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| Permanent care manual 2020  Policies and procedures |
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Department of Health

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| Permanent care manual 2020  Policies and procedures |
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# Purpose and scope of the manual

The *Permanent care manual 2020* outlines the policy and practice guidelines for providing permanent care services in Victoria. The manual provides advice and guidance on procedures in line with current practice and child protection policy.

It has been designed to assist permanent care teams, child protection and kinship and foster care service providers to deliver permanent care services to children and families.

The manual replaces the *Adoption and permanent care procedures manual*(2004).

# Permanent care in Victoria

## Introduction

Many children involved with child protection services are unable to live with their parents. Child protection and care services aim to protect children from harm, respond to their individual developmental needs and ensure they have legal and relational permanency. Providing children with a sense of safety and permanency in their care arrangements and the opportunity to rebuild their trust in safe and nurturing relationships and secure attachments requires a shared commitment between government, the community services sector and carers.

## Permanency and permanent care in the Children, Youth and Families Act

In September 2014 the Victorian Parliament passed the *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014*. The permanency changes, commonly referred to as ‘the permanency amendments’ commenced on 1 March 2016. The amendments were designed to promote timely decision making about future care arrangements for children in care and to promote the permanency of those arrangements.

The permanency amendments responded to concerns that it was taking too long to make decisions about a child’s future care arrangements. Delays in decision making have a detrimental effect on children and young people. The permanency changes sought to align case planning with court orders and the permanency objective for a child. The changes provide clarity for the child and family in relation to the purpose and direction of child protection intervention.

The *Children, Youth and Families Act 2005* (CYF Act) requires child protection to prepare a case plan for every child when a substantiation decision is made. Section 166 of the CYF Act requires every case plan to identify a permanency objective that is determined to be in the child’s best interest. The permanency objectives in order of preference are family preservation or family reunification or, when a decision is made that a child cannot live with their parents, adoption, permanent care or long-term care with a specific carer. Although adoption is included as a permanency objective, an adoption cannot proceed unless parental consent has been given under the *Adoption Act 1984* or the Children’s Court grants dispensation of consent.

For most children in care the permanency objective will be reunification. In these circumstances the Children’s Court will issue a family reunification order, which can be made for a period that enables the child to be in care for no longer than 12 months. If the child is not able to be reunified in the 12-month period, the court may extend the family reunification order for a further 12 months when there is evidence that reunification is likely to be achieved during that extended timeframe.

In Victoria, if reunification cannot be achieved within the 12–24-month legislated timeframe, permanent care is the preferred means of providing alternate long-term care for a child, except in exceptional circumstances or unless there is parental consent or dispensation of consent for adoption.

## 1.2 Permanent care orders

Permanent care orders were first introduced under the *Children and Young Persons Act 1989*. The permanent care program ensures children unable to live at home are placed with carers who are assessed as suitable and who can provide a safe and enduring permanent placement. The Department of Health and Human Services (the department) delivers the permanent care program in Victoria through child protection, internal permanent care teams and registered community service organisations (CSOs).

Section 10(h) of the CYF Act requires consideration to be given to the child being placed with an appropriate family member or other appropriate person significant to the child before any other placement option is considered. If suitable carers in the child’s family or social network are not available, an existing foster carer may be assessed if the placement is established and the child has formed an attachment or, alternatively, by assessing new permanent care applicants.

A permanent care arrangement is legalised when the Children’s Court in Victoria makes a permanent care order. This gives the permanent carer ‘parental responsibility’ ‘to the exclusion of all other persons’ until the child reaches 18 or marries, if this occurs earlier.

# Legislative and policy framework

A strong legislative and decision-making framework exists to protect the rights of children, families and carers that must be taken into consideration in all processes, practice and decision-making to support and provide care for children involved with child protection. The following chapter outlines the requirements to be considered when a decision is made for a child to be placed in permanent care.

## 2.1Children, Youth and Families Act

### Best interest principles

The best interest principles in s. 10 of the CYF Act are paramount when making decisions about a child. These principles include the need to protect a child from harm, protect his or her rights and promote his or her development and to preserve cultural identity and significant relationships. There are other factors in s. 10 to be considered including the desirability of continuity and permanency in a child’s care. Staff involved in planning and making decisions about permanent care for children must follow the best interest principles.

### Additional decision-making principles for Aboriginal children

Section 12 of the CYF Act also includes a principle that recognises Aboriginal self-management and self-determination in deciding or taking an action in relation to an Aboriginal child. Section 13 of the CYF Act sets out the Aboriginal Child Placement Principle, which must be followed when considering a long-term or permanent care placement for an Aboriginal child. Section 14 sets out further principles a decision-maker must consider when placing an Aboriginal child.

### Aboriginal Child Placement Principle

The Aboriginal Child Placement Principle is enshrined in s. 13 of the CYF Act. Every Aboriginal child has the right to be raised within their own culture and community, and this is critical to the development and wellbeing of Aboriginal children.

The Aboriginal Child Placement Principle is a nationally agreed standard used in determining the placement of Aboriginal children in care. The principle aims to enhance and preserve Aboriginal children’s sense of identity by ensuring they maintain strong connections with their family, community and culture.

The principle aims to ensure the rights of an Aboriginal child as an individual are always maintained while acting in the best interests of the child. Equally in any proceedings about placing a child away from their parents, the opportunity must be given to the child, their parents, extended family and community to have their views heard.

The principle has been endorsed by the Secretariat of National Aboriginal and Islander Child Care Agencies and governs the practice of child protection practitioners when placing Aboriginal children in care. The principle defines the process for ensuring Aboriginal representatives are consulted and involved in decision making about care arrangements for Aboriginal children. Specific attention is paid to Aboriginal children who are separated or removed from their biological family.

If it is in the best interests of an Aboriginal child to be placed in care, all placements must maintain the [child](http://www.austlii.edu.au/au/legis/vic/consol_act/cyafa2005252/s3.html#child)’s connection to their culture and identity, and child protection must seek advice from the gazetted Aboriginal agency. Section 13 of the CYF Act indicates that if a care placement is necessary, the following hierarchy must be followed:

1. As a priority, wherever possible, the child must be placed within the Aboriginal extended family or relatives and where this is not possible other extended family or relatives.
2. If, after consultation with the relevant gazetted Aboriginal agency, placement with extended family or relatives is not feasible or possible, the child may be placed with:

an Aboriginal family from the local community and within close geographical proximity to the child’s natural family

an Aboriginal family from another Aboriginal community, or

as a last resort a non-Aboriginal family living near the child’s natural family.

### Children, Youth and Families Act Regulations

Decision-makers involved in planning for, and making decisions about, permanent care, including the decision about the suitability of permanent care applicants, must follow the decision-making principles set out in ss. 10–14 and ss. 319–327 in the CYF Act. In addition, r. 18 of the Children Youth and Families Regulations 2017 sets out the matters a court must consider in making a permanent care order. These regulations form the basis of the assessment framework for all permanent carers. Refer to the [CYF Regulations](http://www.legislation.vic.gov.au/) <http://www.legislation.vic.gov.au/>.

## 2.2 Self-determination

The Victorian Government is committed to advancing self-determination for Aboriginal Victorians. Self-determination underpins the Aboriginal Children in Aboriginal Care (ACAC) program. Aboriginal people, who know what is best for Aboriginal children, should be responsible for the safety and protection of Aboriginal children. By placing the responsibility for the protection and care of Aboriginal children with Aboriginal agencies, ACAC allows organisations to do things differently to make a difference in the lives of Aboriginal children and families.

## 2.3Charter of Human Rights and Responsibilities Act

The *Charter of Human Rights and Responsibilities Act 2006* sets out 20 key human rights, of which four are relevant to administering permanent care:

* the right to recognition and equality before the law: everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination (s. 8)
* the right to privacy and reputation: everyone has the right to keep their lives private – a person’s family, home or personal information cannot be interfered with, unless the law allows it (s. 13)
* the right to protection of families and children: families are entitled to protection – children have the same rights as adults, with added protection according to their best interests (s. 17)
  + cultural rights: people can have different family, religious or cultural backgrounds – they can enjoy their culture, declare and practise their religion, and use their languages (s. 19).

The Charter requires public authorities in state and local governments to act in ways that are compatible with human rights.

## 2.4 Charter for children in out-of-home care

The *Charter for children in out-of-home care* has been prepared for children and young people who cannot live with their parents and are in care. It lists what they should expect from people who look after them and work with them while they are in care.

This charter also provides a guide for workers and carers about the sorts of things they need to make sure happen for children and young people in their care (Table 1).

Table 1: Tenets of the Charter for children in out-of-home care

| A child and young person’s rights | As a child or young person in care, I need: |
| --- | --- |
| To be safe and feel safe  To stay healthy and well, and go to a doctor, dentist or other professional for help when I need to  To be allowed to be a child and be treated with respect  If I am an aboriginal child, to feel proud and strong in my own culture | to have a say and be heard  To be provided with information  To tell someone if I am unhappy  To know information about me will only be shared in order to help people look after me  To have a worker who is there for me  To keep in contact with my family, friends and people and places that matter to me  Careful thought being given to where I will live, so I will have a home that feels like a home  To have fun and do activities that I enjoy  To be able to take part in family traditions, and be able to learn about and be involved with cultural and religious groups that are important to me  To be provided with the best possible education and training  To be able to develop life skills and grow up to become the best person I can  Help in preparing myself to leave care and support after I leave care |

There are a range of resources designed to help children and young people understand their rights in care, to assist staff to engage with them about their rights, and to help agencies embed this charter into their policies and procedures. For more information refer to the [*Child Protection Manual*](https://www.cpmanual.vic.gov.au/our-approach/roles-and-responsibilities/charter-children-out-home-care) <https://www.cpmanual.vic.gov.au/our-approach/roles-and-responsibilities/charter-children-out-home-care>.

## 2.5 Carers Recognition Act

The *Carer’s Recognition Act 2012* recognises, promotes and values the role of carers and formally acknowledges the important contribution that people in care relationships make to our community, and the unique knowledge that carers hold about the child or young person in their care.

## 2.6 Victorian charter supporting people in care relationships

The [*Victorian charter supporting people in care relationships*](https://providers.dhhs.vic.gov.au/victorian-charter-supporting-people-care-relationships-word) <https://providers.dhhs.vic.gov.au/victorian-charter-supporting-people-care-relationships-word> supports the Carers Recognition Act. The charter articulates the rights and responsibilities of people in care relationships and outlines how they can best be supported by organisations, governments and the community. The charter encourages caring families to access the services available to them. The Victorian charter includes situations where someone is being cared for under the Carers Recognition Act in a kinship, foster or permanent care arrangement. [View the charter](https://providers.dhhs.vic.gov.au/victorian-charter-supporting-people-care-relationships-word) <https://providers.dhhs.vic.gov.au/victorian-charter-supporting-people-care-relationships-word> on the department's website.

As a carer, you should:

* be respected and recognised:
  + - as an individual with your own needs
    - as a carer
    - as someone with special knowledge of the person in your care
* be supported as an individual and as a carer, including during changes to the care relationship
* be recognised for your efforts and dedication as a carer, and for the social and economic contribution to the community arising from your role as a carer
* have your views and cultural identity taken into account, together with the views, cultural identity, needs and best interests of the child or young person for whom you care, in matters relating to the care relationship (this includes when decisions are made that impact on you and the care relationship)
* have your social wellbeing and health recognised in matters relating to the care relationship
  + - have considered in decision making the effect of being a carer on your participation in employment and education.

## 2.7 Permanency guiding principles for best practice

On 25 August 2017 all state and territory community service ministers agreed the Guiding Principles for Permanency Best Practice. The aim of the principles is to ensure that children’s best interests are protected in permanency arrangements.

* **Children’s interests are paramount** and at the centre of all decisions impacting on their lives.
* **Compliance with all five domains of the Aboriginal and Torres Strait Islander Child Placement Principle** is supported and measured.
* **Prevention and early intervention** for all children is a key focus for achieving permanency. A child, family and community should be supported to live with their family wherever possible and/or in the community.
* **Various pathways to permanency are available to children** and are considered as soon as statutory involvement occurs and reviewed regularly.
* Timeframes which promote **timely permanency decisions** including placements and hierarchy of permanency options are reflected in legislation and/or policy and practice, with national public reporting on permanency timeframes that are achieved.
* Every child has a **comprehensive and timely permanency assessment**, and culturally and trauma informed **permanency planning** is in place and regularly reviewed.
* Kinship placements that preserve a child’s **connection to culture and relationships with their parents, siblings, community and other significant people** are prioritised in permanency planning when an OOHC [out-of-home care] placement is required.
* **Carers/guardians/parents and the community are supported** to provide children with the best practice permanency outcomes that meet their cultural, emotional and psychological therapeutic needs.
  + Significant and lifelong relationships are supported and maintained.

## 2.8 Child Information Sharing Scheme

The Child Information Sharing Scheme facilitates services working together to identify needs and risks, promote earlier and more effective intervention and integrated service delivery provision and improve outcomes for children and families in Victoria. The scheme is articulated in the[*Child Information Sharing Scheme ministerial guidelines*](https://www.vic.gov.au/infosharing/resources.html), which are legally binding for all prescribed information sharing entities. More information is available in the [*Child Protection Manual*](http://www.cpmanual.vic.gov.au/our-approach/information-sharing/child-information-sharing-scheme-and-child-protection) <http://www.cpmanual.vic.gov.au/our-approach/information-sharing/child-information-sharing-scheme-and-child-protection>.

# The [permanent care](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/identifying-and-achieving-permanency-objective#h3_3) program

## Introduction

The department is responsible for regulating and developing policy for the permanent care program in Victoria in accordance with the CYF Act and has the power under this Act to assign other agencies with roles and responsibilities.

In Victoria a permanent care placement is legalised through the Children’s Court granting a permanent care order to the child’s permanent carer. The permanent care order transfers parental responsibility for the child to the person named on the order (not usually being the child’s parent or the Secretary to the department) to the exclusion of all other persons. The parent’s names are retained on the child’s birth certificate and the order ceases when the child turns 18 years.

Under the CYF Act the Children’s Court may make a permanent care order when it is satisfied that a parent has not had care of the child for at least six months or for periods that total at least six months of last 12 months and the parent is unwilling or unable to resume care of the child and it would not be in the best interests of the child for the parent to resume parental care.

The Children’s Court can make a permanent care order when a permanent carer has been assessed as suitable in accordance with the CYF Act and the requirements set out in the CYF Regulations.

Section 10(h) of the CYF Act requires that suitable kinship carers or other significant persons who can meet the long-term needs of the child are identified first before any other placements can be considered. If a kinship carer cannot be identified, then consideration can be given to:

* the child’s current foster carer if they are suitable and willing
* a new permanent carer.

## Agencies and services supporting the permanent care program

The permanent care program in Victoria includes:

* child protection
* permanent care teams (the department and CSOs)
* Aboriginal Child Specialist Advice and Support Service (ACSASS)
* Victorian Aboriginal Child Care Agency (VACCA) permanent care program
* ACAC program
* CSOs providing foster and kinship care services
* Permanent Care and Adoptive Families (for post-legalisation support).

### Child protection

The department has a statutory responsibility under the CYF Act to provide child protection services for children and young people under the age of 18 years in Victoria.

Child protection services to children, young people and their families aim to protect children from significant harm. When a child or young person is assessed as being at ‘risk’ within the family, child protection will – in the first instance and in accordance with the law – take reasonable steps to enable the child to remain in the care of their family by strengthening the family’s capacity to protect them.

When, even with support, the child is not safe in the family, child protection will intervene to remove the child and bring the matter before the Children’s Court. If the resumption of care by the parent is not possible within the legislated timeframes, child protection will work towards an alternative permanent family care arrangement or an independent arrangement depending on the circumstances of the child or young person.

Child protection is responsible for permanency planning and coordinating other services to identify, assess and match permanent carers. In many instances, child protection will undertake the assessment of kinship carers wishing to convert to permanent care. Child protection is responsible for making applications to the Children’s Court for a permanent care order following identification and assessment of suitable permanent carers by other services.

### Permanent care teams

Permanent care teams are placement services with expertise in permanent care. Currently there are 10 [permanent care teams](#_Glossary); four are based internally in the department, and five are based in CSOs (Anglicare provides three services in Loddon and Mallee, Gippsland and Western Metro). CatholicCare provides a statewide service. The CSOs are registered under Part 3.3 of the CYF Act. The permanent care teams are listed in Table 2.

Table 2: Victoria’s permanent care teams

| Service/agency | Location |
| --- | --- |
| [DHHS – E](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts)ast Division (metro) | Inner and Outer East |
| [DHHS – East Division (rural)](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) | Ovens-Murray and Goulburn |
| [DHHS – North](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) Division (metro) | Hume, Moreland and North East Melbourne |
| [DHHS – West](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) Division | Barwon and South West |
| Anglicare | Loddon and Mallee |
| [Anglicare](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) | Inner and Outer Gippsland |
| Anglicare | Western Melbourne and Brimbank |
| Child and Family Services | Central Highlands |
| [CatholicCare](http://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) | State-wide |
| Uniting | Southern Melbourne and Bayside Peninsula |

The permanent care teams are funded for:

* recruiting, training, assessing and accrediting new permanent care applicants
* training and assessing applicants for specific assessments for foster and kinship carer
* preparing and placing children with permanent carers
* post-placement case management and supervision of placements
* providing reports for courts
* post-legalisation support
* facilitating contact
  + providing discretionary funding for children with disabilities.

### Central Resource Exchange

The Central Resource Exchange (CRE), maintains a central database of approved permanent carers across the state to maximise placement options for all children. While there is often a preference for a child to remain in their local community where possible, this may restrict their placement options and consideration needs to be given to balancing a child’s need for a permanent family against remaining in a local area.

All permanent care teams use the CRE to identify potential carers for a child requiring a permanent care placement. The teams are required to advise the CRE of newly accredited permanent carers or changes to the accreditation status of existing carers using [Form 26](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

### Aboriginal Child Specialist Advice and Support Service

ACSASS provides consultation and advice to child protection about assessing risk and determining the most appropriate service response for Aboriginal children reported to child protection.

Section 192 provides for information sharing with a person in charge of, or employed by, a registered CSO. ACSASS is provided by agencies that meet the requirements of s. 44 of the CYF Act.

ACSASS must be consulted by child protection about all case planning and placement decisions made for Aboriginal children. This assists child protection and permanent care teams to comply with the Aboriginal Child Placement Principle and to meet other requirements of the CYF Act in relation to Aboriginal children.

ACSASS also identifies any current or potential unmet needs of children, carers or the family prior to permanent care.

### VACCA permanent care program

The Children’s Court cannot make a permanent care order for an Aboriginal child unless it has received a report from an Aboriginal agency that recommends the making of the order.

At present the VACCA permanent care program has a specific role in undertaking cultural assessments of all permanent care applicants being considered to care for an Aboriginal child/ren to assess their capacity to keep the child connected to their family, culture and community and provide a recommendation to the court about the making of a permanent care order (see chapter 8).

### Aboriginal Children in Aboriginal Care program

ACAC is the program that supports implementation of s. 18 of the CYF Act. Section 18 enables the Secretary to the department to authorise the principal officer of an Aboriginal agency to perform specified functions and powers conferred on the Secretary in relation to an Aboriginal child or young person subject to a protection order.

This means that once a protection order for an Aboriginal child or young person has been made by the Children’s Court, an approved Aboriginal community-controlled organisation may be authorised to take on the responsibilities of the Secretary in relation to the child, including responsibility for the child’s case management and case plan.

Under ACAC, authorised Aboriginal community-controlled organisations will actively work with the child’s family, community and other professionals to develop and implement the child’s case plan and achieve their permanency objective in a way that is culturally safe and in the best interests of the child.

To deliver ACAC, Aboriginal community-controlled organisations are required to demonstrate the capability to meet a range of program and legislative requirements that reflect substantial expertise and experience in delivering child protection services to children subject to protection orders. ACAC providers must comply with the decision-making principles prescribed in ss.12–14 of the CYF Act, though they are not required to consult with ACSASS.

ACAC providers are required to have procedures in place for arranging permanent care. Permanent care agencies should note that ACAC providers have full decision-making responsibility for clients authorised under s. 18 of the CYF Act. As such, ACAC practitioners will work with permanent care teams in a similar way to child protection.

### Community service organisations – foster care and kinship

The department funds CSOs to undertake a range of services to support foster and kinship carers. CSO are funded to recruit, train, assess and accredit new foster carers. The CSOs provide ongoing support to foster and kinship carers and may undertake contracted case management of children placed in foster and kinship care.

When a child’s case plan changes to permanent care and an existing foster carer is willing and is considered suitable by the child’s case manager and case planner to become their permanent carer, the child’s case planner may arrange for the permanent care assessment to be undertaken by the CSO or the permanent care team. The arrangement for the assessment by the CSO must be agreed by the child protection case planner and the CSO.

Where a child is placed in kinship care and the order is to convert to a permanent care order, child protection usually undertake the assessment of the kinship carers, although this assessment is also undertaken by some CSOs.

### Permanent Care and Adoptive Families

Permanent Care and Adoptive Families provides support and advocacy for families who have children placed on permanent care orders. The organisation is funded to provide post-placement support to permanent care families and offers a range of support services, including peer support groups; an information helpline and referral to support services; and advocacy and advice to help carers support children and young people in their care.

# Case planning for permanent care

## Introduction

Case planning is an integral part of child protection practice. The CYF Act requires that a case plan be developed when a substantiation decision is made. The case plan is a succinct, high-level plan. It includes the permanency objective and all other significant decisions made by child protection in relation to the present and future care and wellbeing of the child, including care arrangements and family contact with the child.

## 4.1 Child protection case planning

Section 166 of the CYF Act requires every case plan to include a permanency objective. The permanency objectives in s. 167 of the CYF Act are in order of preference, as determined to be in the child’s best interests. The permanency objectives aim to promote and maximise stability and continuity of care arrangements and to minimise harm caused by disrupted attachments and uncertainty about care arrangements while also ensuring the child’s safety and wellbeing.

Identifying a permanency objective, seeking its achievement, and reviewing and changing the objective where necessary, is part of the case planning process. This process must comply with the decision-making principles set out in s. 11 of the CYF Act by ensuring the child, their parents and carers contribute to the decision-making process, and that their views are given proper consideration in a fair, transparent and collaborative process.

The permanency objectives are:

* + 1. **family preservation** – the objective of ensuring a child who is in the care of a parent remains in the care of a parent
    2. **family reunification** – the objective of ensuring that a child who has been removed from the care of a parent of the child is returned to the care of a parent
    3. **adoption** – the objective of placing the child for adoption under the Adoption Act
    4. **permanent care** – the objective of arranging a permanent placement of the child with a permanent carer or carers
    5. **long-term out-of-home care** – the objective of placing the child in:

a stable, long-term care arrangement with a specified carer or carers, or

if an arrangement under subparagraph (i) is not possible, another suitable long-term care arrangement.

Family reunification orders are generally made for a period not exceeding 12 months and can be extended in exceptional circumstances for a further 12 months if there is any likelihood that reunification will occur in this second period. If reunification has not occurred at the end of this time, then a care by Secretary order, long-term care order or permanent care order can be sought.

A permanency objective of permanent care may be made at any time and be appropriate if the child has been out of a parent’s care for a period of six months or for a cumulative period of 12 months and there is no real likelihood of reunification of the child with a parent.

It is important that this case planning decision is made as soon as possible after determining that family reunification cannot be achieved, and within a timeframe that promotes the child’s developmental and emotional needs.

The case planning timeframes and the decisions about permanent care will vary on a case-by-case basis. In all cases, decisions about permanent care require the child protection case planner, in collaboration with the child’s care team, to assess a range of factors to determine what will be in the child’s best interests to meet their present and long-term care needs. Case planners will also consider whether a Family Court order or adoption (where parent consent or dispensation of consent exists) is in the child’s best interest.

## 4.2 Case planning for Aboriginal children

For Aboriginal communities, the possibility of the child losing their connection to community and culture is considered a risk factor. In addition to the best interest principles and the decision-making principles in ss. 10 and 11 of the CYF Act, the process for deciding a permanency objective for an Aboriginal child needs to accord with the additional decision-making principles for Aboriginal children in s. 12 of the CYF Act. When permanent care is being considered, the case plan must have specific regard to s. 13 of the CYF Act, which set out the Aboriginal Child Placement Principle. Under s. 323(1), the Secretary needs to be satisfied that a permanent care order will accord with this. Section 14 of the CYF Act sets out further principles for placing an Aboriginal child.

ACSASS must be consulted about all case planning decisions, including where the permanent placement of an Aboriginal child is being considered (see chapter 8).

## 4.3 Case planning - Identifying a permanent care placement

The case planner must determine the best permanent care placement option for a child. If a child is with a carer, the case planner and relevant care team members can consider the carer’s capacity to meet the requirements for permanent care and what is in the child’s best interests. The case planner may also choose to consult with the permanent care team manager in making this decision.

The case planner should consider the following factors in making this decision:

* the pre-existing relationship and the child’s attachment to their carer
* the child’s views of the carers, obtained independently from the carers, depending on their age and development
* the desirability of continuity and permanency in the child’s care (CYF Act s. 10(3)(f)) and the harm to the child that may be caused by breaking that attachment
* the carer’s capacity to understand the commitment required to provide a permanent care family for the child at least until the child is 18 years of age
* the carer’s capacity and understanding of ‘parental responsibility’
* whether the carer can meet the child’s immediate and long-term care needs
* views of the parent and other family members about the child’s placement and permanent care order
* whether carers meet the policy requirements and the requirement of the CYF Regulations for a permanent carer in relation to matters such as residency and health requirements
* known additional support needs that the applicants may or may not meet in the long term
* the carer’s previous capacity to care for the child(ren)
* any previous substantiated or unsubstantiated quality of care issues
* the carer’s motivation and capacity to manage family contact
* the carer’s motivation and capacity to maintain the child’s connection to their culture and community
* the frequency of respite care and likelihood of respite being required in the future
  + the benefits of looking at a wider pool of applicants.

These decisions can be complex. A case planner may not agree to assess a carer where the:

* child has a strong attachment to a foster carer, but the child may have known medical conditions that will present difficulties over the long term for the carer to manage
* carer has significant health issues that may affect the care of the child
* carer does not meet the Australian permanent residency or citizenship requirements
  + carer may have cared for the child for a relatively short period of time (less than 12 months) and, while in the carer’s view they have developed an attachment, they are not considered the best long-term placement option for the child and that other approved permanent carers should be considered.

In complex or contentious cases, the case planner should seek endorsement of a decision from the child protection area operations manager.

## 4.4 Case planning - Placement options

### Kinship carers

There are significant benefits for children remaining within their family of origin. The outcomes for children placed in kinship care are generally seen as positive in terms of identity formation, stability of placement and behavioural and mental health outcomes, birth parent involvement and contact.

For these reasons, kinship care is the preferred placement option for all children in care, and suitable permanent carers must be considered in the child’s kinship network first, recognising:

* it is a legislative requirement under s. 10(3) (h) and s. 167(2) of the CYF Act that kinship care be investigated before other placement options are pursued
  + the significance of kinship care for Aboriginal children and young people formalised in the Aboriginal Child Placement Principle in s. 13 of the CYF Act.

Where a child needs a new placement, the case planner and case manager will work with services to identify a permanent carer with another kinship carer or other members of the child’s family network and assess their willingness and suitability. If the child is Aboriginal, discussion must occur with an ACSASS service to identify kinship carers who may be willing and suitable to be considered as permanent carers.

### Foster care

When a child has been with a foster carer for an extended period, consideration can be given to whether they should remain permanently with this family or if there is a need to identify new permanent carers. A discussion must occur with the foster care agency before any approach is made to the carers.

Early consultation by the child’s case planner with the foster care agency and relevant members of the care team is important to enable discussion about a carer’s willingness and suitability and to manage their expectations about automatically being assessed as the child’s permanent carer and that other families may be considered alongside them.

Foster carers who are approved as permanent carers must understand that no other children will be placed with them through the foster care agency until all legal process are completed. There may also be circumstances where it will not be appropriate to have other foster children placed with the family, even on a temporary basis, depending on that child’s needs.

### Placement with new permanent carers

If there are no suitable kinship carers, the case planner may consult with the permanent care team ([Form 1](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)) to discuss a referral to this service. If the referral proceeds, child protection should complete [Form 2](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

### Long-term care

In some cases, a long-term care order may be determined to be in the child’s best interests, where the benefits of this decision outweigh other options. A long-term care order cannot be made unless the court is satisfied that:

* there is a carer with whom the child will live for the duration of the order
* the carer will not consent to a permanent care order
* the Secretary consents to the long-term care order
* a child aged 10 years or older does not oppose the order
  + making the order is in the child’s best interests.

There are a variety of reasons a carer may not be willing to agree to a permanent care order, even though they are willing to commit to caring for the child until they are 18. This may include a child who has complex medical or other issues that mean they will need ongoing casework support; for cultural reasons; or where there is a significant degree of conflict with the birth parents they could not safely manage without ongoing assistance.

### Family Court orders

Family Court parenting orders may be an alternative option for some children. The Family Court can make orders in relation to parental responsibility, with whom the child is to live, with whom the child is to spend time with (contact), who has responsibility for the day-to-day and the long-term care, welfare and development of the child, and who may make decisions in respect of major long-term issues such as education, religious observance and medical matters.

The carers of the child must make an application to the Family Court and may need to engage a solicitor to act on their behalf. The Family Court must not make a parenting order to a third party unless the parties to the proceedings have attended a conference with a family consultant, or the court is satisfied this is not necessary.

The department may apply to become a party to an application or provide an affidavit in support of a party if this is in the child’s best interests. Legal advice and representation should be sought if child protection seeks to become involved.

### Adoption

Adoption may be considered for children in care where the parent has provided consent under the Adoption Actor dispensation is granted.

A child on a permanent care order can apply to be adopted by their permanent care parents when they turn 18 years if they wish to formalise the relationship in this way.

## 4.5 Assessing permanent carers

In addition to determining the placement of the child, the case planner will make the decision about who undertakes the assessment of the carers. The assessment can include:

* whether the current carers are suitable to be considered exclusively in the first instance
* whether the current carer is to be considered alongside other applicants who are approved or considered suitable to be assessed and matched
* whether the child requires new carers, in which case how this will be undertaken and whether a referral should be made to identify new permanent carers.

### Who undertakes the assessment?

Making the decision about who undertakes an assessment of an existing kinship or foster carer can be difficult. One of the fundamental principles in making this decision is to ensure there is a degree of objectivity in the process to enable decisions that focus on children’s needs and interests rather than what a carer may want.

#### Kinship care

The assessment of a new or existing kinship carer to provide permanent care may be undertaken either by child protection or a CSO funded for kinship care.

In some cases, if child protection is undertaking the assessment, a qualified external contractor may be engaged to undertake the assessment on their behalf.

#### Foster care

The applicant’s foster care agency or a permanent care team (either department or CSO) may undertake a specific assessment of a child’s foster carer. The case planner should consult with care team members including the case manager, the child and their carer(s), the foster care agency and the child’s parents (where possible) in making this decision.

In making the decision about who is best placed to undertake an assessment, the case planner should consider both the foster care agency and the permanent care team, as one may be preferable or more beneficial than the other in making the placement assessment for the child. The case planner should weigh up the following considerations:

* the objectivity of the assessment process and placement decision that:
  + - benefits the child in the short and long term
    - assesses the applicant’s capability and experience in line with the assessment criteria
* capacity to undertake the assessment in a timely way
* with advice from the care team, whether the foster care agency or permanent care team is better equipped to undertake the assessment, e.g.:
  + - the child has an attachment to existing carers, the placement is stable and the carers are suitable and able to commit to the long-term nature of permanent care or
      * whether a wider pool of approved permanent care applicants should also be considered by undertaking a referral to a permanent care team, particularly if the child has been in foster care for a short time.
* the importance of the child and carer being able to maintain an established relationship with a case manager, noting that case management is usually retained by the foster care agency if they undertake the assessment
  + providing certainty for the child and carer by reducing delays in obtaining the permanent care order, noting that:
    - if assessed by the foster care agency the court order is usually applied for once the assessment is endorsed by the case planner
      * if assessed by the permanent care team the court order is usually applied for one year after assessment and endorsement.
* the training needs and experience of the foster carer, noting that:
  + - foster care agencies deliver mandatory Shared Lives foster care training
      * permanent care teams require carers to undertake permanent care training for new permanent carers
* the likely need for post-placement and post–permanent care order supervision and support, noting that:
  + - foster care agencies provide six months of support following the making of a permanent care order
      * permanent care teams provide support to new applicants until the child turns 18 years.

In some instances, it may be appropriate for the carer’s assessment to be undertaken jointly between the foster care agency and permanent care team. In these instances, roles and responsibilities should be clarified by the case planner during a case planning meeting including whether a linking process is required. More information about the linking process is provided in chapter 12.

If an assessment referral to the permanent care team is anticipated or if new carers are required for a child, a consultation should occur with the permanent care team leader before a referral is made using [Form 1](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619). For a new placement, a written referral is made to the permanent care team manager using [Form 2](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

### Approval decisions

Once the assessment is completed, the assessment report or summary is provided to the case planner for endorsement prior to the application being made to the Children’s Court for a permanent care order.

Where a decision is made not to approve a person(s) as a suitable permanent carer, the case planner should be mindful of any review and appeal processes and the timing of these (see chapter 10).

## 4.6 Application for a permanent care order

An application for a permanent care order is made to the Children’s’ Court by the Secretary of the department or the authorised principal officer of an Aboriginal agency through the ACAC program. Section 320(1) requires the Secretary to have approved a person(s) as suitable to have parental responsibility and to satisfy other requirements set out in s. 321. The Children’s’ Court can make a permanent care order if satisfied that the person(s) is suitable to have parental responsibility for a child.

Sections 319–327 of the CYF Act provide for when the court may make a permanent care order, how the application will be made, the effect of the permanent care order, restrictions, when a permanent care order may lapse, disputes and variations. Refer to the *Child Protection Manual* for more information about [permanent care orders](https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/permanent-care) <https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/permanent-care>.

## 4.7 Notice of application for a permanent care order

Under s. 320 (4) of the CYF Act – Application for permanent care order – the Secretary must cause notice of the application to be served on the person or persons named in the application as suitable to  
have parental responsibility for the child. This means that the proposed permanent carers, or those named in the application as the approved permanent carers, should be served copies of the form and the application, as should the child if aged 12 years or older, the child’s parents and a party to the proceedings at least five days before the hearing.

## 4.8 Permanent care orders

When a permanent care order is made, parental responsibility transfers to the permanent carers. Parental responsibility means the permanent carer has all the duties, powers, responsibilities and authority which, by law or custom, a parent has in relation to a child to the exclusion of all others.

In special circumstances, the CYFActallows for joint parental responsibility to be shared with the child’s parents if the court is satisfied that department, the child, the permanent carers and the child’s parents have agreed on the terms of the order and special circumstances exist that justify the making of the order.

# Recruiting and training new applicants for permanent care

## Introduction

Permanent care teams recruit, train and assess new permanent care applicants. Applicants may [express interest in applying](https://services.dhhs.vic.gov.au/how-apply-be-permanent-care-parent) <https://services.dhhs.vic.gov.au/how-apply-be-permanent-care-parent> through the department’s website or by [contacting a permanent care team](https://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts) <https://services.dhhs.vic.gov.au/adoption-and-permanent-care-services-contacts>.

Alternatively, applicants interested in exploring foster care first should be referred to [Fostering Connections](http://www.fosteringconnections.com.au/) <http://www.fosteringconnections.com.au/>.

## 5.1 Registering interest in permanent care

New permanent care applicants should register their interest by contacting their local permanent care team using the link above.

Applicants must meet basic eligibility criteria including being an Australian citizen or permanent resident and completing the safety screening check requirements to proceed. On initial contact, the permanent care team worker should:

* complete a new enquiry form ([Form 7](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619))
* provide information about eligibility criteria, assessment and training requirements and costs associated with the application process such as obtaining a national police check
* write to the prospective applicant using the letter template at [Form 8](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) after completing the new enquiry form
  + provide advice about registering to attend an information session.

## 5.2 Information session for new applicants

New applicants must attend **one** two-hour information session delivered by permanent care teams. The information session covers the application, assessment and placement processes and provides an overview of the process and issues that may arise.

## 5.3 Applicant registration process

Following attendance at an information session, new applicants wishing to continue with the application process need to submit an ‘Expression of interest’ form to attend the education and training program using [Form 9](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

## 5.4 Permanent care training program

Permanent care teams provide education and training to new applicants who have submitted an ‘Expression of interest’ from ([Form 9](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)) and to applicants who are being assessed for a specific child.

The training for new applicants is delivered over three days covering a range of topics including trauma, attachment and contact with birth families. Depending on their level of experience, foster carers may be expected to attend training sessions or be provided with modified material to expedite the assessment process.

The purpose of the training is to support prospective applicants to:

* understand issues associated with parenting a non-biological child
* understand their role in supporting the child’s identity, culture and contact with family
* explore the influence of their own childhood and parenting experiences
* understand the basic framework for understanding child development, family interactions and relationships
* develop specific parenting techniques to support children with particular needs
  + assess their family and friend support networks, and to identify other supports if required.

While each team’s training may differ in format and structure, topics covered over the three days include:

* permanent care application, assessment, matching and supervision processes
* the permanent care case planning process
* parenting a non-biological child
* motivation and commitment to provide permanent care
* physical and emotional needs of children including childhood development, attachment cycle and developmental trauma
* the impacts of placement on permanent care families, self-care and support from family and friend networks
* supporting a child’s identity and connection to culture
* understanding a child’s grief and loss and understanding behavioural challenges
* the importance for children of contact with family including sibling contact
* supporting children to transition and adjust to a new placement
  + legal processes and post-placement engagement with the permanent care team.

The timeframe for the selection process, including application, training and assessment, will vary from applicant to applicant; however, in general the process should take approximately six months to complete.

## 5.5 Recruiting new carers

### Specialised recruitment

There may be times when carers entering the program do not match the profile of children needing placement. In this case, permanent care teams may consider specific recruitment campaigns to attract carers either for a specific child, or carers for a specific cohort such as children with specific needs, older children, sibling groups or children from different cultural backgrounds.

Any information included in a recruitment activity must be de-identified and approved by the department, including legal approval. It is an offence to publish any details that might identify a child as subject to proceedings in the Children’s Court or an order of the Children’s Court where permission has not been granted under s. 534 of the CYF Act.

Agencies may also collaborate on recruitment campaigns across the state to meet the needs of the range of children requiring placement on a case-by-case basis at the discretion of the agencies.

### Tasks for a state-wide or individual recruitment

To identify and undertake a state-wide or individual recruitment, permanent care teams must:

* monitor referrals of children requiring placement to determine where a specific recruitment may be required
* consult with and, where agreed, obtain written approval from the child’s case planner, area operations manager and area director to the proposed recruitment including the format of the recruitment, and the information to be publicised
* discuss the proposed recruitment with other permanent care team managers to determine if a collaborative approach is required to support other children requiring placement
* discuss the child and/or family with the child protection worker involved
* arrange the recruitment activity
  + arrange staff availability to manage the responses from potential applicants.

## 5.6 Applying for adoption and permanent care (dual approval)

Approved applicants for permanent care may also apply and seek approval for infant adoption and vice versa. The Department of Justice and Community Safety and approved adoption agencies manage adoption services.

CSOs approved to provide adoption services and permanent care placement will continue to manage both types of applications with their usual process.

Applicants applying to a departmental internal permanent care team who also want to be assessed for adoption should select which program they want to be assessed for initially. Once the applicant confirms which program they want to commence with, an email should be sent to the applicant to confirm the decision and the information should then be conveyed to the team manager of the other program.

Applicants must attend training in the program for which they are initially applying (either permanent care or adoption). For the second part of their dual approval, applicants are only required to attend the relevant training sessions specific to those application requirements. It is not expected that applicants will attend all the training for their second application as this will be repetitive.

The assessment must address the specific legislative and policy requirements for the program being applied to and make a recommendation about the applicant(s) suitability. The first assessment is the primary assessment. Applicants are not expected to repeat the whole process with the second service. The second assessment will add to the primary assessment to meet any legislative or policy requirements for the second program. The additional information for consideration and approval by the second program will be in the form of a short addendum report that covers the additional legislative or policy requirements for that program and provides specific approval for that application.

Applicants need to consent to their application, assessment and other documents being shared with the other agency ([Form 17](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)).

# Permanent care – safety screening

## Introduction

All permanent care applicants, including new applicants and kinship or foster carers applying to become a permanent carer for a specific child, must undergo safety screening and an assessment of their suitability. There are also requirements relating to Australian citizenship.

The safety screening, citizenship and health requirements are part of a preassessment process and must be completed before the assessment begins.

## 6.1 Citizenship requirements

All permanent care applicants must be Australian citizens or hold a permanent resident visa and be prepared to commit to remaining in Australia on an ongoing basis. This requirement helps to ensure applicants will remain in Australia to maintain the child’s connection to their family, culture and community.

The only exclusion to this requirement is where a kinship carer who is not an Australian citizen or permanent resident applies for a permanent care order. However, it is still important to weigh up the risks or benefits to the child if the applicant is not willing to commit to remaining in Australia.

### Age and maturity

There are no mandatory age requirements. In all cases, an applicant’s age should be given appropriate consideration. For example, the level of maturity and experience in younger applicants or consideration of how age in older applicants may affect their ability to parent a young child. For older applicants, consideration must be given to whether they will be able to provide a secure family environment until the child reaches 18 years.

Where there is a large age difference between applicants applying as a couple, the assessment must consider the likelihood that both applicants will live long enough and maintain a level of health and fitness consistent with providing a secure and nurturing environment until the child reaches social and emotional independence.

While age is an important consideration, the assessment of an older kinship carer must be balanced between their capacity to provide a secure family environment until the child reaches 18 years and other important long-term benefits of a child remaining with their family.

## 6.2 Safety screening – mandatory requirements

A range of safety screening checks must be undertaken before beginning the assessment. The purpose of safety screening is to protect children from harm including sexual, physical and emotional harm and neglect. The following safety screeding checks must be done within three months of undertaking an assessment. Form 24 and 25 provides for applicants and household members to consent to safety checks being undertaken.

### Working with Children Check

The Working with Children Check assists in protecting children from sexual or physical harm by ensuring that people who work with, or care for, them are subject to a screening process. The Working with Children Check reviews and assesses criminal records in all Australian states across the applicant’s lifetime, including all offences the applicant has been charged with, regardless of the outcome of these charges, and professional conduct determinations and findings.

Under s. 9(6) of the *Working with Children Act 2005,* kinship care is a type of child-related work. A kinship carer must apply for a Working with Children Check where a child is or has been placed in the care of that person under the CYF Act. Foster, kinship and prospective permanent carers must meet this requirement.

The assessor must sight each household members Working with Children Check and verify the Department of Health and Human Services are recorded as the ‘employer’ in the Organisational field through the Working with Children’s Check website. For more information refer to the [Working with Children Check website](http://www.workingwithchildren.vic.gov.au) at <http://www.workingwithchildren.vic.gov.au>.

### National police check

All permanent care applicants including kinship or foster or carers and all adult household members (over 18 years of age) must undertake a national police check as part of the permanent carer assessment process no more than three months before the assessment begins.

A national police check is a check of disclosable offences by the person in all Australian states and territories. It is required for the usual adult members of a carer’s household (including people who stay regularly overnight.

The purpose of a national history police check is to:

* fulfil duty-of-care responsibilities for child protection clients
* support assessment and decision making about:
  + - the suitability of all prospective carers including kinship, foster, permanent, residential and lead tenant carers
      * contact with a child by members of a carer’s household, visitors and others.

The national police check is completed by the organisation undertaking the permanent care assessment, either child protection, the permanent care team or the CSO, with the cost covered by the applicant, unless otherwise advised by child protection or the CSO.

The national police check for new applicants for permanent care is valid for two years. Where a placement has not occurred in that time, it must be renewed every two years. Any new adult members of the household must also obtain a national police check at the same time. The cost of obtaining a renewed two-yearly national police check is covered by the applicant unless otherwise agreed by the agency.

All applications to the Children’s Court for a permanent care order must have a police check that is not more than three months old. If the application for the permanent care order has a police check that falls outside of the three months, a new police check is required.

Refer to the *Child Protection Manual* for more information about [policies and procedures relating to national police checks](http://www.cpmanual.vic.gov.au/policies-and-procedures/national-police-history-checks) <http://www.cpmanual.vic.gov.au/policies-and-procedures/national-police-history-checks>.

### Adverse police check

A person who has a criminal record is not automatically precluded from being considered as a permanent carer. The relevant manager will manage the assessment process to determine the person’s suitability. This will include an interview with the person about the results of the check and assess the disclosable national police history. This assessment will consider:

* the nature of each offence and their relationship to the role the person is seeking
* the time since each offence took place
* whether the person was convicted or found guilty or placed on a bond
* the pattern and extent of offending
* whether offences were committed as an adult or a juvenile
* penalties imposed
* whether offences are now decriminalised
  + the person's conduct, so far as this can be determined, since the most recent offence was committed, and whether there are other relevant factors for consideration.

Refer to the *Child Protection Manual* for more information about the [categorisation of offences](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/categorisation-offences) <http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/critical-incidents/categorisation-offences>.

An adverse police check, and the assessment, must be discussed with the child’s case manager or case planner, who will advise the area operations manager or assistant director of child protection of the outcome. They, in turn, will seek endorsement of the area director to approve the assessment proceeding where an offence has been disclosed and it is the intention of the CSO or department team to continue the suitability assessment for that person to become a permanent carer.

A person seeking to be approved as a permanent carer, or anyone in their household, cannot be approved if they have a Category A offence. [Category A offences](https://www.crimestatistics.vic.gov.au/about-the-dataclassifications-and-victorian-map-boundaries/offence-classification) <https://www.crimestatistics.vic.gov.au/about-the-dataclassifications-and-victorian-map-boundaries/offence-classification> include homicide, assault, sexual offences, abduction and robbery.

### Adverse police check – advice to funded CSOs

For CSOs, if an applicant has an adverse police check the department will provide written advice indicating whether the person may be considered as a permanent carer. The approval is given by the area director. If approval is not given due to the applicant’s police record, the CSO will inform the person of the decision, the rationale and the appeal process and ensure the details of the national police check are recorded including:

* identifying details of the subject of the check, including proof of identity documentation
* the date of the check
* the names and roles of child protection and/or CSO staff involved in the check process – including those who reviewed and assessed the results of the check
* the review process, decisions and dates
  + whether the check is clear or contains disclosable matters.

Refer to the *Child Protection Manual* for more information on [adverse police checks](https://www.cpmanual.vic.gov.au/policies-and-procedures/national-police-history-checks/csos-undertaking-national-police-history) <https://www.cpmanual.vic.gov.au/policies-and-procedures/national-police-history-checks/csos-undertaking-national-police-history>.

### International police check

An international police check is required for applicants who have lived overseas in one country for 12 months or longer during the preceding 10 years.

Kinship carers are not required to undertake an international police check. Approved foster carers who are applying for permanent care have already undertaken this check and are not required to do it again as part of a permanent care application.

Applicants who are required to have an international police check should contact the relevant foreign police agency to obtain an international police check. Details of foreign police agencies are available from the [Department of Home Affairs website](http://www.homeaffairs.gov.au) <www.homeaffairs.gov.au> (search for Character Requirements – How to obtain police checks). Alternatively, there are reputable organisations that can provide international police checks. These can be found on the internet by searching for ‘international police checks’.

There is an expectation that applicants will pursue international police checks. However, in exceptional circumstances where there are delays in an applicant obtaining an international police check and it is critical for the person to begin their assessment, they can be asked to complete a statutory declaration (see [Form 27](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) ‘Statutory declaration in lieu of international police check’).

In **extenuating circumstances** where an international police check may not be possible, character references must be conducted with at least two people who personally knew the applicant while they were living in the foreign country. The applicant must be informed that referees will be asked whether they know any information concerning the applicant that would adversely affect their application for permanent care of a child, including any relevant criminal offences. People providing character references can include previous employers, government officials and family members. In these circumstances the applicant(s) should complete a ‘Statutory declaration in lieu of international police check’ ([Form 27](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)).

If the police check is provided in a language other than English, the applicant is responsible for providing a translation of the document by an agency accredited by the National Accreditation Authority for Translators and Interpreters. All costs to obtain an international police check and translation must be covered by the applicant unless otherwise advised by the department or CSO.

# 7. Assessing permanent carers

## Introduction

Following safety screening, an applicant for permanent care must be assessed to determine their suitability to become the child’s permanent carer until the child reaches 18 years of age.

This legislative framework enables a thorough assessment of permanent carers. The matters to be considered by the Children’s Court when making a permanent care order are prescribed in r. 18 of the CYF Regulations*.* Section 319 of the CYF Act indicates that the court must not make an order unless it is satisfied that the person(s) named in the application is suitable to have parental responsibility of a child and is willing to assume permanent care of the child by having parental responsibility. The assessment must also cover the requirements set out in s. 321 of the CYF Act.

This chapter covers the preparation for assessing all permanent care applicants, regardless of whether they are kinship, foster carers or new permanent care applicants, and provides general guidance for assessing against the suitability criteria. It then provides specific guidance for assessing each type of carer and outlines the decision-making process.

## 7.1 Suitability assessment criteria

In assessing suitability, consideration must be given to **each** applicant’s capacity to provide a secure and beneficial emotional and physical environment during a child’s upbringing until the child reaches 18 years of age or until the chid marries. For the purposes of s. 319(1)(c)(i) of the CYF Act, r. 18 of the CYF Regulations prescribes the following matters to be considered by the court in making a permanent care order:

* + 1. health, including medical and psychiatric health of the person
    2. skills and experience of the person
    3. the capacity of the person to provide stability and continuity of care for the duration of the permanent care order
    4. the capacity of the person to promote and protect the child’s safety, wellbeing and development for the duration of the permanent care order
    5. the capacity of the person to provide appropriate support for the maintenance of the child’s religious faith (if any)
    6. the capacity of the person to preserve the child’s identity and connection to the child’s culture of origin and relationships with the child’s birth family
    7. the person’s appreciation of the importance of:

contact with the child's birth parent and family

exchange of information about the child with the child’s birth parent and family

the person’s general character including any criminal history

the person’s relationship with other household and family members and any criminal records and history of the household members.

## 7.2 Preparing for the assessment

### Medical assessment

All permanent care applicants must undertake a medical assessment with their general practitioner (GP) to progress with an application, noting that a permanent care application cannot be finalised without this information. There is no expectation that a GP would be required to appear in court in relation to a permanent care order.

The medical assessment was developed by Melbourne Medical School – University of Melbourne in 2019. The medical assessment is a set of standardised criteria by which a person’s health status can be assessed. In general, the applicant’s physical and emotional health should allow them to provide for the physical and emotional needs of the child until that child reaches 18 years of age.

The medical assessment reviews a person’s past and present health and identifies any issues that may affect an applicant’s capacity to care for a child until they reach 18 years. The assessment enables the GP to make a judgement about whether a prospective carer meets the prescribed health requirements including medical suitability to be given parental responsibility for a child. The assessment will help to determine any additional health support needs the prospective carer may have in relation to managing the stresses of permanent care and to plan for these.

The assessment will also help to medically guide and support a prospective carer whose health issues may delay or prevent them for being deemed suitable by the department, acknowledging that the GP is in an advisory role to the department or a CSO.

An applicant with a terminal illness will be excluded as a matter of course, as this will reduce their capacity to care for a child. This is the only ‘prescribed’ medical issue that will eliminate an applicant from the outset; all other situations will be considered on an individual basis.

In relation to a cancer prognosis, this has become more complicated as a result of advances in treatment for late-stage disease (for some cancers at least). The previous five-year rule that was applied is not appropriate as an overarching approach. About 70 per cent of people with cancer will live at least five years, but the prognosis varies significantly by cancer type, and even within a cancer type. If an applicant has or has had a cancer diagnosis the GP should consult with the oncologist if there are uncertainties about prognosis. This advice has been provided by University of Melbourne in 2019 and is consistent with the advice of the Cancer Council of Victoria.

The health assessment is outlined below and comprises four forms as follows:

* [Forms A and C](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) are given to applicants.
  + [Forms B and D](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) are provided directly to the GP by the assessing worker.

#### Form A

* Applicant’s health history called ‘Your health history’ is provided by the assessing worker to the **applicants** to complete. The applicant should complete the form before seeing the GP and then make an appointment. Form A contains additional information for the applicants about the process (completing the form, making the appointment(s) for a long consultation and consenting to release of information by the applicants).

#### Form B

* This is the GP’s record of the health review and the form is provided to the **GP**,who will retain this for their files.

#### Form C

* The ‘Release of personal information’ is provided to **applicants** to take to their medical appointment and is then released to the department or the CSO. The signed form signifies that the prospective carer consents to the GP sending a report to the department or CSO any time in the six months after the consent form is signed. This allows ample time for the GP to obtain specialist reports, test results and so on before completing their report. The GP report will always be a ‘point in time’ report that is current at the time it is written. However, once the report is provided to the department or the CSO it is a permanent record and may be used by the assessing worker to process the assessment or report to the court, no matter how long that takes.
* If a CSO or the department wants an updated medical report about an applicant’s health status at a later stage, they would need to repeat the medical assessment.

#### Form D

* + The form is provided to the **GP**, who will complete it following their assessment and return it to the assessing worker.

If the GP finds there is a medical reason to query a prospective carer’s suitability for approval the GP should discuss this fully with the applicant and recommend:

* further testing, reports or specialist opinion coordinated by the GP, and/or
* that the applicant suspends or withdraws their permanent carer application until the medical issue(s) can be dealt with adequately through treatment, other interventions or time for recovery, or
  + that the prospective carer’s application be withdrawn if it is clear they would clearly never meet the medical criteria for approval.

If the applicant is agreeable to any of these actions, then no report to the department would be submitted. If an applicant still wished to proceed with the permanent carer application, the GP should submit a report to the department stating their opinion.

If there are any further questions about an applicant’s health once Form D report has been received, the permanent care teams have the option of seeking advice from the nominated medical advisors. It is not expected that assessing worker will go back to the GP for more information. The consent to verbally discuss the report with the nominated medical officer or consultant is covered by Form C.

The costs of the GP’s medical assessment are covered by the applicant unless otherwise agreed by the department or the CSO. If the applicant requires further tests or a specialist opinion, these costs are not covered by the department or the CSO unless agreed prior this follow-up occurring.

### Referee checks – new carers

References need to be obtained for all new permanent care applicants using a letter at [Form 14](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619). This requirement does not include kinship carers.

References can be obtained orally. Referees must be notified that information provided by them may be used in the assessment and included in the assessment report. Referees should know the applicant well enough to be able to comment on the applicant’s day-to-day life and relationships.

Where a referee raises concerns, the assessing worker(s) should discuss these with their supervisor or senior line manager in relation to further actions. Further actions may include more discussion with the referee to obtain clarification of the concerns or a discussion with the applicant(s).

The practice of discussing concerns with applicants may at times conflict with the protection of referee’s information and whether they consider they believed they were providing this in confidence. When these issues arise, permission of the person who has provided the reference information must be sought. If permission is not provided or a referee withdraws their reference, the applicant should be advised that this has occurred and requested to provide a new referee.

## 7.3 Assessment – general overview

### Interviews

A series of interviews and home visits with the applicant(s) should be conducted to complete the assessment. The interviews should enable the assessor to discuss the information applicants have provided, their medical report, Life Stories (for new applicants) and the information provided by referees (for new permanent carers). The assessor will have access to previous assessments for foster and kinship carers, and the information from these can be discussed with the applicant(s).

Initial interviews with the applicant(s) should occur at their home. Additional interviews can occur at the CSO or a departmental office.

Interviews should take place with applicants individually, and together where a couple is applying. In some circumstances, only one person of a couple may apply to be the permanent carer. In these circumstances the other person in the relationship should be interviewed separately and their views recorded in the assessment. Where there are children in the family (with consideration given to age and maturity), consider undertaking individual interviews with children or a family interview that includes the children.

The assessor undertaking the interview will consider and adjust the following topics depending on whether the child is already in the family or if this is a new placement or a new application to become a permanent care.

* background of applicants – family history and family relationships
* understanding of a child’s developmental needs
* experience with children and managing challenging behaviour
* knowledge about health and nutrition for children
* attitudes about contact and information sharing with the birth family including siblings (if living separately)
* attitudes about the child’s culture
* willingness to support a child’s religious faith (if required)
* perceived strengths and issues of applicant(s) that may impact on the parenting of a child
* the extent to which applicants have thought through the likely impacts of the placement
* health history and issues
* willingness to alter smoking/alcohol use patterns, if identified
* capacity to manage stress, activities and lifestyle to promote health and wellbeing
* willingness to embrace a child-focused lifestyle or evidence of this if the child is in the family
* the time applicants spend on hobbies and interests and the extent to which the placement will require some readjustment of these
* employment demands
  + financial issues and additional supports if required.

New applicants can complete the characteristics of children that they may wish to parent using [Form 19](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

### Motives for applying

Carers may have various motivations for applying for the permanent care of a child. A kinship carer may apply because they want the child to remain in their family, while new carers will have other reasons for making an application. The assessor should explore the reasons with the applicants at an individual level but also in joint interviews.

Assessors should be aware of unusual motivations that can include replacing a child who has died, securing a relationship, finding a companion for an existing child in the family or having a child to provide a relationship that is missing in the applicant’s life.

Applicants who have experience with children are better placed to understand the needs of children. The assessment of skills and experience should consider the applicant’s involvement with children and child-related activities.

### Home environment check

A permanent care applicant’s home and property must be safe, hygienic and appropriately furnished in line with the department’s requirements and community standards and expectations. The assessment should include whether the family has the resources to support a child or children such as adequate bedrooms and a vehicle for transport. Sleeping arrangements such as sharing a bedroom should be assessed on a case-by-case basis as to whether it is appropriate.

All permanent care applicants, including new applicants or kinship and foster carers being assessed to become permanent carers, must agree to a home environment check being conducted to confirm that their home environment meets required standards. A home inspection should also be undertaken on any other properties owned by the applicant where they regularly stay, such as a holiday home. The home inspection checklist is included in the assessment forms in [Forms 4, 5 and 6](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

### Applicant’s family background

The assessment should explore an applicant’s experiences of childhood and their perceptions of their childhood and how they were raised. A person whose background is characterised by stability and emotional warmth is a positive indicator of potential to nurture a child. It is likely that applicants who have experienced the giving and receiving of affection during childhood will model positive behavioural patterns of parenting.

Conversely, adults who were abused and neglected as children are at increased risk of intergenerational abuse or neglect compared with those who were not mistreated. It should be noted that most of those adults do not go on to mistreat their own children or those in their care. However, issues that arise in the assessment relating to an applicant’s childhood and upbringing should be thoroughly explored and discussed, and any disclosure by an applicant should be treated with an open mind and careful consideration. Where concerns exist, it is important to discuss with the applicant their ability to identify and manage issues in the future if they develop.

### Genogram

A genogram is a pictorial display of a person’s family relationships. Completing a genogram with the applicant can assist in discussing family relationships, issues and patterns. Issues of concern that would require further exploration include:

* substance abuse
* criminality
* a high level of conflict in the extended family
* continuous conflict between applicants (if a couple) or within the household
* perceptions of being rejected by either parent
* periods out of a parent’s care as a child or changes of caregiver
* negative experience in parent–child relationships, for example, a lack of sensitive parenting or detached relationships
* an inability, difficulty or resistance to recalling childhood
* experience in care as a child
  + experiences of routine severe punishment, physical or sexual abuse as a child or adult.

The *Child Protection Manual* provides for further [guidance about completing a genogram](file:///\\N092\GROUP\Child%20Protection%20&%20Juvenile%20Justice\Out-of-Home-Care\Adoption%20and%20Permanent%20Care\Perm%20Care%20Manual%20review%202019\Draft%20permanent%20care%20manual\%20%20http\www.cpmanual.vic.gov.au\advice-and-protocols\advice\investigation\genograms) <:http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/investigation/genograms>.

### Relationship stability

The assessment of couples should focus on the stability and commitment of the relationship in recognition that permanent care applicants come from a variety of backgrounds and relationships including married couples, non-married couples in a domestic partnership and single applicants either living alone or with other adults.

Whether applicants are applying as a couple or as a single applicant, the nature and dynamic of their relationships with each other or any household member that may have an impact on the child in their care needs to be explored. Issues to discuss may include but are not limited to:

* history and dynamic of the relationship
* how stress, conflict or disagreement is managed and resolved
* roles of the household members and their values about relationships and family life
* the impact of infertility or miscarriage or experiences of IVF, where relevant
* the benefits and risks arising from blended families
* financial stability or concerns
* views and attitudes towards diversity
* strong individual preferences, biases or conflict in political or social views.

### Single applicants

Exploration and discussion should also take place with single applicants about issues that may arise specifically relating to parenting as an individual. This may include:

* managing parenting responsibilities with work and other commitments
* availability of family and other support networks
* approaches to dating, relationship plans and intention to partner in the future
* introducing new people to the household and considering the child’s best interests.

### Children of the applicant(s)

The assessor should speak to all the applicant’s children (depending on their age) who are living with the applicant(s). Information about children may be also obtained from their parents, or through direct discussion with older children. Adult children, regardless of whether they are living with the family or elsewhere, should be interviewed by phone or in person to assist in assessing the applicant’s parenting capacity.

Home visits provide the opportunity to observe the dynamics of the applicant’s home life and interaction with their children. Issues to consider in assessing an applicant’s children may include exploration of:

* the personality and development of each child
* any age inappropriate development and any relevant reasons for this
* progress at school (where relevant) and relationships with peers
* the child’s relationship with each parent, including areas of conflict
* the child’s relationship with other siblings in the family
* the child’s understanding and attitude towards the proposed placement and its implications for the family.

### Other children and infants in the placement

When assessing foster carers, consider the length of time the child has been in the family and the intention of the foster carer to continue caring for other children. In many cases the decision to continue to care for other children may not have a major impact on a child who has been part of a foster care family for some time.

### Applicant’s family plans

The assessment should explore the applicant’s plans about future family planning such as pregnancy, surrogacy or IVF. Although there are no specific rules that preclude applicants from considering family planning, spacing between children does enable a carer to focus their time and attention on the child being placed permanently in the family.

An applicant’s intention to continue with other family plans does not exclude them from being assessed and approved if suitable. However, it needs to be taken into consideration during placement matching, and applicants should be willing to cease fertility treatments at the time a child is placed.

### Assessing an applicant’s cultural suitability

The assessment should explore the applicant’s understanding of the importance of maintaining a child’s connection to their community and culture. Developing a sense of cultural identity supports the development of a child’s identity and self-esteem, as well as their feeling of belonging to their community. These are protective factors for mental health and wellbeing in childhood and beyond. Children’s cultural identities develop through language, storytelling, relationships, traditions, routines[[1]](#footnote-1) and connection to their community.

Section 321(1) of the CYF Act specifies that a permanent care order must include a condition that a person caring for a child must, in the best interests of the child, preserve the child’s identity and connection to their culture of origin and the child’s relationships with their parents and family, unless the court otherwise provides. The Secretary must not approve a prospective permanent carer unless satisfied that the person will comply with these requirements.

### Assessment requirements if a child is Aboriginal

Refer to chapter 8 if assessing an Aboriginal child for permanent care. A cultural suitability assessment of the prospective permanent carer must be undertaken by the VACCA permanent care program. It is important to note that the permanent care cultural assessment report is not an assessment of suitability of the carer but assesses the carer’s capacity to keep the child connected to their family, culture and community.

### Relationship expectations and preparedness to support a child

The assessment includes an exploration and discussion about the applicant’s expectations of the relationship they have, or hope to have, with a child in their care and their understanding of issues that may affect this. This discussion may include an applicant’s ability and preparedness to:

* understand the implications of a child’s experiences
* accept limited/unknown/uncertain attachment potential
* demonstrate the emotional capacity to parent a child
* demonstrate capacity to support a child when challenges arise and be accepting of a child’s strengths and difficulties
* integrate a biological or non-biological child as part of the family while acknowledging that the child has a birth family and may or may not have a relationship with their birth family
* understand the possible implications of family members living together in kinship care placements (such as cousins living together)
* accept differences between relationships with the new child and other children in the family and that developing a relationship is likely to take considerable time
* accept court-ordered contact and other requirements
* help the child understand their experiences with their parents, child protection history and the care system
* demonstrate empathy to birth parents, particularly around issues such as drug and alcohol misuse and mental health issues
* understand disadvantage and factors that contribute to parents not being able to provide care for their birth children
* provide support for a child – for example, support with emotional development, social skills, motor skills, speech and language, academic skills, cognitive skills, play skills, self-esteem and confidence
  + support a child in Life Story work to understand their family of origin and their care journey.

### Parental responsibility

Under s. 321 of the CYF Act, the making of a permanent care order confers parental responsibility for the child to the exclusion of all others. This means that the person who has parental responsibility is the parent of the child and has all the powers, duties, responsibilities and authority that, by law or custom, parents have in relation to children to the exclusion of all others.

The assessment should explore parental responsibility with applicant(s), particularly with foster and kinship carers who start as temporary carers of a child. The transition from being a temporary carer to a parent can be challenging for some carers, particularly when placements are precarious. Additionally, the role of a kinship carer as a parent may create some complexities.

In special circumstances, the CYF Actallows for joint parental responsibility to be shared with the child’s parents if the court is satisfied that the department, the child, the permanent carers and the child’s parents have agreed on the terms of the order and special circumstances exist that justify the making of the order.

### Ability to care for children with a disability

Applicants who are providing care or who are interested in providing permanent care for a child with a disability must be assessed in relation to their understanding of issues related to disability and additional needs of some children and their capacity to meet those needs. The assessment interview will include exploration of these issues including:

* their ability to provide a suitable environment for the child and to work with relevant professionals
* their knowledge of and willingness to engage with services available
* their ability to accept that development may be limited, and the need for realistic expectations
* their level of appreciation of the impact of a sibling with a disability on other children in the family
  + the extent to which applicants have considered their ability to deal with negative attitudes they may encounter about disability.

Through discussion, the assessment should include potential challenges, consideration of the applicant’s prior knowledge and experience with children who have additional needs and possible engagement with specialist services that may be required. It should be noted that in some cases assessors may conclude that willingness, capacity and realistic expectations may be more significant than prior experience.

Where a child has a permanent and significant disability including an intellectual, physical, sensory, cognitive or psychosocial disability and is already placed with a carer, the assessment should cover their eligibility or application for National Disability Insurance Scheme (NDIS) or other services as part of their assessment.

Flexible funding can be provided to permanent carers to help meet the additional needs of a child in their care, beyond those met by the carer allowance and available funding sources. The funding is specific to the child and should promote the child’s attachment, stability of placement and continuity of care and help address issues that may be a result of abuse and neglect. The assessment should identify any specific need for a child that may need to be included in a case plan (see chapter 11).

When a child has ongoing on special needs, the assessment should also consider whether a carer(s) for this child should receive a higher care allowance because any adjustments to a care allowance can only occur before the permanent care order is made. Refer to the *Child Protection Manual* for more information about [applying for a care allowance or assessing a carer at a higher payment level](https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/care-allowance) <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-car

### Capacity to maintain contact with the birth family

Maintaining contact with a child’s birth family (where appropriate) is an important part of supporting a child in permanent care to retain and develop or continue relationships that are important to them. Many children remember living with their natural family and contact reassures them of their interest, concern and continuing existence. It is important for children to have the opportunity to know about their origins, culture and identity. This is a vital part of their identity development.

Most permanent care placements involve contact between the child and natural family, and contact is a requirement in most permanent care orders. When a permanent care order is made under s. 321 (1)(d) of the CYF Act the court-ordered contact is up to four times per year. More contact can be arranged by agreement between the parties. If a parent wants the four contacts a year changed, they must seek court permission to vary or revoke the order.

During the assessment, it is important to discuss with applicants the extent to which they have considered the requirement to maintain ongoing contact with a child’s birth family and their attitude to developing a relationship with the child’s family. Issues to explore during the assessment may include:

* whether the applicant has a positive attitude towards contact and information exchange
* their understanding of the benefits of contact for the child
* their understanding of the importance for a child to have knowledge about their family, origin and culture
* their understanding and empathy for why parents are unable to care for their child and difficulties in the child’s background
* the applicant’s ability to positively present information to a child about their family in a way that protects and enhances the child’s self-esteem
* the applicant’s flexibility about the characteristics of children they are willing to parent
  + the applicant’s ability to develop and maintain a positive relationship with birth family members.

Assessment should also include a risk assessment of the applicant’s capacity to mediate and protect the child from further potential harm. This is particularly relevant for child protection when assessing kinship carers where the navigation of family connections and contact may be more complex.

Support and supervision of contact ceases following the permanent care order, so discussion about any concerns in managing contact should occur early with the applicant in the assessment process and for new applicants considered during the placement matching process.

## 7.4 Assessing the care allowance level and other placement support

An assessment must occur to confirm or adjust as necessary the care allowance payment level before the making of the permanent care order to ensure it is appropriate to meet the long-term needs of the child. Refer to the *Care Allowances Policy and Procedures* for more information.

### Flexible funding and placement support

Flexible funding is also available to meet the extraordinary needs of children and young people subject to a permanent care order to help with costs not met by the carer allowance, or other funding sources. Flexible funding may be endorsed as part of the child’s case plan when an application for a permanent care order is being made and is be provided once the permanent care order is made.

Where additional supports are required, the assessment should cover the support needs for the child following the making of the permanent care order. Although no timelines are specified, for most children this will cover what is required in the first 12–24 months of their placement once the permanent care order is made. The assessment should specify the support requirements and costs. The case planner must agree to these supports and endorse any proposed payments. Refer to the *Child Protection Manual* for more information about [flexible funding for carers](https://www.cpmanual.vic.gov.au/node/3561) <https://www.cpmanual.vic.gov.au/node/3561>.

In addition, permanent care teams receive funding to support all placements made through their service up until the child turns 18 years of age.

## 7.5 Additional assessment requirements for placement type

The following sets out the additional requirement for applicants depending on the type of placement. When assessing carers use the following forms:

* [Form 4](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619): Kinship assessment for permanent care
* [Form 5](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619): Foster care conversion to permanent care assessment
* [Form 6](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619): New permanent carer assessment.

## 7.6 Kinship carers

All kinship carers applying to become permanent carers, including those already caring for a child, must undergo a permanent care assessment.

While kinship placements converting to permanent care may minimise disruption to a child’s life (and preserve continuity in their attachment to their family, community and culture) they also present a potential range of risks for the child including:

* intergenerational dysfunction in families that can place a child at risk of harm
* issues in relation to unauthorised contact or unsupervised contact with a parent
  + an underestimation of abuse or neglect on the child.

The assessment should consider the changed role of the kinship carer becoming permanent carer, which requires a process of adjustment and a changed role within the family networks. Family relationships are often complex, and it is important for the child to be allowed to maintain a sense of loyalty to their parents while at the same time providing protection from further risk of harm. The child’s parent(s) may be resentful at the loss of their child to a member of the family network. These changed roles can create tensions and difficulties for the kinship carer in managing the placement and their role.

### Additional assessment requirements for kinship carers

In addition to the general assessment guidelines set out at the beginning of this chapter, the following additional factors must be considered and recorded in the assessment of a kinship carer for permanent care. The assessment must include consideration of the:

* reasons why a kinship carer chooses to become the permanent carer for a child
* quality of the child’s relationship with the kinship carer, and their perspective on the significance of that relationship (this is a critical factor and must be considered)
* ability and willingness of kinship carers to maintain family connections, including managing family contact between the child and their siblings, parents and other persons of significance to the child (the assessment of a kinship carer and their capacity to facilitate family contact with a range of people of significance to the child is important)
  + kinship carer’s relationships within the family networks and any potential conflict within the wider kinship network – this includes assessing family relationships and dynamics, and the ability of applicants to manage any issues of difficulty, for example, conflict involving parents, impacts of domestic violence, drug use, communication, decision making or other family crises
  + carers’ understanding of parental responsibility.

### Preparing for the assessment

Before beginning the assessment, the assessing worker should:

* consult with the child’s case manager or allocated worker about the child’s background and family information
* consult with other professionals involved in the application
* ascertain the wishes of the child and parent(s)
* review any previous substantiated or unsubstantiated quality of care issues
* make an initial request to VACCA for a cultural assessment of the applicant(s) if the child is Aboriginal.

### Completing the assessment

The assessor should complete the ‘Kinship assessment for permanent care’ ([Form 4](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)). The assessor must interview the carers to enable an analysis of relevant background and family history to determine their ability and capacity to be a ‘parent’ the child. The assessor should speak to the child about their relationship with their carer (independently of the carer) to understand their view of the placement. The assessment should include analyses of:

* the strengths of the carers(s) and their family to meet he immediate and long-term needs of the child and any potential risks to the child
* the carer’s understanding of parental responsibility
* the quality of the child’s relationship with the carer and implications for the child of either continuing or disrupting the relationship
* the carer’s capacity to preserve the child’s identity and connection to the child’s culture of origin
* the carer’s capacity to preserve the child’s relationships with their birth family, siblings and other people who are significant to the child
  + the information about the child, their support needs and if additional requirements are required to support the placement.

The assessment should also include a new home and environment check.

### Completing the report

1. Complete the assessment report and make a recommendation. The report should summarise the carer’s strengths and any potential risks in the placing this child permanently with this carer. It should include a summary of why this placement is or is not assessed to be the best outcome for the child based on the child’s needs outlined in the initial referral.
2. Once the internal approval process is completed, the report or a report summary is submitted to the child protection case planner for approval (refer to page 40 for advice).
3. The case planner or case manager will advise carers, parents and the child (where appropriate) of the assessment unless otherwise agreed with the agency or team who undertook the assessment.
4. A report and recommendation(s) will be provided to the Children’s Court for the making of the permanent care order.

### If a kinship carer does not meet requirements

Refer to section 7.11 on page 40 for further advice where concerns arise during the assessment.

## 7.7 Foster carers

When a child is placed with a foster carer, and permanent care is identified as the permanency objective, a foster carer may express interest and, if agreed by the child’s case planner, apply to be assessed to become their permanent carer. This is are also a called ‘specific assessment’.

Specific assessments of foster carers applying to provide permanent care recognise the relationship and attachment that may have developed between a child and their foster carer over the course of the foster care placement.

Foster carers are not required to begin a new application for permanent care. The carers should attend permanent care training, noting this is not compulsory, and consideration should be given to the foster carer’s experience and the mandatory requirement that foster carers undertake Shared Lives training.

The foster carer will continue to receive six months of support from their foster care agency following the making of a permanent care order.

### Additional assessment requirements for foster carers

Although the legislated assessment criteria for foster carers is similar to the legislated assessment criteria for permanent carers,[[2]](#footnote-2) foster carer applicants must still be assessed in relation to the permanent care requirements outlined in r. 18 of the CYF Regulations. The assessment should cover their:

* understanding of the change in their role and relationship with the child, which will be expected to endure until the child reaches 18 years
* understanding of what parental responsibility following the making of the permanent care order means
* appreciation of the importance of contact with the birth family
* capacity to preserve the child’s identity and connection to the child’s culture of origin and relationship with the child’s birth family
* ability to fully integrate the child as a member of their immediate and extended family, at least until the child reaches adulthood
  + agreement that when a child is placed permanently with them, they will not be available to care for other children until the legal processes are complete. In some cases, the assessment may indicate that no further children should be placed with them, but this will depend on the needs of the child placed permanently with them.

Assessors should consider the foster carer’s experience and build on the carer’s current approval and assessment experience. While foster carers are required to complete the application using [Form 10](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) and undertake other processes such as safety screening and provision of references, other parts of the assessment process that are used for new carers, such as completion of life stories, can be excluded for this type of assessment.

### Preparing for the assessment

Before beginning the assessment, the assessing worker should:

* request and read the foster carer’s assessment report and any subsequent reports prepared by the CSO
* ensure the foster care agency supports the assessment proceeding and ascertain their views
* consult with the child’s case manager or allocated worker about the child’s background and family information
* consult with other professionals involved in the application
* ascertain the wishes of the child and parent
* review any previous substantiated or unsubstantiated quality of care issues
* make an initial request to VACCA for a cultural assessment of the applicant(s) if the child is Aboriginal.

### Completing the assessment

The assessor should complete the ‘Foster care conversion to permanent care assessment’ ([Form 5](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)).

The assessing worker may choose to interview the foster carer’s CSO worker, the child’s case manager and, if age appropriate, the child (independently of their carer). They may also choose to interview other professionals involved.

The interviews and information gathered should include details about:

* the length, nature and quality of the relationship between the foster carer(s) and the child
* the strengths of the applicant(s) and their family to meet the immediate and long-term needs of the child and any potential risks to the child
* the foster carer’s capacity and understanding of parental responsibility
* the quality of the child’s relationship with the carer and implications for the child of either continuing or disrupting the relationship
* the foster carer’s capacity to preserve the child’s identity and connection to the child ‘s culture of origin
* the fosters carer’s capacity to preserve the child’s relationships with their birth family, siblings and other person who are significant to the child
  + the child, their support needs and if additional requirements are required to support the placement.

The assessor should speak to the child about their relationship with their carer (independently of the carer) to understand their view of the placement and preferences for their care. The assessor should also undertake a new home inspection check.

### Completing the report

1. Complete the assessment report and make a recommendation. The report should summarise the carer’s strengths and any potential risks in the placing this child permanently with this carer. It should include a summary of why this placement is or is not assessed to be the best outcome for the child based on the child’s needs outlined in the initial referral.
2. Once the internal approval process is completed, the report or a report summary is submitted to the child protection case planner for approval (refer to page 40 for advice).
3. The case planner or case manager will advise carers, parents and child (where appropriate) of the assessment unless otherwise agreed with the agency or team that undertook the assessment.
4. An assessment report and recommendation(s) will be provided to the Children’s Court for the making of the permanent care order.

### If a foster carer does not meet requirements

Refer to section 7.11 on page 40 for further advice where concerns arise during the assessment.

## 7.8 New permanent care applicants

The assessment of new permanent carers requires a range of information to be gathered and evaluated, including information in the application form, interviews with the applicant, completion of Life Story, home visits and a home and environment check, referee checks and safety screening.

The assessment includes an analysis of the applicant’s background and family history to help determine their ability and capacity to parent a child to emotional and physical independence at least until the child turns 18 years old or marries, whichever happens first. The assessment and matching process must prioritise:

* the needs of the child(ren) awaiting placement
* the child’s best interests
* objectivity and fairness to the applicant
* accountability to the decision-making procedures
  + consideration of all relevant issues and facts when making decisions.

### Required applicant documentation

Following attendance at the training program, prospective applicants must submit the following documentation:

* a permanent care application ([Form 10](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)) within two years of attending training
  + - the application includes the names and contact details of four referees from friends and family (if there are two applicants as a couple, a referee from each family is required and two friends who know them both)
* proof of identity (driver’s licence or passport) and proof of address documentation
* details of their current employer
* details of the childcare centre, school or kindergarten for children already in the family
* screening documents as specified in chapter 6
  + proof of Australian citizenship or permanent residency if not already provided.

### Application and pre-assessment tasks for the permanent care team

Once the application form is received, the permanent care team assessor must:

* confirm the applicant’s proof of Australian citizenship or permanent residency and their intention to remain permanently in Australia
* ensure safety screening checks are completed
* provide applicants with [Forms A](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) (‘Your health history’) and [Form C](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) (‘Release of personal information’) to complete and take to their GP for their medical assessment
* ask the applicant to provide the details of the GP undertaking their assessment and write/email using the letter at [Form 12](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619), attaching [Form B](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) (‘Record of health review’) and [Form D](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) (‘GP report to the department or community health organisation’).
* conduct a pre-assessment home visit to applicant(s)
* write to the applicant’s referees using the letter template at [Form 14](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) requesting information about the applicant and undertake referee checks
* write to the applicant requesting completion of the Life Story using [Form 13](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) to support the assessment (the form covers a range of areas including personality, background and childhood, relationship with current and/or previous partners (if applicable), experience with children, development of their own children (if applicable), health, motivation for seeking to become permanent carers and their perceptions of the impact placement of a child might have on the family)
* write to the childcare centre, kindergarten or school of the applicant’s children to seek information about the applicant’s family using [Form 15](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).
  + write to advise the applicant that the assessment can proceed using the letter template at [Form 16](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

Only the GP’s report ([Form D](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)) will be returned to the program. If questions remain after receiving the GP’s report, a referral to the medical advisor for the program may be made. The medical advisor will consult with the GP in relation to any remaining concerns.

If any concerns arise at this stage about the application, a decision may be made not to proceed to a formal assessment. Where this occurs, the applicant should be provided with a detailed reason for a decision not to proceed. Examples of situations where this may occur include where there are significant medical problems, a lengthy or recent police record or negative reports from referees or current illicit drug use or concerning substance use.

Applicants who do not progress to assessment must be informed of any complaint processes for the department or the CSO involved in the decision (see chapter 10).

### Assessment report

The assessor should complete the new permanent carer assessment ([Form 6](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)). The assessment report should analyse all available information to determine an applicant’s suitability to be a parent for a child until the child reaches 18 years. The report should contain a recommendation about the applicant’s suitability.

### Completing the assessment report

In addition to the suitability requirements the assessment report should consider and record examples of the applicant’s:

* capacity for openness and intimacy
* description of themselves in their life stories
* means of resolving conflict and dealing with stress
* level of self-esteem and assertiveness
* means of expressing different emotions
* consideration of adult attachment indicators
  + capacity for insight into self and others.

Any outstanding issues or differing opinions should be discussed with the applicant.

When finalised the report will be submitted to the permanent care team leader to consider and endorse the recommendation before being considered by the Applicant Assessment Committee.

## 7.9 Applicant Assessment Committee

Permanent care teams have a process whereby assessments undertaken by them are considered by an Applicant Assessment Committee (AAC). The chairperson of the AAC will advise whether the recommendation(s) in the report is supported by them before the assessment is handed to the child protection case planner for approval (see chapter 9).

The assessing worker should seek approval from the applicant to release the assessment report to the AAC for review and endorsement using Form 17 and:

* advise applicants about the issues that are to be discussed at the AAC
* provide applicants with the opportunity to respond to the assessment report
  + advise applicants that they will be invited to attend the AAC to represent their views verbally or in writing.

The assessment report must provide a summary, analysis and recommendation of the applicant’s suitability to inform the AAC.

The assessment report should contain enough information about the family and their background to support statements and conclusions being made by the assessor. It should also provide a summary and analysis about what the applicant has said about themselves and their family as well as what the assessor has observed and gleaned from the application form, interviews, home visits and reference checks. In summary the assessment report should:

* provide a summary of what the applicant offers
* identify strengths and any deficits of the applicant(s) and their family and implications for a child placed in their care
* summarise their suitability to provide culturally appropriate care
* highlight and provide specific examples to illustrate the positives and risk factors of the applicants
* focus on analysis and limit descriptive detail in the analysis and recommendations
* be concise and not include unnecessary detail
  + include an overall recommendation of approval or otherwise and reasons for the recommendation.

The report must also be written for a range of audiences including:

* the applicant(s)
* members of the AAC
* other professionals involved in linking children and families
* other professionals who may be involved in the review process
  + the child, if seeking their records later in life.

## 7.10 Providing the report to child protection for approval

Once the internal assessment approval process is completed for a new carer and a child is proposed to be placed with that carer, a report summary is submitted to the child protection case planner for approval.

The permanent care reports undertaken by permanent care teams are very detailed, which is important for the assessment but not required for the Children’s Court. An assessment and report undertaken by a permanent care team belongs to that team and is not placed on CRIS. These teams will provide a summary report to child protection that addresses the prescribed requirements for r. 18 of the CYF Regulations, which can be placed on CRIS.

## 7.11 If an existing carer or new applicant does not meet requirements

Where concerns arise during the assessment, it is important that the assessor discusses these with the kinship or foster carer or new applicant to gain an understanding of the issues, the extent to which they have been resolved and the potential implications for providing permanent care.

Early management of concerns may help to avoid a complaint and review process about decisions later in the process. The assessment process should focus on communicating openly. It is essential that the carers or new applicants are advised early about any major concerns or adverse recommendations about the application and given the opportunity to express their views.

If, once the assessment is finalised, there remains major concerns, senior staff can be asked to review the material. If the concerns remain, the carer or new applicant(s) should be advised of the concerns/issues and be given the opportunity to discuss them. The carer or applicant(s) must be given enough time, depending on the issue and negotiated on a case-by-case basis, to prepare for this. A carer or new applicant who does not meet the assessment criteria should be advised in writing of the reasons why their application was unsuccessful.

Existing kinship or foster carers or new applicants may be entitled to have decisions reviewed and should be advised of the review process (see chapter 10). For carers where the child is in their care, the case planner needs to consider whether the child remains with the carer while any review or appeal processes are exhausted. In these cases, a referral to the permanent care team is required to identify or recruit a new permanent carer for consideration. However, case planners should be mindful of review and appeal processes and the timing of these.

## 7.12 Assessing new partners or household members before the making of a permanent care order

If an approved permanent carer enters into a new relationship following their permanent care assessment and approval but prior to a permanent care order being made or an new adult enters a household and is likely to have a parenting role, the case planner must ensure that the new partner or household member undergoes an assessment even if they are not being included as an applicant for the permanent care order.

The assessment of the new partner or household member and the outcome must be included in the report supporting the application for the permanent care order. Part A and B of the kinship assessments may be used in these circumstances.

## 7.13 Updating reviews of approved permanent carers

The permanent care approval for new carers is two years. A formal review is required every two years. When a placement match has not occurred within the first year, the permanent care team may undertake an update review. Applicants are contacted to confirm that they wish to remain on the approval list and asked whether there has been any change in their circumstances.

To do this:

* contact the carer in writing or by phone to advise of the update review
* request information about any changes to the approved carer’s circumstances
* undertake safety screening checks on any new household members in the approved carer’s household
* update the information held on the approved carer’s record
  + provide an update to the CRE using [Form 26](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

If information is disclosed that requires further investigation or reconsideration of the carer’s accreditation, speak to your team leader or manager about considering further actions. Refer to advice about withdrawing approval below.

Where a placement has not occurred after two years, a formal review is undertaken. To do this:

* confirm that the carer wishes to remain registered as a permanent carer
* request information from the carer about any changes to their circumstances including medical and financial information
* undertake a face-to-face interview with the carer
* update safety screening checks as required
* seek endorsement from the appropriate delegate in the permanent care team to continue the approval
* write to the carer following the formal review to advise of the outcome using [Form 22](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)
  + provide an update to the CRE using [Form 26](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

If there are significant changes to a carer’s circumstances, the team leader may decide to present the matter at an AAC to consider and reapprove the carer’s approval status.

## 7.14 Withdrawing approval

If, following a formal review or at any other time, information and concerns about a permanent carer’s suitability arises that require consideration of their continued accreditation, the worker must discuss their concerns with the permanent care team leader or manager.

Any decision to withdraw a permanent carer’s accreditation must be taken to and made by an AAC. The issues must be discussed with carers before going to an AAC. The AAC should have the opportunity to hear the issues, which may include concerns from professionals. The decision to withdraw an approval is made by the chairperson based on the recommendations of the committee.

Following the decision to withdraw approval, the applicant must be notified in writing and provided with information about complaint processes (see chapter 10). If the applicant has a dual approval for adoption and permanent care, advice must be provided to Adoption Services in writing about the change in the permanent care accreditation status when the decision has been finalised.

The CRE must also be notified in writing about the change in accreditation status when the decision has been finalised.

## 7.15 Second and subsequent applications

A person may submit a second or subsequent application for permanent care if they have previously had a child placed with them through the adoption or permanent care process, and all legal processes must be completed.

The applicant must provide updated information in writing on any changes to their circumstances. If the placement was through an adoption, consent should be sought to release the file from Adoption Services or the CSO.

The second assessment report should build on the previous assessment by covering the following areas:

* the progress of the previous placement
* any concerns raised about the quality of care provided
* the child’s emotional and physical development
* the applicant’s management of permanent care issues including those associated with identity and contact
* a review of the applicant’s strengths and vulnerabilities identified by the previous assessment
  + if a child remains in their care, implications for the child of an additional placement.

If the assessment is through a permanent care team, the assessment will be considered by the AAC, which will endorse the recommendation.

# Permanent care for Aboriginal children

## Introduction

Due to past policies and practices associated with the forced removal of Aboriginal children, there are particular sensitivities about the permanent care of Aboriginal children including that the child will lose connection to their Aboriginal culture and community.

To safeguard against this, the Children’s Court cannot make a permanent care order for an Aboriginal child unless the court has received a report from a declared Aboriginal agency (s. 6 of the CYF Act) recommending the making of the order. In addition, a cultural plan must be prepared for the child.

Section 321(1)(ca) of the CYF Act requires a standard condition to be included on a permanent care order to the effect that a person caring for a child must, in the best interests of the child and unless the court otherwise provides, preserve the child’s identity and connection to the child’s cultural of origin and the child’s relationships with their birth family.

## 8.1 Case planning for permanent care for an Aboriginal child

The process for deciding a permanency objective for an Aboriginal child must accord with the additional decision-making principles for Aboriginal children – refer to s. 11(h)(i) and s. 12 of the CYF Act.

When permanent care is being considered, the case plan must have specific regard to s. 13 of the CYF Act, which sets out the Aboriginal Child Placement Principle. Under s. 323(1)(c) CYF Act, the Secretary also must be satisfied that a permanent care order will accord with this principle.

The Aboriginal Child Placement Principle governs placement of Aboriginal children outside their immediate family. More information about the order of placement options is provided in section 2.1 and chapter 4.

### Aboriginal Child Specialist Advice Support Service

ACSASS provides consultation and advice for child protection practitioners involved with Aboriginal families from the point of a report being made to child protection through to case closure. ACSASS assists child protection practitioners or permanent care teams to comply with the Aboriginal Child Placement Principle and to meet the requirements under the CYF Act about decision making and care arrangements for Aboriginal children.

In situations where an Aboriginal child cannot return home to live with their parents and a permanent care order is being considered, the ACSASS team must be involved in this decision. Consideration can be given to inviting the VACCA permanent care program manager to provide advice about the VACCA permanent care process at this stage.

Child protection or the permanent care team should not lodge a permanent care application with the Children’s Court for an Aboriginal child without having received a permanent care cultural assessment report from VACCA’s permanent care program, which recommends the placement.

The ACSASS service operated by VACCA (also known as ‘Lakidjeka’) operates across the state except for the Mallee area where it is provided by Mallee District Aboriginal Services and the Loddon area where it is provided by Njernda Aboriginal Corporation and Bendigo Distract Aboriginal Cooperative.

## 8.2 Cultural plans

The cultural plan, which must be provided to the Aboriginal child placed in care, describes how the child is to remain connected to their culture, family and community. Cultural plans are developed by the child’s care team with assistance from the senior advisor – Aboriginal cultural planning from the Aboriginal community-controlled organisation. In addition to the senior advisor supporting the care team, the chief executive officer of the Aboriginal community-controlled organisation must endorse the cultural plan.

The child’s carer has a role in implementing the plan. The cultural plan and the carer’s commitment to ensuring it is implemented will be part of the permanent care cultural assessment that VACCA undertakes. The plan is monitored and updated until the Children’s Court makes the permanent care order. Refer to the *Child Protection Manual* for more information about [cultural plans](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/cultural-plans) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/cultural-plans>.

## 8.3 Aboriginal family-led decision making

An Aboriginal family-led decision making (AFLDM) meeting should be convened by child protection and the local Aboriginal community-controlled organisation and conducted in accordance with program guidelines in all instances where the placement of an Aboriginal child is being considered. The meeting brings together key members of the child’s family to make long-term decisions about the child. The meeting should develop a contact plan for the child. Refer to the *Child Protection Manual* for more information about [AFLDM](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/family-led-decision-making-program-guidelines) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/family-led-decision-making-program-guidelines>.

## 8.4 VACCA permanent care program

Where an Aboriginal child has a case plan with a permanency objective (s. 167 of the CYF Act), VACCA must undertake a permanent care cultural assessment. VACCA is a declared Aboriginal agency under s. 6 of the CYF Act and, under s. 323 of the CYF Act, can provide a report to the court recommending the making of a permanent care order. The involvement of the VACCA permanent care team is in addition to the involvement of ACSASS.

Child protection or the permanent care team should not lodge a permanent care application with the Children’s Court for an Aboriginal child without having received a permanent care cultural assessment report from VACCA’s permanent care program that recommends the placement.

It is important to note that the permanent care cultural assessment report is not an assessment of a carer’s suitability. VACCA will assess the carer’s capacity to keep the child connected to their family, culture and community. The key responsibilities of the VACCA permanent care program are to:

* provide consultation about the program, referral and assessment processes to child protection
* accept referrals from child protection or CSOs with contracted case management for cultural assessments of permanent care applications
* undertake permanent care assessments through a cultural and trauma lens to ensure the ongoing cultural needs of the child will be met after a permanent care order is granted
* assess whether the child is culturally and physically safe within their placement
* where possible obtain confirmation of Aboriginality
* complete permanent care assessment reports and recommendations for the VACCA Caregiver Assessment Panel (the internal body that endorses the reports)
* present the assessment report to the VACCA Caregiver Assessment Panel
* develop reports for the Children’s Court
* support planning for children’s return to country where relevant
* advocate for access to flexible funding
  + provide some support to permanent carers by providing information and advice and supporting them to maintain links to the Aboriginal community.[[3]](#footnote-3)

When a decision is made for permanent care, the child protection practitioner or permanent care team manager must contact the senior caseworker in VACCA’s permanent care team to formally request that VACCA’s permanent care program completes a permanent care cultural assessment.

A referral form is completed, and the following information provided to the senior caseworker for permanent care at VACCA:

* information or the minutes of the AFLDM meeting
* the case plan where the decision was made for permanent care and the current case plan, if these are different
* cultural plan
* contact plans
* the child’s birth certificate
* names of the members of the care team
* the genogram
  + a copy of the child’s essential information record if the child has been in foster care.

The child protection practitioner or permanent care team caseworker will meet with the VACCA permanent care program to discuss the permanent care cultural assessment report and communication. This meeting will provide an update on the child’s situation and any changes to the information provided at referral. The meeting helps to identify who VACCA should contact from the child’s family and care team as part of its assessment. VACCA will meet with children over the age of seven years to hear their views about their carers; their understanding of their culture and contact with other family members, including siblings.

## 8.5 VACCA report and recommendation to the court

Once the VACCA permanent care program has completed the cultural assessment of the proposed carers, its internal assessment panel will consider the report and recommendations.

Where the VACCA permanent care panel recommends the making of the order and the applicants meet all other assessment requirements, they will send a letter to child protection or the permanent care team with the recommendation to make a permanent care order. Child protection will then lodge the application for a permanent carer order at the Children’s Court. The VACCA permanent care program will submit its assessment report with a recommendation to the court and provide a copy to child protection or permanent care team.

In completing the report to the Children’s Court, the child protection practitioner must consider the information required by the court under s. 323 CYF Act, which states that court must not make a permanent care order for an Aboriginal child unless:

* + 1. the disposition report states that –
    - no suitable placement can be found with an Aboriginal person or persons and
    - the decision to seek the order has been made in consultation with the child, where appropriate and
    - the Secretary is satisfied that the order sought will accord with the Aboriginal child placement principle and
    1. the court has received a report from an Aboriginal agency that recommends the making of the order and
    2. a cultural plan has been prepared for the child.

If VACCA does not recommend the placement, the court cannot make a permanent care order for an Aboriginal child. Child protection or the permanent care team can arrange for a new referral when the situation has changed. Child protection can arrange another AFLDM meeting, with VACCA in attendance, to explore options for the child. The above process is repeated in full if the permanency objective remains permanent care.

VACCA can be contacted on (03) 9287 8999.

For further advice about case planning policy and procedures for Aboriginal children, refer to the following links in the *Child Protection Manual*:

* [case planning advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning#h3_4) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning>
* [Aboriginal children policy](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/aboriginal-children-policy) <http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/aboriginal-children-policy>
* [additional requirements for Aboriginal children](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/additional-requirements-aboriginal-children) <https://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/additional-requirements-aboriginal-children>
* [case planning for Aboriginal children](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/case-planning-aboriginal-children) <https://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/case-planning-aboriginal-children>
* [permanent care for Aboriginal children](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/permanent-care-aboriginal-children) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/permanent-care-aboriginal-children>
* [changing the status of a child from Aboriginal and/or Torres Strait Islander](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/changing-status-child-aboriginal-andor-torres-strait) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/changing-status-child-aboriginal-andor-torres-strait>
* [identifying Aboriginal and/or Torres Strait Islander children](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/identifying-aboriginal-andor-torres-strait-islander) <http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/identifying-aboriginal-andor-torres-strait-islander>.

# 9. Applicant Assessment Committees

## Introduction

Under s. 320(1) of the CYF Act an application for a permanent care order may be made by the Secretary to the department in relation to a person who is, or persons who are, approved by the Secretary as suitable to have parental responsibility for the child. The Secretary may delegate this power to others within the department.

## 9.1 Applicant Assessment Committee

Permanent care teams use AACs to consider the outcomes of an assessment (including specific assessments of foster or kinship carers) they have undertaken and to endorse their recommendation(s).

AACs ensure there is accountability for the decision-making procedures and that:

* assessments and decision making about applicants and children is equitable and objective
* any placement decisions being recommended are in the best interests of the child
  + decisions are based on adequate consideration of all relevant issues and facts.

AACs consider the assessment report and recommendations. The final decision to endorse the assessment is made by the AAC chairperson, who is the principal officer of the funded CSO or the delegate of the Secretary.

For specific assessments, this endorsement is provided to the child protection case planner after the AAC. For new carers, the AAC recommendation is sent to the child protection case planner for approval at the time a child is being placed with the approved carers.

Foster care and kinship care assessments undertaken by child protection, kinship and foster care agencies are not required to be taken to an AAC. In these circumstances the assessments and recommendation are provided to the child protection case planner for approval.

## 9.2 Members of the Applicant Assessment Committee

The AAC has a chairperson (either VPS 6 or above (the department) or the principal officer of the CSO) and two committee members who can be:

* the adoption and permanent care team leader or manager
  + a senior and experienced representative from either a departmental permanent care team or another CSO funded for permanent care.

A department representative is required to attend an AAC for permanent care decisions made by a CSO.

The AAC chair makes the decision to endorse an application for permanent care based on the recommendations of the committee members.

## 9.3 Who attends the Applicant Assessment Committee meeting?

In addition to the committee members, the following people can be invited to attend an AAC:

* the permanent care assessor
* the permanent care team worker representing each family being assessed or child(ren) requiring placement (the worker attends and presents at the meeting where their cases are under consideration)
* the applicant(s) (they are invited to attend for the part of the meeting relevant to their application to present their views on the assessment, process and to clarify any issues; the AAC also provides an opportunity for applicants to provide additional information they consider relevant)
* an appropriate and experienced departmental representative
* the case manager for the child if a specific assessment is being considered
  + a foster care CSO representative for specific assessments.

## 9.4 Tasks to prepare for an Applicant Assessment Committee

The assessing worker is responsible for convening the AAC and undertaking the following tasks:

* obtaining applicant approval to circulate copies of the report to the AAC
* providing copies of the report to members of the AAC and the applicants at least one week before the scheduled meeting
* if the AAC is considering a specific assessment and is required to consider a placement match, providing a copy of the completed child’s assessment
  + confirming with the chairperson that a minute-taker is appointed to record the discussion and decision.

## 9.5 Applicant Assessment Committee decisions

The chairperson should seek the views of all committee members before making a recommendation about an application. There are three recommendation options:

* **Approve:** Applications are approved and may specify a specific age range and category of child, or for the exploration of a link between a child and a permanent care family.
* **Defer:** An application may be deferred for a range of reasons, which vary from case to case. The deferral is for a specified period and clear information should be provided to the applicants about timeframes required to resolve any issues.
  + **Not approve**: This may occur where significant issues affecting the applicant exist such as major health issues threatening life expectancy or that severely affect their quality of life and ability to conduct day-to-day activities. Other significant risk factors may include ongoing and regular recreational drug use, major financial instability or major health affecting other members of the applicant’s family.

## 9.6 Recording decisions of the Applicant Assessment Committee

The minute-taker summarises issues and the reasons for decisions made in the meeting and records the views of the committee and the recommendation of the chairperson at the AAC using [Form 18](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

## 9.7 Tasks following Applicant Assessment Committee decision

Following an AAC, the assessor must undertake the following tasks:

* Write to new applicant(s) to advise of the outcome of their application using the letter template at [Form 20](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) and request that they sign and return [Form 21](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619). Applicants should also complete and return [Form 17](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619), providing consent to release information to other permanent care teams for the purposes of matching.
  + Provide a copy of required documents and photographs to the CRE using [Form 26](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619).

For a specific assessment, contact the child’s case planner or case manager as soon as possible after the AAC to:

* advise the assessment outcome and placement recommendation
* provide the case manager and case planner with a copy/summary of the report and AAC minutes for CRIS
* where the placement has been recommended, discuss and confirm case management arrangements for the child (usually the permanent care team will assume case management responsibility following agreement with the foster care CSO and case planner)
  + attach a copy of the minutes to the applicant’s permanent care file.

In the event that a specific assessment and placement is not recommended at this stage, noting that any concerns should be raised much earlier in the case planning and assessment process, contact the child’s case planner to discuss options for either considering the appropriateness of a long-term care order with the carer or to seek a new permanent carer for the child.

# 10. Reviews

## 10.1 Request for a review by applicants

While the CYF Act does not make specific provisions for reviews by permanent care applicants who are not approved as suitable, every reasonable effort should be made, however, to achieve a resolution for applicants. Applicants who are not approved by their CSO are encouraged to contact their permanent care team to discuss the outcome and should be provided with information about the complaint processes for that organisation.

It is the responsibility of the assessing agency to manage requests for reviews and complaints in line with the policies of their organisation and to make every reasonable effort to achieve early resolution.

If an applicant to a CSO is still dissatisfied with the review they may wish to [submit a complaint to the department](https://dhhs.vic.gov.au/making-complaint) <https://dhhs.vic.gov.au/making-complaint>.

## 10.2 Internal review of a decision by child protection

The CYF Act requires the department to have procedures to internally review decisions. The department’s internal review process applies to all decisions made by the Secretary or delegate as part of the decision-making process for child protection clients including case planning decisions for children made as part of the decision-making process following the making of a protection order.

In addition to the child and parents, kinship care and related home-based carers who are directly affected by a decision may seek an internal review if the decision was made when the child was living with them.

Internal departmental reviews will ordinarily be conducted by an executive officer or VPS 6.2 with line management responsibility for the child protection case or by another executive officer with relevant child protection knowledge and the required expertise to undertake the review process. An internal review does not apply to decisions made by the Children’s Court.

Refer to the *Child Protection Manual* for more information about the [internal review of decision process](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/internal-review-decisions) <http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/internal-review-decisions>.

## 10.3 Complaints to the Ombudsman

Complaints to the Ombudsman can be made based on an ‘administrative action and decisions’ taken by a government department and agencies. The *Ombudsman Act 1973* gives the Ombudsman power to investigate administrative actions taken by, or on behalf of, government departments and other authorities, and for other purposes. The Ombudsman can review the lawfulness of an agency’s actions or decisions, as well as their reasonableness and fairness in relation to these actions. The Ombudsman does not normally become involved until the issues have been raised with the agency or government authority directly. Refer to the Victorian Ombudsman website for [more information about the Ombudsman](https://www.ombudsman.vic.gov.au/) <https://www.ombudsman.vic.gov.au/>.

# 11. Referring children from child protection for permanent care

## Introduction

Some children do not have prospective permanent carers when a case plan is made for permanent care and are referred to the permanent care team. Child protection staff should arrange a referral to the permanent care team by inviting the permanent care team leader to attend a case planning meeting. Issues for discussion may include:

* options for identifying or recruiting new permanent carers
* advice from the team leader about timelines to identify a suitable permanent carer
* undertaking a specialised recruitment for a child with additional needs or sibling group
* options to place the sibling of a child already in permanent care
* an unborn report received about a child with siblings in permanent care
* timeframes for referral and assessment of a child’s needs for placement
* timing referral of a specific assessment to place a child with a specific carer
* roles and responsibilities in the assessment and placement matching process
* timing for transferring case management responsibilities to the permanent care team (usually once the placement has occurred)
  + providing opportunities for birth parents or current carers to be involved in planning for permanent care.

## 11.1 Case planning tasks for discussing a child’s referral

The permanent care team manager attending the meeting should complete the ‘Case planning consultation for permanent care form([Form 1)](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) and place this on CRIS.

When a referral is to be made, child protection should complete the ‘Child protection referral for permanent care’ form([Form 2](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)) and provide as much information as possible about the child’s background and physical, emotional and social development and the child’s family. The form should be signed by the case planner and a copy sent to the permanent care team manager. A copy of the referral is placed on CRIS.

In addition to the referral, child protection should arrange to provide the following information:

* a copy of the court order
* a copy of the case plan stating the permanency objective is permanent care
* advice about any active administrative reviews or court proceedings contesting the non-reunification case plan
* if the child is Aboriginal, confirm that ACSASS has been consulted and agrees with the permanency objective
* a copy of the cultural plan and AFLDM minutes
  + copies of the child’s birth certificate, Medicare card and other relevant identification documents.

## 11.2 Assessment of the child’s placement needs

Following referral, the permanent care team will undertake an assessment of the child’s placement needs and consider suitable placement options, including carers already assessed and approved on the CRE. The objectives of the assessment include to:

* identify and assess the child’s physical, emotional and developmental needs over the short and long term
* understand the child’s views about any proposed placement and actively engage them in decision making, where age-appropriate
* develop a supportive relationship with the child during the placement transition.

## 11.3 Completing the child’s needs assessment

It is important to complete the child assessment in a way that is both thorough and sensitive to the child’s needs and family history. It is important to keep good records for the assessment and matching process itself but also as a record that the child may wish to seek in later life.

To enable a comprehensive assessment and to identify suitable carers, the assessor should explore, analyse and summarise the child’s physical, emotional and developmental needs. The assessor should complete the ‘Child assessment for permanent care’ form ([Form 3](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)). In addition to the information in the assessment report include:

* medical reports and assessments
* the child’s genogram
* discussions with child – for example, by using Life Story work (discussed further in the next section)
* discussions with the child’s family, where appropriate
* discussions with other relevant professionals involved with the child
  + discussions with previous and existing carers and review of any client incidents.

## 11.4 Considerations of the child’s needs for placement

### Discussions with the child

Depending on the age of the child, the assessor’s discussions with a child during the assessment and placement process is important. However, consideration must be given to the timing of such discussions, particularly in situations where there are difficulties in locating a permanent family and may be deferred until there is a potential link with a family.

A child’s past experiences may be integral to their personality and identity, and appropriate supervision must be provided, with awareness that children may be unable to focus on sensitive issues in their background until placed in a secure environment. Tools such as a Life Story Book may be used to explore a child’s experiences, thoughts and feelings and to provide to future carers.

Where a foster carer or other person with a significant relationship with the child is willing to support the transition of placement, it may be appropriate for them to undertake direct work with the child in consultation with the permanent care worker.

### Other children in the placement

Where other children are living with a proposed permanent carer, consideration must be given to how other children’s ages and stages of development may affect the child’s integration into the family, attachment with the carer and development of a secure attachment.

Ideally children should be placed as the youngest member of the family. However, determining and weighing any risk factors will rely on the assessor’s professional judgement as well as conversations with the child (where appropriate) and prospective carers during the linking process to determine how they may mitigate any identified risks. Matching the child and carer must be considered on a case-by-case basis regarding the child’s age and what is in the child’s best interests.

### Placement in sibling groups

Placing siblings together is almost always in their best interests under s. 10 of the CYF Act. Placement of sibling pairs or groups together must be a priority. In some cases, placement of siblings may happen at the same time and in others at different times. In cases where a second or other sibling is later identified as requiring a placement, the permanent care team should discuss with the permanent carers the option of placing siblings together as the first option in a kinship arrangement.

In the situation that a sibling requires placement but may not yet have a case plan for permanent care, arrangements should be discussed with permanent carers to enable siblings to stay together in a kinship arrangement until permanent care is endorsed as the permanency objective. Such flexible arrangements may facilitate a smoother transition for carers to become the permanent carers through a child protection kinship conversion assessment.

Where placement with siblings is not possible, child protection will recommend that the permanent care order includes conditions for regular sibling contact to enable this important relationship to be maintained and promoted.

### Contact with family

The requirements of contact with family must be explored during placement matching to ensure prospective permanent carers are willing and able to uphold and maintain contact requirements.

Section 321(1)(d) CYF Act provides that the court may include conditions on a permanent care order requiring contact with a child’s parent, which may involve contact up to four times per year in the first year, with any additional contact being by agreement.

Where agreement cannot be reached, either party may apply to the Children’s Court after the first 12 months of the permanent care order for additional or different contact arrangements. Section 321(1)(e) provides that the court may include conditions concerning contact with siblings and other people who are significant to the child. The legislation also allows for additional contact to be arranged by agreement if this is in the best interests of the child (s. 321(1A)).

### Assessing a child with additional needs

While all children requiring permanent care are considered to have experienced trauma associated with removal from their parents, some children may have a range of other needs arising from individual, family or broader contextual factors. The assessment should document any additional needs to enable placement matching. A child who has additional needs may:

* exhibit physical, intellectual or cognitive disabilities requiring additional learning and development support
* have challenging behaviour
* have long-term health needs or a genetic condition requiring care
* have mental health issues requiring treatment and support
* have (or be at risk of) a developmental delay or emotional vulnerabilities
* have complex family histories (for example, born to parents with mental illness, drug or alcohol abuse, history of imprisonment, born through incest, prenatal exposure to drugs/alcohol)
* have been placed with multiple carers and have had fewer opportunities to develop close relationships with any one person
  + have experienced suboptimal care in the past.

Where a child has a permanent and significant disability, including an intellectual, physical, sensory, cognitive and psychosocial disability, consider their eligibility or application for NDIS or other services as part of their assessment.

Flexible funding can be provided to permanent carers to help meet the additional needs of a child in their care, beyond those met by the carer allowance and available funding sources. The funding is specific to the child and should promote the child’s attachment, stability of placement and continuity of care and help address issues that may be a result of abuse and neglect. The assessment should identify any specific needs of a child that may need to be included in a case plan (see section 7.4).

When a child has ongoing on special needs, the assessment should also consider whether a carer is eligible to receive a higher care allowance. Any adjustments to a care allowance can only occur before the permanent care order is made. Refer to the [*Care allowances policy and procedures*](https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/care-allowance) <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/care-allowance> for more information about applying for a care allowance or assessing a carer at a higher payment level.

### Attachment difficulties

Children who have experienced neglect and abuse – and whose basic need for comfort, affection and stable, trusting relationships with adult carers have not been met – are at risk of developing attachment disorders.

Not all children will show signs of being unattached. However, it is important to look at the number of carers and placements the child has experienced, and the quality of their relationship with previous or existing carers, their history of child protection intervention and previous relationship with their family. Identifying this issue early is important to enable appropriate support to be provided to the child and to advise the permanent carer about how to manage behaviours as they arise.

An attachment and bonding assessment will identify if concerns exist and design appropriate interventions to ensure the healthy development of the infant or child and that their best interests are met. Behavioural indicators of children requiring a response to attachment issues may include:

* withdrawal from interactions, either physically or emotionally
* aggressive or hyperactive behaviour potentially intended to keep adults at a distance
* indiscriminate affection, which indicates that no one is of special importance to the child
* over-competency and self-parenting behaviour that children have learnt through taking care of themselves
* lack of self-awareness, particularly lack of bodily sensation to pain, extreme over-eating and wetting and soiling
  + issues of control as a reaction to not being in control of any aspect of their life and resulting in confrontations and power struggles.

### Useful resource

The [*Child Protection Manual*](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma) <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/child-development-and-trauma> provides further information about child development and trauma, childhood development trends, trauma impact and parental/carer support that may assist with the placement assessment and carer matching process.

# Placement matching, preparation and supervision

## Introduction

Matching children (who do not have an identified carer) with approved permanent care applicants requires careful consideration. Permanent care teams can access the CRE to identify potential carers and children awaiting a permanent care placement. The team that has accepted referral of the child’s assessment normally leads this process. However, in some cases, the team assessing an applicant may undertake the child placement matching responsibilities. Whichever team undertakes the placement matching role, it is essential that the responsible permanent care team explores all state-wide options, including approved carers and those undergoing assessment.

## 12.1 Placement matching

While the focus is on placing children within their own within their own community, both culturally and geographically where possible, identifying a suitable placement should consider all approved applicants from Victoria to identify the best family for the child.

Permanent care teams must also consider prioritising placements for children who either:

* have experienced multiple placements, and further disruption or short-term placement
* are in a placement that is not meeting the child’s needs – for example, a poor relationship may exist between the child, the carers and/or other residents, or
  + are in a placement that is time limited.

### Placement matching tasks

The permanent care team undertaking placement matching must:

* review and consider the signed copy of the child’s assessment form
* consult with the CRE or other permanent care teams about suitable applicants who are either approved or being assessed
* review and identify possible carers and finalise a shortlist
* discuss the proposed families with the child’s case planner and arrange to discuss them with other relevant care team members and the child (when appropriate), covering:
  + - the reasons an applicant may or may not meet the needs of the child
    - why the shortlisted family is considered the best match for the child
    - the location of the prospective carers, if the child must move outside of their community
      * any issues that may have arisen about the suitability of the proposed placement
* if appropriate, discuss with the families being considered
  + if the child is Aboriginal, VACCA must be contacted to undertake a cultural suitability assessment of the proposed carer at this point.

Following agreement by the case planner and the permanent care team leader, the child link panel can consider shortlisted families.

## **12.2 Role and composition of the child link panel**

A panel is convened to consider and recommend the selected permanent carer to the child’s case planner. The panel is usually convened by the permanent care team undertaking the child’s assessment. The panel may consider one or more placement recommendations at the same meeting.

The child link panel is chaired by the permanent care team delegate managing the child’s assessment and is attended by:

* the workers who assessed the shortlisted applicant families
* the child protection case planner and/or case manager
* a CSO representative supporting the existing placement
* an Aboriginal community-controlled organisation representative if the child is Aboriginal
  + a nominated person to take minutes and record the discussion and decision.

### Tasks to convene the child link panel

To convene the panel, the following tasks need to be undertaken:

* Arrange the meeting date and time and invite all relevant representatives.
* Collate the endorsed carer and child assessments. The panel should be provided with:
  + - copy of the child’s case plan
    - a completed and signed child’s assessment form including a summary of the recommendations
    - copies of the AAC report and minutes for each shortlisted family
      * a signed cultural suitability assessment for each prospective carer if the child is Aboriginal.

The panel must consider the following information during the matching/linking process:

* the child’s needs
* the capacity of prospective carers to meet the child’s needs and any identified risks of the proposed placements
* representations by assessing workers on behalf of applicants
* the issues of moving a child if the child’s foster carers are being considered along with other applicants
* the views of the child if appropriate
* the views of the parents and the child’s current carer(s) wherever possible
* if the child is Aboriginal, confirmation that ACSASS has been consulted and has endorsed the referral of the child to permanent care
* confirmation that VACCA has undertaken and endorsed an applicant’s cultural suitability assessment, if the child is Aboriginal
* the ability and willingness of the applicant to preserve the child’s identity and connection to their culture
* the ability and willingness of the applicant to meet expectations of contact and information exchange with parents and other family members
* an agreement on the timing of the placement transition
* any additional information that may assist in making the placement decision.

### Recommendations of the child link panel

The child link panel provides its recommendations to the child protection case planner for endorsement and this may include recommending the placement match or deferring a decision. Deferral may occur if none of the families are considered suitable or to enable further issues to be considered or obtain other information.

Once the case planner endorses the placement match, the permanent care team managing the placement link will:

* provide a copy of the panel minutes to be added to the child’s CRIS file
* advise the permanent carers of the matching decisions and the agreed timing for introductions and placement and confirm this using [Form 23](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)
* advise the CRE of the recommendations once endorsed using [Form 26](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619)
  + finalise roles and responsibilities, particularly where there has been a cross-area link.

Roles and responsibilities to prepare the child and permanent care family for placement are discussed and agreed at the link panel or with the child’s case planner following endorsement of the placement decision.

## 12.3 Case management and supervision

In most cases the permanent care team responsible for the carer’s assessment will take over case management responsibility and supervision in recognition of the relationship already developed with the family and the knowledge of their situation. This provides a useful basis for supervision until the Children’s Court makes the permanent care order. Child protection maintains case planning responsibility until this time.

If complex contact issues are involved, the child’s child protection case manager may retain case management responsibility if they have an established relationship with the child or birth family.

Where there are concerns about the stability of the placement, it may be preferable to delay the case management transfer until after the placement is established.

The timing of case transfer should be agreed at the time or as soon as possible after the case manager endorses the placement. When transferring cases, the transferring team or division will maintain case management responsibility until the case is formally transferred on CRIS.

In all cases and regardless of who holds case management responsibility, ongoing consultation is required with the child protection case planner and case manager, the child’s parent(s), the current carer and the child (where age-appropriate).

Refer to the *Child Protection Manual* for more information about [child protection case transfers](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-allocation-and-transfers/case-transfers-policy) <http://www.cpmanual.vic.gov.au/policies-and-procedures/case-allocation-and-transfers/case-transfers-policy>.

### Cross-area links

Case responsibility cannot be shared between teams where there is a cross-area link. However, for reasons such as proximity or geography, it is reasonable to request another team to assist with case tasks when a family is living in the geographical area even though case management responsibility is not being transferred at that time.

To determine roles and responsibilities in cross-divisional links, an additional meeting may be required to agree roles and responsibilities for:

* undertaking supervision responsibilities post placement
* preparing and implementing an introduction plan
  + scheduling introductions.

## 12.4 Transitioning children into their new family

The permanent care team is responsible for developing a written introduction and transition plan and for outlining the level of supervision, contact requirements and support needs of the child considering their age, stage of development and daily routine. This plan can be provided to the case planner or case manager.

Preparing for placement involves an introductory phase whereby the child and permanent carers meet and begin to establish a relationship before beginning the placement. The introduction period is important to enable a child to develop trust and feel safe with their new carers. Each child will respond differently to the move to permanent care and it can be a stressful experience.

While the timing of this will be negotiated between the permanent care teams, the child’s case manager, the case planner, existing carers and new permanent carers(s), it is critical that the introduction period is flexible to meet the individual needs of each child or sibling group.

Before meeting the child, the prospective permanent carer should have an opportunity to meet with the child’s case manager to gain a comprehensive understanding of the child’s needs. The meeting should include:

* the child’s current carers and supervising worker
* birth family members, particularly those with whom there will be ongoing contact
* relevant professionals
  + other permanent care team workers if there is a cross-area link.

### Preparing children for the introduction

Providing information to children is an important part of preparing for a new placement. Workers should use clear, simple language with the child and ensure, if possible, that the child’s existing carers or another significant person is also present when talking with the child.

Information provided to the child should include the purpose, location and frequency of introductory visits and the nature of the activities that will take place. It is also important that children understand the things that will stay the same or change once they are living with the permanent carers – for example:

* that contact arrangements stay the same or change
* if they will remain at their current school
* if they will still see friends, siblings or other significant people
* if they will need to take a different route to school
* who will show them how to get to and from a new school
* what else will be different
  + what they want to take with them.

This information should be explained to the child as part of the process of preparing for placement. The initial meeting between the child and the family should occur as soon as possible after this in a place familiar to the child, with the permanent care team worker(s), case manager (if different) and the current carers present.

New carers should be encouraged to prepare a photo album to introduce themselves, their home and other family members including pets so that the child can become familiar with the new family and talk through it with their existing carers after the first introduction.

Permanent care teams may use a variety of timing, methods/strategies to assist in the transition, depending on each individual child’s needs.

### Tasks for transitioning to placement

The permanent care team leading placement preparations and supervision should undertake the following tasks:

* provide a copy of the placement plan to the permanent carer
* prepare the child to transition to the placement
* maintain contact with all relevant parties about feedback on the progress of introductions
* maintain direct contact with the child to discuss his/her perceptions of the progress of the introduction
* discuss any proposed alterations to the introduction plan with all parties
* discuss any concerns that arise about the introduction with the permanent care team leader
* consult with all relevant parties about the child’s readiness to move to the new placement
* arrange the logistics of the placement move
* notify the case planner with the date of the new placement so the placement can be updated on CRIS
* ensure the permanent care family has all relevant paperwork relating to the child including:
  + - the child’s case plan
    - identification documents such as their birth certificate, Medicare card and passport
    - school enrolment details
    - care allowance information about state and Commonwealth financial assistance
    - contact arrangements
    - carer authorisation.

### Case management

Where a child is referred for placement, the permanent care team assumes case management responsibility unless otherwise agreed with child protection. Child protection should ensure parents know when a child moves and advise the child’s parents of any changes to contact arrangements.

Regardless of who holds case management responsibility, ongoing consultation should occur with the child protection case planner or case manager, the parents and/or carer and the child (where age-appropriate) about the placement.

In a very small number of situations the introduction may not continue. In the case of cross-divisional placements, the decision not to continue should be agreed by the senior staff who are responsible for the permanent care team and in consultation with the child’s case planner.

## 12.5 Authorisation of carers

When the permanency objective is permanent care and the Secretary has exclusive parental responsibility for a child, carers can be authorised to make decisions about a range of short and long-term issues.

The chief executive officer of a CSO is able to issue a standard authorisation to new permanent carers which covers all short-term activities for a child and includes routine medical and dental care, including childhood immunisations; education-related activities; photographs in relation to school, education, sporting or community activities; overnight stays with friends (for children over four years of age) and haircuts (to maintain healthy hair).

The child protection case manager can also authorise a carer to be able to make decisions about the short-term issues outlined above as well as medium to long-term decisions for a child, including approving Year 11 and 12 school subjects, haircuts (without qualification) and interstate or overseas travel.

For more information about authorising carers refer to the *Child Protection Manual*: <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/authorising-carers-using-child-specific-authorisation>

# 13 Post-placement supervision

## Introduction

Placements arranged by permanent care teams can be supervised for 12 months following placement to:

* monitor the child’s wellbeing and adjustment to the new placement, including meeting with them separately from the carer (minimum of monthly)
* supervise contact visits and facilitate the exchange of information
* monitor the carer’s ability to manage contact arrangements
* monitor the child’s wellbeing about contact arrangements
* monitor the carer’s ability to maintain the child’s connection to their family and culture and implement their cultural support plan
* assess the carer’s ability to meet and support the child’s development needs
* identify the supports required by the family and the child
  + identify local support services and assistance required by the family to link with these services.

The level of the permanent care team’s supervision of the placement is flexible and depends on the needs of the child and family. Generally, for the first three months of the placement the worker should have contact with the permanent carer at least fortnightly and this may be, where appropriate, by telephone rather in person. Contact may be decreased to monthly if the placement is progressing without difficulty.

## 13.1 Face-to-face supervision with children, separate from carers

Following the placement and before obtaining the permanent care order from the Children’s Court, the case manager must undertake a minimum of monthly supervision that includes face-to-face contact with children, separate from carers. It is important to support children to express their feelings, and attention should be given to the child’s behaviour to determine whether he/she may be experiencing stress or anxiety. Any significant concerns should be raised with the child’s case manager or case planner.

## 13.2 Connection to culture

Section 321(ca) of the CYF Act requires a standard condition to be included on a permanent care order to the effect that a person caring for a child must in the best interests of the child and, unless the court otherwise provides, preserve the child’s identity and connection to the child’s cultural of origin and the child’s relationships with their birth family.

As part of post-placement supervision, the worker will work closely with the permanent care family to implement the cultural plan to ensure the child is provided with a rich and ongoing cultural experience and connection. Permanent carers are required to develop strong links to the cultural community of the child in their care. This can include, but is not limited to:

* attending language classes where permanent parents and the child attend together to help maintain a child’s family language(s)
* ensuring that the child has opportunities to socialise and engage with local community members with their cultural background, potentially including participating in cultural festivals, events and celebrations of the child’s birth culture or country
* exposure to affirmative role models from the child’s culture or country of origin
* providing suitable toys, books and multimedia of the child’s cultural background
* providing a diet that includes foods from the child’s parents’ culture(s)
* activities and outings that connect to the child’s parents’ culture(s)
* participating in the child’s religion/faith (if any)
* for children of school age and where it has been assessed that school commencement is appropriate, consideration of attending a multicultural school where other children from the child’s cultural background also attend
* for older children, participating in youth camps/groups relevant to the child’s cultural background.

## 13.3 Contact – pre-permanent care order

### Contact arrangements

Contact arrangements are part of a child’s case plan. Only people approved by the Children’s Court can have contact with a child.

The purpose of contact in permanent care is very different from contact where reunification with the child’s family is the objective. For children in permanent care, contact supports the development of the child’s identity, history and connectedness with their birth parents, siblings and extended family. For a child, contact with their birth family following placement can be in person or by phone, letter or other means.

In the context of permanent care, the primary objectives of contact relate to:

* the benefits to the child of maintaining positive relationships with members of the birth family
* the child’s need for knowledge of his/her background to assist with developing their identity
* maintaining a connection to the child’s culture
* the birth parents’ need for knowledge of the child to assist and to help them accept the changed circumstances
  + the importance of the permanent carers accepting the role of the birth family in developing the child’s identity and the value for the child in maintaining positive relationships.

Supporting permanent carers to manage contact requirements is an important aspect of post-placement supervision. Workers supporting permanent carers should continue to discuss the importance of contact following placement and manage any outstanding concerns of carers about their capability to maintain contact arrangements.

### Contact practice advice

Support for new permanent carers during contact in the first year of placement is the responsibility of the supervising case manager from the permanent care team.

Practice experience indicates that families are more likely to be successful in managing contact arrangements if their initial meeting takes place early in the placement process (preferably before placement). It is also important that the permanent care supervisor supports families to manage contact independently after initial introductions, where possible.

Contact may take place in a range of settings depending on the situation. This includes the neutral settings that provide natural environments such as parks or the office of the permanent care team if visits need to be closely supervised. The intention is that contact should result in as little disruption to the child as possible, so the child’s age and needs must be taken into consideration.

### Developing a contact safety plan

It may be necessary in some circumstances to develop a contact safety plan. If this required child protection should develop and communicate a safety plan to all parties involved in managing the contact.

This plan will outline risk factors for anyone who is approved to attend the contact and is likely to pose a risk to the child or person supervising the contact. The plan outlines the conduct and presentation of those approved for contact and what the threshold is to manage risks. Common issues include an unexpected person wanting to attend the contact, a parent who attends contact and is substance-affected or where a parent continues to tell a child they will be returning to their care.

The plan will set out a response to the issues that may arise before or during contact such as what needs to occur to manage these circumstances.

Refer to the *Child Protection Manual* for [more information about developing a safety plan](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/contact) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/contact>.

### Termination or changes to contact

Contact must be closely monitored and supported. Contact arrangements may be reviewed and altered if issues arise such as if a parent becomes physically or verbally aggressive, or where the parent continues to relate inappropriately to the child. Contact arrangements may also be reviewed if the child appears to be unable to cope with the impact of contact, including where contact is causing significant distress to the child evidenced by the development of behavioural issues, or where the child is distressed by parents frequently failing to attend.

Where there are serious concerns for the safety of the child or carer, child protection may seek a variation to the permanent care order to terminate contact or increase supervision requirements. Court-ordered contact cannot be altered or withheld without seeking a variation to the court order

Where there are immediate safety issues for the child or staff or carer, it may be necessary to suspend contact before obtaining a variation to the court order. This situation should be avoided wherever possible. However, when it occurs, child protection must consult with a supervisor to seek legal advice. Refer to the *Child Protection Manual* for more information about [terminating or changing contact](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/contact) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/contact>.

## 13.4 Contact – post permanent care order

When a permanent care order is made, s. 321(1)(d) CYF Act provides that the court may include conditions concerning contact with child’s parent including ordering up to four contacts per year. Section 321(1)(e) provides that the court may include conditions concerning contact with siblings and other people who are significant to the child. Section 321(1A) allows for additional contact to be arranged by agreement if this is in the child’s best interests.

Section 321(1B) provides that before including a condition on the court order for contact, the court must consider the primacy of the child’s relationship with their permanent care family and whether the condition is:

* necessary to protect the child or support the permanence of the placement
* necessary to promote the child’s continuing connection to their parents, siblings or culture
* sufficiently flexible to accommodate the child’s changing developmental needs over time
* reasonable in the context of the child’s permanent care family’s life
  + necessary given the capacity of the person caring for the child to meet the condition, which must be included on a permanent care order (s. 321(1)(ca)of the CYF Act), that the carer must preserve the child’s identity, connection to their culture of origin and relationships with their birth family.

Section 321(1C) of the CYF Act provides that a permanent care order may also include a condition that a child must **not** have contact with a parent, sibling or other person.

Section 327(2) provides that if an application to vary a contact condition is made more than 12 months after the permanent care order was first made, the limit of four contacts per year (under s. 321(1)(d)) no longer applies. Section 326(1) allows the child, a birth parent, the permanent carer or the Secretary (or delegated child protection practitioners) to make such an application.

## 13.5 Disruption of a permanent care placement

Disruption is a commonly used term for the breakdown of a permanent care placement which leads to the child or young person returning to a temporary care placement until new permanent carers are identified.

The reasons for a placement breakdown vary and may include an incident where the child or carer’s safety is deemed to be at risk or where there are other escalating risk factors for the child or carer preventing the permanent care placement from continuing.

The definition of what constitutes a placement breakdown may change on a case-by-case basis and depends on issues such as whether the permanent carer ceases their caring role entirely or continues to play a supporting role.

Early indicators that a placement may be vulnerable include observations during supervision of carers having difficulty, or a child expressing unhappiness or demonstrating difficult or escalating behaviour.

Risk factors for placement breakdowns and disruption in long-term care noted in Australia[[4]](#footnote-4) and internationally[[5]](#footnote-5) include:

* the child’s age at placement – the older the child is at placement, the older they were separated from their parent, noting that children nine years or older are at more risk of disruption
* placement vulnerability in the first and second years
* the child’s emotional and behaviour problems
* the child’s lack of a close bond and settled relationship with a carer prior to the order being made
  + children who have experienced more placement moves.

Based on international studies, protective factors to prevent placement disruption may include:[[6]](#footnote-6)

* overall progress including the bond between the child and permanent carer, and rate of reported emotional and behavioural difficulties
* integration into the family as assessed by the permanent carers and through supervision with the child
* the child’s development and wellbeing in key domains such as health, education and friendships
  + a carer’s support from family networks as well as professional support.

### Addressing placement issues

In cases where the supervising worker has concerns about the placement, this should be discussed with their supervisor and the child protection case planner. If necessary, a meeting should be convened to include the permanent carer, where appropriate, as quickly as possible, with the aim of stabilising the placement. Actions to respond to placement risks may include:

* increased support for the carer
* a behaviour management plan
* therapeutic intervention
* linking permanent carers with community or family services supports
* reviewing contact arrangements
* liaison with the school, or
  + a mentor for the child.

Discussions about a placement ending must occur with the case planner and in consultation with carers and the child where age appropriate. Decisions about a placement changing must be made by the child’s case planner. Where a carer disagrees with a decision to remove a child from their care, they must be provided with information about procedures for complaints and reviews (see chapter 10).

The child’s birth family, where they have maintained an interest in the child’s placement, must be contacted to discuss plans for the child.

### Pre-permanent care order placement breakdown

In most permanent care placements, children will display some challenging behaviours. If it becomes apparent that the child’s emotional, physical or developmental progress is at risk, notwithstanding supports provided to the placement, removing the child needs to be considered. In other circumstances the carers may decide they can no longer continue to care for the child.

If there are concerns about the child’s welfare, an AAC must be convened to consider the future of the placement. The AAC will consider the identified areas of concern and, in view of the risks to the child, may reach a decision that removing the child is warranted and make a recommendation to the Secretary or the principal officer of an approved agency. Any recommendation on whether removing the child is warranted in the circumstances will be made in the context that the welfare and best interests of the infant or child are paramount.

Placement change has the capacity to further traumatise children, so it is important that existing and new carers anticipate and identify the feelings associated with placement change for children. The following is a list of factors to consider for a child when a placement breakdown occurs:

* The child’s response to placement change will reflect previous abuse and trauma, their age and stage of development and the degree of attachment to their parent or carer.
* The degree of trauma associated with placement change may reflect the degree and significance of the attachment.
* Where signs of trauma are demonstrated in behaviour, carers need to demonstrate sensitivity, patience and support in relation to the child.
* Children in care may suffer anxiety about their birth parent or a previous carer’s welfare.
* Carers can lessen the impact of trauma by providing reassurance and support to the child, age-appropriate explanations of the reasons for placement change and, where possible, a planned and incremental introduction of the child to the new placement.
* Behaviour will reflect the degree of attachment and loss, the effects of abuse and neglect, inconsistent limit setting, and discipline and the effects of multiple placements.
* Behaviour management strategies should reflect an understanding and sensitivity to the origins of the individual child’s behaviour.
* Effective behaviour management results from a positive environment with an emphasis on reward for positive behaviour rather than a focus on rules and compliance.
* Carers should model behaviour that is positive and consistent with the rules.
* Sanctions must be achievable, immediate and clearly linked to the actions of the child.
* Planning for crises is best undertaken when things are calm.
  + Carers need to be sensitive to the impact of family violence, mental illness and substance abuse in caring for children from these backgrounds.

## 13.6 Post-permanent care order placement breakdown

There are several reasons why permanent carers may experience stress or difficulties following the making of a permanent care order and breakdowns can occur after the Children’s Court has made an order. In these circumstances the permanent carers have parental responsibility for the child and still have decision-making responsibility.

Managing placement disruption in these circumstances will be different, depending on whether the situation requires protective intervention. Protective intervention is required if there is a risk of significant harm to the child from abuse or neglect. If there is any doubt concerning the appropriate type of intervention, the permanent care team should consult with child protection. Further advice is provided in chapter 14 about safeguarding and conduct of carers.

Child protection will not be directly involved if there are no protective concerns and the child is not being returned to a care placement. If there are no protective concerns the permanent care team that had case management responsibility at the time of the order being made will assist in arranging support if the placement is at risk of disruption.

If a decision is made to end the placement and to remove the child, child protection will make a protective application to the Children’s Court and must be involved in making appropriate arrangements for placing the child.

### Review of factors leading to placement breakdown

In the event of a placement disruption or breakdown, a review of the factors that contributed to the disruption should be undertaken and reported to the relevant divisional child protection delegate. The purpose of the review is to identify the issues and to inform any practice changes. Where a decision is made that a review is required it can be undertaken by a senior manager or independently depending on the circumstances.

## 13.7 Permanent care orders

### Varying or revoking a permanent care order

The circumstances of children subject to permanent care orders may change and may result in a permanent care order becoming unworkable. To vary or revoke a permanent care order child protection must apply to the Children’s Court.

Under s. 326 of the CYF Act, an application to vary or revoke a permanent care order may be made to the court by either:

* + 1. the child in respect of whom the order is made
    2. a person who is a parent of the child (other than a person referred to in paragraph (c)), with leave of the court
    3. a person who has parental responsibility for the child under the order (the permanent care parent), or
    4. the Secretary to the department.

In general, applications are made when the conditions of an existing court order are not being met. For instance:

* contact is not being honoured by the parent
* the permanent carer is not honouring the contact requirement of the court order
  + the order was made more than 12 months ago and there is a need to change contact conditions where four contacts per year were ordered initially.

Only the Children’s Court can vary a court order.

### Varying or revoking a permanent care placement of a child not subject to child protection involvement

The Family Division of the Children’s Court may request a report from child protection about a child not subject to child protection involvement when:

* the child is subject to a permanent care order and a person who is a parent of the child, other than the permanent care parent, is seeking leave of the court to apply to vary or revoke the order (s. 326(1D) of the CYF Act)
* the child is subject to a permanent care order and a party other than the Secretary has applied to vary or revoke the order (s. 326(1E) and (1F))
* a person who has parental responsibility for the child under the permanent care order is applying for a variation or revocation of a permanent care order
  + a police officer has issued a protection application (s. 553).

## 13.8 Death of permanent carer(s)

Where the department is informed that the permanent carer(s) have died, child protection must notify the Children’s Court for the order to be deemed a ‘care by Secretary’ order under s. 325A of the CYF Act. This enables the department to resume exclusive parental responsibility for the child without the need for a Children’s Court hearing. Section 325(3) requires the Secretary to advise others of the change of order including the person who has the care of the child (if only one of two appointed carers has died), the child if they are over 10 years of age and the parent of the child.

Procedures outlined in the *Child Protection Manual* should be followed when managing an intake that relates to varying or revoking a permanent care order where an application to the Children’s Court has not yet been made, or in the situation where the permanent care parent(s) have died to ensure the permanent care order is taken to be a ‘care by Secretary’ order. Refer to the *Child Protection Manual* for [more information about the death of a permanent carer](https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/permanent-care.) <https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/permanent-care>.

# 14. Safeguarding and incident reporting requirements

## 14.1 Child protection concerns following placement

A report should be made to child protection if there are safety concerns for any child, regardless of their permanent care status. It is the responsibility of child protection to remove a child who is subject to a permanent care order from a permanent care placement should they be found to be in need of protection. The relevant area-based child protection operations manager or equivalent must be advised of any recommendation to remove a child from permanent carers.

Where a decision is made to move the child urgently, it is generally not possible to consider appropriate alternate long-term placements for the child until the child is in an interim placement. Refer to the *Child Protection Manual* for [more information about investigations](https://www.cpmanual.vic.gov.au/policies-and-procedures/phases/investigation/investigation-policy) <https://www.cpmanual.vic.gov.au/policies-and-procedures/phases/investigation/investigation-policy>.

## 14.2 Client Incident Management System

The Client Incident Management System outlines the approach and key actions to manage a client incident. A client incident is defined as an ‘an event or circumstance that occurred during service delivery and resulted in harm to a client’[[7]](#footnote-7), noting that this process does not apply following the making of the permanent care order, unless the agency continues to be involved in providing support or supervision. Concerns can relate to carers, members of their household or family or people within the carer’s wider network who come into contact with children in the placement.

The *Client incident management guide* describes the actions and responsibilities of service providers and the department in managing client incidents and focuses on the safety and wellbeing of the department’s clients. All departmental staff and services delivered or funded by the department are required to report critical incidents involving clients that occur at a service or during service delivery.

## 14.3 Reportable conduct scheme

Under the reportable conduct scheme, organisations with a high level of responsibility for children must notify the [Commission for Children and Young People](https://ccyp.vic.gov.au/) <https://ccyp.vic.gov.au/> of allegations that any departmental staff member has engaged in ‘reportable conduct’ or ‘misconduct’.

People in scope of the scheme include:

* employees
* volunteers
* contractors
* office holders
* ministers of religion
* officers of a religious body
  + foster and kinship carers in a formal care arrangement.

The scheme improves oversight of how organisations prevent and respond to allegations of child abuse by providing an:

* independent scheme that aims to prevent harm to children by collating reports and information to identify people who pose a risk to children (including those who do not have criminal records) and enabling them to be excluded from working with children
  + independent oversight of organisations’ responses to allegations of child abuse and child-related misconduct against staff.

The Commission for Children and Young People will share appropriate information to better protect children from the risks of abuse, including referring certain findings of reportable conduct to:

* the Department of Justice and Regulation’s Working with Children Check Unit, enabling assessment or reassessment of a person’s eligibility to hold a Working with Children Check
  + professional bodies such as the Australian Health Practitioner Regulation Agency or national boards, enabling this information to be considered in deciding a person’s suitability to hold professional registration.

For more information about the reportable conduct scheme or to find out how to report an allegation of misconduct refer to the [Commission for Children and Young People website](https://ccyp.vic.gov.au/) <https://ccyp.vic.gov.au/>.

# 15. Post-placement support and funding

Permanent carers can continue to access support and funding once the Children’s Court makes an order.

## **15.1 Information and support**

### Permanent Care and Adoptive Families

Permanent Care and Adoptive Families is a service that provides support and advocacy for families formed through permanent care and adoption.

The organisation is funded to provide post-placement support to permanent care families and offers a range of services including:

* peer support groups
* an information helpline
* referral to support services
* advocacy and advice to help carers support children and young people in their care
  + training and support for permanent carers.

To find out more [email Permanent Care and Adoptive Families](mailto:info@pcafamilies.org.au) <info@pcafamilies.org.au> or call (03) 9020 1833.

### Permanent care teams – post-legalisation support

Permanent care teams are funded to provide post-legalisation support to families if they have been involved in placing a child for permanent care. This support is available up until the child reaches 18 years of age. If the placement in question was arranged through a permanent care team, contact the team for further information.

### Foster carers transitioning to permanent care

Foster carers transitioning from foster care to permanent care following assessment and approval may access up to six months of support from their foster care CSO following the making of the permanent care order.

## **Financial support to carers**

### Care allowance

The department provides a care allowance for approved permanent carers who have a child placed with them. The care allowance is a financial contribution towards the costs incurred by carers in the course of providing home-based care for children as a volunteer carer such as:

* accommodation, clothing, food, utilities, telephone and internet
* basic personal items for the child such as toiletries
* household goods and furniture, and baby goods
* recreational activities
* occasional care and babysitting
* entertainment, social activities and other things – pocket money, hobbies and club memberships, outings, toys, photos, gifts, treats
  + transport required as part of a regular routine, including to and from school, professional appointments and contact with family.

The care allowance is not a ‘payment’ or salary for being a carer and is not compensation for a carer who is not engaged in paid employment. It is not considered to be a source of income for the purposes of annual tax returns, testing eligibility for Commonwealth Government allowance, or when applying for loans from financial institutions.

Permanent carers are automatically eligible for the level one care allowance at the beginning of the placement. In some circumstances, permanent carers may be eligible for an adjustment to the care allowance. Consideration will be given to increasing the care allowance where a child has a particular need for access to services to promote their health and wellbeing and is unlikely to receive the services they require without additional financial support to the carer. In assessing increases to the care allowance, consideration will be given to the costs and complexity associated with meeting the individual child’s care needs.

Where the child is assessed as having higher needs, carers may be eligible for a higher care allowance level through a ‘special negotiated adjustment’. This must be assessed by the case manager and approved by the relevant departmental division **before the permanent care order is made**.

### Arranging a care allowance

The child protection case manager or permanent care team worker should undertake the following tasks:

* inform prospective permanent carers about the different levels of carer allowance available and determine the most appropriate level of carer allowance to be provided in their case
* for kinship and foster carers approved as permanent carers, cease the kinship or foster care placement in CRIS/SP and create a permanent care placement - **this must be created within three working days of closing the foster or kinship placement**
* when a foster care placement is changed to a permanent care placement through a permanent care order, complete Form C ‘Change of details’ and the ‘Commence payment form for caregiver reimbursement’ which are available in CRIS/SP (both forms are submitted by [emailing the Care Allowance Helpdesk](mailto:caregivers.mgt@dhhs.vic.gov.au) <[caregivers.mgt@dhhs.vic.gov.au](mailto:caregivers.mgt@dhhs.vic.gov.au)>
* for new permanent carers create the placement in CRIS/SP
  + when a permanent care order is made the case practitioner should update care allowance field in the child’s CRIS record to ensure payments continue once the permanent care placement is made.

For more information, download a [fact sheet for carers on the care allowance](https://services.dhhs.vic.gov.au/support-home-based-carers-victoria) <https://services.dhhs.vic.gov.au/support-home-based-carers-victoria> from the department’s [website](https://services.dhhs.vic.gov.au/sites/default/files/2017-05/Care-allowances-and-other-financial-support-for-carers.docx).

Refer to the[*Care allowances policy and procedures*](https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/care-allowance) <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/care-allowance> for more information about applying for a care allowance or assessing a carer at a higher payment level.

If you need more information about care allowances [email the Care Allowances Helpdesk](mailto:caregivers.mgt@dhhs.vic.gov.au) <caregivers.mgt@dhhs.vic.gov.au> or call 1300 552 319.

### Financial allowances and resources

Refer to the *Child Protection Manual* for more information about [financial allowances and supports](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/administration/financial-allowances-and-resources) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/administration/financial-allowances-and-resources>.

### Flexible funding for permanent carers

Flexible funding is available for children in new permanent care placements, or children in established placements with permanent care parents.

Flexible funding can be provided to permanent carers to help meet the additional needs of a child in their care, beyond those met by the carer allowance and available funding sources. The funding is specific to the child and should promote the child’s attachment, stability of placement and continuity of care and help address issues that may be a result of abuse or neglect.

### What flexible funding can be used for

Flexible funding can be used to:

* address the therapeutic needs of a child that result from trauma or negative experiences
* support a child to access additional educational support not covered by the education allowance
* support additional health and medical needs not covered by the medical allowance, Medicare or private health insurance
* meet extraordinary requests associated with contact between parents, siblings and family members
* preserve and promote cultural identity
* provide access to respite care
* cover costs related to childcare beyond other subsidies
* assist with necessary and essential home and vehicle modifications
  + assist with other services that are essential to support the placement.

The funding cannot to be used for legal costs.

The *Child Protection Manual* contains an [information sheet for carers](https://www.cpmanual.vic.gov.au/node/3561) <https://www.cpmanual.vic.gov.au/node/3561> about flexible funding for permanent care.

### How to apply for flexible funding

For new permanent carers, flexible funding may be endorsed as part of the child’s case plan when an application for a permanent care order is being made. This funding is from child protection and covers any short-term needs once a placement is made. The funding must be specified in the permanent care assessment and must be endorsed by the case planner.

For existing permanent care arrangements, permanent carers can apply for flexible funding by [emailing Permanent Care and Adoptive Families](mailto:info@pcafamilies.org.au) <[info@pcafamilies.org.au](mailto:info@pcafamilies.org.au)> or by calling (03) 9020 1833. You can also [download the form](http://www.pcafamilies.org.au/flexible-funding) <http://www.pcafamilies.org.au/flexible-funding> from the website.

### Discretionary Grants Fund

Disability Initiative in Adoption and Permanent Care (DSIAPC) funding is targeted to establish and support permanent care placements of children with a disability through permanent care teams. Each permanent care team has a small amount of Discretionary Grant funding to assist carers in meeting the exceptional costs of caring for a child with an intellectual, physical or sensory disability, or an acquired brain injury or developmental delay. The maximum amount that may be available for any one child per year is $5,000. Permanent care teams are responsible for managing and prioritising requests throughout the year. Contact the permanent care team for further details.

### Victorian Government Carer card

Permanent carers are eligible for the Victorian Government Carer card, which provides free and discounted services including free public transport on Sundays and discounted entry into government venues such as zoos and museums. Refer to the Carer Card website for [more information and to apply](https://www.carercard.vic.gov.au/contact-us) <https://www.carercard.vic.gov.au/contact-us>.

### Commonwealth support

Permanent carers and adoptive parents are eligible for a range of Commonwealth financial supports including:

* Child Care Benefit
* Child Care Rebate
* Jobs, Education and Training Child Care Fee Assistance
* Family Tax Benefit
  + Assistance for Isolated Children Scheme.

Prospective or existing permanent carers can enquire about these supports through the Australian Government Department of Human Services. Permanent carers are subject to the same Centrelink assets, income and work requirements as other carers.

## 15.3 Passports, Medicare and the NDIS

Applying for a passport for a child on a protection order can be a complex process that requires gathering necessary documents, including a birth certificate and evidence of citizenship, before lodging the application. Refer to the *Child Protection Manual* for [more information about passports](https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/travel/passports) <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/travel/passports>.

A person must provide evidence of Australian citizenship to obtain a Medicare card or to access the NDIS (noting permanent residents are also eligible for Medicare and the NDIS).

Refer to the *Child Protection Manual* for [more information about Medicare](https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/applying-medicare-number-child-care) <https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/applying-medicare-number-child-care> and [more information about the NDIS](https://www.cpmanual.vic.gov.au/policies-and-procedures/health-and-medical/case-management-ndis-and-children-disability-andor) <https://www.cpmanual.vic.gov.au/policies-and-procedures/health-and-medical/case-management-ndis-and-children-disability-andor>.

# 16. Forms

The permanent care forms can be found on the [SharePoint website](https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SharedDocs/Forms/AllItems.aspx?csf=1&e=XfZhTw&cid=2a61340a%2D50fd%2D43bc%2D8380%2D30b97b75a246&RootFolder=%2Fsites%2FChildProtection%2FSharedDocs%2FOut%2Dof%2Dhome%20care&FolderCTID=0x012000DE7B82B45D9471408E0156FF0EC64619) <https://dhhsvicgovau.sharepoint.com/sites/ChildProtection/SitePages/Forms%20and%20secure%20documents.aspx> and My Agency on the [Funded Agency Channel](https://fac.dhhs.vic.gov.au/) <https://fac.dhhs.vic.gov.au/>.

1. Case planning consultation for permanent care
2. Child protection referral for permanent care
3. Child assessment for permanent care
4. Kinship assessment for permanent care
5. Foster carer conversion to permanent care assessment
6. New permanent carer assessment
7. Enquiry about permanent care
8. Letter to permanent care applicants following expression of interest
9. Expression of interest to attend permanent care training
10. Permanent care application
11. Letter to new permanent care applicants – health, referees and life stories
12. Letter to general practitioner

* Form 12A: Your health history
* Form 12B: Record of health review
* Form 12C: Release of personal information
* Form 12D: GP report to the department or community service organisation

1. ‘Life Story’ for new applicants
2. Reference letter for new applicants
3. Letter to childcare, kindergarten or school
4. Letter to applicant to advise of receipt of documents
5. Consent to provide assessment report
6. Permanent care Applicant Assessment Committee
7. Child matching discussion form
8. Applicant approval letter
9. Undertaking to advise change of circumstances
10. Renewal of approval letter
11. Letter to carers at commencement of permanent care placement
12. Consent to safety screening check by permanent care applicants
13. Consent to safety screening checks by household members
14. Permanent care approved applicant referral to the Central Resource Exchange
15. Statutory declaration in lieu of international police check
16. Statutory declaration for international police check

# Glossary

This glossary describes abbreviations and commonly used terms to do with permanent care policy and practice in Victoria.

**Aboriginal Child Placement Principle** is a nationally agreed standard in determining placement of Aboriginal children in care. The principle aims to enhance and preserve Aboriginal children’s cultural identity by ensuring they maintain strong connections with family, community and culture. The principle governs the practice of child protection practitioners and community services when placing Aboriginal children and young people in care. The principle is enshrined in the *Children, Youth and Families Act 2005*.

**Aboriginal Children in Aboriginal Care (ACAC)** is the program name that supports implementation of s. 18 of the *Children, Youth and Families Act 2005*,whichenables the Secretary to the Department of Health and Human Services to authorise the principal officer of an Aboriginal agency to perform specified functions and powers conferred on the Secretary in relation to an Aboriginal child or young person subject to a protection order.

**ACCO refers to Aboriginal community-controlled organisation** refers to organisations which are funded by the department to provide care and other child and family support services to Aboriginal families in Victoria.

**Aboriginal family-led decision making (AFLDM)** is a culture-based approach to decision making and planning with Aboriginal families about the safety needs of their children and how these can be met. Referrals to the program from child protection are considered once abuse or neglect of an Aboriginal child is substantiated. The AFLDM conveners – one from the statutory child protection program and one from the Aboriginal community – meet with the family and relevant community members to make decisions about how to respond to protective concerns and keep the child safe.

**Aboriginal kinship care** is care provided by relatives or friends of an Aboriginal child who cannot live with their parents, where Aboriginal family and community and Aboriginal culture are valued as central to the child’s safety, wellbeing and development.

**ACSASS** refers totheAboriginal Child Specialist Advice and Support Service, which provides expert advice and case consultation to child protection about culturally appropriate intervention for all reports about abuse or neglect of Aboriginal children and significant decisions in all phases of child protection intervention. ACSASS is also known as ‘Lakidjeka’.

**Adoption Services** is a program governed by the *Adoption Act 1984* and provided by the Department of Justice and Community Safety (DJCS) and approved community service organisations. Adoption Services transferred from the Department of Health and Human Services to DJCS on 1 July 2019.Adoption Servicesincludes local adoption, adoption information service and intercountry adoptions.

**Applicant Assessment Committee (AAC)** is a panel convened by a permanent care team to endorse a decision about an applicant(s) suitability to be a permanent carer. This may include foster carer applicants to the permanent care program who are assessed by a permanent care team.

**Care** in relation to a child means the daily care of the child, by the parent or another person with parental responsibility for the child.

**Care allowance** refers to an allowance paid to foster, kinship and permanent carers to cover the day-to-day costs of caring for a child. Child protection or a registered community service organisation must place a child (aged under 18 years) in their care for carers to be eligible for this payment.

**Carer(s)** means either kinship carer(s), foster carer(s) or prospective permanent carer(s).

**Care services** (previously called out-of-home care services) refers to services that provide care and support to children and young people who have been assessed to be at risk by child protection, or where their parents are unable to care for them.

**Central Resource Exchange (CRE)** refers to the central register of approved permanent carers.

**Child** refers to a person under 18 years of age.

**Child protection:** The Department of Health and Human Serviceshas a statutory responsibility under the *Children, Youth and Families**Act 2005* to provide child protection services for children and young people in Victoria under the age of 17 years in need of protection or, when a protection order is in place, children under the age of 18 years.

Child protection provides services to children, young people and their families aimed at protecting children and young people from significant harm. When a child or young person is assessed as being ‘at risk’ within the family, child protection will, in the first instance, and in accordance with the Act, take reasonable steps to enable the child to remain in the care of their family by strengthening the family’s capacity to protect them.

***Children, Youth and Families Act 2005*** is the Victorian legislation that governs the child and family services sector.

**Children, Youth and Families Regulations 2017** are the regulations made under the *Children Youth and Families Act 2005* that prescribe certain matters relating to protective services. Regulation 18 sets out the matters to be considered by the Children’s Court in making a permanent care order.

**Children’s Court of Victoria** is a specialist court with a Family Division and a Criminal Division. The Family Division of the court hears and determines child protection cases including children being placed for permanent care.

**Child link panel** is a panel convened to consider andapprove the recommended placement match for a child referred to a permanent care team for placement.

**Contact** (previously known as ‘access’)refers to the formal visitation or communication arrangements made between parents or other significant person(s) and a child following their placement with carers.

**Court orders** are interim accommodation orders and protection orders made by the Children's Court in relation to children in need of protection. These orders may contain conditions that protect the child from harm, promote the child’s best interests or promote the relevant permanency objective. The Children's Court can make a permanent care order where a child has been placed in care for at least six months and cannot be safely reunified with their parent or parents within a timeframe consistent with the child’s best interests.

**CSO** refers to a registered and approved community service organisation funded by the department to deliver care services.

**Cultural plan** is a requirement under s. 176 of the *Children, Youth and Families**Act 2005*. Every Aboriginal child in care must have a cultural plan that aligns with their case plan. The purpose of the cultural plan is to help maintain and develop the child’s Aboriginal identity and encourage their connection to their Aboriginal community and culture. Cultural plans are developed by the child’s care team. Aboriginal community-controlled organisations, funded by the department to provide cultural planning, are responsible for supporting care teams to develop the plan.

**The department** is the Victorian Department of Health and Human Services.

**Domestic relationship** is a legally recognised relationship between two people who are not married or in a registered relationship who are living together as a couple on a genuine basis (irrespective of sex or gender).

**Disposition report** is a report to the Children’s Court prepared by child protection and includes the child’s case plan and recommendations to the court about the child’s care.

**Family-led decision making (FLDM)** refers to family-led decision-making, which is a process for making plans for a child or young person that involves meeting with members of the family and extended family. FLDM (also referred to as family group conferencing) can happen when child protection has assessed there is abuse or neglect, or where a child is on a protection order from the Children’s Court. The purpose of an FLDM is to bring family members together to make decisions about the child or young person.

**Foster carer** is a volunteer carer who has been accredited and trained by a community service organisation to provide a home and care for children who are unable to live with their parents.

**Foster care conversion** refers to the process by which an existing foster carer providing care for a specific child may be assessed to provide permanent care for that child.

**Home-based care** provides care arrangements with approved carers in their own home for children up to 18 years of age, where a court has determined that they are unable to return to live with their parents. Home-based care includes kinship, foster and permanent care.

**Joint parental responsibility** is where,under s. 321(b) of the *Children, Youth and Families**Act 2005*, the Children’s Court may vest parental responsibility of a child jointly on the people named in the order – for example, the permanent carer and the child’s parents.

**Kinship care** is provided by relatives or members of a child’s community network when a child is unable to live with their parents.

**Kinship care placements** **(statutory)** occur when child protection has intervened in a family and a decision has been made to place a child with relatives or a significant friend. It may also involve an order made by the Children's Court. Sections 10(3) (h) and 167(2) of the *Children, Youth and Families**Act 2005* require that kinship care be investigated before other placement options are pursued.

**Parent**,in relation to a child, in accordance with the *Children, Youth and Families**Act 2005* includes:

* the father and mother of the child
* the spouse of the father and mother of the child
* the domestic partner of the father or mother of the child
* any person who has parental responsibility for the child, other than the Secretary
* a person whose name is entered as the father of the child in the register of births in the Registrar of Births, Deaths and Marriages Registration Act 1996
* a person who acknowledges that he is the father of the child by an instrument of the kind described in s. 8(2) of the *Status of Children Act 1974*
  + a person in respect of whom a court has made a declaration or a finding or order that the person is the father of the child.

**Parenting orders** have the same meaning as s. 61D of the *Family Law Act 1975* (Cth).

**Parental responsibility** means, under s. 3(1) of the *Children, Youth and Families**Act 2005,* all the duties, powers, responsibilities and authority that, by law or custom, parents have in relation to children.

**Permanent care** provides long-term security and certainty for children who have entered the child protection system and for whom a decision has been made that they are unable to live safely with their birth parents.

**Permanent carer** is a person or persons with parental responsibility for a child under a permanent care order and is a *parent* within the meaning of s. 3(1) of the *Children, Youth and Families**Act 2005*. They have, in relation to the child, all the duties, powers, responsibilities and authority that, by law or custom, parents have in relation to children, to the exclusion of all others.

**Permanent care order** is an order made by the Children’s Court that confers parental responsibility for a child on person(s) other than the parent(s) or the Secretary to the exclusion of all others. In special circumstances the order may confer parental responsibility for the child jointly on the person(s) named in the order and the child’s parent(s). Sections 319–327 of the *Children, Youth and Families**Act 2005* provides guidance on when the Children’s Court can make a permanent care order, the effect of the order, restrictions on the making of the order and other procedures related to the order. The order lasts until the child reaches the age of 18 or marries, whichever occurs first.

**Permanent care team(s)** refers to the teams within the Department of Health and Human Services and registered and funded community service organisations that provide permanent care services in Victoria.

**Permanency objective** is set out in s. 167 of the *Children, Youth and Families**Act 2005* and refers to a preferential hierarchy of permanency objectives for children who cannot be safely cared for by their parents.

**Principal officer of an Aboriginal agency** is used in s. 18 of the *Children, Youth and Families**Act 2005* and refers to the chief executive officer of an Aboriginal community-controlled organisation. Refer to the definition of ACAC above for more information.

**Registered relationship** is a domestic relationship registered under the *Relationships Act 2008* (Vic).

**Secretary** is the Secretary to the Victorian Department of Health and Human Services.

**Special negotiated adjustment** is a process by which kinship and permanent carers may be eligible for a higher care allowance level in exceptional circumstances where a child has higher support needs and additional expenses over and above what can be provided through the level one care allowance. For permanent carers a special negotiated adjustment to a higher level may be considered before the permanent care order is made.

**Specific assessment** refersto the assessment of people applying to provide permanent care for a specific child where they have an existing relationship.

**Substantiation** refers to the decision about whether a child or young person has experienced (or is currently at risk of) significant harm and child protection is satisfied on reasonable grounds that the child is in need of protection.

**VACCA** refers to the Victorian Aboriginal Child Care Agency. The protocol between child protection in the Department of Health and Human Services and VACCA was established to facilitate contact between child protection and Aboriginal agencies to ensure a culturally appropriate and effective response is provided in protecting Aboriginal children from harm. The purpose of the protocol is to establish mechanisms for ensuring child protection is fully informed of all cultural needs and issues in reaching decisions about Aboriginal children.

1. See the [Kids Matter website](https://www.kidsmatter.edu.au/health-and-community/information-sheets/supporting-difference/cultural-differences/cultural) <https://www.kidsmatter.edu.au/health-and-community/information-sheets/supporting-difference/cultural-differences/cultural> [↑](#footnote-ref-1)
2. Section 321 of the CYF Act and regulation 18 of the CYF Regulations [↑](#footnote-ref-2)
3. *VACCA Aboriginal permanent care program and procedure manual*. [↑](#footnote-ref-3)
4. *Good Practice for Placement Planning, Institute of Child Protection Studies p. vi* [↑](#footnote-ref-4)
5. *Background paper: The potential of permanent care 2015*, Prepared for Permanent Care and Adoptive Families by Meredith Carter & Associates, p. 18. [↑](#footnote-ref-5)
6. Ibid., p. 19. [↑](#footnote-ref-6)
7. *Client Incident Management Guide, Department of Health and Human Services, 2020 p. 7* [↑](#footnote-ref-7)