enquiries.act@ketassets.org.au | W: www.keyassets.org.au
- > Oz Child | P: 1800 727 141 | E: ACTozchildfostercare@ozchild.org.au | W: www.ozchild.org.au

Kinship and Foster Carers Advocacy Service

- > Carers ACT | P: (02) 6296 9900 or 1800 422 737 | E: carers@carersact.org.au

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Understanding key terms in this handbook

Children and young people in care

In reading this handbook, the terms '*child*' and '*children*' also refer to '*young person*' and '*young people*'. The term 'in care' also means 'out of home care'. A glossary is also available to assist you with understanding other terminology used in this handbook.

It is recognised some carers may open their home to more than one child, for example, siblings. Whether you are caring for one child or multiple children, the information and advice provided in this handbook is equally as important for you. When reading this information, please keep in mind your own situation.

Case practitioners and carer support

As a carer, you will work with many people to ensure the effective care of a child. Two key people are practitioners and carer support workers.

Depending on whether you are working with Children, Youth and Families (CYF) or out of home care (OOHC) service providers, there may be different names for these people. For example, at CYF you will predominantly work with a practitioner. At OOHC service providers, you will work with a practitioner and a carer support worker.

To assist with readability of this handbook, we have used the term 'practitioner', but please note it may be a carer support worker who performs some of the tasks to support you in your role. If you are unsure at any time, your practitioner can clarify this for you – these people are then also supported by other teams at both agencies.

Thank you

Thank you to the carers, children, professionals and staff who contributed their views about what information would be most useful for carers in their role. Your feedback was instrumental in the development of this handbook.

The purpose of this handbook

The purpose of this handbook is to provide you with information to support you in your important role as a kinship or foster carer. It specifically relates to caring for a child who is involved with CYF and/or an OOHC service provider in the Australian Capital Territory (ACT).

By providing this information, we aim to help you be informed about your role and responsibilities in caring for a child, and where to go for help and support.

Specifically, this handbook will tell you about:

- > what to expect as a kinship or foster carer
- > how the out of home care system works in the ACT
- > caring for a child who has experienced trauma
- > different aspects of care – such as finance, decision-making, health, culture, education, relationships, transition and much, much more
- > working with CYF and OOHC service provider practitioners and staff
- > the importance of looking after yourself
- > the supports and services available to you and the child in your care to make life easier.

Throughout this handbook, you will also find useful resources that provide further information about a particular topic. There is also a glossary to explain terminology you will likely come across during your time as a carer. An 'early days of caring' checklist is also included that will immediately help you during your first week as a carer.

There is a lot of information in this handbook but as each care situation is different, some matters need individual responses. If you cannot find an answer to your question or concern, please discuss it with your practitioner and consider the services listed under 'Supports and services'. This handbook is intended as a guide only and you are encouraged to seek advice from your practitioner regarding your particular circumstances where necessary.

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Getting started

In this section: Learn about the ACT out of home care system, including our commitment to supporting carers and what has likely happened in a child's life to have them enter your care. Also discover the key things you should know and do in the first few days of caring for the child.

Out of home care in the ACT

CYF is the government agency responsible for child protection in the ACT. It is given its powers by the *Children and Young People Act 2008* (the Act).

Where children are unable to live with their birth parents, CYF places highest priority on children being cared for by relatives or kin community members – prioritising care within family networks over all other forms of care.

CYF works with community and government partners to support children, their families and carers. In regard to care, CYF works with **OOHC service providers**, a key group of care agencies in the ACT that specialise in child and family support services.

Together, CYF and OOHC service providers aim to:

- > keep children with their birth families as long as it is safe for them to remain there
- > prioritise children to remain in the care of their kinship network – especially for Aboriginal and Torres Strait Islander children
- > reunite children who do come into care with their birth families as quickly as possible
- > ensure children who are unable to return to the care of their birth families are able to grow up in secure, loving and permanent homes.

When a child cannot return home, the Act requires children to have access to stable and settled care arrangements as soon as it is possible. It also requires all decision-making about children be based on the concept of **'best interests of the child'** to ensure their needs are prioritised above all other considerations – including the needs of any involved adults. In making such decisions, the Act also requires practitioners seek the views and wishes of the child involved and acknowledge them in recording key decisions.

Commitment to carers

CYF and our OOHC service provider partners acknowledge the out of home care system is reliant upon the commitment of carers in the community – both kinship and foster – and their generous decision to provide a home for a child who cannot live with their birth parents.

In conducting our work, we are committed to providing support to all carers over the duration of their caring relationship with a child through the provision of services, advice, training and a **partnership** approach to case management. We are committed to working **collaboratively** with children, carers, parents, extended family, schools, services and all relevant parties to deliver a child-centred out of home care system.

As a kinship or foster carer, **you** have undertaken an incredibly important role in our community by providing a **safe** and **nurturing** environment for a child. You may have actively chosen and planned to undertake this role, or this role may have been asked of you, perhaps at short notice.

Caring for a child is rewarding, but it can also be hard work and tiring. Being a carer brings with it periods of uncertainty and pressure. Wherever possible, our goal is for children to be reunited with their birth parents, and we recognise the difficult role carers have especially when strong attachments with children have been formed. CYF and OOHHC service providers recognise the caring role is not always easy and we thank you for your commitment to **making a difference** in a child's life.

You can learn more about our commitment to carers and children, and the principles that guide the way we work in 'Guiding legislation and policies'.

Before a child comes into your care

The focus of the ACT out home care system is to ensure children have a **safe** and **stable** home to live in.

Decisions about the need to remove a child from their birth parents **must** be finalised by the ACT Childrens Court on the basis the child is '**in need of care and protection**'. This means, before a child comes into care, they are likely to have experienced an environment or circumstance that placed them at risk of significant harm. It also means one or both of their parents were not **willing and able** to protect them from significant harm. It is also possible a child has come into care because they have committed a crime and are unable to remain in their family home.

Each child and family situation is different and there will be specific circumstances that led the child to come into your care that are unique to them. Your practitioner will discuss the specifics of the child's past situation with you in as much detail as they are allowed by law. The impact of the life experiences on a child, or trauma, may not be known when the child first comes into your care.

It is important for you to understand, when a child has experienced past trauma, this trauma is **compounded** by their experience of being removed from their home environment by CYF and their separation from things familiar to them. A 'settling in' period is therefore very **normal** and the child now in your care will likely need time to adjust to your home and routines. It is also important to understand trauma has a range of social, emotional and developmental impacts on a child. These are discussed throughout this handbook.

Types and lengths of care

The child placed in your care has come to you because CYF has determined it is **currently** unsafe for them to live with their birth parents – this determination was based on the provisions of the *Children and Young People Act 2008*.

How long the child will stay with you will depend on their individual circumstances, the capacity of their birth parents and any court order in place. It is important to realise the Act **preserves** the right of all children to return to their birth parents' care wherever it is possible and safe to do so.

The following descriptions will help give you an idea about the different care arrangements and how long they can be in place.

- > **Kinship care** – Family members or people in a child's extended family network or community given parental responsibility for a child unable to live with their birth parents. Kinship care is recognised as having advantages for the preservation of family, promotion of cultural identity and reduced separation trauma for the child.
- > **Foster care** – People generally unknown to a child provide care when the child is unable to live with their birth family, and care by a suitable family member or kinship carer is not an option.

- > **Emergency/crisis care** – Usually provided when immediate care is needed. It is normally for a short time (a few weeks) until more investigation and planning for longer-term care can be organised.
- > **Short-term care** – Usually provided with the aim of working with a family to restore the child to their birth parents, or to allow additional information gathering including assessments to determine ongoing planning for the child's care.
- > **Concurrent care** – Care provided to a child during court proceedings while a decision is made about whether they will return to their birth parents, or kinship options are explored. If the ACT Childrens Court determines a child cannot return to their birth family, and there are no viable kinship options, the child remains with their current carer with the aim of permanent care. How long a child remains in your care depends on the specific circumstances.
- > **Long-term care** – Occurs when restoration to a child's birth family is no longer considered viable and the ACT Childrens Court has made a Care and Protection Order until the child turns 18 years old. The focus is on the child's ongoing care and stability.
- > **Permanent care** – Full parental responsibility is permanently transferred to a carer, usually either through Enduring Parental Responsibility (EPR) or adoption.
- > **Respite care** – Provides short periods of alternative care for a child from their existing care arrangement, either through regular ongoing planned occasions or in response to an emergency involving their existing carer.

Early days checklist

When you first start caring for a child, there is a lot of new information to take in. With so much information, you may find it overwhelming to work out what you need to know straight away, and what can wait a little while before you need to understand it in more detail.

This checklist gives you the information you need to know in your **first week of caring** for a child and directs you to the relevant sections in this handbook to learn more. Take a look at it and don't hesitate to ask for help.

Important things to do

- > **Take care of yourself.** The first week of caring can feel overwhelming and confusing. See '[Taking care of yourself](#)'.
- > **Settle the child into your home.** Take a look at the hands-on and practical list of things to do to help you and the child get off to a good start. See '[Settling a child into your home](#)'.
- > Check to find out if the child has any **allergies** or requires any **medications**. See '[Medications](#)'.
- > Work with the child to decide what you will **call each other** and develop a '**cover story**' the child feels comfortable with. See '[Develop a 'cover story'](#)'.
- > Ensure the child has what they need – **clothes, toiletries, shoes, school supplies**. Talk to your practitioner about where these will come from and who pays for particular items? See '[Finance matters](#)'.
- > **Establish routines** and spend time **getting to know** the child. See '[Building a relationship](#)'.
- > Ask your practitioner about the child's **contact arrangements** – When are they? Who are they with? Are there any restrictions? See '[Contact](#)'.
- > Talk to your practitioner about arranging your **Carer Subsidy** payment and learn about other concessions you or the child may be entitled to. See '[Foster and Kinship Care Subsidy](#)'.
- > Plan to **meet the child's teacher**/childcare leader. See '[Education and childcare](#)'.
- > Ask your practitioner if there are any **upcoming meetings** you are required to attend.

- > Write all **appointment dates** and times in a calendar.
- > **Write a list** of the things you are unsure about to ask your practitioner.

Talk to your practitioner to ensure you receive the following **information** about the child:

- > known illnesses
- > Medicare number
- > immunisation status
- > personal health record and Health Passport, see '[Recording health information](#)'
- > legal name
- > birth date
- > copy of court order
- > copy of Care Plan
- > Record key **contact details** in your phone or somewhere handy, such as for your practitioner and after-hours service. See '[Contacts](#)'.

Important things to know

- > You may be asked to accompany the child to an initial **health and wellbeing check**. See '[Initial health and wellbeing check](#)'.
- > Understand what is **expected of you** as a carer. See '[What is expected of a carer](#)'.
- > Understand your **rights** as a carer. See 'ACT Charter for Carers'.
- > Understand what **children look for** in their carer. See '[What children seek from you](#)'.
- > Get to know the **role of your practitioner**. See 'The role of a practitioner'.
- > Understand what the child's **Care Team** is and your role in it. See '[Care Team meetings](#)'.
- > Understand what **decisions** you legally can and cannot make. See '[Decision-making: What you can and cannot do](#)'.
- > Make sure you are familiar with what you are to do in an **emergency**. See '[Emergencies](#)'.
- > Understand what **information** you legally can and cannot **share** about the child. See '[Information sharing](#)'.
- > Understand '**reportable conduct**' and how it applies to you as a carer. See '[Reportable conduct](#)'.
- > Understand your role in the child's **annual review**. See '[Annual reviews](#)'.
- > Think about how you will **collect memories** for the child. See '[Collecting memories](#)'.
- > Remember you can **access help** and support. See '[Supports and services](#)'.

This handbook has lots of information and will be your go-to reference **throughout** your time as a carer. You are not expected to know it inside-out from the get-go, just remember it is here to help whenever you need. Take a look at the topics covered and keep your handbook in mind whenever you have a question or want to clarify something in the future.

Good luck and all the best!

Something else to be aware of... The early stage of care is also an extra busy time for your practitioner. They will be working to get to know the child and more about their needs, developing plans like the child's Case Plan, and in circumstances where the child is in foster care, they will be continuing to search for family to provide kinship care to the child. Searching for family is ongoing for children in foster care as kinship care is the preferred form of care for all children.

What is expected of a carer

In this section: Learn about the practical matters CYF and OOHC service providers require of all carers to help maintain a safe environment for children in care, from the carer approval process, home safety check and appropriate discipline to tips on Internet and car safety.

As a carer, you have agreed to provide a **stable, safe** and **nurturing** home environment to meet the needs of the child that has come into your care. There are simple and practical things you can do to ensure this. There are also things you are required to do, and things CYF and OOHC service providers are responsible for ensuring.

You have very likely already done many of these things in preparation for the child coming to your home, but it is important for you to know what they are so you can continue to provide the right care for the child and are clear about what CYF and OOHC service providers expect in working with you.

If you have questions about any of the following topics, please speak with your practitioner.

Carer approval process

It is important for all carers to understand how decisions are made about where a child will live and who will care for them. This is because in some cases, specifically kinship care, there can be more than one person who wants to be the child's carer.

Decisions about where a child lives is based on a detailed assessment and checking process. This includes a criminal history check, child protection history check and a 'Working with Vulnerable People' check, followed by a comprehensive carer assessment process. Various sections under the *Children and Young People Act 2008* also provide criteria that is used to help make decisions about who should care for a child.

When making these decisions, the **highest** priority is for children to be cared for within their extended family networks over all other forms of care. This is recognised as having advantages for the preservation of family, promotion of cultural identity and reduced separation trauma for the child. CYF and OOHC service providers also consider many factors, including (but not limited to):

- > the relationship between a carer and the child's birth family
- > the fit of a carer's family for a child including the ages of any children the carer may already have
- > the proximity of a carer's home to the child's existing school and family members
- > the long-term health prospects of a carer.

The carer approval process is focused on finding a suitable carer for a particular child who meets the necessary legal requirements, as well as additional capabilities and matching processes. Significant attempts are made to do this. In the case of kinship care where there may be more than one suitable kinship carer, CYF is required to make a further decision (the 'placement decision') that identifies which of the available and suitable carers is deemed to be best placed to care for the child (the 'best interests decision').

Decisions about care arrangements are important and taken very seriously. All decisions require the endorsement of various people, not just a single individual. If a person was refused based on their carer assessment (that is, they did not meet the criteria to become an **approved** carer), that person can ask to have the decision reviewed by the ACT Civil and Administrative Tribunal. However, if the person was

approved but not selected because another person was deemed more suitable, this decision can be reviewed internally by CYF.

If you are not satisfied with a decision about carer approval, see '[Feedback and raising concerns](#)' for information about how to raise a concern or make a complaint, and for pathways for an external decision review.

Working with Vulnerable People registration

To be a carer, you must by law hold a valid Working with Vulnerable People card. A carer review and re-approval process is also required every three years. CYF and OOHC service providers aim to align this process with the renewal of your Working with Vulnerable People registration. For more information, or to register or renew your application, go to:

- > W: www.accesscanberra.act.gov.au

Carer re-approval

In becoming the child's carer, you took part in an assessment that authorised you as an **approved carer** for up to three years. At the end of this time, a review of your circumstances is needed to renew your carer approval and for the child to remain with you. If you are a foster carer but a child is not currently in your care, the review is required if you wish to continue to be a foster carer.

The renewal process is not intended to be difficult and CYF and OOHC service providers will do their best to make it as smooth as possible so you can get on with the important role of being a carer. The focus is simply to ensure the child continues to live in a safe environment.

There are no costs to you as part of this process and where possible it will be organised to coincide with the renewal of your Working with Vulnerable People registration, which is every three years.

When it is time for your renewal, your practitioner will contact you regarding the activities to be completed. Once the process is complete, your practitioner will let you know the outcome.

The renewal process includes:

Activity	Description	Things to know
Child protection history check	Checks for instances of significant risk of harm by you or any member of your household who is 18 years old or over	You are required to inform your practitioner if anything occurs that may affect your child protection history check. If your check identifies any concerns, CYF will conduct a risk assessment to determine the level of risk to the safety and wellbeing of the child in your care. > A child protection history check will also be completed <i>whenever</i> a member of your household turns 18 years old.

Home safety check	Ensure your home continues to be a safe and appropriate environment for the child.	Requires a visit to your home to assess all indoor and outdoor spaces.
Compliance with 'suitability information criteria' check	Identifies if you or any member of your household who is 18 years old or over has: > a police or criminal history > any non-compliance with a legal obligation in relation to providing services for children > any other consideration relevant to your ability to provide high quality care for children.	Suitability information criteria is defined in the <i>Children and Young People Act 2008</i>. Under the Act, you have an ongoing duty to inform CYF or your OOH service provider of any changes to your suitability information within seven days of the change occurring. Each person 18 years old and over living in your home is required to complete a police check form. If any check returns a police record, your practitioner will conduct a risk assessment to determine the level of risk to the safety and wellbeing of the child in your care. A police check will also be completed <i>whenever</i> a member of your household turns 18 years old.
Working with Vulnerable People (WWVP) check	A background check of any person in the ACT who works or volunteers with vulnerable people. It aims to reduce the risk of significant harm to these vulnerable people.	If you hold a WWVP card for another purpose, you do not need to apply for another one. You can renew your WWVP card via the Access Canberra website or by calling them on 13 22 81. When you are granted a new WWVP card, photocopy both sides of your card and provide to your practitioner.
Identification of carer support needs	A discussion with your practitioner to identify if you require any changes to your support needs.	This is an opportunity for you to raise any supports you would like considered for yourself and your family. It is a good idea for you to think about any particular highlights or challenges as well as future development needs concerning the child.
Additional checks (Occurs only in certain situations)	Can include requests for references for you (or any household member who is 18 years old or over) or to	The <i>Children and Young People Act 2008</i> allows CYF and OOH service providers to request additional information to determine your carer

	undergo a test or medical examination for a stated purpose.	authorisation if the above checks are not conclusive.
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It is important to know, CYF and OOHC service providers can also conduct a review whenever they become aware of information that *may* affect your carer approval, such as a new adult living in your home.

It is also important to understand, CYF will conduct a review whenever it becomes aware of any allegation of risk of significant harm to a child, such as a child protection report being made against you, or any other criminal matters.

If you have any questions or concerns regarding your carer re-approval, please talk with your practitioner. If you are not satisfied with a decision about your carer approval, see '[Feedback and raising concerns](#)' for information about how to raise a concern or make a complaint, and pathways for an external decision review.

Home safety check

A home safety check will be completed on your home. This sets out the standard level of safety that needs to be met and maintained. When conducting the check, your practitioner will make sure your home is safe from hazards – chemical, electrical or other. Each room in your house will be checked, as well as outside and any cars you have.

If any areas are found to be unsafe, an agreed plan will be made with you about what needs to happen to address the issue and when it must be done by. The responsibility and cost of ensuring safety in and around your home is your responsibility as the carer.

Smoking and drugs

All children in care are to live in a **smoke-free** environment and be cared for by adults who do not take part in any illicit drug use. The use of illicit drugs by carers is **strictly prohibited** while caring for a child.

Passive smoking dramatically increases health risks to children. For example, a young child's exposure to smoking can cause middle ear infections, asthma and other chest infections. It has also been linked to Sudden Infant Death Syndrome, also known as SIDS.

For these reasons, you are not permitted to smoke near or around the child in your care. You also need to ensure the child is not exposed to smoking through others, like visitors to your home.

If you are a smoker, speak to your practitioner about developing a plan to ensure the child is not exposed to smoke. This can include things like smoking outside away from the child, and ensuring the child is not exposed to smoke from your clothes, breath or skin.

In the ACT, it is also an offence to smoke in a car with children under 16 years old. The penalty is an on-the-spot fine of approximately \$250.

Alcohol use

It is important for you to consider your alcohol use while caring for the child. Consideration should be given to the importance of being able to provide the child with proper care, as well as the importance of setting a good example for them.

It is also important to consider the child in your care may have been **exposed** to alcohol and/or drug use in the past and seeing the consumption of alcohol and its associated behaviours could trigger negative memories for them.

Alcohol abuse or misuse while providing care may fall under the ACT Ombudsman's Reportable Conduct Scheme as a reportable behaviour, see ['Reportable conduct'](#).

If you have any questions about alcohol use while caring for the child, speak with your practitioner.

Managing behaviour

Children who enter care often have unique vulnerabilities as a consequence of their trauma history, and this can make them more sensitive to the effects of discipline.

As such, CYF and OOHC service providers do **not** support the use of physical (corporal) punishment as a means to manage a child's behaviour and reject the view that **any** form of physical chastisement is a *reasonable* form of behaviour management. This position is underpinned by research that clearly indicates other forms of behaviour management are *more* effective and *less* harmful (Australian Institute of Family Studies, 2017).

CYF and OOHC service providers stipulate **no** child in care should **ever** be physically chastised, including smacking.

During your time as a carer, you will need to **appropriately** manage the behaviour of the child. An important part of this is be **consistent**.

You are encouraged to access information on appropriate strategies from your practitioner, ParentLink, the Raising Children Network or ACT Child and Family Centres, depending on the amount of support you require. This could even include relevant training. Please also see ['Acknowledging and responding to behaviour'](#) later in this handbook.

Animals in your home

The value of pets in a family is well recognised. Not only do they provide children with enjoyment, they also help them develop skills such as nurturing, responsibility and communication. If your home includes animals, some guidelines and boundaries for the safety of both the child and your pet is required.

Many children love animals, while others can be timid, unsure or even frightened. Introducing the child to your pet should not be forced. Let the child take the lead and go slowly until they are ready.

Your **home safety check** will outline requirements for the safekeeping of pets when you are caring for the child. Your pet's food and water are not to be a hazard to the child, and there must be a way of separating your pet and the child if an issue arises, for example a separate fenced area for your pet. All areas of your house and yard are also to be kept clean, for example birdcages and cat litter trays.

With pets, there is also a risk of injury from bites and scratches. It does not matter how friendly your pet has always been, all animals have the *potential* to harm by accident or if provoked. It is also possible the child does not know how to properly treat and interact with animals, even if they have previously had animals in their life.

When a child has experienced trauma, they may take out their frustrations on an animal, even if they love them, as they may see it is a comfortable thing to do. As their carer, you will need to help them learn other ways to manage their frustrations so both the child and your pet are safe. Your practitioner can help you if this is an issue for the child in your care.

Internet safety

The Internet is now a big part of everyday life and for some people it can be difficult to live without – it is both a great tool and a risk all at the same time. It is therefore important to put **practices** in place to protect the child in your care from the dangers of Internet use and overuse.

If you are not a big user of the Internet yourself, protecting others from it and putting practices in place may feel difficult and unfamiliar. If this is you, that is okay. Speak to your practitioner about what you can do to protect the child you are caring for.

If you are more familiar with Internet use, it is important you teach the child the necessary skills for them to manage it on their own as they grow older and become more independent.

Regardless of your own personal use, it is important you remain up to date with the current uses and issues regarding the Internet, including social media sites.

You should feel comfortable talking to the child from an early age about the **benefits, uses and dangers** of the Internet. These conversations will educate them prior to issues arising. Putting in place clear boundaries for the child about **device use** is also a good idea – consider their developmental age and their current level of understanding of the Internet. You will also need to consider how many different ways the child can access the Internet in your home, such as through a computer, TV, game console, tablet, smart phone and other mobile devices.

It is also important to ensure **Internet access** in your home is as protected as possible. This will require the use of virus protection software and appropriate parental controls on devices.

More information about Internet safety, including how to help the child in your care have a safe and enjoyable online experience, is available from the Australian Government's eSafety website at:

- > W: www.esafety.gov.au

Carer training on Internet safety may also be available at times – talk to your practitioner if you are interested. Schools and childcare centres also occasionally host information sessions about Internet safety, so check with your school or childcare centre if there are any upcoming sessions.

Social media

Facebook and other social media are part of an ever-changing world, and it is critical you understand **photos** and **identifying information** about the child in your care **cannot** be placed on any social media site. Once a photo is posted, it can be accessed by anyone and used for any reason, including if your profile is marked as private.

All children in care must be protected from potential problems or exposure to predators that can arise from online posting. The use of social media is something you should always discuss with your practitioner. Decisions will be made on an individual basis; however, the initial starting point is, to **not** post any **photos** or **comments** that could identify the child in your care.

It is a **criminal act** to identify a child as being subject to a Care and Protection Order or in out of home care. Also see '[Internet safety](#)'.

Children under the age of 16 years are banned from using certain social media sites under federal law. As a carer, you will need to make sure the child in your care knows about this ban and be prepared for the tough conversations this may lead to. See the <https://www.esafety.gov.au/about-us/industry-regulation/social-media-age-restrictions-hub> website for more information.

Just like with the Internet more broadly, it is important you remain up to date with the current uses and issues of social media, so you are prepared to identify potential risks if they come up.

Car safety

As a carer, there are things you need to be aware of when travelling with the child in your car for the safety of everyone involved. These are:

- > All children must travel using a seat belt or an appropriate child restraint that meets Australian safety standards. All restraints must be in good condition (less than ten years old) and fitted according to correct guidelines. Restraints must be replaced if any straps are deteriorating or are involved in an accident.
- > As the driver, you are legally responsible for ensuring any passenger up to the age of 16 years is restrained by a seat belt or restraint suitable for their size and weight. Children up to seven years of age are required to be in a restraint. After this age, consideration needs to be given to the child's age, weight and how they travel before removing them from a restraint.
- > Kidsafe ACT can assist with advice on purchasing, hiring, installing and checking child car restraints. You can visit their website at www.kidsafeact.com.au or contact them on 6290 2244.
- > All road rules must be obeyed.
- > It is an offence to drive under the influence of alcohol or drugs, or to smoke in the car with children under 16 years old.
- > Any cars transporting the child in your care must be registered, road worthy and safe. This information will be recorded as part of your annual home safety check.

If an incident happens that affects your ability to drive, either with your licence or vehicle, please let your practitioner know so the needs of the child can be considered and alternate methods of transport can be explored if needed.

Sun safety

Australia has one of the highest rates of skin cancer in the world. It is important you ensure the child you are caring for is protected from the sun whenever they are outdoors. This includes:

- > **Sunscreen** – Make sure the child wears water-resistant 30+ SPF (or higher) sunscreen, applied 20 minutes before going outdoors and reapply it often.
- > **Time of day** – Avoid having the child in the sun at the hottest part of the day and encourage them to seek shade whenever possible.
- > **Cover up** – When outdoors during hot weather dress the child in light weight clothes that covers their body, like wide brim hats, long sleeved shirts and long pants.

- > **Be a role model** – By using sunscreen yourself and covering your body with the right clothing you will be teaching the child good sun care.

Water safety

Drowning is a leading cause of accidental death in children under five in Australia. Before allowing the child in your care to take part in any activity where water is involved or nearby, it is important you first find out if the child can swim and what they know about water safety. However, even if the child tells you they can swim, you should confirm this with your own eyes.

The best way to keep children safe near water is to:

- > **Supervise at all times** – Drowning is silent so you need to watch the child and keep them close at all times so you can help them if needed. This includes supervising bath time (age appropriate) and emptying the bath immediately after use. You should supervise the child near any type of water including, but not limited to pools, spas, buckets of water, the beach, rivers and ponds.
- > **Teach the child to swim** – All children should have the opportunity to learn to swim so they can be safe near water. You can do this yourself, or you can organise lessons that can be paid for under your Carer Subsidy.
- > **Educate the child** – Talk to the child about the dangers water can present. Do this in a way that is appropriate to their age and level of understanding.
- > **Keep your backyard and home safe from drowning risks** – Cover ponds and bird baths with mesh. Keep pet water bowls and fish tanks out of reach. Keep doors to the bathroom, toilet and laundry closed. If using a nappy bucket make sure the lid is secure and keep the bucket out of the child's reach.

As a carer, you are responsible for maintaining pools, pool fencing and gates to keep children in your care safe. For information about pool safety and compliance requirements, visit the Access Canberra website at:

- > W: www.accesscanberra.act.gov.au

The above checks are in place to ensure the safety and wellbeing of the child, as well as everyone in your home. If you have concerns about any of these matters, please speak with your practitioner.

Caring for a child who has experienced trauma

In this section: Learn about the impact of trauma, how you can become trauma-informed in your caring and tips for settling the child into your home.

Research tells us children who come into care require **security** and **stability** above all else. They also need support, time and consistency to be in a position to **begin to recover** from the trauma they have experienced. Research also tells us children will not suddenly be 'better', 'happier' or 'fixed', because recovering from trauma takes **time**. As a carer, you, along with other significant people in the child's life, have an important role in helping the child **every day** on their healing journey.

As mentioned, it is likely the child you are caring for has been exposed to some form of significant harm. Regardless of the extent of this harm and its impact on the child, they will have also experienced **trauma** caused by their separation from their birth parents and the move into kinship or foster care. This trauma

may stem from the change and/or loss of familiar relationships, connection to their culture, siblings, school, friends, pets, community and belongings, as well as uncertainty about what is happening, why and what it means for them.

We also know exposure to continued trauma can lead to **permanent** changes to a child's brain and the way it develops, including impacts on particular skills such as paying attention, managing emotions, organising and planning. For this reason, soon after a child enters care a general health and wellbeing check will be undertaken. The outcome of the check will help inform practitioner, and carers, about how they can best help the child emotionally, physically and developmentally. Your practitioner can refer you to a range of support options available from government and community organisations. Information about these is provided in the section 'Supports and services'.

Throughout this handbook, information about caring for a child is provided in the context that the child **has** experienced trauma. It is normal for you to feel concern for the child now in your care and what they experienced. If this is you, don't hesitate to speak to your practitioner. They will help you understand the situation and may connect you to supports and services to help. Your practitioner can also connect you to training about caring for a child who has experienced trauma. Please speak to your practitioner about accessing this training.

Therapeutic supports

Children in care may have experienced trauma, loss or other adverse experiences that impact on their emotional wellbeing, behaviour and development. Some children may benefit from therapeutic interventions to support their healing and development. Carers play an important role in supporting their interventions and working collaboratively with child's Care Team to achieve positive outcomes.

Therapeutic support should be carefully matched to the child's individual needs, experiences and stage of healing, as the right intervention at the right time is important. In some situations, the initial focus of therapeutic support may be on supporting the carers and Care Team, helping them to understand the child's experiences and respond in a way that promotes safety, connection and recovery before direct therapeutic work begins with the child.

There are a range of therapeutic supports that are available for children in care. Referral to some services must be arranged by the child's practitioner. If you think the child in your care may benefit from therapeutic support, contact your practitioner to discuss the child's needs.

Examples of some services that may be available are:

Melaleuca Place

Melaleuca Place is a specialist treatment service provided by CYF for children under 12 years who have experienced trauma.

Melaleuca Place can provide a range of individual therapeutic programs to children, and education to carers about trauma informed care. They can also conduct specialised assessments, such as speech and language assessments, occupational therapy assessments, cognitive assessments, ADHD assessments, and specific learning disorder assessments. These assessments can also be requested as one-off assessments for children in care who are not currently involved with Melaleuca Place. Depending on the child's needs, Melaleuca Place can provide long-term or short-term therapeutic support.

Neurosequential Model of Therapeutics™

The Neurosequential Model of Therapeutics (NMT™) can be provided to children and young people (i.e up to the age of 17 years) by the **CYF NMT™ Assessment and Implementation Team**.

NMT™ uses principles of neuroscience and trauma responsive practice to understand how a child's experiences impact on their current functioning. A specially trained practitioner from the NMT™ Assessment and Implementation Team will conduct an assessment. The assessment considers the child's developmental history, family and relationships and includes interviews with carers and if appropriate may include interviews and observations of the child.

The information collected during the assessment is mapped against a model of 'typical' brain development for a child of a similar age. The result provides a guide of how the child's brain is developing, and what areas to focus on for support.

Once the assessment is completed, the practitioner will develop recommendations for the child's Care Team. This will help the Care Team meet the therapeutic and developmental needs of the child.

Australian Childhood Foundation – therapeutic services

The Australian Childhood Foundation (ACF) provides therapeutic support for children in care who have experienced trauma, their carers and their families.

ACF services include:

- > counselling and tailored support provided by therapeutic specialists to help children heal from trauma. This includes supporting children to build trusting relationships with caring adults, letting them feel secure and settled in their placement
- > support for carers, teaching you about the impacts of childhood trauma and how this may influence a child's behaviour and emotional regulation.
- > Life Story Work, a program which creates a therapeutic setting for children to better understand their journey through the out of home care system.

All referrals to ACF must be organised by your practitioner, who will help ACF understand the needs of the child in your care.

These are some of the therapeutic services which children in care may access. Other options may be available, including those provided by community services. See the section 'Supports and services' for more information.

Remember, it is important you discuss the needs of the child in your care with your practitioner **before** they start attending any therapeutic service. Your practitioner can tell you about relevant services and help you with the referral process.

Building a relationship

Building a relationship with a child who has experienced trauma takes time. It is important to keep your channels of communication open at all times so they know they can come to you when they are ready. When communicating with the child in your care, there are four key things that will help build the child's sense of safety and increase their trust in you as their carer. These are:

- > **Playfulness** – Create an atmosphere of interest and fun by using a light tone of voice, like in storytelling. This can trigger chemicals in the child's brain causing feelings of trust and help them

to feel safe with you, the adult. For example, if the child drops a glass of milk and it breaks, say 'Whoops, let's clean this up together...let's not cry over spilt milk'.

- > **Acceptance** – Unconditional acceptance is key to the child's sense of safety and to know they are loved and accepted without judgment. Whatever the problem is at hand, it is important you ensure the child knows you will support them. Try using statements like, 'That did not go well. Let's try again and see if it goes better this time'.
- > **Curiosity** – Even if the child is guarded, there are ways to show your interest and curiosity in them and your desire to understand. You can do this by wondering aloud about the meaning behind their behaviour, without expecting an answer, from them. Try statements like, 'I wonder if you are finding it hard to be patient at the moment because you are hungry or tired'.
- > **Empathy** – Being empathetic shows the child you are doing your best to understand how things are and have been for them. This can in turn, help the child make sense of and better manage their own emotions, thoughts and behaviour. For example, when you can see the child is distressed, let them know you see this. You could say something like, 'I know things are tough right now, but this is a problem we can share and solve together'.

Settling a child into your home

Some children with a history of complex trauma have grown up in environments characterised by chaos, lack of structure and lack of predictability. These types of environments are considered 'normal' for some children. Adapting to a safe, secure place can take time as children may have a lack of trust in adults and relationships with others. They may have also lived with other carers who have chosen not to, or been unable to, provide longer-term care. Multiple changes to a child's care arrangements can compound the child's trauma experience.

As a carer, establishing a trusting relationship with the child in your care at a time when they are likely experiencing feelings of fear, uncertainty and loss, can be hard and can take time – this time can be additionally hard if you are a kinship carer. It is also possible for you to experience a 'honeymoon' period where the child initially settles in smoothly, but their behaviour becomes unpredictable or they push boundaries once they become more comfortable.

If other people live in your home, it is a good idea to talk to them about what is happening before the child arrives. Tell them what you can about the child (remembering confidentiality and privacy – see ['Information sharing'](#)), what it means for everyone and how they can all play a part to welcome and support the child.

There are many things you can do to welcome the child into your home and start to form a trusting relationship with them. If you are a kinship carer and already know the child well, you have probably already done some of these. Whichever type of carer you are, here are some tips to help you.

For children

- > Speak to the child in a calm, warm voice – think about how they may be feeling, for example shy, scared, worried.
- > Welcome the child to your home and tell them your name. Introduce them to everyone in the house, including any pets, but do this slowly and ask them first how they feel about animals.
- > Ask them what they like to be called and work together to decide what they will be comfortable calling you.
- > Tell the child you will take care of them and if they have any worries or need anything, you are there to help them, day or night.

- > Explain they can ask you any question and you will do your best to answer it. Tell them that sometimes you won't have the answers, but you will always try to find out for them.
- > Show the child around the spaces in your home, take your time and invite them to look and touch things as appropriate. If there are certain spaces that are unsafe or you do want the child to go in, respectfully tell them this. Establishing boundaries helps the child to feel safe, as it is clear what they can and cannot do. Show them the outside spaces too.
- > Show the child their bedroom, tell them that this is a safe space for them.
- > Ask the child questions about how they like to sleep, such as with a toy or a light on. Remind them that you are not far away.
- > Show them where the fridge is and tell them what food they can help themselves to, and where to get a drink of water. Explain how mealtimes usually work so they can know what to expect.
- > Ask the child about their favourite foods. Food is often very important to children and can go a long way to help them feel comfortable and settle in. Also ask them if there are any foods they really dislike.
- > Talk to them about what an average day looks like so they can see things are going to be predictable and consistent.
- > Make sure to keep your communication open. The child may be shy or reluctant, and it can take time before they feel comfortable to open up. This is okay. Even if they don't say much to you, talk to them and show interest in them – it will help them to know they are important to you.
- > Let them know about any particular rules but understand it can take time to follow them. Being in a new home can be scary and children may try to test boundaries depending on their age and trauma experience.
- > Include the child in activities. Children who have been traumatised like to participate in rhythmic and repetitive activities as it helps their brains grow new, healthier pathways. Activities could include ball games, beating a drum or listening to music.
- > Ask the child questions about what they like to do and think about how you can incorporate these.
- > Plan an outing or an activity together the child can look forward to. It could be to play ball or go to the park, for older children it might be shopping for ingredients and cooking their favourite meal together.
- > Watch for any fears or changes in behaviour.

If you are concerned about how the child is settling in, talk to your practitioner. It can be normal for this process to take time, but it is best to get advice or strategies early on what might help to make the process smoother.

For babies

If you are caring for a baby, it is still important to get to know them and form a trusting relationship, even though the baby cannot communicate with you using words. Babies need to learn the world is safe and there are people who will look after them. They learn this when you give them food, comfort, warmth, smiles and cuddles.

Here are some tips to help settle in and bond with a baby:

- > Spend time with the baby when they are awake. Talk softly and sing. Hold, cuddle and stroke the baby so it learns to feel safe and loved.
- > Look into the baby's eyes when you are feeding or holding them – babies love to look at your face.
- > Watch and listen so you learn their different cries and signals, and what they mean.

- > Respond to these signals when the baby makes sounds, smiles or cries. Crying is the only way babies can tell you they need something. If you respond quickly to the baby's needs and signals, the baby will learn to trust you and to know the world is a safe place.
- > Talk to the baby as you do things. Let them know what is going to happen next and use the same words every time, such as 'I am going to pick you up now, 'It's time for a bath or 'Here we go.' Don't just pick up the baby without warning as this can startle them.

Research has also shown babies do best if they have someone, they are very close to in the first year of life. This person is often called a 'primary attachment' figure. The clinical specialist can help you understand the importance of attachment and give you more ideas to build a positive bond with the baby you are caring for. This can form part of the initial conversation you have with the clinical specialist.

There are also helpful resources about caring for a baby and how their brains develop on the ParentLink website at:

- > W: www.act.gov.au/community/families

Remember, if you are concerned the baby is not settling well into your home, it is important to address this early with your practitioner who will work with you to address any issues and help develop a plan of what to do next.

Develop a 'cover story'

One of the challenges for children in care can be managing their feelings of being different to other children they know. Not living at home with their parents can be stigmatising and difficult for the child to talk about or explain to others.

Depending upon the age of the child in your care, it is likely the child will get asked questions by friends and classmates about why they are not living with their parents. Questions like, 'Where's your Mum and Dad?' and 'Who's that?' when they see you pick them up from different places. These questions can be really hard for the child to answer, especially if they are caught off guard. One way you can help is to work with the child to develop a cover story.

A cover story is a **planned** response to questions that are likely to come up. If the child decides to make a cover story, they need to be the main author of it and feel safe and comfortable about what they want to share and what they want to keep private. It is important the child is supported by you and not feel shamed about their circumstances and experiences. The idea is not about needing to keep secrets, but rather the child having the right to share only what they want to share about their life with others.

Every child and their circumstances are different, so there is no universal cover story. Talk with the child and help them decide what works for them. Keeping it simple and short is often a good start. For example, the child might say: 'I live with my grandparents because my mum is unwell and can't look after me right now'. It is also a good idea to help the child practice their cover story so they can be more confident in managing conversations or questions about their life.

What children seek from you

Children who are unable to live with their parents have certain rights while they are in care. These rights are provided under the ACT's *Charter of rights for kids in care*, which sets out what children can expect from the people who look after them and work with them while they are in care. You can read the Charter later in this handbook at '[Guiding legislation and policies](#)'.

Along with the Charter, it is important for children in care to be listened to and have a say in important decisions that affect them. With that in mind, we asked children in care to tell us what helps improve their experience. This is what they told us.

Children want a carer who:

- > likes them and makes them feel they belong
- > understands their likes, fears and needs
- > provides them with nice food and asks what food they like
- > asks them questions
- > listens to them
- > is kind and loves them
- > has a sense of humour
- > helps them maintain connections with friends
- > sticks up for them
- > treats them the same as their own children
- > provides them with opportunities to try new and different things.

Each child is different and it can take time for the child in your care to open up to you but talk with them and ask what they would find helpful and what you can provide. This is a good way to develop a bond with the child and to let them know you are there for them.

Have you connected with CREATE?

CREATE is an organisation especially for children in care. They link children with others in similar circumstances and provide opportunities for these children to get together. Being involved with CREATE can help ease isolation by helping children realise they are not alone and other children experience similar situations and emotions. Connecting the child in your care with CREATE can help not only in the early, settling period, but throughout their time in care.

For more information visit CREATE at:

- > P: 1800 655 105
- > W: www.create.org.au

Caring for carers

In this section: Learn about the importance of taking care of yourself and the supports you can access to help you in your carer role. Also discover important information about working with your practitioner.

Taking care of yourself

Being a carer is rewarding, but it can also be demanding and challenging. When you look after someone else, it can be easy to put your own needs last – it is recognised that carers can give up a lot of themselves to care for a child. It is also understood that sometimes being aware of the trauma experienced by the child in your care can take a toll on you. As you go through your carer journey, it is important to know that taking care of yourself is very important.

Caring for yourself means looking for **signs** that may mean you are feeling stressed – things like a short temper, mood swings, withdrawal from friends or family, feeling overwhelmed or drained. Use these signs as a reminder to take some 'me' time to unwind and refocus. By looking after yourself, you will be better placed to care for the child in your care and better able to manage the other things in your life – such as work, family, household responsibilities and your health.

It is good to try to do things regularly and build them into your routine. They don't have to take up much time or cost you money. We are all different, so think about what **works best for you** and what will help you cope with the stresses of being a carer.

Taking time for yourself is not seen as a failure or that you are not focused on caring properly for the child. It is a **proactive** and **sensible** way to help you be at your best – physically, mentally and emotionally – for yourself, the child in your care and everyone around you.

Most importantly, know you are not alone. There is a range of support, both informal and formal, you can access.

Visiting your GP may be a good place to start or reaching out to Carers ACT who deliver the independent **Kinship and Foster Carers Advocacy Service**. This service can provide you with supports to help ensure your voice is heard and link you to other useful information and services.

For an extensive list of help available, see '[Supports and services](#)' and speak with your practitioner if you are ever unsure.

The role of a practitioner

Whether you are a kinship or foster carer, the child you care for will be assigned and supported by a practitioner. This person is your first point of contact. If you are caring for more than one child, you may have more than one practitioner. You may also have a carer support worker.

Your practitioner will work closely with you, the child and the child's birth parents to provide a clear plan for the care of the child. This plan will also link the child, you and your family with any appropriate services that can help. The focus of the plan will either be **restoration**, **permanency** or **transition**. These goals will be captured in the child's **Care Plan**.

Your practitioner will be from CYF or an OOH service provider – which one is determined by whether you are a kinship or foster carer and what type of Care and Protection Order is in place for the child.

If the child you care for is on a **short-term** or **interim Care and Protection Order** and you are a:

Kinship carer

- > **CYF** is responsible for your assessment and support, and the ongoing case management of the child and their Care Plan. This includes coordinating contact arrangements with birth family and appointments for the child. At this stage, it is likely the goal of the child's Care Plan is **restoration** to their birth parents.

Foster carer

- > **CYF** is responsible for the ongoing case management of the child and their Care Plan. This includes coordinating contact arrangements with birth family and appointments for the child. At this stage, it is likely the goal of the child's Care Plan is **restoration** to their birth parents.
- > **an OOH service provider** is responsible for your assessment, coordination, liaison with CYF and carer support.

If the child you care for is on a **long-term Care and Protection Order**, and you are a:

Kinship or foster carer

- > **an OOHC service provider** is responsible for your assessment and support, and the ongoing case management of the child and their Case Plan. This includes coordinating contact arrangements with parents and appointments for the child. At this stage, it is likely the goal of the child's Care Plan is either **permanency** or **transition** out of care.
- > A permanency plan recognises attempts at restoration have been unsuccessful, and the child requires a stable and long-term care arrangement.
- > Where a child is 15 years old or over, the *Children and Young People Act 2008* requires a Transition (from Care) Plan. This goal recognises, most parents are seeking to encourage independence in their children from the age of 15 and prepare them for the possibility of independence at the age of 18.

The table below visually shows you where case management responsibility lies and who will work with you.

CASE MANAGEMENT RESPONSIBILITY			
Care arrangement	Interim order	Short-term order	Long-term order
Kinship care	CYF	CYF	OOHC service provider
Foster care	CYF	CYF	OOHC service provider

Visits from your practitioner

CYF and OOHC service providers have a legal responsibility to ensure children in care are visited regularly and the child's views and opinions heard. The frequency of visits depends on the orders in place for the child and how long they have been in care. As a guide, for a child on a long-term order in a settled care arrangement, a visit once a month is standard.

Visits happen in a variety of settings. They may be at home with you, or elsewhere at an activity. Wherever visits happen, the primary aim is for your practitioner to form a trusting relationship with the child and to support their time with you.

Your practitioner will want to speak to the child and you together, and individually. They will also want to see you interact with the child to see how you are getting along and help with any issues that may come up. Speaking individually with the child is an opportunity for your practitioner to get to know the child one-on-one and to see if there is anything they need or if they have any concerns about their placement. Where appropriate, your practitioner will let you know about these discussions, with the child's permission, and if any follow-up is required. This is the same for when your practitioner speaks individually with you.

Visits will happen at an **agreed** time between you and your practitioner. If your circumstances change and you can't make a visit, you need to contact your practitioner as early as possible to arrange another time. Your practitioner will also let you know if they are unable to make a visit and organise a new time with you. Occasionally, circumstances can change suddenly, and visits need to be cancelled at short notice. Visits are very important and should only be cancelled by you or your practitioner in exceptional circumstances.

Both you and your practitioner are important role models for the child in your care. Working collaboratively with your practitioner, during visits and at all times, demonstrates the importance of teamwork and how to build and maintain trusting relationships. Regardless of how long the child is in

your care, they will always learn from you, and seeing adults respect one another and involve each other in decisions is invaluable to their development.

Contacting your practitioner

Your practitioner is your first point of contact regarding questions you have about the child in your care and your role and responsibilities as their carer. Depending on your question, your practitioner will either help you directly or link you with the best-placed person or service to assist.

You can use the numbers below to contact your practitioner. If your practitioner is from CYF, they will let you know which team they are in. Emergency after hours numbers are also provided.

Agency	Contact – business hours	After hours crisis services
Australian Childhood Foundation	1300 381 581 Oohcact@childhood.org.au	0455 497 314
Barnardos	(02) 6110 2200 carersupport@barnardos.org.au	0402 036 254
CYF	(02) 6207 1069	1300 556 729 This is a 24-hour after-hour service for emergency or serious incidents only.
Key Assets	(02) 6252 1100 enquiries.act@keyassets.org.au	0419 616 029
Oz Child	1800 954 550 ACTozchildfostercare@ozchild.org.au	0438 374 365

Alternative contact

If you are having difficulty contacting your practitioner, use the same numbers above and ask to speak to your practitioner's team leader. The person who takes your call will know who your practitioners team leader is.

Training opportunities

Whether this is your first time as a carer or you have been doing it for a while, you are encouraged to participate in relevant training as opportunities come up. Training is a useful way for both **kinship and foster carers** to gain and share valuable knowledge and skills about caring for a child, and to help you feel more confident in your role. Training can also be a good way for you to meet other people in similar circumstances.

Throughout the year, CYF and OOHC service providers will let you know about upcoming training through newsletters, phone calls or email. Different topics are covered during the year, such as understanding

trauma, so keep an eye out for topics that interest you. At various times you may be asked for feedback on what training or information may help you, as CYF and OOHC service providers are always looking for ways to improve their services.

Many other community organisations also provide training helpful for carers, for example parenting courses, which you can access.

If you are interested in training, speak to your practitioners about what is available through CYF and OOHC service providers as well as referrals to external training opportunities.

Taking a break: respite care

Just as everyone needs some help from time to time, or a break from daily life, kinship and foster carers need a break too. Respite care aims to give you a break from the daily demands of being a carer and helps you to recharge and manage unforeseen circumstances, such as periods of illness. Many families have opportunities for a breakthrough their own networks, such as a child having sleepovers with grandparents or other family members, time at friends' houses, childcare and sometimes babysitting. There are many ways you can take a break, and you will need to consider what will work best for your situation **and** the best interests of the child in your care.

Talk to your practitioner about planning for respite opportunities. Some options to think about are:

- > having an extended family member (birth or carer family) or friend look after the child
- > using a licensed childcare service or after school care
- > enrolling the child in camps or other recreational activities (where they are appropriate to the child's age, capacity and wishes)
- > organising another authorised kinship or foster carer.

Depending on the circumstances and what is best for the child, it may also be possible to plan for and access **regular respite**. Discuss this with your practitioner.

It is important to be aware that any extended family members or friends who are willing and able to provide **regular** respite care for a child, **must** be assessed to become an authorised carer. Your practitioner can help with this process.

It may also be possible to request short-term assistance in your home if it is recommended the child would benefit from more focused time with you to help them through a particularly tricky period.

Support and advice

If at any point during your time as a carer you require assistance, please remember help is available.

In addition to your practitioner, the following groups are your key 'go-to' people for day-to-day help:

- > **Carer Support** – each OOHC service provider have dedicated Carer Support workers who provide emotional and practical support, advice and advocacy for all foster carers, as well as kinship carers caring for children on long-term orders.
- > **CYF Kinship Assessment and Support Team** – supports kinship carers caring for children on short-term or interim orders.

There are also organisations independent to CYF and OOHC service providers that can help support you through advocacy and advice. This includes:

- > Carers ACT, Kinship and Foster Carers Advocacy Service
- > Australian Red Cross Birth Family Advocacy Support Service (kinship carers).

See '[Advocacy and advice](#)'.

And don't forget about the '[Supports and services](#)' section at the end of this handbook.

Information sharing

In this section: Learn about the information you can expect to receive about the child when they come into your care, what details you can and cannot share about them with different people, and what information birth parents will receive about you.

Information about the child in your care

Before a child comes into your care, you will receive information about them to help you understand their situation and needs. This will give you insight to how best care for them. Your practitioner will share this information with you.

Relevant information about the child will be shared with you throughout their time with you. Some of the information you can expect to receive may include:

- > names of the child's family and other significant people in their life
- > reason for the child coming into care
- > how long the child will be in your care (although this can change)
- > a copy of the child's current Care Plan, court order or Voluntary Care Agreement
- > information that impacts the child's (or your) safety and wellbeing
- > the child's emotional and physical health needs, medical history, and their culture and religion
- > Aboriginality or cultural background
- > contact arrangements with the child's birth family and other significant people
- > education/childcare details, such as schooling and childcare arrangements
- > routines the child is used to
- > likes, dislikes, hobbies, meal preferences
- > specific behavioural issues
- > contact details for your practitioner, OOH service provider and CYF

Sometimes, when the child first comes to stay with you, some of this information is not yet available. We understand the uncertainty of not having all the answers or, for example, not knowing how long the child will be in your care can be hard for everyone and can make planning for the future difficult and sometimes unsettling. But remember, your practitioner is there to help, so if you have any questions, please contact them.

The information shared with you will be relevant to the care and planning needed for the child. Information that does not impact their care will not be shared with you in respect to other people's right to privacy. For example, there may be reports about a parent's personal history that may not be relevant to the care and planning needed for their child, and so this information would not be shared with you.

The child in your care also has a **right to information**. As appropriate to their age, they will also be provided with information about their care arrangement. This includes information about the members of your family, contact arrangements with their birth parents, siblings, or significant others, as well as contact details for their practitioner and when they will visit.

Information you can share

The child in your care has a right to confidentiality and privacy. This includes how information about them can be used and who it can be shared with.

As their carer, you have an **obligation** to protect the privacy of the child and their family – this includes personal information you know about the child's history.

However, there are situations where it is **okay** for you to share information about the child in your care. This is when it would support and assist the child, like sharing information with their school to help them understand what may be currently happening in the child's life. For example, if after a contact visit the child is upset, you may decide to let the teacher know this to give some context and understanding to how the child is behaving.

The *Children and Young People Act 2008* allows this type of information sharing to happen when an individual, such as a carer, is performing a function under the Act and it is in the **best interests** of the child.

As a member of the child's **Care Team**, you can always share information with others in the team. The purpose of the Care Team is to share information, work collaboratively and share decision-making in a **confidential** manner (this is provided for under the Act). The Care Team is typically formed early after the child enters care and is made up of people and services specific to the child's care. The team is usually formed by your practitioner, who also manages the communication amongst the team. The membership of the Care Team may change as the needs of the child change.

Everyone who receives information about the child in your care becomes an '**information holder**' under the Act. All information holders have a **legal responsibility** to protect the information they receive and can only share it when performing a function under the Act.

When thinking about sharing information with others, consider whether it is **necessary** for the child's protection and wellbeing, or to perform your **function** as a carer.

If you are not sure who you can share information with, talk to your practitioner about this. Remember, you can always discuss details about the child in your care, and the child's family, with your practitioner.

Information you cannot share

Keeping in mind the information from the previous section, it is important you do not share the fact the child you are caring for is subject to a Care and Protection Order with anyone outside of the child's Care Team. It is also important you do not share information about the reasons why you are caring for the child – this includes family, friends, colleagues and neighbours. This can be a tricky situation, as people will realise the child is living with you and are likely to ask questions.

For example, you should **not** tell your family the child is coming to live with you because their parents are drugs users or because they were neglectful. Instead, keep the information general. It is **okay** to say you are just helping the family out for a while, or the child is staying with you while their family is getting some help. This is often a more natural situation for kinship carers as it is not unusual to help out family or friends. For foster carers, people may ask more questions, but it is important not to share any confidential information.

It is a good idea to have some standard responses to questions ready, for example, 'They are just staying with me for a few days', 'I am just helping the family out for a while', 'Sorry that is private'.

Social media is another way many people share information about themselves and those in their life. This is an area you should always discuss with your practitioner, and it should be decided on an individual basis. However, your initial position should be to **not** post any photos or comments that could identify the child in your care. Remember, it is a **criminal act** to identify a child as being subject to a Care and Protection Order or in out of home care. This can stigmatise the child and place their safety, and yours, at risk. See also 'Internet safety'.

As a carer, you have an obligation to protect the privacy of those involved. If you are unsure or want some help in how to respond to people's questions, contact your practitioner for advice.

Information birth parents know about you

As a carer, your privacy is important. Any information provided to the child's birth parents by CYF or an OOHC service provider is required to be treated by them with the utmost confidence.

If the child you are caring for is on a **Voluntary Care Agreement**, their birth parents will **generally** be given your name, address and phone number.

However, if the child you are caring for is on a **Care and Protection Order**, their birth parents will only be provided your information with your permission if the level of risk to the child, you and your family is low. It is possible though, if you are a kinship carer, that the birth parents already know you very well because of your family connection. This is likely to include your contact details and where you live.

Finance matters

In this section: Learn about the financial matters that affect you as a carer, from your fortnightly subsidy and what it covers, to allowances and other concessions available to you or the child in your care.

*Important: Financial subsidies can change each financial year. The subsidies are updated annually and published in **subsidies and financial support guides** that will be provided to you by either CYF or OOHC service provider. Note: CYF and OOHC service providers have separate guides.*

Financial support is available to kinship and foster carers to help support the costs of caring. This includes, but is not limited to, a fortnightly subsidy, medical costs, passport application and payments of support outlined in the child's Case Plan.

Either CYF or OOHC service providers will be responsible for providing you with financial support. Which agency will typically be the same as where your practitioner is from. For example:

- > If you are a kinship carer caring for a child on an **interim** or **short-term** Care and Protection Order:
- > **CYF** is responsible for the payment of your subsidy, as well as other costs associated with the care and support of the child.

If you are a foster carer of a child on any order, or a kinship carer caring for a child on a **long-term** Care and Protection Order:

- > **OOHC service providers** are responsible for payment of your subsidy, as well as other costs associated with the care and support of the child.

Before learning about the different forms of financial support, it is good to know about Centrelink's **Grandparent, Foster and Kinship Carer Advisers**. This includes a dedicated **adviser line** just for carers that will help you find out more about the financial supports and services offered to carers by the Australian Government. Adviser line staff understand the role of kinship and foster carers and are experienced in helping make sense of what you and the child in your care are entitled to. They can help you understand things like the family tax benefit, childcare benefit, carer payment and allowance, youth allowance, Austudy and Abstudy.

For any questions or information visit:

- > P: 1800 245 965
- > W: www.servicesaustralia.gov.au/grandparent-foster-and-kinship-carer-advisers

Foster and Kinship Care Subsidy

The Foster and Kinship Care Subsidy (Carer Subsidy) is paid to you based on the age of the child in your care. It is intended to contribute to the cost of living regardless of the complexity of the child's needs. This includes things such as food, clothing, recreational activities, haircuts and pocket money.

Things to know about your Carer Subsidy:

- > the payment rate changes each financial year
- > payments are made fortnightly in arrears
- > payments are tax free and are not means-tested

- > payments are not affected by other Australian Government benefits you or the child may be receiving (for example, youth allowance), with the exception of the Extended Continuum of Care subsidy
- > payments stop when the child leaves your care. Any payments made after this time will be recovered. Contact your practitioner immediately if you think there has been an overpayment.

For more information about the Carer Subsidy refer to your **subsidies and financial support guide** at <https://www.act.gov.au/community/families/support-for-foster-and-kinship-carers> or speak to your practitioner.

Financial support payments

Financial support payments aim to help you pay for certain expenses that fall outside the Carer Subsidy, including both therapeutic and non-therapeutic expenses. These expenses are based on the individual circumstances of the child you are caring for and the amount you are seeking. Financial support payments do not apply to children under Enduring Parental Responsibility (EPR) orders. For children in residential care, other arrangements apply. Speak with your practitioner if you require information.

Your practitioner can approve and arrange payment for expenses identified in the child's Case Plan or have been previously agreed to.

While financial support payments can cover many expenses, it is important you get **approval** from your practitioner **before** making any purchases, as without this, reimbursement **cannot** be guaranteed and you may end up out of pocket.

Financial support payments are managed as **reimbursements**. All **agreed** expenses are first paid for by you and later reimbursed once you have provided your practitioner with the relevant documentation. Reimbursements usually happen within 10–14 days where possible. If this arrangement poses financial issues for you, please discuss it with your practitioner before incurring any cost. It is important to keep a record of what you have claimed and check it off against your receipts.

Remember, reimbursement is based on the individual circumstances of the child in your care and the amount you are seeking. Specific details of the financial support payments are updated annually in **subsidies and financial support guides** from CYF and OOHC service providers and will be provided to you. Be aware CYF and OOHC service providers have separate guides. It is important you refer to the guide specific to the agency responsible for the case management of the child in your care.

Children with additional needs or disability

Financial support for a child with additional needs can be provided if recommended by a specialist or health care provider and is incorporated into their Case Plan. These recommendations generally include funding for relevant therapeutic support services. If financial support is agreed to, payments will be made directly to the relevant service.

In addition, if you care for a child with a disability or chronic medical condition, you may be eligible for other Australian Government carer payments to help meet the associated costs. The main types of assistance available to you are the:

- > **Carer Allowance** – For carers who provide additional daily care and attention to a dependent child with a disability or medical condition, even if you work or study. For more information go to www.servicesaustralia.gov.au/carers-allowance

- > **Carer Payment** – For carers unable to work because of the demands required to care for a child with a disability or special needs. You may be eligible if you provide constant care to the child and are not away from them for more than 25 hours per week to attend work. For more information go to www.servicesaustralia.gov.au/carers-payment
- > **Carer Supplement** – An annual lump sum to assist with the cost of caring for a person with a disability. You may be eligible if you receive a Carer Allowance or Carer Payment. For more information go to www.servicesaustralia.gov.au/carers-supplement
- > **Carer Adjustment Payment** – A one-off payment for carers not eligible for income support who care for a child under seven years old diagnosed with a severe disability or severe medical condition. You may be eligible if there is a strong need for financial support following the diagnosis. You must also already be receiving the Carer Allowance and apply within two years of the diagnosis. For more information go to www.servicesaustralia.gov.au/carers-adjustment-payment

The child you are caring for may also be eligible for disability support payments from the Australian Government. You are encouraged to contact Centrelink's Grandparent, Foster and Kinship Carer adviser line to discuss the child's situation and determine what assistance may be available to you both – see '[Supports and services](#)'. Also see '[Caring for a child with a disability or chronic illness](#)'.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides funding for reasonable and necessary services for eligible children with a permanent disability or significant impairment that affects their participation in everyday activities. The NDIS is operated by the National Disability Insurance Agency (NDIA).

If you are caring for a child with a disability, your practitioner will work with you to discuss the child's needs, including possible support through the NDIS.

If the child already has a NDIS plan, your practitioner or the NDIA will provide you with a copy of their plan and ensure you are aware of the services and supports in place for them. If this has not happened, make sure to raise it with your practitioner.

For more information visit:

- > W: www.ndis.gov.au

For more about caring for a child with a disability, see '[Caring for a child with a disability or chronic illness](#)'.

Childcare

If the child in your care will attend a childcare service, you are **required** to apply to Centrelink for the **Child Care Subsidy** to help cover the cost. The amount you receive will depend on *your* circumstances. Centrelink will consider your family income, the hourly rate cap of the specific type of care you use, and the child's age. If you are a grandparent of the child, you may also be eligible for Centrelink's **Additional Child Care Subsidy**.

In addition, CYF or OOH service providers **may** also **reimburse** you a percentage of the out-of-pocket cost of childcare. Speak to your practitioner about this. If reimbursements are agreed to, invoices and receipts must be made out in *your* name.

The following briefly explains what you should do to ensure you receive financial assistance if childcare is to be used for the child in your care.

- > If the child is not already enrolled, discuss childcare options with your practitioner and enrol them with an **approved** provider (not all providers fall under the Child Care Subsidy). Special agreement from your practitioner is needed to use a provider where the Child Care Subsidy cannot be claimed.
- > Register with Centrelink to apply for the Child Care Subsidy. If you do not register, additional funding assistance from CYF or OOHC service provider will not be provided.
- > The Child Care Subsidy will be paid directly to your childcare provider to reduce the fees you need to pay.
- > Pay the remaining fee to your childcare provider and ensure invoices, statements and receipts are written in your name, not CYF or OOHC service provider.
- > Provide your childcare statement showing evidence of your payment, plus receipts, to CYF or OOHC service provider (whichever is responsible for your case management) who will reimburse you a percentage of the out-of-pocket childcare cost.
- > **CYF** – Email your documentation to CYFFinance@act.gov.au or mail them to GPO Box 785, Canberra ACT 2601.
- > **OOHC service provider** – Email your documentation to your practitioner.

You are encouraged to contact Centrelink's Grandparent, Foster and Kinship Carer adviser line to understand what childcare subsidies you may be eligible for. You can do this by:

- > P: 1800 245 965

You can also use Centrelink's Payment and Service Finder to estimate how much you may receive from the Child Care Subsidy. Access it at:

- > W: www.centrelink.gov.au/apps/clkonline_cof/payment-service-finder/payment-service-finder-start

Other government assistance

Both the Australian and ACT governments provide a range of other financial assistance you or the child in your care can access. The tables below provide some of these supports. For more detailed information visit:

- > Australian Government – www.servicesaustralia.gov.au
- > ACT Government – www.act.gov.au

Australian Government assistance

Support type	Description
Health Care Card	All children in care are eligible for a Health Care Card. It provides access to various health services including, but not limited to, bulk bill medical services, PBS medications, the Child Dental Benefits Schedule and the Spectacle Support Scheme.
Transition to Independent Living Allowance (TILA)	TILA is a non-cash payment from the Australian Government of up to \$1500 in value to assist children aged 15 to 25 years meet some of the costs involved in moving from a care arrangement to independent living. It can provide assistance with, but is not limited to, housing, essential household items, life skills training, employment or education expenses, transport and counselling. For more information visit www.dss.gov.au/tila

ACT Government assistance

Support type	Description
Bus passes	All children with a Health Care Card attending an ACT Government school, are eligible for a term bus pass if they live more than: one kilometer from their primary school, or two kilometers from their high school, college or CIT campus. Applications must be made before the start of the school term and are available at www.act.gov.au/money-and-tax/cost-of-living-support/transport
ACT Spectacle Subsidy Scheme	The ACT Spectacles Subsidy Scheme provides a subsidy for optical care. For the child in your care to be eligible, they must live in the ACT and have a Health Care Card that has been valid for at least three months. More information is available at www.revenue.act.gov.au/community-assistance/spectacles-subsidy-scheme
Respite care	Respite care provides carers with a planned, time-limited break from the demands of caring for someone else's child. During respite, the child is cared for by another approved carer. Respite care can be regular or a one-off event. See ' Taking a break: respite care ' earlier in this handbook.
ACT Government school fees	ACT Government schools and preschools do not charge school fees but may ask for a financial contribution. It is CYF policy not to pay voluntary contributions at government schools. No child will be refused benefits or services if a contribution is not made. If issues arise, carers should consult with their school's Director/Principal and if the issue continues contact the Education Directorate.
Public dental services	Canberra Health Services provides dental services to all people with a Health Care Card. This includes emergency dental services. More information is available at www.health.act.gov.au/our-services/dental

Pocket money

The child in your care should receive pocket money for helping out with jobs. This is a normal activity for most children as they grow up and should be no different for a child who cannot live with their birth parents. Giving pocket money helps teach the child about the importance of saving and working towards something that matters to them. It is also a good way to include them in helping around the house and making them feel a part of your family. Pocket money should increase as the child gets older and becomes more capable of helping you in various ways. Pocket money is to be paid from your Carer Subsidy.

Decision-making: what you can and cannot do

In this section: Learn about the decisions you are legally able to make for the child in your care, and which decisions you will need to seek approval for.

About parental responsibility

The court order in place for the child you are caring for is likely to include provisions that change who has parental responsibility for them while they are in care. The *Children and Young People Act 2008* defines parental responsibility as being ‘all the duties, powers, responsibilities and authority parents have by law in relation to their children’. This means, the person given parental responsibility for the child while in care is legally responsible for making the day-to-day decisions about that child.

In the ACT, the Director-General of the Health and Community Services Directorate holds full or shared parental responsibility for all children on interim, short-term or long-term Care and Protection Orders. This is granted by the ACT Childrens Court. CYF staff act on behalf of the Director-General, performing the legal responsibilities required of them under the Act.

Parental responsibility is split into two areas – **daily care responsibility** and **long-term care responsibility**. It is with daily care responsibility where *you*, as the carer, come in.

The Director-General gives *daily care responsibility* to you as an approved carer. This is done by issuing a Specific Parental Authority (you may hear this referred to as a SPA), which allows you to make the day-to-day decisions about the child in your care (see ‘[Who makes decisions for the child in your care](#)’ below). *Long-term care responsibility* remains with the Director-General, and therefore CYF. CYF is responsible for making all long-term decisions about the child’s care (unless a court order specifically states otherwise), including when an OOHC service provider is providing case management. In all cases of parental responsibility, all decisions must be made with the best interests of the child being the central consideration.

Who makes decisions for the child in your care

As the carer, you become legally responsible for making the **day-to-day decisions** for the child in your care, and you must do so in a way that is consistent with the child’s Care Plan. This is called having **daily care responsibilities** for the child.

The table below provides examples of daily care responsibilities and decisions you **can** make in your role as carer.

We have also included examples of decisions that fall under long-term responsibilities that you are **not** allowed to make, and those that *may* apply to you in special circumstances. In these cases, speak to your practitioner about what to do.

Daily care responsibility	Long-term care responsibility
Practical day-to-day arrangements and decisions carers can make concerning the child in their care. Examples include: > bedtime arrangements > pocket money > meals > haircuts that do not change the child's identity > whether make-up can be worn > clothing > babysitting > short trips away provided pre-existing contact arrangements are maintained > routine visits to, and treatments by, a doctor or other health professional (not including surgery) > routine visits to, and treatments, by a dentist, including local anesthesia (e.g. filling or extraction) > who the child interacts with, when and where (e.g. school friends) > school lunches and uniforms > overseeing and supporting the child's day-to-day educational progress > consent for school excursions and camps > recreational activities > monitoring and supporting the child's emotional development > school transport (e.g. bus or car) > decisions that ensure compliance with the child's court order, Care Plan, Case Plan and Cultural Plan.	Decisions about a child's long-term care remains with CYF unless a court order outlines other specific conditions. Examples include: > managing the child's financial affairs or property > decisions regarding education other than those outlined in the daily care responsibilities > consent to healthcare treatment that involves surgery > the use of medications to treat mental health conditions > decisions concerning reproduction, reproductive body parts or gender reassignment > religion and religious observance regarding foods, medical treatment etc. > cultural traditions. Carers responsible for children on court orders to 18 years old may be given additional authority and responsibility. Examples include: > immunisation of the child in accordance with the National Immunisation Program Schedule > decisions about the child's education > progressing an application for a passport.

If the child you are caring for has a **shared** long-term care responsibility provision as part of their court order, the *Children and Young People Act 2008* requires the child's parents **must** be consulted in relation to decisions about:

- > health treatments for their child that involve surgery (including immunisation)
- > long-term education, training and employment for their child
- > issuing a passport for their child
- > administration, management and control of their child's property
- > religion and observance of racial, ethnic, religious or cultural traditions.

However, unless the child's order also includes a **consultation** provision, the Director-General will have the final say and will base such decisions on CYF's assessment of the child's best interests. Consulting

with the parents is **not** your job as the child's carer. Your practitioner will liaise with the parents where required.

Emergency decisions

If you are ever unsure whether you are legally able to make a decision, but one must be made immediately, ask yourself:

- > Is it a decision that will save or protect the life of the child?
- > Is the decision in the best interests of the child?
- > If appropriate, have I considered the views of the child?

If you can answer yes to all questions, you **can** make the decision, but you **must** notify your practitioner **immediately after** you have done so. If the emergency happens after business hours, contact the CYF After Hours service to inform them of the situation:

- > P: 1300 556 729

Caring for children from diverse cultures

In this section: Learn about the importance of considering culture for the child in your care, particularly if they are an Aboriginal and Torres Strait Islander child, as well as the commitment of CYF and OOHC service providers to ensure the child maintains a strong connection to their culture and identity.

Culturally appropriate practice and rights

All children and birth parents involved with the child protection system have a **fundamental right** to expect the staff and carers they interact with to understand and recognise the:

- > importance of cultural continuity in a child's life
- > importance of acknowledging cultural characteristics
- > damage that may be caused by making cultural assumptions.

The highest priority is for children to be cared for by relatives or kin community members – prioritising care within family networks over all other forms of care. CYF and OOHC service providers seek to provide and promote the importance of culturally appropriate practice with carers as they understand cultural characteristics can have a fundamental impact on:

- > child rearing practices
- > domestic living arrangements
- > domestic relationships
- > kinship relationships
- > communication styles
- > body language
- > knowledge and historical factors.

CYF and OOHC service providers recognise a child who has a different background and culture to their carer will require an approach to caring that meets all the child's needs, *including* their cultural needs.

Caring for an Aboriginal and Torres Strait Islander child

Caring for a child from an Aboriginal and Torres Strait Islander background can be an enriching experience and have a positive impact on your life. Aboriginal culture is rich in tradition, art, stories and music.

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is the national peak body representing the interests of Aboriginal and Torres Strait Islander children. SNAICC stresses the importance of effective and differential recognition of the unique rights of Aboriginal and Torres Strait Islander children to safe and stable connections to kin, culture and community – this is because their stability is grounded in the permanence of their identity in connection with their family, kin, culture and country. SNAICC also assert the care of Aboriginal and Torres Strait Islander children away from family, kin, culture and country will most likely cause harm to these children and exacerbate inter-generational harm to families and communities (SNAICC Policy Position Statement, July 2016).

Recognising this, an important cornerstone guiding work in the care of Aboriginal and Torres Strait Islander children is the **Aboriginal and Torres Strait Islander Child Placement Principle** (The Child Placement Principle). This principle is a **national policy position** that recognises the importance of Aboriginal and Torres Strait Islander children to be cared for **within** their own families and communities whenever possible, and where this is not possible for children to remain **connected** to family, community and culture. The Child Placement Principle also upholds the rights of family and community to have some control and influence over decisions about their children where the child protection system is involved.

The Child Placement Principle is based strongly on the presumptions that removal of an Aboriginal and Torres Strait Islander child from family should be an intervention of last resort, and reunification must be a high priority. The principle involves five core elements – prevention, partnership, placement, participation and connection.

In July 2024, the Child Placement Principle was added to the *Children and Young People Act 2008* to prioritise the importance of working in collaboration with children and families to maintain connections to community, culture and country. As the Principle is part of legislation, CYF and OOHC service providers have a legal responsibility to consider the Principle in all decision making related to Aboriginal and Torres Strait Islander children. See '[Guiding legislation and policies](#)' for more information about the Child Placement Principle.

While caring for a child from an Aboriginal and Torres Strait Islander background brings similar experiences to other children in care, the legacy of the Stolen Generation and the impact of forced removal of Aboriginal and Torres Strait Islander children on individuals, families and their communities should **never** be underestimated or overlooked. As a consequence, and in addition to the Child Placement Principle, the *Children and Young People Act 2008* includes specific provisions CYF and OOHC service providers **must** consider when working with Aboriginal and Torres Strait Islander families.

Under the Act, CYF and OOHC service providers:

- > will support Aboriginal and Torres Strait Islander children and families to take part in child protection decision making with as much self-determination as possible, and
- > have a responsibility to protect and promote an Aboriginal and Torres Strait Islander child's cultural identity.

When work with an Aboriginal and Torres Strait Islander family results in a child entering care, the Act further outlines the specific options for who can provide care to the child as well as the **priority order** of those options. In doing so, the Act states CYF and OOHC service providers must, using the priority order, place the child with the first carer available with whom the child does not object to, and who is consistent with the child's Cultural Plan (if already developed). The priority order is:

- > a kinship carer
- > a foster carer who is a member of the child's Aboriginal and Torres Strait Islander community and is in a relationship of responsibility for the child according to local custom and practice
- > a foster carer who is a member of the child's community
- > an Aboriginal and Torres Strait Islander foster carer
- > a non-indigenous or Torres Strait Islander foster carer who is believed by staff on reasonable grounds to be:
- > sensitive to the child's needs
- > capable of promoting the child's ongoing contact with their family, community and culture
- > living near the child's family or community if family reunion or continuing contact with the child's family, community or culture is a consideration in their placement.

In regard to adoption, the Act outlines specific considerations concerning adoption of Aboriginal and Torres Strait Islander children. However, it is CYF policy that adoption will **not** be included in any proposal for the long-term placement of an Aboriginal and Torres Strait Islander child.

CYF and OOHC service providers recognise the importance of culture to the wellbeing of children and will work with you as their carer to make sure their culture is accessible to them. The highest priority is for children to be cared for within their extended family and community networks. It should not be underestimated the significant benefit this connection makes to the child's wellbeing and life outcomes.

It is recognised many Aboriginal and Torres Strait Islander people have been disconnected from their culture because of past government policies that fractured family structures and traumatised whole communities. For some, this has resulted in knowing little about their cultural and family identities.

Cultural plans

Culture plays a key role in a child's development, identity and self-esteem. To support this, all Aboriginal and Torres Strait Islander children in care will have a Cultural Plan developed by their practitioner in consultation with Aboriginal and Torres Strait Islander staff from either CYF or OOHC service providers.

The purpose of the Cultural Plan is to:

- > ensure the child's identity is preserved by facilitating and maintaining their connection to family, including extended kinship networks, community and culture
- > support the child to remain connected to their culture, including but not limited to language, cultural values, lore, beliefs and practices, country, extended family, clan, community and totem, history and stories, symbolic and cultural expressions, and events.

CYF and OOHC service providers strive to ensure children are connected with their culture and are offered access to appropriate services and support. CYF and OOHC service providers have cultural staff who provide advice to your practitioner about the development of the child's Cultural Plan, as well as culturally competent ways to engage with members of the child's community. A referral to engage with cultural staff occurs as soon as possible after the child enters care.

The Cultural Plan is separate but aligned to the child's Care Plan. You will receive a copy of the child's Cultural Plan from your practitioner. It will provide you with information about the child and their family, their cultural history as well any objectives and actions that will help the child to stay connected in a day-to-day way with their community. If you have any questions about how to best work with the child's Cultural Plan, touch base with your practitioner.

Foster carers

CYF and OOHC service providers endeavour to place all Aboriginal and Torres Strait Islander children in need of care with their family, kinship network or community, recognising the significant benefit cultural connections make to a child's wellbeing and life outcomes. However, there are times where it may be necessary to place children outside their family networks, that is, with adults usually not known to the child. In these situations, children are cared for by foster carers while *ongoing* effort is made to find a suitable kinship carer for the child.

For children placed in the care of foster carers, the transition to their new home can be especially difficult. They not only need to adjust to a new home, but often also to a new cultural environment that values different things from their own community, expects different types of behaviour, has different social rules and views the world differently to their own family.

As the child's carer, you are not expected to know everything about Aboriginal and Torres Strait Islander culture – this is why cultural staff is involved and a Cultural Plan is developed. These will ensure the child in your care (and you) have planned opportunities to learn about and experience their culture. However, you are encouraged to expand your own knowledge and be in the best position you can to help and support the child to be proud of and feel part of their culture. This is an opportunity for you to gain new understandings and skills. Both you and the child can start on a journey together of learning more about Aboriginal culture and community and getting to know and respect each other.

Here are some tips that can help you:

- > Explore and support the goals in the child's Cultural Plan.
- > Give the child a positive view of themselves and their culture so they can develop pride in the richness of their cultural background.
- > Learn as much as you can about Aboriginal and Torres Strait Islander culture, and the child's specific culture and language.
- > Respect the cultural rights of the child's family and community. Be aware of cultural terms of address, for example 'Aunty', 'Cousin'.
- > Show an interest in the child's cultural identity, including an interest in their role models like sports people, actors and community leaders.
- > Support the child to have possessions that connect them to their culture, such as photos, music, toys, books and games that might look like them and their family. Speak to your practitioner about how to access such items.
- > Develop an Aboriginal and Torres Strait Islander life book where the child can collect cultural and personal information and help develop a sense of who they are (see '[Identity and collecting memories](#)').
- > Participate in community and cultural events, including with their family if possible.
- > Develop a positive relationship with the child's family – talk to your practitioner about cultural protocols that show respect.
- > Understand culture can be private. There are times when cultural information is private and sacred to family and the community they belong to. This isn't an attempt to keep you out of the process, but about the way the family works – some share information, others may not.
- > Be clear with the child that you are in the role of carer and are not seeking to replace their birth parents or community, taking into consideration the age of the child and their circumstances.

More tips are available from the free resource, *Foster their Culture: Caring for Aboriginal and Torres Strait Islander Children in Out-of-Home Care* developed by SNAICC. You can access the resource by:

- > Visiting the SNAICC website at www.snaicc.org.au
- > Talking to your practitioner.

Remember

As their carer, you have an important role in raising a strong and healthy Aboriginal and Torres Strait Islander child while they are in your care, but this can only be achieved by acknowledging the importance of culture to their wellbeing and by making sure their culture is accessible to them. You should not underestimate the significant benefit this connection will make to their wellbeing and life outcomes, and the opportunity it provides for you to explore and experience another culture.

Caring for a child from a culturally and linguistically diverse background

Culturally appropriate practice and rights also apply to children from culturally and linguistically diverse backgrounds. These children also have the right to maintain and nurture the lifestyle, culture and traditions of their community, and to access translation services if needed. They also have the right to ask for a culturally appropriate support person to be with them at any meeting or conversation with CYF or OOHC service providers. The needs of children from culturally and linguistically diverse backgrounds are considered by your practitioner as they develop the child's Case Plan. As part of this process, the child's cultural and linguistic needs are identified and planned for to ensure the child's identity and connection to their cultural heritage and networks are maintained.

If you have any questions about caring for the child in your care, or support needs, please speak to your practitioner. The following services may also assist with information about cultural groups such as playgroups, music, language and social groups.

- > Child and Family Centres
 - Gungahlin – 51 Ernest Cavanagh Street, Gungahlin 6207 0120
 - Tuggeranong – 159 Anketell Street, Greenway 6207 8228
 - West Belconnen – 6 Luke Street, Holt 6205 2904
- > Migrant and Refugee Settlement Service (MARSS) - Level 2/ 180 London Cct, Canberra ACT 2601
 - P: 6248 8577
 - E: info@marss.org.au
- > Companion House – 41 Templeton Street, Cook ACT 2614
 - P: 6251 4550
 - E: info@companionhouse.org.au

If the child in your care is more comfortable speaking in a language other than English and they are participating in meetings about their life, the Translating and Interpreting Service should be arranged to ensure the child can understand the conversation and contribute their views. For more information, speak to your practitioner.

The Translating and Interpreting Service is available 24 hours a day, 7 days a week, and is accessible from anywhere in Australia for the cost of a local call on 13 14 50. It can translate in more than 100 languages.

Caring for a child with a disability or chronic illness

In this section: Learn about caring for a child with a disability or chronic illness, including financial assistance, the importance of looking after yourself and what to do if you have concerns about the child in your care.

Children with disability or chronic illness want, and deserve, to live active, fulfilling lives and to be involved in regular childhood activities. If you are caring for a child with a disability or chronic illness, it is important to remember the child is, before anything else, a child. Their condition will affect their life, but it does not tell you everything about who they are as a person. The child has the same rights to participation, opportunities, development and independence in everyday life as everyone in our society.

The child's condition may be cognitive, developmental, intellectual, physical, sensory or mental health related, or some combination of these, and can substantially affect their life activities. The child may have been born with the condition, or it may have occurred suddenly through an accident or illness. It may also be episodic, temporary or permanent.

Depending on the type of condition and the child's individual needs, the child in your care may develop at a different rate than other children. They may need help or take longer to do some things and may need extra support to learn new skills. They may also need extra check-ups with relevant health professionals. As their carer, this may feel new and overwhelming, but there are people and services that can help you and help the child reach their full potential.

The child's initial health and wellbeing check and existing medical history will help identify or confirm their condition, and any specific support needs will be incorporated into the r Case Plan. If the child's condition was known before they entered care, they may already have supports and services in place, and unless there is any significant change to the child's needs, these will continue.

The child's Case Plan includes the information you will need to effectively care for them, including for example, their treatments, therapies and medications. It will also outline when and where any health appointments will take place. Part of your role as their carer will be to go to these appointments with the child and ensure any advice given is followed and future appointments made. As the person providing day-to-day care to the child, you will develop important insights, skills and knowledge about the child's strengths and needs, including their condition-related needs. Your insight will be incredibly important to share with health professionals working with the child, your practitioner and your Care Team.

Learning about the child's condition

If you want to understand more about the child's disability or chronic illness, speak to your practitioner and the professionals involved in the child's life. Do not be afraid to ask questions or to ask for more information – this will only help you to be the best carer you can be for the child.

Here are some questions you may want to ask:

- > What are the symptoms of the condition – what should I expect?
- > Will any medications be involved?
- > What are the treatment and therapy options?
- > Where will treatment or therapy take place?

- > Will the child's symptoms and condition change over time?
- > What aspects of lifestyle – like sleep, diet or exercise – might help the child?
- > Will the child need to see other health professionals such as medical specialists, physiotherapists, speech and language therapists, occupational therapists, psychologists or social workers?
- > What other services and support are available?
- > Are there any changes I should make to my routine or home to best care for the child?
- > Is there anything I can do to help the child with their education?
- > How can I support the child?

Financial assistance

Caring for a child with a disability or chronic illness may bring additional responsibilities for you as their carer. As such, you may be eligible for financial assistance from the Australian Government to help meet associated costs.

In addition, the child you are caring for may also be eligible for support payments or have a National Disability Insurance Scheme (NDIS) plan or be eligible for one.

For details about the financial support available to you and the child in your care, see '[Finance matters – Children with additional needs or disability](#)'.

Concerned about the child in your care?

If you have concerns about the development of the child in your care, or if their school or childcare have raised concerns, talk to your practitioner about these. They will be able to determine what type of assessment would be best to confirm your concerns and what should happen next. The type of assessment is likely to be different depending on the concerns raised.

The Child Development Service can also assist if the child you are caring for is six years old or younger. This service is provided by the ACT Government and offers **assessment, referral, information and linkages** where concerns relate to child development. Physiotherapy and speech pathology drop-in clinics are also available at various locations throughout Canberra. For more information about these and the Child Development Service, contact them at:

- > P: 6207 8884
- > E: child.development@act.gov.au
- > W: www.act.gov.au/community/families/child-development-service

You can also speak to staff at any Child and Family Centre across Canberra about any general developmental worries you may have – this is a free service. The Child and Family Centres are a part of the ACT Government's Health and Community Services Directorate and are open weekdays from 9.00am to 5.00pm. You can contact them at:

- > Gungahlin – 51 Ernest Cavanagh Street, Gungahlin. (02) 6207 0120
- > Tuggeranong – 159 Anketell Street, Greenway. (02) 6207 8228
- > West Belconnen – 6 Luke Street, Holt. (02) 6205 2904

Looking after yourself

Caring for a child with a disability or a chronic illness can bring additional stress, especially if the child has serious emotional, behavioural or medical problems. Developing a routine and planning your time can help you balance your carer role with other aspects of your life.

Many carers also benefit from connecting with other carers in similar situations, as well as counselling. Support services are available through Carers ACT who offer free counselling to carers of children with disabilities or chronic illnesses. You can contact them at:

- > Carers ACT
 - P: (02) 6296 9900
 - W: www.carersact.org.au
- > Carers Australia
 - P: 1800 422 737
 - W: www.carersaustralia.com.au

Orders and case management

In this section: Learn about the formal care arrangements and activities that help ensure the safety, development and wellbeing needs of children in care are met, and what role you play in them as a carer. Learn about orders, planning, meetings and reviews, as well as interstate matters and your own carer review.

When a child comes into your care, a number of processes would have already happened, and more will continue to happen while they are with you to ensure the child is protected and their needs are continually met.

Some of these processes would have included the child's parents or a court giving CYF responsibility for looking after the child. While you would not have been involved in the initial processes, like the formation of orders, it is still important for you to be aware of them to gain insight to what the child may have already gone through before coming into your home. The first process to know about are orders.

Common orders

Voluntary Care Agreement

A Voluntary Care Agreement is a legal agreement CYF can make with a parent to **share** parental responsibility for their child for a short time. It is signed by one or both parents as well as the child if they are 15 years or older and agree with the arrangement.

A Voluntary Care Agreement does not require a court application. It allows the parent to request a temporary arrangement for their child with an approved carer, like you, for an agreed time.

Usually, the parent nominates a person within their family or extended network to care for their child (kinship care) – this is also the preferred form of care. If kinship care is not able to be located or suitable, the child is placed with a pre-approved foster carer, or a residential facility.

The length of a Voluntary Care Agreement may vary but is generally up to six months if it is clearly in the child's best interests.

Care and Protection Orders

Care and Protection Orders are granted by the ACT Childrens Court when it is satisfied CYF has demonstrated a child is **'in need of care and protection'**. These orders are always time limited and delegate certain parenting responsibilities to the Director-General of the Health and Community Services Directorate (and therefore CYF). In granting an order, the Childrens Court will do so on either an *interim* or *final* basis.

An **interim Care and Protection Order** is usually granted when CYF first makes an application to the Childrens Court to put in place short-term protective arrangements for a child and provides CYF time to evaluate the arrangements before finalising the order. This time is used to see how the child responds to their new arrangements and to note what changes the birth family are able to make in that time to have their child returned to their care.

A **final Care and Protection Order** is granted when the Childrens Court is satisfied it has sufficient information to determine a child **is** in need of care and protection and making a Care and Protection

Order is in the child's best interests. A final order is usually made for either 12 months, two years or until the child turns 18 years old.

Emergency Action

It is also possible the child in your care has come to you because of CYF taking Emergency Action. Emergency Action is used by CYF to secure the **immediate** safety and wellbeing of a child in response to receiving information that indicates the child is in *imminent* risk of significant harm. It is also possible the child has come into care because they have committed a crime and are unable to remain in their family home.

This action allows CYF to temporarily remove a child from their parents' care and transfer the daily parental responsibility to the Director-General, Health and Community Services Directorate, for an initial period of no more than two working days.

During this time, CYF may make an application to the ACT Childrens Court for a Care and Protection Order to continue the Director-General's parental responsibility for the child. In doing so, CYF needs to provide sufficient evidence to the Childrens Court that the child is '**in need of care and protection**'. CYF may also determine the child can return home rather than make an application to the Childrens Court.

Emergency Action is not taken lightly by CYF and is always the action of **last resort**. In assessing the need for this action to happen, CYF must consider whether the child is:

- > in **immediate** need of care and protection, or
- > **likely** to be in immediate need of care and protection if the Emergency Action is not taken.

For information on other common care arrangements, see '[Types and lengths of care](#)'.

Case management

Caring for a child in care requires a team effort. The primary goal is always to ensure the child's safety and wellbeing, and for everyone involved to keep the child's best interests at the centre of all decisions. This includes an **ongoing** effort to identify and connect the child with their kinship family. As a carer, you will form part of the child's Care Team, along with other support people and professionals, and play an active role in various planning and case management activities specific to the child.

Case management is the process of how the needs of the child in your care will be met and how their Care Plan will be implemented. The purpose is to:

- > capture the needs and views of the child
- > identify strategies, support and resources required to meet those needs
- > articulate whether restoration to the child's birth family, long-term orders or permanency is the focus
- > assist in decision-making for those involved
- > provide an opportunity to review the progress of the child during their time in care.

Case management happens through many activities dependent on the child's needs, care arrangement, stability and the involvement of other services. As their carer, you will likely be involved in the following activities:

- > development of a Care Plan
- > development of a Case Plan
- > Care Team meetings

- > case conferences
- > annual reviews
- > record keeping.

Note: If OOHC service providers are responsible for your case management, Care and Case Plans are the one document.

Care Plans

A Care Plan outlines what needs to happen to ensure the care and protection of a child. Legislation requires a Care Plan to be developed for any child who has a Care and Protection Order or Voluntary Care Agreement in place. They can also be developed, or updated, at the end of a Care Team meeting (see below) or **at any stage** while a child is involved with CYF or OOHC service providers.

Care Plans cover all aspects of a child's care and will clearly state:

- > the child's needs, how each need will be addressed, who will be responsible for addressing them and when
- > the birth parents' needs, how each need will be addressed, who will be responsible for addressing them and when
- > an agreed date to review the plan.

Care Plans will usually also indicate if the goal for the child is restoration, permanency or transition.

Care Plans are developed in **partnership** with relevant people linked to the child and include consultation with:

- > the child – if they are of appropriate age and understanding
- > you as the carer, with daily care responsibility for the child
- > birth parents
- > anyone who would be involved in implementing the child's Care Plan, including agencies or services with an ongoing relationship with the child
- > if the child identifies as an Aboriginal and Torres Strait Islander:
 - any Aboriginal and Torres Strait Islander person who has an interest in the child's wellbeing through family, kinship and cultural connections, and
 - any Aboriginal and Torres Strait Islander person or organisation who provides ongoing support services to the child.

Each party will be given an opportunity to make suggestions for the child's Care Plan, including for both daily and long-term matters if relevant, and CYF and/or OOHC service providers must consider each suggestion. However, CYF and OOHC service providers are **not** required to accept all suggestions and in making decisions will consider what is in the child's best interests.

CYF or OOHC service providers will provide you and other Care Team members with an up-to-date copy of the Care Plan for the child in your care. If you do not have one, contact your practitioner.

Case Plans

All children who have ongoing involvement with CYF and OOHC service providers will have a Case Plan in addition to a Care Plan. The Case Plan identifies:

- > the goal to be achieved
- > the objectives to achieve the goal

- > the tasks to be undertaken, by whom and when, to achieve each objective.

The Case Plan is the primary day-to-day case management tool developed and used by CYF and OOHC service providers to meet the child's safety and care needs, and to monitor how the child is going. It is informed by the various assessments previously conducted and developed in conjunction with you, the child, their birth family and relevant support services. The Case Plan is more detailed than the child's Care Plan and includes information about how you will be supported to care for the child in your home.

The Case Plan for the child in your care will be regularly reviewed to ensure progress against the set goals is happening and to identify if any changes need to be made.

Care Team meetings

Care Team meetings are a chance for everyone involved in the child's care – including you, the child, their birth parents and any involved professionals, such as the child's class teacher, counsellors and support services – to meet and discuss the child's current and future needs. The meetings will be organised regularly by your practitioner and will focus on planning and reviewing progress and deciding on next steps together. Attending these meetings is a good opportunity for you to share how the child in your care is going and what you feel would help them.

Care Team meetings are about:

- > consulting with you, the child, birth parents and any other person with parental responsibility
- > sharing information about the child's needs and wishes
- > reviewing the goal of restoration or permanency
- > reviewing the child's progress in care
- > continuing to explore kinship care options
- > updating the child's Care Plan (if needed) and review their Case Plan
- > conducting planning in relation to what needs to happen in the future to assist and support the child.

To ensure all the child's needs are being met while they are in your care, a Care Team meeting will generally cover the child's:

- > health
- > education and/or employment
- > identity (including their Cultural Plan if the child identifies as an Aboriginal and Torres Strait Islander. See [‘Caring for an Aboriginal and Torres Strait Islander child’](#).)
- > contact and relationships with birth family and significant others
- > social wellbeing
- > emotional wellbeing
- > behaviour
- > self-care skills
- > transition planning if the child is 15 years or older.

A Care Team meeting will generally also cover:

- > your skills and capacity as a carer to care for the child
- > the skills and capacity of the birth parents to care for their child (this is dependent on the type of order in place).

Care Team meetings are a key component of **permanency planning**. As soon as possible after the child enters care, your practitioner (and Care Team) will assess the permanent care arrangements for the child. These are:

- > restoration – returning the child to their birth parents
- > long-term care or Enduring Parental Responsibility – placing the child with a carer until 18 years old
- > adoption – transferring all legal rights from the birth parents to adoptive parents.

Your practitioner will ensure the thoughts and feelings of the child are heard and considered. Timeframes for completing permanency planning will be different depending on the age of the child. At the end of planning, the child will know where they will live, who with, and if this is not their birth parents how they will maintain contact with their family.

Case conferences

At different times, you may be asked to attend a case conference to help decide on a plan to support the child in your care. Case conferences are different to Care Team meetings. Case conferences typically focus on a specific situation and what immediate actions need to happen, while Care Team meetings generally have a longer-term focus. Case conferences can also include relevant professionals or family members outside of the Care Team who may be able to assist with a specific situation.

Case conferences usually take place within five days of the child entering care, when there is concern their care arrangement may break down, and at other times where timely discussion and decisions are required. Typically, the case conference will involve members of the child's Care Team as well as any other relevant support services.

Areas discussed in a case conference may include:

- > identifying kinship family who could care for the child on a short-term or long-term basis
- > the support needs of the child and family (birth/carer)
- > the health and wellbeing of the child
- > the child's behaviour
- > goals for the child and family and how they can be achieved
- > any concerns your practitioner may hold about the child
- > if the child is being restored to their birth parents, identifying relevant services to support the family.

During the case conference, the aim is for the group to come up with and agree to a plan that outlines what needs to happen in the short-term to make sure the child will be safe and happy. It could include things like setting positive goals and being linked with relevant support services.

Annual reviews

An annual review is required every 12 months for a child who has a Care and Protection Order in place. The purpose is to complete a formal review of the child's circumstances and living arrangements to decide if the current arrangements continue to be in their best interests. A key focus for CYF and OOHC service providers is to reunite children with their birth family as soon as they would no longer be at risk of significant harm in their birth parents' care. If reunification is not possible in the near future, the focus becomes finding a longer-term or permanent care arrangement for the child. This is a key consideration of the annual review process and CYF and OOHC service provider will work closely with you, the child and their birth family to ensure the best interests of the child are always at the centre of all decisions.

As part of the annual review process, your practitioner will:

- > visit and seek the views and wishes of the child about their current arrangements
- > hold a Review of Arrangements meeting to review the child's past 12 months
- > record key information and documentation for the child that provides them with a story of their life, including capturing their experiences and memories while in your care to help nurture their identity and form a strong sense of who they are
- > prepare an Annual Review Report and consult with relevant people on the findings of the report
- > submit the final report to the Public Advocate ACT, and, if the child is Aboriginal and Torres Strait Islander, the Aboriginal and Torres Strait Islander Children and Young People Commissioner
- > provide you and the child with a copy of the final report for your records

The report outlines the child's progress over the past year and provides the opportunity for CYF and OOHC service providers to indicate whether the Care and Protection Order is still required. A copy of the report will be given to you, the child and their birth parents. CYF can make an application to the ACT Childrens Court to revoke the order if it believes on reasonable grounds the child would *not* be in need of care and protection if the order were removed. Birth parents, carers and others can also make applications to the court seeking to amend or revoke orders.

Ongoing stability

Caring for a child can feel challenging or even unsustainable. Sometimes, arrangements may be disrupted or become unstable. If at any time you are experiencing difficulty, please contact your practitioner as soon as possible. They will work with you to address any issues and if needed can organise a meeting to work out a plan. These meetings are not intended to cast blame but are a way to discuss and learn from situations. When it's needed, supports can be put in place to help the child and you as early as possible.

Record keeping

Your practitioner will record various forms of information during the child's time in care, including outcomes of meetings and conversations, decisions made, views and wishes of those involved, professional advice and their own professional judgement of different interactions. This is important for ongoing case management and ensuring the child's needs are continually met. All information recorded by your practitioner is kept secure.

Record keeping though is not just for your practitioner. As the child's carer, you will often know more about the child than any other professional involved with them – you may know their habits, favourite foods, likes and dislikes, current worries and aspirations for the future.

It is useful for you to take notes to keep track of how the child is managing. Any information collected will also be useful in helping you prepare for the child's annual review, or other meetings that come up.

Different carers have different ways of keeping records. Some keep a diary, some write emails, while others keep notes on their phone or computer. No matter what method you use, it is very important to **record the facts** and **actual behaviour** of the child, not your opinion about why something happened. It is also important to record other events such as appointments and contact visits. Brief notes on positive improvements and small achievements will also be good reading in the future to remind you of all the gains the child has made in your care. They can also help develop a picture of the child's behaviour over time. Children also enjoy hearing stories about themselves from when they were young and record keeping is a great way to keep memories for them (see '[Identity and collecting memories](#)').

Record keeping is important for many reasons, including reducing the risk of allegations or complaints against your family, either while the child is in your care or after they have left (see '[Legal matters](#)').

Speak with your practitioner if you have questions or concerns about keeping records.

Interstate matters

Interstate Casework Assistance

If you live outside the ACT and are caring for a child with an ACT Care and Protection Order in place, CYF may ask the child protection organisation in your state or territory for **Interstate Casework Assistance**. This happens when the distance to your home is too great for your practitioner to visit regularly.

Interstate Casework Assistance allows your practitioner to receive help from the child protection organisation in your home state to ensure you and the child are supported.

The assistance can include:

- > referrals to support services
- > linking in with your community
- > linking in with training services
- > monthly to quarterly home visits.

All assistance offered is communicated back to your ACT practitioner.

Your ACT practitioner retains **responsibility** for the child in your care and will keep in contact with you – no child or carer should be disadvantaged due to where they live.

Interstate transfers

After a period of Interstate Casework Assistance, CYF may decide to commence an interstate transfer to have the child's Care and Protection Order transferred from the ACT to your home state. This occurs because every Australian state and territory agrees a child **must** have local supports and should be supported by the state or territory in which they live.

An interstate transfer will only happen if it is in the child's best interests.

Transfers will **not** happen if:

- > the placement is not stable
- > the placement is not long-term
- > transferring will result in loss of services or supports
- > transferring is not in the best interests of the child.

The process for interstate transfers varies depending on which state or territory you live in. If an interstate transfer is being considered for the child in your care, it is best to speak to your ACT practitioner regularly to ensure you remain up to date.

Contact

In this section: Learn about the importance of the child maintaining a connection with their birth family and guidance on how to make this a positive experience, including managing before and after visits, interacting with birth parents and what to do if a child does not want to attend.

There is evidence that a carer's presence can help a child to cope with any difficulties that may emerge during contact and ... carers can be crucial to making contact work effectively.'

- Sen and Broadhurst, 2011.

What is contact?

Children in care need to be able to maintain positive relationships with their birth families and other significant people in their lives – this is important for their ongoing wellbeing and identity and is a key principle of the *Children and Young People Act 2008*. CYF and OOHC service providers are committed to ensuring every effort is made to maintain these relationships in a safe way. As the carer of a child in care, your involvement is also crucial. Where possible, establishing positive relationships with birth families can help ensure contact goes smoothly.

Contact is the term used to describe the way these relationships are maintained. This is also sometimes call 'family time'. This can include:

- > face-to-face visits (these may be 'supported', which means supervised)
- > phone calls and letters
- > email, video calls (Facetime/Skype) and text messaging
- > exchanging gifts or photos.

Who may, or may not, have contact with the child you are caring for will be outlined in the child's Care Plan, and may include family members such as parents, siblings, aunts, uncles, grandparents and other significant people close to the child, like a family friend.

The benefits of contact for the child include:

- > helps the child maintain and form relationships with those important to them, including their connection to culture and community (especially for Aboriginal and Torres Strait Islander children)
- > reassures the child about their family's wellbeing and to keep up to date with their lives
- > helps the child manage feelings of grief and loss
- > provides the child the opportunity to have their birth parents and siblings (if they are not living with them) to continue to be part of their life
- > supports the child's return to their birth family's care when restoration is possible.

Your role in contact is an important one. The child you are caring for may be excited about contact or they may be anxious. Your role is to help the child:

- > **Prepare** to see their family and friends – Talk with them and see how they are feeling. If they need or want to take certain things with them, help them get organised early so they don't feel rushed or overwhelmed.
- > **Travel** safely to where contact will happen – It is your responsibility to take the child to and from contact visits, unless negotiated otherwise with your practitioner.
- > **Monitor** their behaviour before and after contact – Are they acting differently? Are they happy and focused? Are they withdrawn, upset or angry? It can be normal for the child to show some of these emotions so consider what may be typical for them. Show an interest in the child's contact visit, not just to see how they are and to support them, but to help build your own relationship with the child.

Your practitioner can help you understand contact and give you advice for supporting the child.

Contact is an unusual word to describe seeing or staying in touch with family – it is not commonly used outside of the child protection context. For this reason, it can be an awkward word for the child in your care to use and may make them feel detached or different from other children.

As their carer, you may want to get in the habit of using language that is more commonly used in day-to-day life to describe being in contact with people we know. Language like, 'I'm catching up with Mum', 'Seeing Dad', 'Visiting Dad' or 'Hanging out with Mum'. These may be more appropriate and less isolating for the child to use.

How contact happens

When a child is on a Care and Protection Order (an interim or final order), it will include information about contact arrangements for the child. In making the order, the ACT Childrens Court will either outline the specifics of contact through a contact provision or state contact arrangements are to be determined by CYF.

Contact arrangements will always be based on a professional assessment of what is in the child's **best interests** and take into account the **child's wishes**. As their carer, you will be provided with this information as part of the child's Care Plan.

Contact arrangements will outline who is able to have contact with the child and how that contact will happen, for example whether any contact is to be supervised, how often it will happen and where. Contact arrangements may also say who the child is *unable* to have contact with if the potential risk to them is too high.

Focus is given to ensuring siblings maintain contact if they are not living together. This is often incredibly important to all children involved. Sibling separation can be difficult for children. Your practitioner will work with you in managing the various contact visits for the child in your care.

When the Care Plan goal is to work towards the child's **restoration** to their birth family, the aim is for contact to become more frequent as the birth parents' situation changes for the better. Your practitioner and Care Team will review the contact arrangements at regular times to ensure what is in place continues to be in the child's best interests (see '[Changes to contact arrangements](#)'). If you, the child or the birth family would like more frequent contact to occur, prior approval is required, so make sure to speak with your practitioner first. You should also speak with them if you have any questions or concerns about the existing contact arrangements.

Supported contact

The ACT Childrens Court or CYF may decide it is in the child's best interests to have contact with their birth parents, or others, supported by another person. This person may be a family member, someone from CYF or an OOHC service provider, or a staff member of a community support service. This type of contact is called '*supported contact*', also known as '*supervised contact*'.

When contact is supported, the supervising person will be present for the whole contact session. They will also record their observations about the interaction that takes place between the child and their birth parent or other family member or friend. This information is then provided to your practitioner.

Changes to contact arrangements

Changes to contact arrangements can only happen if it is believed the change is in the child's best interests. Who has responsibility to make changes depends on who made the original arrangements – the ACT Childrens Court or CYF where the Court has given CYF responsibility to make contact arrangements.

If contact arrangements were made by **CYF**, then changes, if agreed by the birth parents, can be made without involvement of the Court. Potential changes to contact will first be considered by the child's Care Team. If the birth parents do not agree to the changes, an application to the Court is required. The Court will decide if the proposed changes are approved.

If contact arrangements were determined by the **ACT Childrens Court** through a contact provision, any proposal for changes must be applied for to the Court. The Court then decides to agree to or refuse the proposed changes.

Getting to contact – transport

In most circumstances, it is in the child's best interests for you to travel with them to and from contact visits. This can help the child feel safe and supported and gives you the opportunity to meet their birth family and exchange information. Unless negotiated otherwise with your practitioner, it is your responsibility as the carer to transport the child to and from contact. If you feel unsure or uncomfortable about this, speak to your practitioner.

While you may not need to be involved in the visit itself, being present and engaged at the start and end of contact is an opportunity for the child to see you and those important to them interact. This can help the child become more accepting of being in care, decrease their worries and help them feel more comfortable about being a part of two families. It also provides the opportunity for you to understand the child's experience and to help 'debrief' them if you notice a change in their behaviour following a contact visit.

When a child does not want to attend contact

There may be times when the child in your care tells you they do not want to go to a contact visit. If this happens, it is important you make every effort to help the child feel comfortable to go. Any **decision** for the child not to attend contact cannot be made by you alone. This can only be decided by your practitioner or the ACT Childrens Court.

There can be different reasons why a child does not want to attend contact, and they may tell you well before the visit is to happen, or it could be on the day.

If the child tells you early, they do not want to go, it could be their way of testing if contact will be changed, or it could be a clear indication they are nervous and really do not want to go. In these situations, it is important you talk with the child about how they are feeling and why (remember to be sensitive and supportive when asking such questions). If after speaking with the child they still do not want to go, contact your practitioner for help.

Sometimes the child may not verbalise their feelings early and at the time contact is to happen they may refuse to get in the car, disappear or create a distraction to prevent contact from occurring. If this happens, it is again important for you to talk with the child about how they are feeling and why – help them to focus on the positive aspects of contact, and if needed consult with your practitioner. You can call the afterhours service if this happens when contact occurs outside of business hours.

If at any point the child tells you they feel **unsafe** during contact or something happened to them during contact, immediately contact your practitioner. If they are not available, contact their team leader or operations manager.

Whenever the child has been reluctant to go to a contact visit, and then attends the visit, it is important you check in with them when the visit is over. Ask the child how contact went and address the concerns they previously shared with you about not wanting to go. This can encourage them for future contact visits.

Remember, if the child's contact arrangements have been set by the ACT Childrens Court through a contact provision, contact **must** occur unless an application is made to the Court to have their order changed. In extreme circumstances, a decision may be made by CYF to cease all contact and immediately apply to the Court for a change of order.

When a birth parent does not attend contact

There may be situations when a birth parent unexpectedly does not show up to a contact visit. If this happens, it is important to support the child and not make any assumptions. Tell the child you are unaware of the reasons why their parent did not arrive, but you will contact your practitioner to find out.

Watch for any *emotional* responses from the child and be available to provide support to them as needed.

During these times, you may feel frustrated about the situation, having helped the child prepare and make the effort to attend. For the child's benefit, it is important not to express your frustrations in front of them or say anything negative about their birth parent.

Take the child home and encourage them to do something they find enjoyable. If you can, spend this time with them as they may feel upset being alone.

Contact your practitioner and advise them of the missed contact and discuss options for a make-up visit to be organised or another contact method as appropriate.

Tips for making contact as positive as possible

Your practitioner will talk to you about the contact arrangements in place for the child in your care, including the type of contact they will have, how often it will occur and if visits need to be supervised or not.

While contact can be an emotional time, and if you are a new carer you may feel a little uncomfortable at first, there are a number of things you can do to make contact a **positive** experience for both you and the child. To help support the child, it is a good idea for you to put in place simple strategies or routines before and after contact visits. Some tips include:

- > Show an interest in the visits and the child's family more broadly. Always speak about the child's family and culture in a positive way.
- > Start talking about upcoming contact visits early so the child has time to prepare. Use a calm voice and explain who will be there, where it will be held and what is likely to happen.
- > Be positive when helping the child prepare. Ask them if there is anything they would like to tell or show their family, such as drawings, schoolwork, photos or even something they have helped cook, like healthy muffins. They may want to pick out an outfit or wear a certain piece of clothing. The child may also want to take a favourite toy or another item to help comfort them if they are anxious or worried.
- > Be mindful the child might ask some difficult questions about why they are in care, when they can go home and so on. It is a good idea to think about how you might respond to these questions before the visit happens. Your practitioner or another support person can help you prepare for these times.
- > Arrive to the visit on time or call if you are going to be late.
- > If the child is unable to make a planned visit (for example if they are sick) contact your practitioner as soon as possible to reschedule. The child is entitled to have a catch-up visit at another time.
- > When you arrive, be open and friendly towards the family and in engage in a light conversation with them.
- > Reassure the child you will be there to pick them up. Let them know what time that will be and if you are going to be late, call to let them know.
- > Allow the child to express their feelings before and after contact. Ask open-ended questions like, 'Tell me about your visit with Mum today?' Remember to listen to the child and observe their behaviour. If they 'clam up' and do not want to talk, let them know that is okay and you are there for them whenever they would like to talk. It is good for you record your reflections of the child's behaviour for future insight.
- > After contact, be available to the child as you may need to help them calm down and make sense of things – it is best to have that evening free. A lot of children benefit from free time outside after contact. Other activities like a warm bath, reading or enjoying a favourite meal are also good options. It is important though to realise just because the child may be upset or angry after contact, it does not mean it was a bad experience. Help them make sense of their emotions and reflect whether they relate to something specific that happened or their situation more broadly.

Remember contact can happen in many ways, not just through face-to-face visits. Here are some tips specific to other forms of contact:

- > Provide opportunities for the child to stay connected to their family, including by phone, email or letters as agreed in their Care Plan.
- > Help the child send special messages such as for birthdays, Mother's Day, Father's Day and other important events. They can be cards, letters, text messages or phone and video calls.

- > If appropriate, help the child observe days of religious or cultural significance through planned contact visits with their family on these days. These can be built into the child's Cultural Plan so discuss it with your practitioner.

Important

For everyone involved in contact there are often mixed emotions before, during and after – this can include anger, fear, sadness, loss, confusion and for children, sometimes they can appear a little lost. This can at times be worrying but is often a normal reaction to the situation. It is important you stay calm for the child and be available should they wish to talk to you or just be close to you as a source of comfort.

If you are concerned about the child's response to contact or are struggling yourself with emotions, please speak with your case practitioner. It is better to be open about these so you can learn how to manage them and be a positive support for the child.

Interacting with birth parents

For many birth parents, having a child removed from their care can make them feel ashamed and that they have failed at parenting. Because of this, they may be jealous of you as you are looking after their child and they wish they could be doing it themselves.

While this may not be the case for every birth parent, it is important to make an effort to not pass judgement. Role modelling being respectful and not passing judgment will also strengthen your relationship with the child in your care and will help them feel accepted by you.

It is important when you interact with the child's birth parents you:

- > speak positively about their child
- > be open about what is happening in the child's life, including interests or achievements
- > share events in their child's life – for example, school sports day
- > share drawings, letters, school and sport information
- > take photos to give to the family
- > support the parents' efforts to change by accepting them and treating them with respect – this will help build their confidence to care for their child
- > model healthy parent-child interaction.

Acknowledging and responding to behaviour

In this section: Learn how behaviour may not always mean what you think, how to respond to the child's behaviour in a trauma-informed way, what help is available to you, and what you should do if the child tells you something has happened to them.

Making meaning of behaviour

As a carer, you have an important role to understand and work with the child in your care to make meaning of their behaviour. This is because often their behaviour does **not** tell the whole story of what is happening with them but may be the only way they can communicate. This is especially so for children who have experienced trauma, which all children in care have. It is important for you to consider the feelings and needs that may lay beneath the child's behaviour and help guide them towards other more positive forms of communication.

By working to build a trusting relationship with the child and modelling appropriate behaviours and ways of communicating, you will help the child develop increased self-control, self-reliance, sense of responsibility and the ability to behave and participate positively.

You are not expected to manage this all on your own. Your practitioner, Care Team and other professionals are available to help you and work with the child.

Specific trauma training is also available for kinship and foster carers. Using trauma-informed approaches to managing a child's behaviour is important to help them heal and recover from past trauma. Please speak with your practitioner about accessing this training if you have not completed it already.

Regardless of whether you have or have not completed the training, here are some basic tips to guide you in managing behaviour:

- > Communicate openly. Ask questions, listen and respond to the child. This will help you understand what is going on, recognise triggers and why the child may be behaving in a certain way.
- > Be a good role model. This is one of the best ways to show the child what you expect.
- > Follow a routine. This helps the child to predict their day, which can reduce stress and anxiety.
- > Develop some basic and appropriate rules – but not too many. Explain why they are important and that you expect the child to follow them. It is good to also share with the child rules you will stick to so they can see rules are not about being punished but are there to keep *everyone* safe and well.
- > Respond in a consistent way to their behaviour, both desired and undesired.
- > Acknowledge the child when they behave appropriately, it encourages them to continue to use the behaviour in the future. For an older child, it might be saying 'Thanks for coming home on time'. For a younger child, it might be saying 'Yay, you packed up the toys'.
- > Avoid battles. Sometimes it is better to talk to the child later once they have calmed down and are ready to talk about their behaviour and what happened.
- > Don't ignore your own needs or those of other loved ones. Looking after yourself ensures you are in the best position to respond calmly, fairly and appropriately to the child's behaviour.

It is also important for you to know there are things you **cannot** do to manage the behaviour of the child in your care. As an approved carer, you have certain aspects of parental responsibility under the *Children and Young People Act 2008*. You also have obligations under the **ACT Reportable Conduct Scheme**. This Scheme requires CYF and OOHC service providers to respond to, and report to the ACT Ombudsman, any allegations, offences or convictions of child-related misconduct by their carers (or their staff).

The following activities could be considered a reportable offence under the Scheme and an abuse in care allegation under the Act:

- > punishments that frighten or threaten the child
- > use of physical discipline, such as hitting, smacking, locking up and physical restraint
- > public or private humiliation
- > verbal abuse, such as shouting, threatening or belittling
- > ill treatment of the child
- > physical and/or emotional neglect of the child.

If at any time you are finding it difficult to manage the child's behaviour, reach out and ask for help from your practitioner, Care Team or another professional in the child's life. For more information about the ACT Reportable Conduct Scheme, see '[Reportable conduct](#)'.

Children who smoke, or use alcohol or drugs

If the child in your care smokes or uses alcohol or drugs, or you suspect they are, you should make every effort to actively discourage them from these habits. This can be a difficult situation as you cannot physically stop the child from these habits, but it is important you show you do not support them.

Talk to your practitioner about how best to respond to this behaviour. It is also a good idea to consider getting support from a drug and alcohol support service.

For free and confidential advice about alcohol and other drugs, contact the 24/7 Alcohol and Drug Services Helpline by:

- > P: 1800 177 833

Kids Helpline also has resources specific for carers that can help you help the child in your care. You can access these from:

- > W: www.kidshelpline.com.au

You can also put the child in touch with Kids Helpline. It is a free, 24/7, confidential and private counselling service specifically for children and young people aged 5 to 25 years – 'no problem is too big or too small'. The child can also access a range of resources from the Kids Helpline website or speak to a trained counselling by:

- > P: 1800 55 1800

The Junction Youth Health Service is another free service available in the ACT for young people (12 to 25 years) to help them with drug and alcohol issues, smoking and other healthcare matters. They can be contacted by:

- > P: (02) 6232 2423
- > E: junctionifno@anglicare.com.au

If a child runs away

If the child in your care runs away, you must contact your practitioner immediately. If it is outside business hours call the relevant after-hours service to inform them of the situation.

Often, if a child runs away, it is their response to an underlying issue they are struggling with. Your practitioner will work with you to identify what may have led to the child leaving. They will consider the current situation, where the child may be and what they are likely to do. If the Police need to be contacted, you and your practitioner will decide who should do this and how information will be shared.

When the child is located, it is important you work as a team with your practitioner and other support members to make every effort to have the child return to your care. If the child refuses, your practitioner will look for an alternate care arrangement and explore the reasons why the child does not want to return.

If the child does return to your care, your practitioner will work with you and the child to help stabilise the placement and put strategies in place to discourage the child from wanting to leave again.

It is also possible that when the child first came into care, your practitioner had already identified a concern the child may try to leave. If this is your situation, your practitioner will work with you and the child to develop a safety plan. This will happen early in the placement if not before the child comes into your care. By including the child in the plan's development, they are made aware of what will happen if they choose to leave.

If you suspect the child may be thinking of running away, talk openly with them and notify your practitioner immediately. At this point, a plan can be made for what may be needed to assist you and the child to stabilise the placement.

If a child damages your property, steals or injures another person

If the child in your care damages your property, steals from you or causes an injury to another person in your home, speak to your practitioner. There may be a whole range of complex reasons for the child's behaviour, including testing boundaries, seeking attention or inclusion, dealing with stress, excitement or it can be a cry for help.

Whatever the reason, it is important you try to understand the behaviour and the underlying problem. Speaking with your practitioner can help you work through these challenges and to access further guidance and support to resolve the situation.

In exceptional circumstances, it may be possible for you to receive a reimbursement for the damage or injury caused; however, there is no legal obligation for CYF or OOHHC service providers to make these payments. Please speak with your practitioner if you believe this is relevant to your situation. Where appropriate, they can provide the necessary forms.

Self-harm and suicidal behaviour

When a child (or adult) has feelings of extreme psychological distress or emotional pain, they **may** be at risk of suicidal behaviour or self-harm. Self-harm is when they deliberately hurt themselves, without wanting to die, as a way of coping with difficult or painful feelings.

People who self-harm find it difficult to talk about their feelings and use self-harm to express and release these emotions privately. They often hide their behaviour and are not usually trying to gain attention or manipulate others.

Children who have experienced trauma are at an increased risk of self-harm and suicide.

If you notice the child in your care is not themselves and you are concerned, they may be at risk of self-harm or suicide, you should **not** ignore it. Talk to the child. Let them know you are worried and ask them what is happening for them. Listen and do not pass judgment. Tell them you will seek additional help from others, including their practitioner, because you care about them and want them to be safe. Let them know you will support them.

It is important to get the child help as soon as possible through a GP or a mental health service such as Lifeline, beyondblue, Headspace or Kids Helpline.

Lifeline is a confidential crisis support and suicide line available 24/7 from a landline, payphone or mobile. Lifeline also has a webchat function that may appeal to some children. Lifeline can be contacted by:

- > P: 13 11 14
- > W: www.lifeline.org.au

Beyondblue is a national, not-for-profit organisation that aims to address issues associated with depression, anxiety and related substance misuse disorders. They can be contacted by:

- > P: 1300 224 636
- > W: www.beyondblue.org.au

Headspace is a confidential service for 12 to 25 years olds experiencing a tough time or who are worried about their drug and alcohol use or mental, physical or sexual wellbeing. They can be contacted by:

- > P: (02) 5109 9700 or 1800 650 890
- > W: headspace.org.au

Kids Helpline is a free, 24/7, confidential and private counselling service specifically for children and young people aged 5 to 25 years. It provides both phone and web counselling. Kids Helpline can be contacted by:

- > P: 1800 55 1800
- > W: kidshelpline.com.au

These services also provide support for carers, so feel free to contact them to help you also.

If you are concerned about the child in your care, it is important you discuss this with your practitioner.

If the child's life is in immediate danger, call 000.

Responding to disclosures

During your time as a carer, you may notice unexplained physical bruising or marks on the child or be told by them that something has happened to them. It is also possible as the child becomes more comfortable in your care that they open up about past harm.

Hearing about any abusive or neglectful experiences can be confronting and distressing. It is important though to immediately respond so the child can be supported in the best way possible and the situation can be investigated.

Your role in responding to a child opening up about their past or an injury you cannot explain, is to inform your practitioner or the relevant after-hours service as soon as you are able. You should also immediately write down exactly what the child has told you so you can provide an accurate description to support any investigation or response.

It is important not to promise the child a particular course of action or that you will not tell others about the incident. Instead reassure the child that what happened was not their fault and you are there for them.

It is recognised such instances can also impact you, so remember support is available to help you work through your feelings. See [‘Supports and services’](#).

Health matters

In this section: Learn about all things health, from what to do in an emergency, though to health checks, maintaining records, Medicare cards, immunisation, administering medication and consents.

For the child in your care, their Care and Case Plans will include matters concerning their health. Your practitioner will provide you this information to enable you to meet the child's health needs. This will include any current treatment being provided to the child.

As their carer, you are responsible for their day-to-day health as outlined in your Specific Parental Authority (SPA). This may include taking the child to the doctor and consenting to the taking of antibiotics, as well as dentist visits to have tooth cavities repaired. Your SPA can be used as proof to let health professionals know you have the authority to consent to treatments for the child.

It is a good idea to keep a copy of your SPA with you or have a photo of it on your phone.

Caring for the health needs of the child in your care is important. Any major changes to their health should be discussed at Care Team meetings and annual review meetings, where strategies to address the issues will be agreed and put in place.

The following information provides you with guidance for specific health matters you will likely come across during your time as the child's carer.

Emergencies

If the child you are caring for is involved in a significant accident or is significantly injured or sick, you are to seek the appropriate medical assistance immediately. As soon as possible afterwards, you must notify your practitioner.

If consent for treatment is required, you must contact your practitioner. If the injuries are life threatening and urgent treatment is required, the doctor treating the child may not require consent as there is a clear duty of care. In these circumstances, it is important to notify your practitioner about what is happening with the child as soon as possible.

If an emergency occurs outside of normal business hours, you are to contact the relevant after-hours crisis service to notify them of the situation (see ['Contacts'](#)).

Accidents and incidents

When caring for the child, all care should be taken to avoid them being involved in an accident or incident – but sometimes these things can happen. If they do, it is important for you to know what you should do as their carer.

When an **accident** occurs, you must deal with it at that moment. If the child is injured, give them first aid and seek medical help if needed. As soon as possible, notify your practitioner or the relevant after-hours crisis service. They will get you to complete an accident and incident form. This will need to explain the details of what happened before the accident and what was needed for the child after the accident.

If an **incident** occurs, you must manage it at that moment. An incident is an event or situation that was unexpected, such as unexpectedly seeing a birth family member at a shopping centre and having an unsettling interaction. Respond to the incident in the best way possible at the time. Contact your

practitioner soon afterwards. They will get you to complete an incident form. They will also discuss with you if any further actions or decisions are required.

If the incident is critical or serious, urgent action must be taken. Contact your practitioner (or relevant after-hours service if outside business hours) immediately and tell them what has happened so an incident report can be recorded. Where there are concerns the child may have been mistreated in some way, either intentionally or unintentionally, a report may also need to be made under the ACT Reportable Conduct Scheme. Your practitioner will let you know and manage this process (see [‘Reportable conduct’](#)).

Important

When responding to an accident or any incident, the child’s physical safety is paramount. Your safety and that of others is also extremely important and no one should attempt to intervene in a situation that would put them in danger.

Initial health and wellbeing check

If the child in your care is 14 years old or under, an initial health and wellbeing check will be organised for them through the Enhanced Child Health Service (ECHS) at the Canberra Hospital. The purpose is to identify if any health and development concerns exist and if follow-up checks are needed.

The appointment usually takes place soon after the child enters care and will be arranged by your practitioner. Your practitioner will provide you with the details of the appointment and may also attend. If you are required to take the child to this appointment, your role is to support and reassure them.

The assessment is often conducted in private with the child, you, ECHS staff and possibly your practitioner. The ECHS staff conducting the assessment are trained and knowledgeable in working with children who have experienced risk of significant harm. They understand the child may feel uncomfortable and will be gentle and supportive during the process.

The assessment generally takes one hour. You will not be charged for the consultation. Following the assessment, the child may be referred to appropriate services. Your practitioner will receive this information and incorporate it into the child’s Care or Case Plans for action.

If the child in your care is over 14 years old, a health and wellbeing check will not generally take place at ECHS. However, if your practitioner believes a check is needed to properly understand and respond to the child’s potential health concerns, they will talk with the child about gaining their consent to have the check conducted and where it is most appropriate to take place, for example, the Junction Youth Health Service or a GP.

ECHS also provides concerns interviews for carers. This gives you an opportunity to share concerns about behaviours you are seeing in the child, for example, night terrors, bed wetting, unable to sleep, anxiety.

The interview is focused on helping you understand the situation and to provide practical strategies in the context of the trauma the child has experienced.

If you would like to arrange a concerns interview, contact ECHS, Monday to Friday, on (02) 5124 2712.

Recording health information

While the child is in your care, it is important to keep an up-to-date record of their health information.

If the child is 14 years old or under, you will be provided with a **Health Passport** for them prior to their initial health and wellbeing check. The Health Passport is a small booklet specifically designed for children in care to allow all their health information to be stored in one location. The Health Passport can be easily inserted into the ACT Personal Health Record, also known as the Blue Book.

The **Blue Book** is provided to **all** children in the ACT to record their health information, including tracking of immunisations, height and weight. Often the Blue Book is not provided to CYF or OOH service providers, however if it is, it will be passed on to you to keep up to date for the child.

The Health Passport, and Blue Book if it has been provided to you, are to be used to document all health appointments and therapies for the child while they are in your care. At each appointment, ask the treating health professional to **make a record** of the visit in the child's Health Passport and Blue Book. Alternatively, you can also record the information yourself in each book.

Children over 14 years old do not receive a Health Passport, however, it can be helpful to keep an **informal** record of their health matters. It is suggested you keep a record of any health appointments as part of your general record keeping, whether this is in a diary or on your phone, computer or email, or however you have chosen to record the child's time in your care.

My Health Record

An online summary of the child's health information, called **My Health Record**, may also be used. My Health Record is an initiative of the Australian Government and has been automatically created for every Australian citizen. My Health Record allows hospitals, doctors, specialists and pharmacists to upload health information (including immunisation records) specific to the child for easy reference.

For children in care under 14 years of age, where the Director-General holds parental responsibility, access to their My Health Record will be managed by CYF in consultation with OOH service providers on a case-by-case basis. You may be given access to the child's My Health Record. For children over 14 years old, there will be an automatic parental access restriction of their My Health Record. This means the child will be required to manage their own My Health Record and can decide whether to allow access to their birth parents, carers or legal guardians.

Not all health information will be available through My Health Record and because of this the Health Passport will continue to be used in the ACT. You can learn more about My Health Record at:

- > W: www.myhealthrecord.gov.au

If you have any questions about accessing the child's My Health Record, talk with your practitioner.

Medicare card

You will be provided with a Medicare card for the child you are caring for – Medicare is Australia's health system and covers many healthcare costs. You can use this card to receive free or discounted medical services for the child, including:

- > doctors, specialists, optometrists and at times dentists and other health professionals
- > prescriptions
- > public hospital services as a public patient.

If you have not received a Medicare card for the child you are caring for, speak to your practitioner about getting one.

Claiming Medicare benefits

You can claim Medicare benefits when you pay for medical expenses for the child in your care. This includes circumstances where a child is yet to be listed on a card of their own. To do so, you will need to ensure you are listed as the 'claimant' when a claim is being made.

For electronic claims:

- > Inform the receptionist (who is taking the payment) that you wish to be listed as the claimant on behalf of the child. The receptionist will need to record your full name and Medicare card number.
- > Check the receipt (Statement of Benefit) to ensure your details are listed correctly. If they are not listed as the claimant on the receipt, advise the receptionist immediately so the issue can be rectified.

For manual claims:

- > Complete and submit a Medicare claim form that you access either online at www.servicesaustralia.gov.au/medicare-claims?context=60092 or in person at a Medicare Service Centre.

For more information or assistance if you experience any problems, contact the Medicare general enquiry line on:

- > P: 13 20 11
- > W: www.servicesaustralia.gov.au/medicare

Health Care Card

All children in care are eligible for a Health Care Card. This facilitates access to medical services that bulk bill, Pharmaceutical Benefits Scheme (PBS) medications, Federal and ACT Government dental schemes, the Spectacle Support Scheme and more. The benefits provided by the card are for the child in care only. A Health Care Card will be arranged shortly after the child enters your care. Speak to your practitioner if you have not received one after a few weeks.

Further information about the Health Care Card is available at:

- > W: www.servicesaustralia.gov.au/health-care-card

Immunisation

The child in your care should be immunised in accordance with the National Immunisation Program Schedule.

If the child is on a **long-term Care and Protection Order**, you, as their carer, have the **authority** and **responsibility** to ensure they are immunised. You do not require consent from anyone else.

If the child is on an **interim or short-term Care and Protection Order**, you will need parental consent before any immunisation is given. It is *not* your role to obtain this consent. When an immunisation is due, raise this with your practitioner. They will speak directly with the child's parents and seek their written consent. This written consent must be taken to the health professional to show legal consent to

the immunisation has been given. If parental consent is not given, the child cannot be vaccinated. Your practitioner will work with you to work through any associated issues.

Remember to take the child's Health Passport and Blue Book to the appointment for the health professional to complete. After the immunisation, you must also provide your practitioner with the details of each vaccine given to the child.

For more information about immunisation and consent, talk to your practitioner.

Medications

When the child first comes into your care, you will be provided with information about any medication they are on along with the medicine itself. If the information provided differs to the information on the medicine's label, you will need to seek medical advice before giving it to the child. Pharmacists can provide free information about medications and will let you know if speaking to a doctor would be more appropriate. Doctor appointments are covered as part of your Carer Subsidy.

It is important all medications, whether prescribed or non-prescribed over-the-counter medications, are always stored safely and securely according to your home safety check.

Prescribed medication

If the child in your care requires *prescribed* medication from a doctor, such as antibiotics or ongoing medication for a diagnosed health issue, the medication must include the child's name, dosage and expiry date.

As their carer, you **must** give the child the prescribed medication and **must not** change the dosage without authorisation from the prescribing doctor.

Non-prescribed medication

Non-prescribed medication includes:

- > over-the-counter medication
- > medication dispensed by a naturopath or homeopath
- > medication considered complementary or alternative such as vitamins or cultural herbs.

Examples of non-prescribed medication include:

- > topical or antifungal creams for nappy rash or eczema
- > paracetamol or ibuprofen for general pain relief
- > antihistamine for an allergy
- > cold tablets for colds and runny noses
- > teething gel.

When thinking about giving the child in your care any non-prescribed medication, consider if doing so is in their best interests. Remember, as their carer you have the legal obligation to **always** make decisions that are in the best interests of the child.

Administering medication

The administration of medication must be consistent with legal requirements at all times. Before giving medication to the child, ask yourself these questions:

- > Do you have the correct medication?
- > Has the medication expired?
- > Are you giving the medication to the right child?
- > Have you got the correct dosage for the child?
- > Are you giving the medication in the correct way (to be swallowed, put on a wound, dissolved)?
- > Are you giving the medication at the correct time?

Refusal to take medication

At no time is the child in your care to be forced to take medication.

If the child refuses to take medication prescribed by a doctor, you should talk to them about why it is important for their health in a way that is appropriate for their age and level of understanding. Talk to them about why the medication has been prescribed and what could happen if they do not complete the course of treatment.

If the child continues to refuse and the medication is critical to their safety and care, you must **immediately** notify your practitioner.

Surgery and consent

If at any time the child in your care requires surgery, consent from the Director-General (or their delegate) is required. The doctor recommending the surgery will provide you with a surgical consent form to obtain this consent.

Before leaving the doctor's office, it is important you check the doctor has **clearly** explained on the form what the proposed surgery is. This ensures the Director-General will have adequate information to make a decision. Once you have checked the form, provide it to your practitioner who will organise the consent process.

Sometimes this process can take time, so reasonable **notice** for the form to be completed is required. Where possible, a minimum of two weeks before the proposed surgery date should be given. Surgery cannot progress without signed consent.

If the injuries are life threatening and urgent treatment is required, the doctor treating the child may not require consent. In these circumstances, it is important to notify your practitioner about what is happening with the child as soon as possible.

Education and childcare

In this section: Learn about supporting the child's education including where they will go to school, childcare, and caring for a child who may need additional supports.

Education is a critical part of any child's life, helping them develop the skills they will need throughout their life. Positive educational experiences provide learning opportunities, friendships, social interactions, structure and stability. However, for many children in care, their education has likely been disrupted. CYF and OOH service providers work in partnership with education services to ensure no child is educationally disadvantaged by living in care.

In the ACT, all children **must** be in school until they complete their Year 10 Certificate and then participate in either training or education until they are 17 years old (unless they have a full-time job).

When a child enters care, CYF will send a letter to the child's principal to inform the school of the child's change in circumstances, including that you have parental responsibility as their carer, who else may have parental responsibility, safety concerns and the role of the child's parents in their education.

It is recommended you also speak to **relevant** people at the child's school like their teacher, year coordinator or principal about the change in circumstances and exchange any information about how the child is adjusting or discuss any concerns. Remember, as a carer, the specific details of the child's history and why they are in your care (including details of legal proceedings) must **not** be disclosed to the school, however sharing general information outlining your responsibility for the child and exchanging details about how the child is managing or adjusting is okay as this is in the child's best interests.

Where does the child go to school?

Wherever possible, the child you care for will continue to go to their existing school. This helps provide familiarity for the child, like their friends, teachers, sporting activities and school environment. Sometimes though, a change of school and new opportunities is needed to help the child.

Any decision to change the child's school, unless it is a planned transition (for example, from primary to high school), will be made in the best interests of the child and involve an assessment that considers the views and wishes of the child, you, the child's parents, as well as travelling distances and social connections.

If a new school is needed, the child will be enrolled in an **ACT Government school**, except under exceptional circumstances. Requests for transfer from a government school to a private or independent school will generally not be considered if the child is on an order of two years or less, or if restoration to their birth family is the goal of their Care Plan. A non-government school will only be considered if it can be demonstrated that no government school can meet the child's specific needs, the siblings attend the school and the decision to not place the child in a private or independent school would seriously undermine the stability of the child's living arrangement with you.

If you are required to enrol the child in a new school, your practitioner will ensure you have all the necessary information, such as the child's birth certificate and immunisation history. If these are not yet available when the child comes into your care, your practitioner can assist with a letter to the school. Your practitioner will also inform the school of any additional needs, if any, the child has that may require educational adjustments.

Educational needs

The child's plans will include matters concerning their education, including their educational history, needs and how you can assist them. It is a good idea to check in with the child's teachers from time to time to keep a track of the child's progress educationally and socially. It is also important to attend any relevant meetings and parent teacher-interviews.

Individual Learning Plan

For some children who enter care, they continue at school without the need for any additional supports. For others, more attention is needed as they may have difficulties learning or adjusting to the changes in their life. For these children an Individual Learning Plan will be developed.

If this applies to the child you are caring for, their learning plan will be developed by their teachers in collaboration with the child, you and your practitioner. The plan will assess, address and review the supports needed to help the child reach their educational goals. The plan will focus on learning goals that consider the child's individual needs, teaching and learning environments, relationships, behaviours, roles and expectations. It is likely to identify adjustments required on a day-to-day basis and a plan for short-term and long-term goals.

Through the learning plan, the child's teachers have a formal method to develop strategies to meet the child's educational needs and goals in the school setting. The plan can be updated at any point in the child's learning experience when new needs or adjustments are identified.

Encourage and celebrate learning

Regardless of the age of the child, you have an important role in making learning a positive and valuable experience for the child. Ways you can do this include:

- > help the child get organised for all they need for school – uniforms, notes, lunches
- > be interested in what the child is learning at school – ask questions
- > meet the child's teachers and school friends
- > go to parent-teacher interviews
- > know what is going on at school – read school newsletters and all correspondence
- > find ways to make learning fun – cooking and grocery shopping, counting skills, games, read stories
- > establish good study practices – provide a quiet place where the child can concentrate without distractions
- > ask about and check homework
- > praise the child's efforts and always be encouraging.

Education costs

Your fortnightly Carer Subsidy includes all ACT Government school and preschool costs, elective and subject costs, book stationery materials and equipment, school formals, school photos, excursions, camps and tutoring (see ['Finance matters'](#)).

Financial contributions to ACT Government schools are voluntary. It is CYF's position not to pay voluntary contributions to schools. No child will be refused benefits or services if a contribution is not made.

It may also be possible for a school to provide financial support through reduced costs for activities such as excursions, swimming lessons and clothing. Contact the school to discuss.

School photos

The child in your care should be included in class photos. Your Carer Subsidy includes the cost of purchasing school photos for the child. It is important to capture photos and memories of the child's time at school to contribute to their life story and the annual review process.

School events and achievements

It is important the child has opportunities to participate in school events and to capture this participation as well as their achievements, such as reports and certificates. If the school wishes to publish a photo of the child or publish something they have created, ensure the school does not identify the child as being in care. If you have any concerns, speak to your practitioner.

School reports

You will receive a report from the school that outlines the child's progress – usually this takes place at the end of each semester. School reports are a good tool to help you and your practitioner understand how the child is going at school.

When you receive the report, discuss it with the child. When you do this, you should:

- > be positive
- > focus on efforts, not grades
- > remember every child is different
- > talk with the child about how they are feeling about school.

If you have concerns about the school report, or how the child is coping at school, talk to their teacher and your practitioner.

Make sure to send a copy of the school report to your practitioner and keep a copy at home with all the information you have about the child.

School attendance

As a carer, we know you will do your best to make sure the child in your care is encouraged to attend and gets to school every day. Sometimes though, the child may find school challenging and will not want to be there – this is more common with teenage children.

There are often a number of reasons why a child may not want to go to school, or even refuse, and discovering the reason can be hard. Sometimes there are a number of factors involved. These can include the child's worry about situations or activities they need to participate in, like a test, speech or sport, or it could be because of an issue with a friend or teacher.

It is important you talk to the child, and school, if necessary, to see if you can identify what the reason is and work together to come up with an approach or an agreement for the child to attend school. Sometimes the school counsellor can be a good help too. If you are unsure, remember you can also always speak to your practitioner.

If the child has an unexplained absence from school, the school will contact you to alert you that the child is not there and to make sure the child is safe.

If you do not know where the child is, discuss with the school an approach regarding how you may find them and contact your practitioner to alert them.

If the child has ongoing problems with going to school, you will need to work with the child, school and your practitioner to understand the issue and develop strategies to address them.

Tutoring

If the child in your care is assessed as needing additional tutoring, it will be included in their Case Plan and tutoring costs would be covered.

Schools sometimes offer tutoring for students within their school. Speak with the child's teacher about any tutoring options available.

The Migrant and Refugee Settlement Service deliver an after-school studies program at various locations across the ACT that provides volunteer tutors for students aged 8 to 25 years old from non-English speaking backgrounds. For more information about this, contact the service by:

- > P: (02) 6248 8577
- > E: info@marss.org.au

Childcare

Depending on the child's individual circumstances, childcare *may* be an option if it is in the child's best interests. In this context, childcare refers to centre-based day care, occasional care, family day care, before or after school care, and vacation care.

If the child attended childcare before they came into your care, it may be important for this to continue to help them maintain relationships and social networks. Childcare is not, however, appropriate for all children and must be discussed with your practitioner.

If childcare is considered suitable, you are required to apply to Centrelink for the **Child Care Subsidy** to receive financial assistance to help cover the childcare costs. The amount you receive will depend on your circumstances. If you are a grandparent of the child, you may also be eligible for Centrelink's **Additional Child Care Subsidy**. CYF or OOH service providers may also reimburse a percentage of the out-of-pocket costs of childcare. See '[Finance matters](#)' for more information.

If childcare is something you require, it is important to speak with your practitioner to ensure it is appropriate for the child you are caring for. If it is decided childcare is to be used, you should speak with the childcare manager and key staff to explain:

- > the child's care arrangement
- > who has **authority** to see and collect the child
- > any learning or medical concerns for the child – the staff may be able to assist the child's development and work with relevant health professionals assisting the child, such as speech pathologists or physiotherapists
- > the child may refer to both their birth and care families.

As the child's carer, it is your **responsibility** to be aware of the childcare centre's policies and procedures and to follow them accordingly – such as costs and what you need to supply each day (for example, meals, nappies, hat).

Just as with any service the child is involved with, it is good to build a relationship with the childcare centre's staff and share appropriate information that may help them care for the child.

Identity and collecting memories

In this section: Learn about the importance of helping the child record their time with you, how this connects to their sense of self, and what CYF and OOHHC service providers can provide to the child when they leave care.

Sense of self

As we grow, our life history shapes our own identity which gives us a sense of who we are as a person. For children in care, they can feel like their life story is broken up or missing something as the child can't ask their birth family questions about their background or what they were like when they were younger.

Practitioners will keep an official file of the child and their arrangements, capturing a range of information. This will include:

- > personal information
- > health and education information
- > records of their time spent in care including decisions made
- > plans and assessments
- > personal items – such as photos, life story work and letters.

Under the *Children and Young People Act 2008* and the *ACT's Freedom of Information Act 2016*, the child has a right to ask for this information once they turn 18 years old. It is one way they can develop a clearer picture of their history and identity.

Collecting memories

As the carer, you have an important role in helping the child nurture their identity and form a strong sense of who they are. A critical way of doing this is keeping a story of their life while they are with you.

It doesn't matter if the child is in your care for a short or long time. Their time with you is now a part of their life story and memories and experiences will be formed. Recording these as they happen can be incredibly beneficial to the child as they grow older. Think of this as building a memory box they can look through at different times of their life to remember important moments and people that shaped who they are and depict their life's history. It is important the child is actively involved in recording their life story to help build their sense of self and identity.

There are many things you can do to record the child's life story. It is a good idea to:

- > Set up a dedicated folder or a box to store the child's important documents and information. Keep it in a safe place and add information as you receive it, like medical records, school information, birth certificate, Care Plans and Annual Review Reports.
- > Start a scrap book or folder for the child's memories to build on. If the child is very young you may like to start by including photos or writing in special moments or milestones they reach. As they get older, the child could include their own information about special events, favourite things and other information that is special to them.
- > Take photos of the child and your time together. Give them their own copy to keep and add to their scrap book or folder. This can include photos with their friends, you and your family, at school, sports, special events and excursions.
- > Keep a collection of the child's drawings, schoolbooks and things that are special to them.

- > Think about recording your own memories with the child and writing these down, like in a letter or diary, to give to the child when they become an adult.

The Life Story Books developed by the NSW Government, are an example of how you can collect and record information – they are designed to be completed with the child over time. You can use the book itself or take ideas from it to develop your own. Whatever you decide, it is a fun activity that can help ensure the child has recorded memories of their life, which they can look back on as they grow and take with them into independent life. You can access the Life Story Book at:

- > W: <https://www.nsw.gov.au/community-services/foster-relative-and-kinship-care/caring-for-children-and-young-people/life-story-work>

A Life Story Book specifically for Aboriginal and Torres Strait Islander children is also available at:

- > W: <https://www.nsw.gov.au/community-services/foster-relative-and-kinship-care/caring-for-children-and-young-people/life-story-work>

Transitioning from out of home care

In this section: Learn about the importance of transition planning and how you can help prepare the child in your care move to adulthood and independent living.

Transition planning

Transitioning from out of home care to adulthood is a very important time in the child's life. At this time, they are already experiencing significant change and may be confused by the physical, social and emotional changes adolescence brings. This may also be a tricky time, as they may not yet know who they are and are often trying to work out their place in the world.

When a child in care turns 18 years old, their Care and Protection Order stops and they 'transition' from being in care. At this time, the child's care placement technically ends. It is understood such conversations about transitioning can be confronting and cause worry for all involved. Everyone's situation is different and transitioning does not necessarily mean your relationship with the child ends or their living arrangements change.

Everyone will work together to complete **specific planning** involving the child, you, your practitioner and Care Team, as well as relevant support services.

The *Children and Young People Act 2008*, requires this planning to begin once the child turns **15 years old**. At this time, their Case Plan becomes known as their **Transition Plan** with the primary goal to successfully transition the child to adulthood and eventually independence. Planning will identify all the anticipated supports and assistance the child may need from the age of 15 to 25 years and will be reviewed annually to ensure it remains relevant. As their carer, you have an important role in helping the child consider their options and once decided, support them to work towards these. One of the biggest decisions for the child is working out where they will live.

The majority of children **remain** living with their carers. This may be because they are still finishing school, plan to do more study or simply because they have a close relationship. If the child remains living with you, and they are aged 18 to 20 years old (inclusive), you may be able eligible to apply for the Extended Continuum of Care subsidy. If this matches your situation, please speak with your practitioner.

The actual process of transitioning starts at different times for different children – for the child in your care it will depend on their specific circumstances. The timing for transition, and possible aftercare support, is discussed as part of the planning and annual review processes. When the process does begin it will include assisting the child to:

- > locate stable living arrangements, which can include remaining with you until they are ready to move out
- > access education and financial security
- > receive practical assistance
- > compile important documents, like their birth certificate and passport (if required)
- > learn life skills, such as cooking and budgeting.

For children moving to independent living, financial assistance in meeting some of the initial set-up costs may also be provided. These costs include a one-off purchase of basic items. The child may also be eligible for the **Transition to Independent Living Allowance (TILA)** through the Australian Government.

This is a one-off support payment up to \$1500 intended to meet some transition costs. Your practitioner will discuss these as part of the transition planning and process. More information is also available from the TILA website at:

- > W: www.dss.gov.au/tila

During the transition phase, your practitioner will regularly monitor and review the child's Transition Plan to ensure it is working, objectives are being met and if changes are needed that these are being made. You should also encourage the child to share how they feel their transition is going and if they need help to resolve any issues. It is possible for you to continue to receive certain carer financial support. Please speak with your practitioner about your circumstances and what may be available to you.

When the time comes for the child in your care to start transition planning, they may be eager and excited to plan for reaching adulthood. But they may instead be uncertain, anxious or feel they will be left alone and unsupported. It is important you help them to express their feelings so transition planning can put things in place to help build their confidence and address their concerns.

Your role in preparing a child

As the child's carer, you are always helping them prepare for new tasks and learn new things – this in itself is helping them to prepare for adulthood and to become independent. Helping the child get ready for independent life can start when they are young, you don't have to wait for their transition to be close by.

There are a lot of things you can do. Some of the key activities that will really help the child transition to become an independent, happy adult include:

- > Teach them essential life skills like healthy cooking, putting on a load of washing, cleaning and grocery shopping on a budget.
- > Get the child to think about what kind of work they would like to do when they finish school. Talk about what they like and what you think they are good at. Help them think about the right subject choices, qualifications and other skills that would help them with their aspirations.
- > Help the child to get a paid, casual job, whether it be at the local supermarket or café. A job is a good way to build confidence, skills, budgeting and responsibility. You may need to help them with developing a resume or transport.
- > Teach them how to catch public transport.
- > Help them learn to drive and to get their licence. You can get financial assistance for driving lessons.
- > Help the child take responsibility for their important belongings and documents. Talk about what these are, why they are important and how they are needed in adult life. Include documents like their birth certificate.
- > Connect the child with Centrelink regarding financial supports available to them.

The **Go Your Own Way** info kit from CREATE is a great resource that can help you and the child in your care. Designed specifically for children transitioning to adulthood it provides a workbook and checklist of information the child needs to know when they leave care. It will help them think about the different parts of their life that will support them to be successfully independent. The child can work through the book on their own, but it is a great activity to do together and a way to show them your support. They can also bring it to transition planning meetings as a reminder of things they want to discuss and include in their Transition Plan. You can access the Go Your Own Way info kit from CREATE's website at:

- > W: <https://www.create.org.au/get-informed/blog/what-no-one-tells-you-about-leaving-care/>

This is a good time to talk with your Care Team about the services available to help with transition to adulthood, for example, working towards independent living, exploring housing options including transitional accommodation and aftercare support.

Transition can be an emotional time for everyone involved. You may feel excited for the child as they start this next chapter in their life. You may be sad if the child chooses to leave your home. You may even feel a sense of relief. Speaking to a counsellor at this time can help you with your own thoughts and feelings. It may also be beneficial for the child you are caring for to see a counsellor at this time.

Children in care deserve the same opportunities as other children. When they leave care, they should still get the support they need, whether it is having a safe place to live, continuing their education, finding work, or having someone they can talk to and rely on. Transition to independence is a critical milestone in their life and one they should be supported to succeed in.

Aftercare support

The Transition Plan put in place for the child before they leave care will have anticipated most of the information and help, they need to transition to independence. However, as new situations emerge and circumstances change, additional assistance may be necessary.

Young adults, who are younger than 25 years old and have left out of home care, may be able to access a range of aftercare supports. Aftercare support may include assistance with:

- > referrals to other services
- > finding helpful resources
- > accommodation
- > education, training and employment
- > legal advice
- > counselling
- > accessing care information and records
- > health care
- > life skills support
- > financial supports and funding of services for young adults (up to 21 years) with high and complex needs (dependent on assessment).

Speak to your practitioner for more information about aftercare support and assistance available.

Legal matters

In this section: Learn about how reportable conduct and allegations of abuse in care relate to your role as a carer, and the processes and requirements of CYF and OOHC service providers in these situations.

Reportable conduct

The ACT Reportable Conduct Scheme established under the *Ombudsman Act 1989*, is designed to ensure allegations of abuse and misconduct against children are identified, reported and acted on appropriately by an organisation. CYF and OOHC service providers are 'designated entities' under the Scheme. This means their staff and carers are required to operate in line with the Scheme and report misconduct matters. As a carer, it is important for you to understand the types of conduct that could result in a notification under the Scheme and how a subsequent investigation would occur.

The Scheme covers a **broader range** of conduct compared to the types of significant harm to a child defined in the *Children and Young People Act 2008* that must be reported to CYF. Reportable conduct relates to any **allegations** or **convictions** concerning child-related misconduct including:

- > ill-treatment of a child, including emotional abuse, hostile use of force, neglect and restrictive intervention
- > psychological harm
- > misconduct of a sexual nature including the use of sexually explicit comments and grooming behaviours
- > sexual or physical offences and convictions where a child is a victim or is present
- > inappropriate discipline or offences relating to protecting children from harm under the *Education and Care Service National Law (ACT) Act 2011* (see '[Making meaning of behaviour](#)' for information on inappropriate discipline)
- > previous allegations or convictions relating to any of the above.

Under the Scheme, you **must** report such behaviours to your practitioner. CYF or OOHC service providers will then be responsible for notifying the ACT Ombudsman and potentially undertake an investigation into the conduct, depending on the nature of the allegation.

Reportable conduct **does not** include:

- > reasonable discipline, management or care of a child, taking into account the child's behaviour and any relevant code of conduct or professional standard
- > actions prescribed by regulation.

Some examples of actions that are not reportable are:

- > touching a child in order to attract their attention or to guide them
- > raising your voice to attract a child's attention to stop them from crossing a busy road or getting their attention at a shopping centre
- > conduct that is found to be accidental.

If an allegation is made against you

If an allegation is made against you, CYF or OOHC service providers are required to determine if the matter is reportable under the Scheme and, if so, notify the ACT Ombudsman.

If the allegation is determined to be reportable, an investigation into the conduct will be completed. The investigation will be conducted by either CYF or an OOHC service provider. This typically occurs in parallel to an abuse in care investigation (see below). The investigation will assess the allegation, risk to the child and seek to establish whether the alleged conduct occurred.

As part of this process, you can expect:

- > detail of the allegation against you, and the reasons for it
- > advice on supports available, including having a support person with you throughout the process
- > information about your rights, including how you can respond to the allegation
- > to be treated fairly and without bias
- > a transparent process
- > the investigation to be completed in a reasonable timeframe (allowing for any child protection investigation required).

The ACT Ombudsman has oversight of the Scheme and powers to independently monitor an organisation's investigations of alleged reportable conduct. The ACT Ombudsman may conduct its own review into the allegation as well as how the investigation was conducted.

During the investigation process, the ACT Ombudsman may ask CYF or the OOHC service provider for updates on progress. This may include asking for relevant documents and information. In some cases, the ACT Ombudsman may decide to attend interviews organised as part of the investigation.

At the end of the investigation, the evidence regarding the allegation will be assessed and a final report prepared. Carers will be provided a summary of the findings and an opportunity to respond within a specific timeframe. The report will include any conclusions or recommendations. When all information has been considered including your response, a finding for each allegation of reportable conduct will be made. There are five possible findings:

- > sustained – finding the conduct occurred
- > not sustained – insufficient evidence to establish the alleged conduct occurred despite some evidence
- > not sustained – lack of evidence where the evidence is of poor value and untested
- > false – finding reportable conduct did not occur
- > not reportable conduct.

Once a finding is made, the ACT Ombudsman will be provided with a written report of the results of the investigation, including statements and documents referred to, action taken and any other relevant information.

In all situations, CYF and OOHC service providers will work respectfully with you throughout the process and will maintain confidentiality. See '[Supports and services](#)' for further assistance.

For more information you can contact the ACT Ombudsman by:

- > P: (02) 5117 3650
- > W: www.ombudsman.act.gov.au

Allegations of abuse in care

Abuse in care refers to any allegation of risk of significant harm of a child who is *already* in care. The allegation may be against any person – such as a carer, birth family member or a member of the general public.

Such allegations are taken very seriously and are investigated by CYF in the same manner as other allegations of risk of significant harm. CYF acknowledges this process can be distressing for carers who have committed to providing care to children and will work respectfully without pre-judgement to understand what has happened and ensure the safety and wellbeing of the child involved.

Allegations against non-family members

If an allegation of physical or sexual abuse is made involving the child in your care, and the alleged person is **not** connected to the child's birth or care family, the allegation will be investigated by ACT Policing. CYF does not have the legal authority to investigate non-family allegations. However, CYF will work with you to understand the situation and offer any necessary supports to you and the child.

Allegations against birth or care family members

If an allegation is made involving the child in your care, and the alleged person is a member of your family or the child's birth family (for example the incident occurred during a contact visit), CYF has legal authority to investigate and will conduct an initial assessment to determine if the child may be at risk of significant harm.

If CYF determines the child is **not at risk** of significant harm, they may still contact you to inform you that an allegation was made. CYF is legally not allowed to tell you who made the allegation but can tell you what it was about. Depending on the circumstances, CYF may offer you extra support or referrals to other support services if they believe this could be helpful for you or the child.

If CYF determines the child in your care **is at risk** of significant harm, a more thorough investigation called an *appraisal* will be conducted to more accurately understand what is happening for the child and the circumstances. This will involve various interviews with the child, you and relevant others.

During the appraisal process, you should make yourself available for the interview, be open and honest when asked for information and support the child. If you believe you require legal representation in regard to the allegation, you can seek representation prior to being interviewed.

It is recommended you participate in the appraisal process, regardless of whether the allegations relate to you, your family or the child's birth family. This is because it provides you natural justice and an opportunity to tell your side of the story, or to put some context around the allegations made. If you choose not to participate, be aware CYF will still make an assessment regarding the safety and wellbeing of the child in your care and will decide what should happen. This might include developing a plan for reducing risk, providing support to you, the child and the alleged person, or in rare circumstances court action.

If the allegation is against you, is serious in nature and confirmed by CYF through the appraisal process, CYF may withdraw your Specific Parental Authority and remove the child from your care. This is in an extreme circumstance and any move for the child would not be taken lightly.

Detailed information about the investigation and court processes is available in the 'Working together for kids' parent guides. While designed specifically for birth parents, they are a valuable resource to better understand the processes and decisions involved in the ACT Children, Youth and Families. You can access these guides from the ACT Government website at:

> www.act.gov.au/open/working-together-for-kids

Police and Paediatric Forensic Medical Service involvement

Where abuse in care allegations involve physical or sexual abuse, CYF is required to make a referral to the ACT Policing. If ACT Policing agrees to the referral, a joint investigation involving both ACT Policing and CYF will occur. Depending on the nature of the allegation, ACT Policing may commence a criminal investigation and request CYF delay its appraisal. It is also in the child's best interests to attend a medical examination as soon as possible following alleged physical or sexual abuse. CYF will make a referral to the Paediatric Forensic Medical Service (PFMS) team within Canberra Health Services to conduct the examination. This allows for the collection of forensic evidence.

All staff involved in these processes are trained to work with children who have experienced trauma and will ensure the child is supported and feels as safe and comfortable as possible. As their carer, this is likely to also be a traumatic time for you. Please speak with your practitioner if you require additional support.

Restrictive practice

The *Senior Practitioner Act 2018* provides a formal framework for the reduction and elimination of restrictive practices by service providers. It aims to enable vulnerable people in the ACT to achieve quality of life free of unnecessary and unreasonable interventions that limit their human rights.

Restrictive practice means a method to restrict movement of a person with the primary purpose of protecting them or others from harm. It includes:

- > chemical restraint
- > environmental restraint
- > mechanical restraint
- > physical restraint
- > seclusion.

There are also practices which cannot be used under any circumstances. These are called **prohibited restrictive practices**, and include certain physical restraints and punitive approaches. A full list of prohibited restrictive practices can be found in the:

- [Senior Practitioners Regulation 2023](#)

Restrictive practice does not include **reasonable** action taken to monitor and protect a child from harm. For example:

- > holding a child's hand while crossing a road

fencing around a primary school.

The *Senior Practitioner Act 2018* outlines that restrictive practices should only be used in **very limited** circumstances.

If the use of a restrictive practice is being considered for a child in your care, discuss this with your practitioner. A Positive Behaviour Support Plan will need to be developed, reviewed by the Positive Behaviour Support Panel and registered by the Office of the Senior Practitioner.

If you are concerned restrictive practice is being used with the child in your care, including at school or a residential facility, speak to the school or facility staff and your practitioner.

Further information about restrictive practices is available from the ACT Government website at:

- > <https://www.act.gov.au/directorates-and-agencies/health-and-community-services-directorate/office-of-the-senior-practitioner>

Feedback and raising concerns

In this section: Learn about how you can provide feedback, compliments or raise a complaint regarding services provided by CYF or OOHC service providers in connection to the child in your care, including internal and external avenues to have a decision you disagree with reviewed.

The work involved in ensuring the safety and wellbeing of children can be stressful, difficult, confronting and challenging for everyone involved. CYF and OOHC service providers are committed to working in partnership with you, recognising the incredibly generous, valuable and necessary role you play.

During your involvement with CYF and OOHC service providers, you have the right to express your views about the services and decisions it provides concerning the child in your care. They understand feedback helps contribute to continuous improvement of the services they deliver.

They want to hear if you think they:

- > have done something well
- > have made a mistake
- > have treated you badly or unfairly
- > have made a wrong decision
- > can do something better or differently.

In responding to your feedback, CYF and OOHC service providers will follow the standards of:

- > respect – all complaints will be received respectfully
- > timeliness – all complaints will be acknowledged and managed to specific, agreed and published timeframes
- > transparency – all decisions will be explained in clear simple language (except where this may be restricted by law)
- > natural justice – all complaints will be afforded the principles of natural justice.

If you would like support or assistance to provide feedback or raise concerns, Carers ACT provides an independent Kinship and Foster Carers Advocacy Service. To find out more about this service, contact Carers ACT at:

- > P: 0447 632 067 or (02) 6296 9900
- > E: kinship.fostercare@carersact.org.au
- > W: www.carersact.org.au

Additional advocacy support is provided below in 'External oversight agencies'.

How it works

The ongoing protection and wellbeing of children in care is incredibly important and taken seriously by everyone involved. CYF is governed by legislation that instructs how it can operate, and both CYF and OOHC service providers work within a robust and extensive framework to ensure legal processes and requirements are followed. This happens through many internal activities, as well as external activities where needed. If you or the child in your care has a concern or complaint, you are encouraged to use the following avenues to help resolve any matters – this is also the escalation process CYF and OOHC service providers primarily work to:

- > raise concerns with your practitioner and Care Team

- > request a formal internal review of a decision
- > request a formal external review of a decision
- > seek advocacy support from an external body.

It is important to remember the Children and Young People Act 2008 requires all decision-making about children be based on the concept of 'best interests of the child' to ensure their needs are prioritised above all other considerations – including the needs of any involved adults. In making such decisions, the Act also requires case practitioners seek the views and wishes of the child involved and acknowledge them in recording key decisions.

Raising concerns with your practitioner

If you or the child in your care has a concern or complaint, you should first raise this with your practitioner. Decisions are best understood by those involved in making them, and issues and complaints can usually be resolved more quickly by dealing directly with those involved – that is, your practitioner and Care Team.

Efforts should be made by everyone involved to use a productive and professional approach to resolve your issue. You may not always agree with a decision made by CYF or an OOHC service provider, but it's important to understand: all decisions will be based on what is in the child's **best interests**. Sometimes what is best for the child in your care, is not always what you or the child wants to have happen. It is important to realise decisions about the child you are caring for are made with the expertise and input of various people and groups, not by a single individual. Your practitioner works in partnership with others, including you, to gain the necessary information to form decisions that then require approval from senior management or above.

However, if after discussing your concerns with your practitioner or Care Team you or the child is still not satisfied with a response, you can make an official complaint through the relevant complaints team who will investigate your issue. The contact points are:

Agency	Section	Phone	Email
Australian Childhood Foundation	Senior Manager	0430 959 312	oohcact@childhood.org.au
Barnardos	Feedback and Complaints	(02) 6110 2200	feedbackandcomplaints@Barnardos.org.au
CYF	Complaints and Client Services	(02) 6207 5294	hcsdcyfcomplaints@act.gov.au
Key Assets Australia (KAA)	Key Assets Australia	(02) 6252 1100	enquiries.act@keyassets.org.au
Oz Child	Complaints and Feedback Team	1800 727 141	feedback@ozchild.org.au

In making a complaint, whether directly to your practitioner or through a complaints team, you can expect a process that involves:

- > listening to what you have to say
- > staff doing their best to understand stated concerns or issues

- > investigating your concerns in a fair and impartial manner
- > staff doing their best to resolve issues or fix the problem, understanding this is not always possible
- > acknowledging any mistakes or errors CYF or OOHC service providers may have made
- > providing clear explanations for decisions, unless limited by law
- > ensuring you are encouraged and supported to make a complaint in a way that is comfortable for you.

CYF and OOHC service providers will respond to complaints in line with their complaints handling and management policies and processes. These state staff must:

- > seek appropriate confirmation if someone complains on your behalf
- > investigate complaints in a timely manner and in line with the principles of natural justice
- > acknowledge any mistakes or errors that have been made
- > ensure all decisions, including those occasions where you may not lawfully be entitled to certain information, are explained clearly and simply.

Your complaint will be dealt with in a confidential manner and discussed only with the people directly involved in managing and responding to it. As part of the investigation into your complaint, the details of your allegations may be discussed with the specific staff in line with natural justice principles.

If you need assistance during the complaints process, Carers ACT provides an independent **Kinship and Foster Carers Advocacy Service** that can provide you with support.

To find out more about this service, contact Carers ACT at:

- > P: (02) 6296 9900
- > E: kinship.fostercare@carersact.org.au
- > W: www.carersact.org.au

Review of decisions

Decisions about a child's care must be consistent with the principles in the *Children and Young People Act 2008*, with the primary consideration given to the child's best interests.

It may be possible for a decision to be reviewed. Speak to your practitioner if you have concerns about a decision, and potential next steps.

Having a decision reviewed by CYF - Internal Decision Review

There may be times during your involvement with CYF or an OOHC service provider when you would like to have a decision that has affected you or the child in your care, reviewed. Not all decisions are reviewable.

CYF can review some long-term and significant decisions. These types of decisions are called **internally reviewable decisions**.

The *Children and Young People Regulation 2009* outlines which decisions are internally reviewable decisions. These include:

- > long-term and/or significant decisions about who can visit or contact a child, how often and for how long

- > long-term and/or significant decisions about where a child lives and who they will live with
- > significant decisions about a child's culture, education or religion
- > long term decisions about a child's health
- > for Aboriginal and Torres Strait Islander children, decisions which support and enhance their cultural identity and decisions about implementing their Cultural Plan
- > refusing financial, or other assistance, for a child or young person in certain circumstances.

The full list of internally reviewable decisions can be accessed from:

<https://www.act.gov.au/community/child-protection-and-youth-justice/get-a-child-protection-decision-reviewed>

If a decision which has affected you can be internally reviewed, you will receive an Internal Review Notice from the decision-maker.

The Internal Review Notice will explain:

- > the decision that was made
- > who made the decision
- > how you request to have a decision internally reviewed by CYF
- > how you can request to have a decision externally reviewed by ACAT.

You are able to apply for a review if you are an affected person or can show the decision directly affects you.

To request an internal review of a decision by CYF, an application form must be submitted within **28** calendar days of CYF telling you about the decision. The 28-day timeframe may be extended in exceptional circumstances.

The application form is available on the ACT Government website:

- > W: <https://www.act.gov.au/open/application-for-an-internal-review-of-decision-by-child,-youth-and-families>

Applying to have a decision reviewed is not the same as making a complaint.

Send completed applications to:

- > E: HCSDCYFDecisonReview@act.gov.au

If you have questions, you can contact the Decision Review Team on:

- > P: (02) 6207 6239
- > E: HCSDCYFDecisonReview@act.gov.au

For more information visit the ACT Government website:

- > W: <https://www.act.gov.au/community/child-protection-and-youth-justice/get-a-child-protection-decision-reviewed>

The internal review will be conducted by CYF, by a reviewer who is independent from the decision-maker. The reviewer will look at the facts, the law and the policy which guided the original decision.

In reviewing a decision, the reviewer may do one of the following:

- > confirm the decision
- > vary the decision
- > set aside the decision under review and make a new decision.

The reviewer will have **40 days** to conduct the review. You will get the outcome of the review in writing.

Having a decision reviewed by the ACT Civil and Administrative Tribunal - External Decision Review

Decisions can also be reviewed by the ACT Civil and Administrative Tribunal (ACAT). If you are dissatisfied with the outcome of a CYF decision review, you can make an application to ACAT for a further review to be conducted. You may also ask ACAT to review an internally reviewable decision *before* CYF has reviewed the decision, if you can demonstrate exceptional circumstances.

Applications to ACAT can also be made about the reviewable decisions outlined in section 839 of the *Children and Young People Act 2008*. These decisions will not be internally reviewed by CYF, and include decisions such as:

- > refusing to approve a person as an approved carer
- > refusing to renew a person as an approved carer
- > refusing to authorise a person as a kinship or foster carer.

Information about applying to ACAT for a review of decision is available online. This includes an overview of the process, and the application form which must be completed. Visit the ACAT website:

- > W: <https://www.acat.act.gov.au/case-types/children-and-young-people-cases/application-under-chapter-16a-of-the-children-and-young-people-act-2008-for-review-of-director-general-decisions>

Unless exceptional circumstances apply, you must ask CYF for an internal review of decision before asking ACAT to review a decision. See ACAT's website for information about exceptional circumstances.

In reviewing a decision, ACAT will be guided by administrative law principles that promote government decision-makers having legal responsibility and accountability for decisions made, and for the decision-making process.

If you would like to make an application to ACAT for a decision to be reviewed, you may wish to get legal advice first.

The Public Advocate and the Aboriginal and Torres Strait Islander Children and Young People Commissioner are able to request ACAT to conduct decision review on behalf of a child.

If you would like assistance, Carers ACT provides an independent Kinship and Foster Carers Advocacy Service that can provide you with support. See '[Supports and services](#)'.

External oversight agencies

CYF and OOHC service providers recognise people who use their services, including carers, are free to make complaints directly to external oversight agencies, such as the Human Rights Commission, and support their right to do so.

It is preferred that you first try to resolve your matter directly with CYF or the OOH service provider before approaching an external oversight agency. However, you have the right to seek external assistance at any time.

The role of the **ACT Human Rights Commission** is to resolve matters and promote the rights and welfare of people in our community, including children in care. The *Human Rights Commission Act 2005* states a person may complain to the Human Rights Commission about a service for children if they have formed a view that the service is not being provided appropriately.

The Commission will support everyone involved with a complaint to resolve the matter informally where possible. The Commission can help by making sure everyone is in regular communication and knows what is happening to handle the complaint. If needed, the Commission can also provide dispute resolution.

The ACT Human Rights Commission includes the responsibilities of the:

- > Public Advocate and Children and Young People Commissioner
- > Discrimination, Health Services, Disability and Community Services Commissioner

In addition, the ACT Office of the Aboriginal and Torres Strait Islander Children and Young People Commissioner is another agency which supports community members involved with child protection services. The Office of the Commissioner is independent to any other government agency, as established by the *Aboriginal and Torres Strait Islander Children and Young People Commissioner Act 2022*. Contact details are included in 'Supports and services'.

The Public Advocate and Children and Young People Commissioner

In the ACT, the roles of the Public Advocate and the Children and Young People Commissioner are performed by the same person. Their role is to protect and promote the rights and interests of people who are vulnerable, or whose condition or situation makes them potentially vulnerable to abuse, exploitation or neglect. This includes:

- > advocacy and support
- > monitoring and providing oversight of services and systems
- > engaging with and listening to the views of children
- > improving services for all children
- > holding government to account.

In particular, the Public Advocate has broad functions and powers under the *Human Rights Commission Act 2005*, the *Children and Young People Act 2008* as well as with criminal matters relating to youth justice. They may undertake individual advocacy if requested by a child, their birth parent or their carer if they believe a child is in need of care and protection or if requested to do so by a court or tribunal. They may also be heard in a court proceeding concerning a child under the *Court Procedures Act 2004*. These proceedings may include care matters or youth justice matters.

The Public Advocate also has oversight of a range of decisions made by the Director-General, and therefore CYF and OOH service providers. The *Children and Young People Act 2008* requires the Director-General to provide the Public Advocate with decision-making information for each child in the Director-General's care. For example, the Public Advocate receives copies of all applications for Care and Protection Orders, Annual Review Reports and requests to transfer orders interstate. The Public Advocate provides feedback but cannot change the decisions made.

Should the Public Advocate believe it is necessary to change a Care and Protection Order, they are able to make a direct application to the ACT Childrens Court without consulting the Director-General, birth parents, carers or other child representatives.

The Discrimination, Health Services, Disability and Community Services Commissioner

In the ACT, the roles of the Discrimination, Health Services, Disability and Community Services Commissioners are performed by the same person. The Commissioner independently handles complaints about:

- > unlawful discrimination, sexual harassment and vilification
- > health services
- > disability services
- > services for older people
- > services for children and young people.

The combination of roles gives the Commissioner the ability to identify and advocate for systemic issues that affect vulnerable groups in the ACT community across a range of settings. In addition to complaints handling, the Commissioner also has responsibility for:

- > promoting awareness of rights and obligations provided under the *Human Rights Commission Act 2005* and the *Discrimination Act 1991*
- > improving service provision and outcomes for people protected by the Acts
- > using Commissioner-Initiated-Consideration powers to address systemic issues
- > promoting an understanding of and compliance with the Acts.

The Aboriginal and Torres Strait Islander Children and Young People Commissioner

The Office of the Commissioner is an independent oversight agency, responsible for protecting and promoting the rights of Aboriginal and Torres Strait Islander children and young people involved with child protection services and the youth justice system.

The role of the Office of the Commissioner includes:

- > advocating on behalf of Aboriginal and Torres Strait Islander children and young people
- > representing the interests and rights of Aboriginal and Torres Strait Islander children and young people in relation to decisions which affect them
- > taking part in court hearings, including care and protection and youth justice proceedings, to support the best interests of children and young people
- > looking into matters that affect the development, safety and wellbeing of Aboriginal and Torres Strait Islander children and young people and making recommendations to the Government,
- > providing advice about laws and rules affecting Aboriginal and Torres Strait Islander children and young people and their families.

Like the Public Advocate, the Director-General is required to provide the Commissioner with decision-making information for Aboriginal and Torres Strait Islander children and young people in care. This includes providing copies of all applications of Care and Protection Orders, Annual Review Reports and requests to transfer orders interstate. The Commissioner is able to provide feedback but cannot change the decision made.

Advocacy and advice

Anyone can be an advocate. Advocacy means speaking on behalf of another person to ensure their voice is heard on issues important to them. This can include ensuring their views and wishes are genuinely considered when decisions are being made about their life, and their rights are protected and defended.

Advocacy can be informal or formal. As a carer, you advocate informally every day for the child in your care. You do this when you speak up during medical appointments, school meetings, phone calls or emails.

Where more support is needed, you may seek formal advocacy. There are various organisations who provide advocacy and advice to ensure views are heard. They can assist you by talking through your concerns, attend meetings with you and help to write letters to those involved.

It is important in all circumstances to remember your obligations to protect the confidentiality and privacy of the child in your care.

Kinship and Foster Carers Advocacy Service

The Kinship and Foster Carers Advocacy Service, delivered by Carers ACT, provides free independent advocacy support to negotiate and resolve difficult matters for carers of children in care. This service can assist you with specific goals or short-term issues, while also developing your skills to advocate for yourself.

The Foster and Kinship Carers Advocacy Service may be able to help you:

- > understand your rights
- > have your views heard and acknowledged
- > engage with CYF, OOHC service providers and others involved
- > communicate effectively through correspondence, phone calls and meetings.

For more information about the Kinship and Foster Carers Advocacy Service:

- > P: (02) 6296 9900
- > E: kinshipfostercare@carersact.org.au
- > W: www.carersact.org.au

Birth Family Advocacy Support Service

The Birth Family Advocacy Support Service, delivered by the Australian Red Cross, provides independent information and support to birth families. This includes kinship carers as the service recognises the unique situation of kinship care.

The Birth Family Advocacy Support Service may be able to help kinship carers:

- > understand the child protection system
- > access targeted services and supports
- > communicate effectively with CYF, OOHC service providers and others involved.

For more information about the Birth Family Advocacy Support Service:

- > P: (02) 6234 7600
- > E: birthfamily@redcross.org.au

Guiding legislation and policies

In this section: Learn about the key documents and principles that guide CYF and OOHC service providers in their work and commitment to the safety and wellbeing of children in care.

When making decisions about the care and protection of children, CYF and OOHC service providers are guided by legislation, key principles and standards, in addition to organisational policies and procedures. The following information outlines the primary principles that guide their work.

Children and Young People Act 2008

The *Children and Young People Act 2008* is the law that governs child protection in the ACT. It provides CYF, OOHC service providers, the ACT Childrens Court and others to carry out their responsibilities in regard to ensuring the safety, welfare and wellbeing of children.

If you would like to read the *Children and Young People Act 2008*, it is available online from the ACT Legislation Register at:

- > W: www.legislation.act.gov.au/a/2008-19

CYF and OOHC service providers are also required to work in a way consistent with the *Human Rights Act 2004*, and you can access it online from the ACT Legislation Register at:

- > W: www.legislation.act.gov.au/a/2004-5

The ACT Childrens Court

In the ACT, the main decision-makers about the best interests of children under the *Children and Young People Act 2008* are the Director-General of the Health and Community Services Directorate and the ACT Childrens Court.

When the Court decides a child is 'in need of care and protection', it may make a Care and Protection Order and may transfer parental responsibility for a child to the Director-General under the Act. The Director-General may then delegate functions, including parental responsibility to CYF, OOHC service providers, or to kinship or foster carers.

Applications can be made to the Childrens Court once every 12 months by interested parties (known as a party to proceeding) to extend, amend or revoke a Care and Protection Order, or more often if there has been a significant change in circumstances since the order was made or last changed. Applications can be made by any party involved with the original application for a Care and Protection Order. Other interested parties may also become involved such as carers who, for example, are not in agreement with a decision made by (or on behalf of) the Director-General. However, the Childrens Court does not *review* decisions made because of the requirements of Care and Protection Orders, rather the Court makes a **new** decision based on the evidence.

Under the Act, parties to proceedings for a Care and Protection Order may also appeal to the ACT Supreme Court regarding certain decisions made by the Childrens Court. However, an appeal can only be brought before the Supreme Court against a *decision* of the Childrens Court.

The role of a court is to be a decision-maker, not to *review* previous court decisions or those made by the Director-General.

Next Steps for Our Kids

Next Steps follows A Step Up for Our Kids as the ACT's Out of Home Care Strategy. It shows how we will deliver services for children and young people who cannot live safely at home.

Next Steps broadens its reach across the child and youth protection system. It sits alongside other local and national strategies and reviews that are aimed at building a stronger, fairer and more effective service system to support children, young people and their families and carers.

Where A Step Up sought to address challenges at a system level, Next Steps explicitly recognises the challenges experienced by those who come into contact with child and youth protection.

For more information about A Step Up for Our Kids, visit:

- > W: www.act.gov.au/open/next-steps-for-our-kids

Working principles and Signs of Safety

In doing their work, CYF and OOHC service providers are guided by the following principles provided by the *Children and Young People Act 2008*. These are:

- > the primary responsibility for providing care and protection for a child lies with the child's parents and other family members
- > priority must be given to supporting parents and other family members to provide for the safety, welfare and wellbeing of their child
- > if a child does not live with their family of origin, contact with their parents, siblings and other significant people in their life, must be encouraged wherever possible
- > if a child is 'in need of care and protection' it is the responsibility of the Government to take steps to secure their safety. Under the Act, a child is in need of care and protection if their parents are unwilling or unable to protect them from significant harm, whether temporarily or permanently
- > if a child can no longer live with their parents, the safety and wellbeing of the child is more important than the interests of the parents
- > a court should only make an order for a child if it considers making the order is in the child's best interests
- > For Aboriginal and Torres Strait Islander children, decision making must consider the Aboriginal and Torres Strait Islander Child Placement Principle.

CYF is also guided by the Signs of Safety practice framework. Using Signs of Safety helps CYF to work in partnership with families while being clear about worries and risks impacting children. The framework recognises that families and communities often know best what children need to feel safe and supported. It values cultural strengths and works alongside families to build safety in everyday life.

Key elements of Signs of Safety include:

- > Working with families to understand what is already working well, and what needs to change so child protection involvement is no longer needed
- > Creating clear plans in plain language alongside families, which outlines the strategies families and their safety network will use to increase safety
- > Agreeing on actions which need to be achieved to keep the child safe every day. Responsibility for actions is shared between families, their safety network and professionals.
- > Regular review of plans to respond to change and make sure the plan continues to work.

CYF use Signs of Safety in different situations. This includes while children remain at home with the support of CYF, following a child entering care and to support ongoing planning such as considering permanency.

Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle is a **national policy position** recognised and supported in the ACT. The Principle was included in the *Children and Young People Act 2008* in July 2024.

The Child Placement Principle recognises the importance of Aboriginal and Torres Strait Islander children to be cared for **within** their own families and communities whenever possible, and where not possible, for children to remain **connected** to family, community and culture. It promotes a partnership between governments and Aboriginal and Torres Strait Islander communities in decision-making, upholding that Aboriginal and Torres Strait Islander people are best equipped to make decisions about their children and therefore should participate in decisions about their children with as much self-determination as possible.

While called the Child 'Placement' Principle, the principle is far broader than where an Aboriginal and Torres Strait Islander child should live. Care living arrangements are just one element. The principle includes five inter-related elements that together aim to improve outcomes for Aboriginal and Torres Strait Islander families. The five core elements are:

- > **Prevention** – Protecting children's rights to grow up in a family, community and culture.
- > **Partnership** – Ensuring the participation of community representatives in service design, delivery and individual case decisions.
- > **Placement** – Placing children in out of home care in accordance with the hierarchy set out in section 513:
 - with the child's extended family or kinship group
 - within the child's Aboriginal and Torres Strait Islander community or group
 - with another Aboriginal and Torres Strait Islander family, where culturally appropriate
 - where no other option is available, with a non-Aboriginal and Torres Strait Islander family.
- > **Participation** – Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children, including placement and contact.
- > **Connection** – Maintaining and supporting connections to family, community, culture and country for children in out of home care.

CYF and OOHC service providers apply the five elements of the Child Placement Principle across all aspects of their work. In doing so, CYF and OOHC service providers are committed to work with Aboriginal and Torres Strait Islander families to improve outcomes for these families and their children, and to help achieve the aims of the Child Placement Principle. These are to:

- > recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters
- > increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters
- > reduce the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system.

For more information about the Child Placement Principle, visit the SNAICC website:

- > W: www.snaicc.org.au

Charter of rights for kids in care

The ACT's *Charter of rights for kids in care* ensures the rights of all children who are unable to live with their parents and are being cared for in short or long-term out of home care. This includes children living in kinship care, foster care, respite care or other residential care facilities.

The Charter sets out what children can expect from the people who look after them and work with them while they are in care.

The rights of all children in care are:

- > The right to be safe and looked after.
- > The right to be respected.
- > The right to be treated fairly.
- > The right to have fun, play and be healthy.
- > The right to be heard.
- > The right to privacy and have their own things.
- > The right to ask questions about what is happening to them.
- > The right to have contact with the people they care about and know about their family and cultural history.
- > The right to go to school.
- > The right to talk to people about things they don't like or don't understand.

For more information about the Charter, visit the Health and Community Services Directorate website:

- > W: <https://www.act.gov.au/open/act-charter-of-rights-for-kids-in-care>

The ACT Charter for Carers

The ACT *Charter for Carers involved with ACT child protection services* (the Charter for Carers) provides a policy framework to guide the way government and community services meet the needs of carers in the ACT. It outlines what carers should expect from the ACT Government and community organisations that provide them with support. The Charter for Carer explains the shared responsibilities carers, the child protection system and OOHC service providers have to each other and to all children in care.

The purpose of the Charter for Carers is to raise awareness of those in our community who provide a caring role. It also aims to provide a platform for improving the experience of carers by recognising that while carers' needs are diverse, all carers should expect to be treated with **dignity** and **respect**.

The ACT Government has demonstrated their commitment to upholding (reword) the Charter for Carers by making it an instrument under the *Children and Young People Act 2008*. This means CYF and OOHC service provider staff are required to follow the Charter.

To view the Charter for Carers, please visit:

- > W: <https://www.act.gov.au/open/act-charter-for-carers>

ACT Carers Strategy

The ACT Government, in partnership with Carers ACT, has developed the *ACT Carers Strategy 2018-2028*. The Strategy aims to support carers in the Canberra community, including foster and kinship carers, acknowledging the positive impact they make in people's lives and the broader community.

The Strategy articulates a shared vision, outcomes and priorities for carers to improve carer wellbeing and recognition.

For more information about the Carers Strategy go to:

- > W: www.act.gov.au/open/act-carers-strategy

Use of carer information

During your time as a carer, CYF and OOHC service providers will keep information about you. This can include your carer approval and assessment information, meeting notes, records of conversations, forms you have completed and any other documents concerning your role as a carer and the child in your care. All information will be kept securely to ensure confidentiality is maintained. If you have any questions about information concerning you, speak to your practitioner.

National Standards for out of home care

The National Standards for out of home care were adopted by the ACT in 2016. The Standards are designed to deliver consistency and drive improvements in the quality of care provided to children who come into care. They seek to improve the outcomes and experiences for these children by focusing on the key areas that directly influence positive outcomes. These are:

- > Children and young people will be provided with stability and security during their time in care
- > Children and young people participate in decisions that have an impact on their lives.
- > Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.
- > Each child and young person has an individualised plan that details their health, education and other needs
- > Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.
- > Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.
- > Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment
- > Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.
- > Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings and other family members
- > Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up
- > Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.

- > Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.
- > Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.

CYF and OOHC service providers are guided by these Standards in their decision-making when working with children and carers.

The National Standards were developed as an initiative of all governments – the Australian Government and state and territory governments – and is part of the *National Framework for Protecting Australia's Children*.

For more information visit:

- > <https://www.dss.gov.au/outline-national-standards-out-home-care-2011/national-standards-out-home-care>

Children and Young People Commitment

The ACT Child and Young People Commitment is an initiative of the ACT Government. It sets out a vision for a whole of government and community approach to promote the rights of children in the ACT and how they can be supported to reach their potential. CYF and OOHC service providers support this initiative. The Commitment identifies six priority areas:

- > provide access to quality healthcare, learning and employment opportunities
- > implement policy that enables the conditions for children and young people to thrive
- > keep children and young people safe and protect them from harm
- > advocate the importance of the rights of children and young people
- > build strong families and communities that are inclusive and support and nurture children and young people
- > include children and young people in decision making, especially in areas that affect them, ensuring they are informed and have a voice

For more information visit:

- > <https://www.act.gov.au/open/act-children-and-young-people-commitment-2015-2025>

Glossary of terms

Below is a list of common terms and abbreviations connected with the care and protection system you will likely come across during your time as a carer:

Term	Description
ACAT	ACT Civil and Administrative Appeals Tribunal.
Adoption	A legal process whereby all parental rights and responsibilities for a child are transferred from the birth parents to the adoptive parents. Adoption is not considered by CYF to be a suitable option for Aboriginal and Torres Strait Islander children.
Best interests	According to section 8 of the Act, decision-makers must consider the best interests of a child before anything else. Best interests' determinations are based on a legally defined concept and made by considering a number of factors (section 349) related to the child's circumstances and the parents' or carers' capacity to parent. The child's ultimate safety and wellbeing is the paramount concern.
Care and Protection Order	A type of court order granted by the ACT Childrens Court when the Court determines a child is in need of care and protection.
Care Plan	A plan outlining what needs to happen to ensure the care and protection of a child. It records goals, tasks and actions. Care Plans are developed in partnership with members of a Declared Care Team.
Care planning	The process of developing a Care Plan and implementing the agreed tasks and actions within a specified timeframe.
Care Team	A team of individuals and/or entities declared by the Director-General under section 863 of the Act to share information in the context of collaborative case management for a child in care. Team members have an ongoing role with the child or family and work collaboratively in the best interests of the child.
Case conference	A meeting of the key people involved in the case management of a child and their family. Case conferences enable information sharing, collaboration and inter-agency decision-making.
Case management	The ongoing process of identifying how the needs of a child will be met and their Care Plan implemented. Case management involves developing, coordinating, monitoring, reviewing and evaluating a child's various plans over the duration of the child's involvement with the out of home care system. These plans are relevant to the child's situation and can include Care Plans, Case Plans, Cultural Plans, Safety Plans, Restoration Plans and Transition Plans. Case management is led by a child's practitioner, with engagement with other key people involved in the child's care.
Case Plan	The primary day-to-day case management tool was developed and used by CYF and OOH service providers to meet a child's safety and care

	needs, and to monitor how the child is going. A Case Plan is more detailed than a Care Plan outlining the goals, tasks and actions required by those involved. Case Plans are developed in partnership with relevant individuals including parents, carers and the child.
Case planning	The process of developing a Case Plan and implementing the tasks and actions within a specified timeframe.
Contact	The term used to describe the frequency and duration of time allocated to maintain relationships between a child and the people they have a <i>right</i> to connect with on a regular basis. This may include birth family members and other significant people close to the child. Contact can happen through various activities including, but not limited to, visits, phone calls and letters.
Cultural Plan	A plan outlining how a child's connection to culture, identity and family ties (including kinship) will be maintained and promoted by their carer. All decisions relating to Aboriginal and Torres Strait Islander children in care are informed by the child's Cultural Plan.
Cultural planning	The process of developing, implementing and maintaining a Cultural Plan. Central to this process is finding kin and ensuring a child's ongoing connection to culture.
Cumulative harm	The effects of multiple adverse or harmful circumstances and events in a child's life. The impact of these experiences on the child can be profound and affect their sense of safety and wellbeing.
CYF	Children, Youth and Families. CYF is the ACT Government agency responsible for investigating the safety and wellbeing of children in the ACT who may be at risk of significant harm. CYF is part of the Health and Community Services Directorate.
Daily care responsibility	The legal responsibility given to a person to allow them to make decisions about the daily care needs of a child. For example: > where and with whom the child lives > the people with whom the child may, or must not, have contact (consistent with any court order in place) > everyday decisions, for example about the personal appearance of the child > decisions about education, training and employment > consenting to healthcare or dental treatment on the advice of a health practitioner (not including surgery). Any court order will override decisions made by a person with daily care responsibility.
Director-General	In the context of care and protection of children, the person who holds delegated responsibility for the operation of Children, Youth and Families (CYF).

Emergency Action	Arranging for a child's immediate care and protection by ensuring they are cared for somewhere safe, such as with a kinship or foster carer. Emergency Action is legally only allowed where the child is in immediate need of care and protection.
Enduring Parental Responsibility	A type of Care and Protection Order that allows carers to hold full parental responsibility for a child and make decisions on the child's behalf. CYF has no role in the monitoring or case management of these orders.
Long-term or final Care and Protection Order	An order made by the ACT Childrens Court (or another relevant court in Australia) allocating parental responsibility of a child to the Director-General, Health and Community Services Directorate, or another stated person, until the child turns 18 years old.
Foster care	Care and support provided to children who are unable to live with their own families.
Foster carer	A trained and assessed community member (unknown to the child) authorised by the Director-General to provide care in their own home for children who are in need of care and protection.
'In need of care and protection'	According to the Act, a child is in need of care and protection if the child or young person. > the child or young person is at risk of significant harm; and > no-one with parental responsibility for the child or young person is willing and able to protect the child or young person from the risk of significant harm.
Interim or short-term Care and Protection Order	An order that allows temporary or short-term protective arrangements and transfer of parental responsibility for child while there is an ongoing assessment of risk. The time is used to gather more information about the child's and family's needs and risks, to see how the child responds to their new arrangements, and/or for the birth parents to make changes to their situation.
Kinship care	Care and support provided to children by relatives (kin), or people in a child's extended family network or community, when they are unable to live with their birth parents. Kinship care is recognised as having advantages for the preservation of family, promotion of cultural identity and reduced separation trauma for the child.
Kinship carer	A family member or significant person known to a child, who is authorised by the Director-General to care for the child who is in need of care and protection.
Long-term care responsibility	The legal responsibility given to a person for the long-term care, protection and development of a child, and all powers, responsibilities and authority a guardian of a child has by law.

Neglect	The child's basic physical, emotional, developmental or psychological needs are not being met. For example, failing to provide food, shelter clothing or healthcare treatment.
Parental responsibility	All duties, powers, responsibilities and authority parents have by law in relation to their children, including daily care and long-term care responsibility.
Permanency	A focus on the importance of providing children who are unable to return to the care of their birth parents with stable, consistent and long-term care arrangements.
Placement	A child's living arrangement. This could be with a kinship carer, foster carer or in a residential care facility.
Practitioner	A CYF or OOHC service provider staff member with primary responsibility for case management of a child.
Preservation	A focus on preventing children from entering care by providing high-risk birth parents with targeted and intensive support to reduce risks and enable them to maintain the care of their children.
Respite care	Planned, regular and/or time limited breaks for the primary carer of a child in care.
Restoration	A process of supporting a planned reunification of children who have come into care back to their birth parents.
Significant harm	Significant harm is explained in section 344 of the <i>Children and Young People Act 2008</i>. Significant harm means any negative effect on the safety, welfare or wellbeing of a child or young person. Significant harm can be caused by: > sexual abuse, grooming or sexual exploitation, > physical or emotional abuse, > the child's basic physical, emotional, developmental or psychological needs not being met > exposure to family violence.
Specific Parental Authority	A written authority provided to a kinship or foster carer that enables them to share an aspect of the Director-General's daily care responsibility and/or long-term care responsibility for a child.
Supervised contact	A method of ensuring a child can have contact with their parents or other significant people when safety issues may be a concern. During supervised contact, another person is present to observe the interaction and ensure the child remains safe. Also referred to as 'supported' contact.
Transition	A focus on supporting and preparing children to deal with significant life changes, including a change in care placement, moving towards independence or leaving care as an adult.

Transition Plan	A plan developed when a child in care turns 15 years old to support their transition to adulthood and independence. It identifies the anticipated supports and assistance the child needs from the age of 15 to 25 years.
Voluntary Care Agreement	A legal agreement CYF can make with a parent to share parental responsibility of their child for a short period of time. It enables CYF to facilitate a temporary placement for the child with a carer. A parent may end the agreement at any time.

Supports and services

The information below is an overview of some of the services available in the ACT that can support you as a carer or support the child in your care with their own needs. Please speak to your practitioner before referring the child in your care to a therapeutic service.

General contact details for CYF and OOHC service providers are available in the '[Contacts](#)' section at the front of this handbook.

Organisation	What they do	How they can help	How to contact
Aboriginal and Torres Strait Islander Children & Young People Commissioner	Supporting and speaking up for Aboriginal and Torres Strait Islander children and young people	> Advocacy on behalf of Aboriginal and Torres Strait Islander children and young people > Having a say in court hearings, including care and protection hearings. > Looking into matters that affect development, safety and wellbeing of Aboriginal and Torres Strait Islander young people and writing reports to government, > Having a say about laws and rules affecting Aboriginal and Torres Strait Islander children and young people and their families	P: 0422 284 840 E: ATSChildrenYoungPeople@act.gov.au
Australian Childhood Foundation – therapeutic services	Therapeutic support for children in care who have experienced trauma, their carers and their families.	> Specialist therapeutic support for children > Support for carers to understand and respond to childhood trauma > Life Story Work	Referral through your practitioner
Australian Red Cross – Birth Family Advocacy Support Services	Independent information and support to birth families, including kinship carers.	> Help you understand how the child protection system works > Access targeted services and supports > Listen to you without judgement and offer advice > Help you communicate with CYF, OOHC service providers and others involved	P: (02) 6234 7600 E: birthfamily@redcross.org.au
Carers ACT – Kinship and	Free, independent advocacy support to	> Help and support in communicating with CYF	P: (02) 62969900

Foster Carers Advocacy Service	kinship and foster carers experiencing difficulty in their caring role. Support and empower carers in resolving issues with service providers, such as CYF and OOHC service providers. Also supports carers caring for children with a disability or chronic illness.	and OOHC service providers, including writing correspondence, phone calls, and attending meetings > Link you to support, information and counselling > Develop your self-advocacy skills and help to have your voice heard	E: kinship.fostercare@carersact.org.au W: www.carersact.org.au 2/80 Beaurepaire Crescent, Holt
Centrelink – Grandparent, Foster and Kinship Carer adviser line	Advise and support kinship and foster carers regarding all Australian Government payments, allowances and subsidies for carers and the children in their care.	> Help you understand what financial support you and the child in your care are entitled to > Access to government financial support and services, such as Child Care Subsidy, carer allowances, family tax benefit, disability support payments, youth allowance	P: 1800 245 965 W: https://www.servicesaustralia.gov.au/grandparent-foster-and-kinship-carer-advisers
Child and Family Centres	Range of free support programs and services to assist parents and children from birth to 8 years, and some services up to 12 years. Staffed by professionals including social workers and psychologists.	> Information about services for children and parents > General parenting > Adjusting to being a parent > Family relationship issues > Children's behaviour > Counselling > Links to parent and child groups > Maternal and child health nurse services > Speech and physio drop-in clinics	W: www.act.gov.au/community/families/child-and-family-centres Gungahlin: P: (02) 6207 0120 51 Ernest Cavanagh Street, Gungahlin Tuggeranong: P: (02) 6207 8228 159 Anketell Street, Greenway West Belconnen: P: (02) 6205 2904 6 Luke Street, Holt

Child Development Service	Assess and refer children aged 0-6 years where there are concerns relating to their development. Autism assessments for children aged up to 12 years.	> Free assessments and information resources > Advice and referrals to support services > Access to speech pathology, occupational therapy, social work, physiotherapy, psychology, Child Health Medical Officers and Community Pediatricians > Free drop-in clinics for speech pathology and physiotherapy	P: (02) 6207 8884 E: child.development@act.gov.au W: www.act.gov.au/community/families/child-development-service 26 Weingarth Street and Blackwood Terrace, Holder
Children and Young People Commissioner	See Public Advocate ACT. In the ACT, the roles of the Public Advocate and the Children and Young People Commissioner are performed by the same person.	See Public Advocate ACT >	P: (02) 6205 2222 or 1800 822 272 E: ACTkids@act.gov.au W: www.hrc.act.gov.au/childrenyoungpeople 56 Allara Street, Canberra City, ACT 2601
Companion House	Free services for adults and children who have sought safety in Australia from persecution, torture and war related trauma.	> Services to empower and promote recovery from trauma. For example: > Medical support for the first 12 months in Australia, long GP consultations, bulk billing, interpreter use, assistance with finding a local GP > Counselling > Links to ACT and region support services > Information resources in a range of languages.	P: (02) 6251 4550 E: info@companionhouse.org.au W: www.companionhouse.org.au
CREATE (Children and Young People Engagement Support Service)	Range of programs and services to connect and empower children and young people in care aged 0-25 years.	> Services, information and support network for children in care > Connect children to others in similar circumstances > Empower children to have a voice in their care setting > Access to free activities, events, leadership training > Build child's self-esteem	P: 1800 655 105 or (02) 6232 2409 E: act@create.org.au W: www.create.org.au Cooyong Street and Scotts Crossing, Canberra City

		> Yearly birthday cards to children	
CYF Kinship Assessment and Support Team	Support kinship carers caring for children on short-term or interim orders.	> Day-to-day help > Emotional support > Advice and advocacy > Listen and help resolve problems or concerns > Help with accessing training > Help to access all things you need to be a kinship carer	E: CYFkinshipteam@act.gov.au
ECHS (Enhanced Child Health Service)	Conduct medical examinations, health screens, education, consultation and therapy for children and their families/carers where there are concerns of child abuse and/or neglect.	> One-off concerns interview where you can discuss any worries you have about the child in your care from a therapeutic perspective, such as night terrors, bed wetting, unable to sleep, anxiety > Practical strategies to help you support the child in your care > Therapy for you and the child	P: (02) 5124 2712
FIRSTCanberra	Free service providing information and access to support services in the ACT. A good place to start when you are unsure where to go.	> Listen and advice on support available > Connect you to services relevant to your circumstances, such as child and family services, financial counselling, mental health services	P: 1800 176 468 E: actcis@salvationarmy.org.au W: https://www.salvationarmy.org.au/about-us/our-services/first-canberra/ Nature Conservation House, Corner of Emu Bank and Benjamin Way, Belconnen
Headspace	A free mental health service for young people between 12-25 years. Headspace also provide support and online training to carers and family members helping	Support for young people experiencing challenges with: > Mental health > Education and employment > Alcohol and drug use > Physical and sexual health	P: 6113 5700 E: hcinfo@gph.org.au W: https://headspace.org.au/headspace-centres/headspace-canberra/

	young people with their mental health.		
Melaleuca Place	Specialist treatment service for children aged 0-12 years who have experienced significant harm and are current clients of CYF.	> Deliver therapeutic intervention to children and their support networks > Practical advice and ideas for carers > Help children with coping skills and strategies > Provide trauma-specific training and education for carers	Referral through your practitioner
Migrant and Refugee Settlement Services (MARSS)	Support services for migrants and refugees who have been in Australia for <i>under five years</i> through information, referrals and case management.	> Settlement of new arrivals > Career development seminars > Driver training courses > English language courses > Academic tutoring programs	P: (02) 6248 8577 E: info@marss.org.au W: https://marss.org.au/
Public Advocate ACT	Protect and promote the rights and interests of people who are vulnerable, or whose condition or situation makes them potentially vulnerable to abuse, exploitation or neglect.	> Individual advocacy and support > Engage and listen to your views and those of the child in your care > Raise awareness about issues experienced by vulnerable people	P: (02) 6205 2222 E: human.right@act.gov.au W: https://www.hrc.act.gov.au/advocacy 56 Allara Street, Canberra City ACT 2601
Relationships Australia	Therapeutic support for vulnerable children and their families.	> Counselling and emotional support for children, families and carers	P: 1800 960 540
TIDES Youth Trauma Service	Trauma informed mental health care for young people between 13 – 17 years (or up to 18 years if the young person is attending school).	> Trauma informed therapy > Family engagement and counselling > Support with drug and alcohol use > Help with education and vocational goals > Life skills development	E: yts@uniting.org

	Delivered by Uniting NSW/ACT.	> Crisis management	
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Carer website

This handbook is available online at www.act.gov.au/community/families/support-for-foster-and-kinship-carers#carer-handbook The ACT Government website is another place you can go to access information and resources to help you in your role as a carer
<https://www.act.gov.au/community/families/support-for-foster-and-kinship-carers>.

