Foster and kinship carer handbook

2017 edition
Thank you

As a foster or kinship carer, you undertake one of the most important roles in our community — providing a safe, caring environment for children and young people and building their self-confidence to help them fulfil their potential.

Without you, the Department of Communities, Child Safety and Disability Services could not provide quality care to Queensland children who are unable to live with their own families because of abuse or neglect.

The foster and kinship carer handbook provides information about the support available to help you in your day-to-day caring role. This includes information about training, home visits and short breaks when you need them, financial support and other Queensland and Commonwealth Government benefits. The handbook includes all the things you need to know about caring for a child who is placed with you, along with helpful tips and advice from other foster and kinship carers.

We thank you for your commitment and dedication to the children and young people of Queensland, whose lives are enriched through your care.
## Contents

### Supporting our foster and kinship carers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting our foster and kinship carers</td>
<td>5</td>
</tr>
<tr>
<td>Our commitment to providing care</td>
<td>7</td>
</tr>
<tr>
<td>Who to contact</td>
<td>11</td>
</tr>
<tr>
<td>Caring for carers</td>
<td>14</td>
</tr>
<tr>
<td>Money matters</td>
<td>20</td>
</tr>
<tr>
<td>Concerns and complaints</td>
<td>30</td>
</tr>
</tbody>
</table>

### A guide to providing foster and kinship care

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placements, case plans, care agreements and blue cards</td>
<td>35</td>
</tr>
<tr>
<td>Decision-making</td>
<td>42</td>
</tr>
<tr>
<td>Health</td>
<td>46</td>
</tr>
<tr>
<td>Education</td>
<td>56</td>
</tr>
<tr>
<td>Commonwealth Government benefits</td>
<td>64</td>
</tr>
<tr>
<td>Relationships</td>
<td>72</td>
</tr>
<tr>
<td>Behaviour management</td>
<td>77</td>
</tr>
<tr>
<td>Identity — a child’s sense of self</td>
<td>81</td>
</tr>
<tr>
<td>When a child in care is missing</td>
<td>85</td>
</tr>
<tr>
<td>Legal matters</td>
<td>89</td>
</tr>
<tr>
<td>Travel</td>
<td>96</td>
</tr>
<tr>
<td>Standards of care</td>
<td>100</td>
</tr>
<tr>
<td>Change in carer circumstances, home and contents insurance, ex gratia payments and the renewal of approval process</td>
<td>104</td>
</tr>
<tr>
<td>Time to move on</td>
<td>108</td>
</tr>
</tbody>
</table>
Supporting our foster and kinship carers
Our commitment to children in out-of-home care

The Department of Communities, Child Safety and Disability Services (Child Safety) is the lead child protection agency in Queensland. We are required by law to ensure that children are safe from abuse, neglect and harm in their homes. Our commitment to children who are unable to live with their own families is:

- The child’s safety, wellbeing and best interests, including the right to protection from harm, is paramount.
- Our first option for out-of-home care will be with kin.
- Recognised Entities will be actively involved in decision making processes for all Aboriginal and Torres Strait Islander children in foster or kinship care.
- Efforts will be made to maintain family relationships and a child’s connection with their community.
- We will support the child’s individual rights and identity with family, culture, religion and sexuality. We will seek to keep siblings together, whenever possible.
- Children will be informed of the Charter of Rights for a child in care (as stated in the Child Protection Act 1999) and what it means to them.
- Children’s views will be heard (depending on their age and ability to understand) and we will talk to them about decisions affecting their lives.
• Children will be informed about who they can talk to if they are unhappy with a decision made by Child Safety, including through the Child Safety complaints system, the Queensland Civil and Administrative Tribunal and the Queensland Ombudsman.

• Our placement and support responses will consider the child’s age and developmental level, preferences for a family-based option for a child under 12 years, and the child’s right to long-term out-of-home care when a parent is not able or willing to provide protection and care.

The Charter of Rights for a child in out-of-home care

Every child placed in foster or kinship care must be informed of the Charter of Rights.

A child in care has the right to:

• a safe and stable living environment
• be placed in care that best meets their needs and is most culturally appropriate
• maintain relationships with their family and community
• be consulted and take part in the decision making affecting their life, particularly decisions about where they live, their health and schooling, and contact with their family*
• information about decisions and plans concerning their future and personal history*
• privacy (for example, their personal information)
• regular review of their care arrangements, if they are under the long-term guardianship of the chief executive
• access dental, medical and therapeutic services as needed
• education
• job-training opportunities
• help with finding appropriate employment
• support with the transition from care to independence (for example, finding accommodation, access to income support, training and education).

* Depending on the child’s age and ability to understand.

Child Safety has two resources for children and young people entering care that explain their rights while they are living in care:

• Kids’ rights — Charter of Rights for kids in care is aimed at 4 to 8 year olds, is written as a children’s story-book and includes illustrations that can be coloured in.

• My journey in care is aimed at 9 to 15 year olds and includes advice from other young people in care.

Ask your child safety officer for a copy of these resources, or go to the Child Safety website www.communities.qld.gov.au/childsafety/protecting-children

Our commitment to carers

Child Safety also has a responsibility to you, as the primary carers of the children we place with you. We acknowledge the special partnership we share, and are committed to supporting you in your role as a carer.
We will do this by:
• providing you with relevant training and information to develop your skills and knowledge
• involving you in the development of plans that affect the wellbeing of the child in your care
• matching carers with children needing care
• providing you with financial support to meet the costs of the child’s needs while in your care
• recruiting carers to provide different types of care and support.

The Statement of Standards
As a foster or kinship carer, you agree to care for a child in a safe and accountable way. The level of care you are required to provide is set out in the Statement of Standards (Child Protection Act 1999). The standards of care are:
• The child’s dignity and rights will be respected at all times.
• The child’s needs for physical care will be met, including food, clothing and shelter.
• The child will receive emotional care that allows them to feel secure and valued, and builds self-esteem.
• The child’s cultural and ethnic needs will be met.
• The child’s material needs for schooling, physical and mental stimulation, recreation and general living will be met.
• The child will receive education, training or employment opportunities relevant to their age and ability.
• The child will receive positive guidance, when necessary, to help them change inappropriate behaviour.
• The child’s dental, medical and therapeutic needs will be met.
• The child will be given the opportunity to participate in positive social and recreational activities appropriate to their developmental level and age.
• The child will be encouraged to maintain family and other significant personal relationships.
• If the child has a disability, they will receive care and help appropriate to their special needs.

The Statement of Standards also outlines that a carer must not:
• punish the child in a way that humiliates, frightens or threatens the child’s emotional wellbeing
• use corporal punishment.

As a carer, you have the right to:
• feel valued
• be treated fairly and equally
• respect
• honesty
• be supported
• feel safe
• access resources to help you perform your role as a carer.
Aboriginal and Torres Strait Islander Child Placement Principle

When an Aboriginal or Torres Strait Islander child comes under the care of Child Safety, we will work with a Recognised Entity to place that child within their community, where it is safe to do so.

When placing a child, our order of priority is with:

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

If none of these options are available, an Aboriginal or Torres Strait Islander child may be placed with a carer who is non-Indigenous. This person must be able to support the child to maintain their family and cultural connections.

A Recognised Entity

A Recognised Entity is an Aboriginal or Torres Strait Islander individual or organisation who is recognised by their community to provide cultural and family advice in Indigenous child protection matters.

A Recognised Entity has an important role to play, particularly:

- during a child protection investigation and assessment
- in developing case plans
- when deciding the most appropriate out-of-home care placement.

A Recognised Entity must also be consulted by Child Safety in reviewing case plans or considering reunification.

Non-Indigenous carers have special obligations in caring for Aboriginal or Torres Strait Islander children

Non-Indigenous carers will need to:

- help the child maintain a connection with their Aboriginal or Torres Strait Islander culture
- preserve and build their identity as an Indigenous person
- maintain contact with their parents and family members
- maintain contact with their community or language group.

For more information about Recognised Entities, talk to your child safety officer or call the Queensland Aboriginal and Torres Strait Islander Child Protection Peak on (07) 3328 8500.

For more information about meeting children’s cultural needs, see section ‘Identity — a child’s sense of self’ in the handbook.
Child Safety

For general enquiries, call (07) 3224 8045 or 1800 811 810 (if you are outside Brisbane) from Monday to Friday, 9am to 5pm.

Who’s who in your child safety service centre

- Child safety officer — this is the person from your child safety service centre who you have day-to-day contact with, and who is assigned to the child in your care.
- Child safety support officer — this person supports the child safety officer to meet the day-to-day needs of children in care.
- Team leader — this person supervises child safety officers.
- Manager — this person manages the child safety service centre, supervises team leaders and makes decisions about reimbursements for out-of-pocket expenses.
- Administration officer — this is the first person you will speak with when you call a child safety service centre.
- Business support officer — this person can assist with general enquiries.
Foster and kinship carer support line

The foster and kinship carer support line provides after-hours support to foster and kinship carers, including:

- information and advice for managing children who have complex issues and special needs, or significant behavioural issues
- counselling and support
- information about current Child Safety policies, procedures and available resources
- making referrals for specialist advice and assistance for children and carers.

Call 1300 729 309 from Monday to Friday 5pm to 11.30pm, or Saturday and Sunday from 7am to 11.30pm.

Child Safety After Hours Service Centre

The Child Safety After Hours Service Centre provides after-hours support, seven days a week, for situations requiring an immediate response.

As a carer, you need to call the Child Safety After Hours Service Centre if, for example, a child in your care:

- goes missing or has been detained by the police after hours
- requires general anaesthetic during a dental appointment
- needs medical attention that requires parental consent (where the parent is the child’s guardian).

Foster and kinship carers have a private, dedicated number for calling the Child Safety After Hours Service Centre — this is (07) 3235 9901.

Members of the public can call the Child Safety After Hours Service Centre on (07) 3235 9999 or 1800 177 135.

Parentline

Parentline is a confidential telephone service providing professional counselling and support for parents and carers of children in Queensland.

Call 1300 301 300 seven days a week from 8am to 10pm, for the cost of a local call. For more information, go to www.parentline.com.au

Child protection peak bodies and advocacy groups

Foster Care Queensland

Foster Care Queensland is a non-government organisation that provides information, support and advocacy to all foster and kinship carers. We encourage you to become a member of Foster Care Queensland to receive additional benefits including social activities (for example, dinners, celebrations) and training (such as workshops and conferences).

For more information, call Foster Care Queensland on (07) 3256 6166 or go to www.fcq.com.au
Foster Care Advocacy Support Team

The Foster Care Advocacy Support Team (FAST) is a service provided by Foster Care Queensland. Specially-trained foster or kinship carers volunteer to provide support, advice and advocacy on behalf of other foster and kinship carers in their local communities.

There is at least one FAST representative for each child safety service centre.

For more information, call the Foster Care Advocacy Support Team on (07) 3256 6166 or go to www.fcq.com.au

CREATE Foundation

CREATE Foundation represents the interests of children and young people in care so they receive the same life opportunities as all young Australians.

Call (07) 3062 4860 or 1800 655 105 or go to www.create.org.au

PeakCare Queensland

PeakCare Queensland represents non-government organisations providing child protection, out-of-home care and family support services in Queensland. Its membership includes community agencies working with foster and kinship carers.

Call (07) 3368 1050 or go to www.peakcare.com.au

Queensland Aboriginal and Torres Strait Islander Child Protection Peak

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) provides support to Aboriginal and Torres Strait Islander child protection services and foster and kinship care services.

Call (07) 3328 8500 or go to www.qatsicpp.com.au
There is truth in the saying ‘I alone can do it but I cannot do it alone’.
Child Safety understands that foster and kinship carers give a lot of themselves to care for a child. Having a network of support, both formal and informal, is important for you, as well as your family.

**Formal support**
Formal support comes from people or organisations who are responsible for helping and supporting carers, such as Child Safety and non-government foster and kinship care services.

Child Safety supports foster and kinship carers by:
• making home visits, or phone calls, to check that you are ok
• providing information about your role and how we work with you
• providing financial support
• organising short breaks when you need some time out from caring
• offering training
• providing a foster and kinship carer support line.
Short breaks

Just as families need support or some time-out from parenting, or to deal with a personal matter, there are times when foster and kinship carers need a break too.

Short breaks from caring can happen through regular, planned visits, or they can be arranged if you need to deal with personal matters or recover from illness.

Short breaks may be for a few hours, a weekend or even a few weeks.

Your need for a short break from caring can be included in your foster care agreement and/or the child’s placement agreement.

Carers who are approved and trained as foster or kinship carers can provide short breaks for other carers, either through regular, ongoing planned visits or in emergency situations.

Child Safety can also approve a member of the child’s family or community to provide short breaks.

Carers who provide short breaks receive a caring allowance in proportion to the time they provide care. See the section ‘Money matters’ for more information.

Ideally, regular short breaks should be provided by the same person, and be someone known to the child or who they can form a trusting relationship with, such as a member of the child’s family or community.

Arranging a short break

Talk to your child safety officer or non-government foster or kinship care service.

Can a short break be organised for my own children? It has been tough on my family being a foster carer — can another carer provide a short break for my family?

Yes, a short break can be organised in this situation to give you and your family some respite.

What do I do when a short break is not available?

You may be wondering whether a friend can help you out as a one-off favour.

Someone you know — not necessarily an approved foster or kinship carer — can look after the child in your care for a short time (up to 48 hours).

You must let your child safety officer know of the arrangement, and provide your friend’s name, address and phone number, in case of an emergency.

Members of your extended family, or the child’s extended family, can also help (for example, a grandparent, aunt or older sibling). If you need a more regular time-out plan, Child Safety can organise this.
Some options may include:
• vacation care
• child care
• a sleepover at a school friend’s house
• help from community members
• recreational camps
• employing help (such as a registered nurse for a child with disability)
• life skills development courses (such as cooking classes) for older children.

Development and support plans
For foster carers, your development and support needs are included in the foster care agreement. It details opportunities for learning and development (in addition to mandatory training), and the support you need to help you care for a child placed with you.

The development and support needs of kinship carers are recorded in the placement agreement.

Different ways of learning
• Talking to your support network.
• Talking about issues with your child safety officer or foster and kinship care service.
• Participating in training sessions run by Child Safety, your foster and kinship care service or Foster Care Queensland.
• Undertaking relevant courses by other training providers.

Training opportunities
Foster carers are required to undertake mandatory training as part of the approval processes. Child Safety provides the training program Quality Care: Foster Care Training that is delivered by both departmental and foster and kinship care service staff.

Kinship carers do not have to undergo mandatory training, but it is highly recommended and definitely helpful. Talk to your child safety officer or foster and kinship care service about training opportunities.

The importance of training
• You feel more confident in your role.
• You have access to valuable support networks and other carers.
• You gain knowledge and skills to help care for children and young people with special or particular needs.
• You learn to care for yourself, and you help reduce your risk of burnout.
Training for carers
Foster carers are required to complete pre-service training from the Quality Care: Foster Care Training program before a child can be placed in your care.

The pre-service training consists of four modules:
• Module 1: Context of foster care
• Module 2: Understanding the past for a child
• Module 3: Early days in a placement
• Module 4: Quality care — working together

Within 12 months of your initial approval as a foster carer, you will need to complete a further three modules from the Quality Care: Foster Care Training program:
• Module 5: Promoting positive behaviours
• Module 6: Caring for children and young people who have experienced sexual abuse
• Module 7: Carer support, advocacy and self-care

Within two years of your approval to become a foster carer, you will need to complete advanced training as a requirement for renewing your foster care agreement.

After three years of your approval as a foster carer, further advanced training is optional and is not a condition of renewal of approval.

If you are interested in undertaking advanced training to further develop your skills and knowledge, talk to your child safety officer. Kinship carers and long-term guardians may also undertake advanced training to help them with caring for a child.

We encourage you to participate in the training that is available, to learn about Child Safety, the care system, and new ways of caring for children who have experienced trauma.

For more information about training for carers, call Child Safety on 1800 811 810 or contact your foster and kinship care service.

Recognition for carers who complete Quality Care: Foster Care Training
Successfully completing the Quality Care: Foster Care Training pre-service and standard modules, as well as your experience in being a foster or kinship carer, can attract credits towards further TAFE study.

For more information, talk to your child safety officer.

You can also call TAFE Queensland on 1300 308 233 or go to www.tafe.qld.gov.au to find out about available courses.

The cost of carer training
The Quality Care: Foster Care Training program is provided at no cost to carers.

If you are caring for a child with special needs and you require additional training, Child Safety can approve the cost for you to attend training. For more information on learning opportunities, call Child Safety on 1800 811 810 or visit your local child safety service centre.
Informal support

Friends, family, neighbours, other carers and community groups can provide informal support.

It may be having someone to talk to, or someone to help with the housework, or it may be social.

Informal support is just as important to your wellbeing as the formal support provided by Child Safety.

This is not what the confidentiality provisions are intended to do, and you should not feel isolated in your community. Your social needs are just as important as providing a safe, caring environment for the child in your care.

Your neighbours and friends will know the child is not yours. This is not a secret. What you do need to keep confidential are the details of what the child has been through, why care is needed and where the parents are.

Local carer support groups

There will be carer groups in your community that can provide support, advocacy and information.

The level and type of support that is available to you depends on what you need.

Talk with your child safety officer or foster and kinship care service about the support you need.

Access to support and advocacy

Sometimes, concerns may arise about the care of a child. If you are involved in a concern raised about the standards of care you provide to a child, you have a right to support and advocacy.

You can choose to have an advocate or support person — someone known to you, a support worker from your non-government foster and kinship care service or from Foster Care Queensland’s Foster Care Advocacy Support Team (FAST).

For more information, call the Foster Care Advocacy Support Team on (07) 3256 6166 or go to www.fcq.com.au

For more information about the process of dealing with concerns raised about the standards of care, see section ‘Standards of care’ in this handbook.
Self-care — avoiding burnout

You will face many challenges when you care for someone else’s child, but it is important that you also care for yourself. Make sure you look after yourself by:

- making some time for yourself, even if it is only for a few minutes. You deserve it!
- asking for help when you need it — do not suffer in silence
- asking your child safety officer or foster and kinship care support worker what additional support may be available, especially if you are going through a stressful time
- knowing when to say ‘no’. It does not make you a lesser person!
- leaning on your Foster Care Advocacy Support Team representative and local carer group.

Sometimes you’ll feel like just giving up when it becomes overwhelming — I always encourage carers to think about changing their preferences for providing care, in their foster care agreement. For example, caring for a different age group can make all the difference. (FAST delegate)
Financial support is available to foster and kinship carers to meet the costs of caring for a child placed with you.

This section provides information about the financial support provided by Child Safety. For more information about other financial support available to you, see section ‘Commonwealth Government benefits’ in this handbook.

**Fortnightly caring allowance**

The fortnightly caring allowance is provided by the Queensland Government to foster and kinship carers to help meet the day-to-day costs of caring.

It covers a lot, but not everything, so be sure to check out all the financial assistance options available to you, the child in your care and your family.

It is not an income for providing care. This means that:

- you do not need to pass on any of the allowance to another person (for example, the child’s parents)
- you do not need to declare it in your tax return
- it will not affect any Commonwealth Government benefits you may receive
- it cannot be used as ‘income’ when applying for a bank loan.

The fortnightly caring allowance recognises that children’s needs grow as they do.
Payments are made according to three age bands:

- 0 to 5 years
- 6 to 10 years
- 11 years and over

Carers receive a **one-off establishment payment** the first time a child is subject to a child protection order granting custody or guardianship to the chief executive. The payment allows you to purchase items to prepare for caring for the child and help them to feel more at home.

A **start-up allowance** will be provided whenever a child, who is already in care, starts a new placement for longer than five nights.

There is also a **regional remote loading** of 10 per cent of the fortnightly caring allowance, for carers living in regional and remote areas of Queensland. This additional financial support recognises that the cost of living is higher in remote parts of Queensland.

**Costs covered by the fortnightly caring allowance cover**

The fortnightly caring allowance covers the costs of caring for a child in out-of-home care:

- Medical — including costs incurred for consulting a general practitioner and basic medical needs, all one-off or initial specialist visits, all prescribed and non-prescribed pharmaceuticals (for example, lice treatments). It excludes all costs for the child health passport initial health assessment or health appraisal, and subsequent health assessments.
- Energy — pro rata utility costs such as electricity, water, gas, and oil.
- Food — all food items for the child, including excursions and holidays.
- Household goods for the child, including furniture (such as a bed and wardrobe), pram, towel, bedding, mattress protector, washing powder, laundry soap, bleach and disinfectant.
- Household services — pro rata telephone rental, calls and Internet service providers, baby-sitters and cleaners.
- Clothing.
- Personal care — toiletries, haircuts, general hygiene items, nappies.
- All general travel — local transport such as bus and train fares, travel to and from day care, vacation care and school. This also includes all fuel costs up to 250 kilometres per child per week. The 250 kilometre threshold is pro rata if more than one child in care is being transported.
- School — lunches, travel to and from school, excursions, stationery, uniforms, sporting activities and fees.
- Safety equipment — baby capsules, child seats, bike helmets and knee and elbow protectors.
- Leisure — ongoing costs associated with a recreational activity (for example, weekly fees), toys, pocket money, purchase of gifts for Christmas and birthday for a significant other, entertainment, hobbies and holiday expenses.
Costs covered by the establishment payment cover

The establishment payment helps you buy a few essential items to welcome the child into your family and make them feel more at home. This includes:

- bedroom furniture (for example, bed, bedside table, chest of drawers)
- bedroom accessories (for example, night light, clock radio)
- toiletries (for example, toothbrush, hairbrush)
- toys and books
- clothes and footwear
- towels and bed linen.

As a general rule, items purchased for the child with the establishment allowance become the child’s property if they change placements or return home.

Payment schedule as at 1 January 2017*

<table>
<thead>
<tr>
<th>Carer payments (as at January 2017*)</th>
<th>Frequency of payment</th>
<th>0–5 years</th>
<th>6–10 years</th>
<th>11+ years</th>
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<tr>
<td><strong>Fortnightly caring allowance</strong></td>
<td>fortnightly</td>
<td>$477.40</td>
<td>$514.55</td>
<td>$559.02</td>
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<td><strong>Regional remote loading (10 per cent)</strong></td>
<td>fortnightly</td>
<td>$47.74</td>
<td>$51.38</td>
<td>$55.86</td>
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<td><strong>High support needs allowance</strong></td>
<td>fortnightly</td>
<td>$167.86</td>
<td>$167.86</td>
<td>$167.86</td>
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<td><strong>Complex support needs allowance level 1</strong></td>
<td>fortnightly</td>
<td>$217.42</td>
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<td><strong>Complex support needs allowance level 2</strong></td>
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<td>$434.70</td>
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<td><strong>Complex support needs allowance level 3</strong></td>
<td>fortnightly</td>
<td>$652.12</td>
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<td><strong>Start-up allowance</strong></td>
<td>one-off</td>
<td>$102.87</td>
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<tr>
<td><strong>Establishment payment</strong></td>
<td>one-off</td>
<td>$514.25</td>
<td>$514.25</td>
<td>$514.25</td>
</tr>
</tbody>
</table>

* All payments and allowances are indexed in January each year in line with the consumer price index (CPI).

Keeping receipts

No, you do not need to show Child Safety how the fortnightly caring allowance was spent. However, we recommend that you hold onto all medical and pharmaceutical receipts.
Claiming reimbursement for mileage

My car really earns its ‘Mum’s taxi’ sticker! What costs are covered?

Your fortnightly caring allowance covers travel up to 250 kilometres per child per week.

Additional kilometres travelled must be child related based on your child’s case plan, and have prior approval from Child Safety for the costs to be covered.

Having more than one child in the car at any one time does not change your mileage. You can calculate the mileage for each child by dividing the number of kilometres travelled with the number of children in care you are transporting.

Talk to your child safety officer first about applying to use your family car and claiming reimbursement of mileage costs. To apply, you will need to:

- complete an application for use of a private motor vehicle
- provide your current insurance policy, comprehensive or third party property damages with indemnity endorsement, which must be sighted by the Child Safety service centre manager

You can use your own vehicle once approval has been provided by Child Safety.

You will need to complete a motor vehicle allowance request to log your mileage. The mileage tracking log must be completed while travelling and submitted as supporting documentation for the claim.

Application forms are available from your child safety service centre.

Centrelink Youth Allowance

If the child in your care receives a Commonwealth Government benefit such as Youth Allowance or ABSTUDY, or earns a wage, you will still receive the fortnightly caring allowance to cover the day-to-day costs of caring for the child.

The child is not expected to contribute towards meeting the cost of their day-to-day needs.

High support needs allowance and complex support needs allowance

The high support needs allowance is provided if you are caring for a child who requires a higher level of support, and the costs exceed the fortnightly caring allowance.

The complex support needs allowance is provided for a child who is assessed as having complex or extreme needs, and the costs exceed both the fortnightly caring allowance and the high support needs allowance.

Costs that the high and complex support needs allowances may assist with are specialised food requirements, additional clothing and household items, additional safety equipment (for example, child locks and barriers), nappies for children with incontinence, or fees for a sport or recreational activity.

Both of these allowances are offered based on eligibility and the child’s needs at the time of placement, or if circumstances change.
No one listens when I say the child in my care has high support needs. What can I do?

Keep diary entries of the child’s needs, what you do, how long it takes and what it costs. Bring this with you to your placement meetings with your child safety officer.

If you are not satisfied after talking with your child safety officer, you can discuss the matter with the team leader or the Child Safety service centre manager if the matter remains unresolved.

You can also talk to your foster and kinship care service, Foster Care Queensland, or lodge a formal complaint using Child Safety’s complaint system. For more information about the complaints process, see section ‘Concerns and complaints’ in the handbook.

Costs that cannot be met through the fortnightly caring allowance

There may be some costs that cannot be met through the fortnightly caring allowance and Commonwealth and state government benefits. In these situations, Child Safety may meet these costs through child-related costs.

Child-related costs may cover:

• additional clothing costs (for example, uniform costs when a child changes schools more than once in a year)
• major or ongoing medical and dental costs that cannot be provided through the public system or claimed through Commonwealth Government benefits (for example, dental, physiotherapy)
• orthodontic costs if the orthodontic treatment commenced prior to the child entering out-of-home care
• funeral costs for a child in care
• pre-approved travel that exceeds 250km per week
• private school fees if:
  - your children attend a private school
  - the Department of Education and Training recommends that the child should attend a private school to meet their needs
  - the child was already attending a private school before coming into care.

Foster and kinship carers will receive a minimum gap cost payment of at least $25 per week for each child in their care to attend an approved kindergarten program (that is, a play-based program delivered by a qualified early childhood teacher) for 15 hours a week, 40 weeks a year. This payment will be offered to eligible children until 30 June 2017.

From 1 July 2017, foster and kinship carers will receive a guaranteed minimum gap cost payment of at least $2000 per annum for each child in their care to attend early childhood education and care, or a guaranteed minimum payment of approximately $40 per week. This will replace the kindergarten gap cost payment.

Child-related costs need to be part of an approved case plan or placement agreement.
Unexpected expenses

We understand that, sometimes, there may be large or unexpected expenses. Before you pay for an expensive item, ask yourself the following questions:

- Is this expense part of the approved case plan?
- Is the expense absolutely necessary?
- Is there another way of achieving what is needed without a huge cost outlay? For example, could you hire an instrument instead of buying one? Or buy second-hand?
- Are there benefits offered by another Queensland Government agency or the Commonwealth Government that you could claim?
- Is this an unusual circumstance?
- Have you talked to your child safety officer or foster and kinship care support worker for advice?

An unusual circumstance

An unusual circumstance is when a child may be disadvantaged if they don’t have a particular item or access to a service that they need.

Situations are assessed individually and payment is at the discretion of Child Safety.

The school is organising a trip to the snow for Year 6 students at a cost of $1,200 for five days. Would Child Safety pay for this expense?

No, this is not something Child Safety would generally pay for, as it is not the kind of trip the average family could afford.

However, Child Safety would cover the costs of a regular yearly school camp through child-related costs, as long as this has prior approval and is included in the case plan, placement agreement or education support plan.

The child in our care has been selected to represent Queensland in an overseas soccer competition. We cannot afford this, but we do not want to let the child down. What can we do?

In these situations, whether it be academic, athletic or artistic, Child Safety may offer extra financial assistance if the child is selected to represent their school, region or state. Talk to your child safety officer and school, as you will also need to check for permission for the child to travel.

You may also want to consider a joint effort by encouraging the school or team to fundraise (for example, organising sausage sizzles, chocolate drives) to help offset the costs for everyone involved.

My family has private health insurance. Can I claim some of the cost of my family’s cover now that I have added the name of the child in our care?

No, as private health insurance is a matter of choice. If you already have family cover, most health insurance firms will not charge you extra for adding another child to your policy. That means your premium will be as it was before — you will not be paying more.
A young person joined our family earlier this year. Her school formal is in a couple of months. She will need a dress and shoes, hairstyle and makeup, and her friends are hiring a limo. Is this paid out of the fortnightly caring allowance?

Yes, this should be paid from the fortnightly caring allowance. You will need to think about affordable dress options and plan ahead. For example, you could organise for the formal dress to be made, or buy off the rack. You may also want to go shopping when the sales are on. In most cases, boys will hire their suits.

Part of the fun is being made to feel special and pampered on the day, and helping the young person to prepare for the big day is what matters most.

Every child we know has a mobile phone. Is this an expense we pay for out of the fortnightly caring allowance, or is it an extra?

Mobile phones are popular, but they are still a matter of choice. The cost of a mobile phone comes out of the fortnightly caring allowance.

We recommend the pre-paid option because:

• you are not locked into a plan for a mobile service if the child moves out of your household
• you have control over the phone bill
• the child in your care can keep the phone number when leaving your home as a way of keeping in contact with friends.

Overpayment of the fortnightly caring allowance

Sometimes, overpayments may be made by Child Safety. If this happens, please let your child safety officer know. You will be required to reimburse the overpaid amount to Child Safety.

Reimbursements can be made by:

• writing a cheque to Child Safety for the amount
• making a number of smaller payments over a specified time
• arranging a repayment plan with a specified amount deducted from future payments, if applicable.

The information contained in this section is accurate at the time of printing. Be sure to check eligibility details and payment rates with the contacts listed under each item.

Short-term placements and placements for short breaks

Carers who provide short breaks for primary carers receive an allowance in proportion to the time they are caring for a child.

Any placement that commences and finishes before midnight will be paid as one full-day rate. A one-night placement will be paid as a two-day rate.
Other Queensland Government benefits

Textbook allowance
The Department of Education and Training provides an allowance for students in Years 7 to 12 to offset the cost of their textbooks and other learning resources.

State and non-government high schools receive this allowance as a bulk payment. How this allowance is distributed is at the discretion of your school. For example, private schools may deduct the allowance from first term fees.

For more information, contact the child’s school or go to the Department of Education and Training website www.education.qld.gov.au and search for ‘textbook allowance’.

School Transport Assistance Scheme
The Department of Transport and Main Roads provides the School Transport Assistance Scheme — one of the largest assistance programs available to eligible students travelling to and from approved primary and secondary schools.

Eligibility can be based on the distance the student lives from their school, or their financial disadvantage.

The following types of assistance are available to students who meet the eligibility guidelines:
• rail transport
• kilometre-based school services (bus or ferry)
• fares-based school services (bus or ferry)
• safety-net assistance (for Health Care Card holders)
• conveyance allowance (where private arrangements are in place)
• assistance for isolated students.

For more information, go to the Queensland Transport website www.tmr.qld.gov.au and search for ‘assistance and services’, or call 13 23 80.

School Transport Assistance Program for students with disabilities
The Department of Education and Training offers transport assistance for students with disabilities based on the student’s needs and the family’s circumstances. If a child with disability is eligible, further information about their ability to travel independently between school and home and your capacity to provide transport for your child may also be considered.

For more information, go to the Department of Education and Training website www.education.qld.gov.au and search for ‘school transport’.
Non-State Schools Transport Assistance Scheme

Students attending non-state schools may be eligible for assistance under the Non-State Schools Transport Assistance Scheme (NSSTAS).

The scheme is administered by the Queensland Catholic Education Commission and funded by the Department of Education and Training.

NSSTAS consists of two programs:
1. Bus Fare Assistance Program
2. Students With Disabilities

Rebates are based on school transport expenditure up to a maximum limit, for each program.

For more information, go to www.schooltransport.com.au or call (07) 3316 5858.

Aboriginal and Torres Strait Islander student initiatives

The Department of Education and Training provides information about a number of services to support Aboriginal and Torres Strait Islander students.

To find out more about eligibility guidelines for Aboriginal and Torres Strait Islander children, go to www.indigenousportal.eq.edu.au

Medical Aids Subsidy Scheme

Queensland Health’s Medical Aids Subsidy Scheme (MASS) may benefit the child in your care, if a permanent stabilised condition or disability requires the use of:

- communication aids
- continence aids
- daily living and mobility aids
- home oxygen
- medical grade footwear
- orthoses
- spectacles
- artificial limbs
- vehicle modifications.

For more information, call Queensland Health on (07) 3136 3636 or 1300 443 570 or go to www.health.qld.gov.au/mass

Patient Travel Subsidy Scheme

The Patient Travel Subsidy Scheme, provided by Queensland Health, offers subsidies to patients who live in isolated areas to travel to their treatment. If you live in rural and remote areas, and have to travel more than 50km for specialist medical services that are not available locally, you may be eligible for the subsidy to help with your travel costs.

For more information, go to the Queensland Health website www.qld.gov.au/health/services/travel/subsidies or call 13 HEALTH (13 43 25 84).
**Housing assistance**

If you need more information about housing assistance, or think you need to apply for social housing, talk to your child safety officer.

For more information, go to the Department of Housing and Public Works website [www.housing.qld.gov.au](http://www.housing.qld.gov.au)

**Carer Business Discount Card**

The Carer Business Discount Card scheme recognises the valuable contributions of carers throughout Queensland. The card entitles eligible carers to a wide range of discounts from participating businesses across the state.

All approved foster and kinship carers in Queensland are eligible for the Carer Business Discount Card.

You will automatically receive the card upon your approval as a carer, and you will continue to receive replacement cards for as long as you are a foster or kinship carer.

If you have been a foster or kinship carer for two months or more and have not yet received a Carer Business Discount Card, please contact Card Services, Smart Service Queensland on 13 QGOV (13 74 68). Smart Service Queensland may contact your child safety service centre to make sure your records are all up to date.

The Carer Business Discount Card is to be used only by the person listed on the card.

For more information about the scheme, to search for discounts or order a new card, go to [www.qld.gov.au/carercard](http://www.qld.gov.au/carercard)
Concerns and complaints

How to make a complaint about Child Safety

To make a complaint about Child Safety, you will need to follow these steps:

1. Talk to your child safety officer about what is concerning you.
   You can also talk to Foster Care Queensland by calling (07) 3256 6166 — they may put you in touch with your local Foster Care Advocacy Support Team (FAST) representative.

2. If you are not satisfied after talking with your child safety officer, you can make an appointment to see the child safety service centre team leader or manager. Afterwards, you will receive a written report of the decisions made during this meeting.

3. If you are not satisfied after meeting with the child safety service centre team leader or manager, you can contact the Client Relations Officer at the Child Safety regional office. The Client Relations Officer will take action to resolve the issue.

4. The Child Safety Central Complaints and Review Unit intervenes when a matter cannot be resolved at a local or regional level, or if you believe your enquiry, concern or complaint is not being handled fairly. To contact the Central Complaints and Review Unit, call 1800 080 464.
5. If you feel that you need to take matters further, there are a number of other options that may be able to help you. You can ask the Central Complaints and Review Unit which of the following options may be best for you:

- Queensland Civil and Administrative Tribunal (QCAT): Call 1300 753 228
- Queensland Ombudsman: Call 1800 068 908
- Crime and Misconduct Commission: Call 1800 061 611.

Making a complaint about a non-government service

Every organisation is different. If you have a complaint about a non-government organisation you are involved with, try to resolve issues at the local level first.

Alternatively, you can talk to the Client Relations Officer at the Child Safety regional office to make a complaint about a non-government foster and kinship care service.
A guide to providing foster and kinship care
When a child comes into your care, a number of processes have occurred, and will continue to occur to make sure the child is protected and their needs are met.

Some of these processes, such as care agreements and child protection orders, are about the parent or a court giving Child Safety responsibility for looking after a child. You may not be involved directly, but it's still important to be aware of them.

With other processes, such as case planning and placement agreements, you will play an important role.

You need to be upfront about the type of child you can care for. Some are truly scarred — it's not just ‘baggage’ that they are carrying. (Foster carer)

Foster care agreement

A foster care agreement is a written agreement between you and Child Safety or the foster and kinship care service, that:

- sets out the terms, conditions and responsibilities between you and the child safety service centre or the foster and kinship care service
- identifies the types of care you wish to provide and your capacity for providing care
- outlines your ongoing development and support needs.
Your foster care agreement will be reviewed at the time of your renewal of approval as a foster carer.

There are other times when your foster care agreement should be reviewed, including:
- a change in your personal circumstances
- a change to your personal history (or that of another adult member of your home)
- if you intend on caring for other children (for example, family day care)
- if there are ongoing standard of care concerns about the quality of care being provided.

A foster care agreement is not developed for a kinship carer, as their support needs are specific to the child placed in their care and are recorded in the placement agreement.

If you need more information about placements, care agreements and case plans, talk to your child safety officer or foster and kinship care service.

**Care agreement**

A care agreement is an agreement between a parent and Child Safety to place their child in foster or kinship care, for a short time.

Parents entering a care agreement recognise they need help, time and space to deal with some issues — and that their child is safer staying in out-of-home care while they do that.

Parents retain certain rights, if they sign a care agreement. This means that they:
- will be given your name, address and phone number
- may have contact, as agreed by Child Safety, with their child
- will be consulted about particular decisions
- can end the arrangement at any time with two days’ notice.

**Types of orders**

Not all orders are the same.

**A temporary assessment order:**
- authorises actions during the investigation and assessment process when parental consent cannot be obtained to determine whether the child needs protection
- can provide the authority to take a child into the custody of the chief executive (the parent continues to be the child’s guardian)
- is granted for three business days or less, however, they can be extended until the end of the next business day.

**A court assessment order:**
- authorises actions during the investigation and assessment process when consent cannot be obtained because parents have refused, or are unable to consent
- can provide the authority to take a child into the custody of the chief executive (the parent continues to be the child’s guardian)
- is granted for up to four weeks, however, the *Child Protection Act 1999* allows for one extension of not more than four weeks.
A temporary custody order:
• can be used to ensure the immediate safety of a child while a decision is made about the most appropriate action to meet their ongoing protection needs
• may be applied for when a child is currently assessed as being in need of protection and is at unacceptable risk of immediate harm
• can be granted by a Childrens Court for three business days or less, however, they can be extended until the end of the next business day if the magistrate is satisfied that Child Safety intends to apply for a child protection order.

Child protection orders:
• Short-term custody order — a relative, or Child Safety, becomes responsible for day-to-day care decisions about the child, for up to two years. The child’s parents still have the right to make guardianship decisions.
• Short-term guardianship order — Child Safety is granted guardianship of the child and makes guardianship decisions, for up to two years. The child's approved carer is responsible for looking after the child’s daily care needs and making day-to-day care decisions about the child.
• Long-term guardianship order to the chief executive — Child Safety makes guardianship decisions for the child until the child turns 18 years old. The child's approved carer is responsible for looking after the child’s daily care needs and making day-to-day care decisions about the child.
• Long-term guardianship order to a relative or suitable other — a relative, family friend or community member known to the child is granted guardianship of the child until the child turns 18 years of age. The guardian becomes responsible for both guardianship decisions and day-to-day care decisions about the child.

A transition order:
• continues the existing child protection order for up to 28 days, to enable the child’s transition from an out-of-home care placement back to their parent’s full-time care
• can only be made by the court, after deciding not to grant a subsequent order.

For more information about the effect of custody and guardianship on day-to-day caring, see section ‘Decision making’ in the handbook.

Case plan

Every child in out-of-home care is required to have a case plan.

Case plans are usually developed with the family during a Family Group Meeting. These meetings are facilitated by a convenor, and provide an opportunity for Child Safety to engage with the parents and family members, the child and people from other support networks to make decisions about the child’s safety and wellbeing needs.

The case plan is a written document that outlines:
• the reasons why the child is in need of protection
• the roles and responsibilities of all participants from the Family Group Meeting in meeting the child’s protection and care needs
• the overall goal for the child
• the actions to be taken to reach the goals
• timeframes for completing the actions.
The case plan will guide the activities, discussions and contact with the child and their family, while it is in effect. A thorough, well-developed case plan provides clear direction for decision making.

The case plan also includes a cultural support plan if the child is Aboriginal or Torres Strait Islander. It aims to keep children connected to their culture, families and communities, regardless of the placement they are living in.

A child’s case plan must be reviewed at least every six months, and the child is encouraged to participate in the review, if it is appropriate for their age and ability to understand.

People involved in the case plan

Case planning brings together the people who know the child best and other relevant people and services. This can include:

- the child’s family
- the child
- a Recognised Entity, if the child is Aboriginal or a Torres Strait Islander
- you, as the child’s carer
- the child safety officer
- a community visitor or child advocate from the Office of the Public Guardian
- community services that may already be helping the family.

Importance of the case plan

The case plan and supporting documents, such as the education support plan and child health plan, provide clear direction for meeting the child’s care and protection needs.

A detailed case plan allows Child Safety to budget for the child’s needs, and minimise the risk of you being out of pocket. It also identifies any needs over and above the ‘average’ placement and records any financial support that is needed.

See sections ‘Education’ for information about education support plans and ‘Health’ for information about the child health plan, in the handbook.

Accepting a placement

Remember our role — we are there to help kids get their lives back on track.
(Foster carer)

When you receive a telephone call about a placement, be sure you have all the information you need to make a sound decision for yourself, your family and the child whose life you may be about to change.
Ask yourself:
- What’s happening in my life at the moment? And in my family’s life? You need to be confident of providing a safe, caring environment for everyone in the household.
- Who is this child? Why are they coming into care? What are their needs?
- How does the rest of my household feel about another member joining us?

You will need some information about the child, including:
- age
- gender
- the type of care arrangement — a care agreement or a child protection order
- health
- behaviour
- schooling
- religious beliefs
- cultural needs
- exposure to sexual behaviour
- special needs
- whether this is their first placement or a change of placement.

What makes fostering a child worthwhile? When a child comes into your home and you can see the hurt — maybe not physical but there, all the same — and they spend time with you, and when they leave they are happy, more confident and positive about their future … the way kids should be. (Foster carer)

Placement agreements
The placement agreement includes information about the child so that you can provide the appropriate protection and care. It provides details about:
- the child, the family and significant others in the child’s life
- schooling
- health
- religion
- behavioural issues
- goals for the placement
- why the child is in care.

You are also informed about:
- what the parents know about the placement
- the anticipated timeframe for the child’s placement
- the review process
- what support and services will be available to you.

The placement agreement forms part of the child’s case plan and is reviewed regularly. All foster and kinship carers should have a placement agreement for every child in their care.
As the grandmother, there wasn’t really a choice. I either took my grandson in, or he would be put up for adoption. I couldn’t let him go.  
(Kinship carer)

Authority to care

Child Safety must provide you with an Authority to Care form each time a child is placed with you. This form states that you have custody of the child. For more information, see section ‘Decision making’ in this handbook.

You will receive an Authority to Care form even if the child is placed with you under the authority of a care agreement.

Blue card

The blue card system:
- monitors people working with children
- aims to minimise risk of harm to children by creating safe and supportive environments
- recognises that all children have a fundamental right to be protected from harm.

The Department of Justice and Attorney-General issues the blue card to people who are considered suitable to work with children.

Foster and kinship carers, and all adult members of your household, must hold a blue card (or exemption card for a registered teacher or police officer).

A detailed national assessment of a person’s suitability is carried out before the blue card is issued. This Working with Children Check assesses:
- any charge or conviction (including spent, pending and non-conviction charges for an offence)
- child protection prohibition orders (whether as a respondent or subject to an application)
- disqualification orders
- disciplinary information from the Department of Education and Training and other particular professional organisations
- police investigation information into allegations of serious child-related sexual offences, even if no charges were laid.

The police monitor information on all card holders and applicants and, if information changes, immediate steps can be taken to protect the child from harm.

What about visitors to my house?

‘Regular’ visitors to your home may need a blue card depending on the nature of their contact with the child. Talk to your child safety officer if you have any regular visitors to your home.
We have been encouraged over the years to maintain contact with the children we have fostered. They come and go, and sometimes stay, even after they have left our care. But a couple of these children have fallen on the wrong side of the law and now have criminal records. Can we still welcome them into our home as one of the family even though we have other children now in our care?

If the former child in care is over 18 year of age, regularly visits your home and stays overnight, it is likely that they will need to hold a blue card. They may not obtain a blue card if they have been convicted of serious offences relating to children. For other offences, they would still have a chance to obtain a blue card by showing that they are safe to be around children.

For specific information about blue cards for foster carers, kinship carers, or other adults in your household, call Blue Card Services on (07) 3211 6999 or 1800 113 611 from Monday to Friday, 8am to 5pm.

You can also call Child Safety general enquiries on 1800 811 810.
A carer’s right to make decisions for a child in care depends on who has custody and guardianship. This section applies to carers who have custody, but not guardianship, of a child through a care agreement or child protection order.

**Decisions you can make for the child**

As the child’s custodian, you can make decisions about the child’s daily care needs. This includes:

**Daily routine**
- Bedtime
- Meal time
- Homework

**Medical**
- Medical attention for a common illness
- Medical or dental treatment when a general anaesthetic is not required
- Continued health treatments for established conditions, unless the medical practitioner is proposing a new treatment
- Diagnostic tests for new conditions, such as an X-ray
- A second medical opinion (but you alone cannot act on it)
• Immunisation appointments (for a child under the guardianship of Child Safety)
• Blood tests, if requested by a medical practitioner to assist in diagnosis and medical intervention (for a child under the guardianship of Child Safety). Child Safety must consent to any DNA blood testing of the child.

**Education**

• Child care arrangements
• Signing school reports
• Participation in school sport and recreational activities that have low-to-moderate risk of injury
• Variations to school routine, including participation in day excursions that are of low-to-moderate risk and not involving interstate travel
• Participation in curriculum-related activities, including swimming, arts council performances and religious education that are consistent with the views of the child and their parents

**Sport and recreational activities**

• Joining and participating in sport or recreational activities that have low to moderate risk of injury
• A sleepover with friends for up to two nights
• Participation in outings that do not conflict with family contact arrangements

**What are low to moderate risk activities?**

• Approved school sports
• Rides at theme parks

**What are high risk activities?**

• White water rafting
• Rock climbing
• Abseiling
• High ropes courses
• Go-karting
• Motorbike riding
• Parachuting
• Hang gliding
• Bungy jumping
• Scuba diving

**Travel**

• Non-air travel within the state for up to three nights that does not conflict with family contact arrangements or the case plan
• Non-air interstate day trips that do not conflict with family contact arrangements or the case plan, and does not incur a cost to Child Safety

For more information, see section ‘Travel’ in the handbook.
Personal appearance

- Haircuts
- Clothing
- Makeup
- Ear piercing

You need to consider the child’s views when making decisions about their personal appearance — this will depend on their age and stage of development.

Tattooing and intimate body piercing of children under 18 years old is a criminal offence.

If the child in your care wants body piercing (excluding ear piercing), you must talk to your child safety officer.

If the child does not agree with a decision you have made and it becomes contentious, you should talk to your child safety officer.

Decisions that can only be made by Child Safety or the guardian

Medical

- Immunisations (where the child’s parents are the guardians)
- Blood tests (where the child’s parents are the guardians)
- Invasive medical and surgical procedures, or examinations (for example, medical treatment or surgery involving general anaesthetic)
- Blood transfusions
- Testing to determine parentage (DNA testing)
- Pregnancy termination
- Contraception
- Acting on a second medical opinion
- Prescribed medications to manage behaviour or mental health conditions (for example, anti-depressants or dexamphetamines)

Health practitioners can consider a child’s ability to understand and provide consent in emergency and non-emergency situations, if the custodian or guardian cannot be contacted.

Doctors have the legal authority to treat a child in an emergency if Child Safety, the parent or the guardian cannot be contacted before treatment, and delaying treatment may jeopardise the child’s health and safety.
**Education**

- Enrolment in a new school, TAFE or other training course
- Day excursions involving high or very high risk activities
- Sporting or recreational activities that are high or very high risk
- School camps
- Education adjustment programs for students with disabilities
- Participation in curriculum-related activities that may not be consistent with the child’s or family’s views and beliefs (for example, religious or education)

**Legal**

- Changing the child’s surname
- Granting permission for the child to marry under the age of 18 years of age
- Giving permission for the child to join the Australian Defence Force (under 18 years of age)
- Allowing interstate (other than a day trip) or overseas travel

**Bank accounts**

Bank accounts must be in the child’s name, rather than joint names.

If Child Safety has guardianship of the child, the team leader will need to be the other account holder if a joint account is required due to the child’s age or development ability. Where a child’s parents are the guardians, the parent will be the co-signatory if a joint account is required.

The team leader will accompany the child to the local branch to open the bank account.
Children coming into care are often in poor health — they may have developmental and mental health issues. They may need assessments, regular visits to and check-ups from doctors and other health professionals.

The health plan, developed as part of the child health passport assessment, identifies these needs and forms part of the case plan.

**The child health passport**

All children and young people entering out-of-home care for more than 30 days will receive their own child health passport.

The child health passport includes:

- the Child Information form
- the child’s health plan
- Medicare card details
- information relating to specific health needs.

An initial health assessment covers the child’s general physical health, including visual and hearing screens and progress with developmental milestones.

The child’s health plan is developed from this initial assessment and includes:

- significant findings from the health assessment
- proposed health/treatment plans
- recommended follow-up treatment and timeframes
- actions to be taken.
Services providing an initial health assessment

- The child’s doctor (for continuity)
- Your doctor (for convenience)
- An Indigenous health service
- The Royal Flying Doctor Service and outreach paediatric clinics (for remote areas)
- Clinic-based paediatricians (for example, the Child Advocacy Clinic at the Royal Children’s Hospital)
- Paediatricians working with child health nurses
- School nurses (for vision and hearing tests)

Cost

The initial health assessment is generally a long consultation, and you may be charged for the assessment. Talk to your child safety officer about reimbursement of this cost.

What happens with the child health passport?

You will be given the child health passport and Child Safety keeps a copy.

It is important that the child health passport stays up to date, as it goes with the child if there is a change of placement. We ask that you provide any updates from medical, allied health or dental visits to your child safety officer — we will do the same.

Medicare card

Whenever a child is placed in out-of-home care, the child safety officer is required to either:
- obtain the child’s Medicare card details from the parents and provide the information to you
- arrange for the child to have their own Medicare card.

Children in out-of-home care on child protection orders are issued with their own Medicare card.

Child Safety is responsible for organising this and providing you with the Medicare number. Children over 15 years can apply for their own card.

The child safety officer must apply for younger children who are subject to a child protection order granting custody or guardianship to Child Safety.

What do I do if the child in my care does not have a card?

Contact your child safety officer for help in obtaining the Medicare card details of the child in your care.

I have received a Medicare reimbursement cheque, but it is in the name of the child in my care. What can I do?

Post the cheque back requesting that it be reissued in your name.

When filling out the Medicare form, make sure your details, not the child’s name, are included in the claimant section.
### Immunisation

Child Safety supports the immunisation of children in out-of-home care. Children in care should be up to date with their immunisations in line with the Queensland Immunisation Schedule.

#### National Immunisation Program Schedule Queensland (as at November 2016)

<table>
<thead>
<tr>
<th>Age</th>
<th>Disease</th>
<th>Additional vaccines (for identified children only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth</strong></td>
<td>Hepatitis B</td>
<td>BCG (tuberculosis) for Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td><strong>2, 4 and 6 months</strong></td>
<td>Diphtheria, tetanus, pertussis, Poliomyelitis</td>
<td>Influenza (flu) for Aboriginal and Torres Strait Islander children from 6 months to less than 5 years of age</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Haemophilus influenza</em> type b (Hib)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (13vPCV)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td><strong>12 months</strong></td>
<td><em>Haemophilus influenza</em> type b (Hib)</td>
<td>Hepatitis A for Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td>Meningococcal C (Hib-MenC)</td>
<td>Pneumococcal (13vPCV) for medically at-risk children</td>
</tr>
<tr>
<td></td>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
</tr>
<tr>
<td><strong>18 months</strong></td>
<td>Diphtheria, tetanus, pertussis</td>
<td>Hepatitis A and Pneumococcal (13vPCV) for Aboriginal and Torres Strait Islander children</td>
</tr>
<tr>
<td></td>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella (chickenpox)</td>
<td></td>
</tr>
<tr>
<td><strong>4 years</strong></td>
<td>Diphtheria, tetanus, pertussis</td>
<td>Pneumococcal (23vPPV) for medically at-risk children</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis</td>
<td></td>
</tr>
<tr>
<td><strong>7 years</strong></td>
<td>Human papillomavirus (HPV)</td>
<td></td>
</tr>
<tr>
<td><strong>15 years and over</strong></td>
<td>Diphtheria, tetanus, pertussis</td>
<td>Influenza and Pneumococcal (23vPPV) for Aboriginal and Torres Strait Islander children</td>
</tr>
</tbody>
</table>

Check the Queensland Immunisation Schedule on the Queensland Health website for changes. Go to [www.health.qld.gov.au](http://www.health.qld.gov.au) and search for ‘Queensland Immunisation Schedule’.
Consent for immunisation

If a child in your care is under the guardianship of Child Safety, you do not need Child Safety’s consent every time you want to make appointments with health care providers for immunisation.

Immunisation consent is included in the Authority to Care form you receive from your child safety officer when the child enters your care. It is important that you take this form to each immunisation appointment to inform the health care provider that Child Safety has given consent.

If a child in your care is in the custody of Child Safety, the department must seek parental consent for the child to be immunised. Your child safety officer will speak directly to the parent and seek their written consent to immunisation. This written consent must be taken to the health care provider to show that the child’s legal guardian has given their consent.

For more information about consent, talk to your child safety officer.

Cost

Vaccinations on the National Immunisation Program Schedule are free, but some general practitioners may charge a consulting fee.

Immunisation services

Immunisation services are available from:
- a doctor (a consultation fee may apply if the doctor does not bulk bill)
- an Aboriginal medical service
- a local council immunisation clinic
- a local community health centre
- the child’s school immunisation program (for Year 7 or 8 vaccinations only).

After a child has been immunised

When the child has received a vaccination, you need to:
- provide your child safety officer with the details of each vaccine given to the child
- share with your child safety officer any information the immunisation provider gives you that may affect the child’s future vaccinations
- update the child health passport with details of the child’s vaccinations.

The immunisation provider will also send vaccination information to Queensland Health and the Australian Immunisation Register.

You can ask your child safety officer for a copy of the child’s immunisation history statement as a record of the child’s immunisation history status. The child’s immunisation history statements should be kept in the child health passport.
Overdue immunisations
If any of the routine vaccinations have been missed, you can talk to your doctor to arrange for the child to receive the appropriate vaccinations.

It is important for carers to be aware that Centrelink family benefits, including the Child Care Benefit, Child Care Rebate and Family Tax Benefit Part A Supplement, may stop, if a child is not up to date with their immunisation. For more information, go to the Department of Human Services website www.humanservices.gov.au/customer/themes/families or call 13 61 50.

Immunisation for enrolment in early childhood services
Approved early childhood education and care services, including child care, kindergarten and schools, can refuse the enrolment or attendance of children who are not up to date with their scheduled immunisations.

The early childhood education and care service may ask you for a copy of the child’s immunisation history statement to ensure the child is up to date with their immunisations.

Available therapeutic support
If the child’s case plan includes access to allied health supports, Child Safety will cover the cost. This includes:
• counselling for sexual assault, drug and alcohol abuse, grief and loss
• speech therapy
• play therapy
• occupational therapy
• school support
• specialist medical support
• youth services
• family or individual counselling or therapy.

Sexuality and sexual health
Children in care have the right to receive information and support about sexuality, relationships and reproductive health. It is important that children receive positive messages about their sexuality, sexual development and safety.

Talking to a child in my care about sexuality
Yes. Talking about sexuality with the child in your care is normal, and the information should evolve as the child grows older.

One of the best ways to talk to a child about sexuality is to share a small amount of information that is clear, correct and positive. It is best for this information to come from the adults in their life that they know and trust. As a carer, you may be the best person to provide this information to the child.
Learning about sexuality

Children learn about sexuality all the time, from TV, music, magazines, advertising, social media and their friends.

Children in care often have poorer sexual health outcomes compared to other children, including:

- higher rates of sexual activity at a younger age, pregnancy, parenting and sexually transmitted infections
- higher rates of sexual abuse and sexual behaviours that cause concern.

Children in care may not have had access to sexual health information, education and services.

Children who receive information about their sexuality that is age appropriate, from early childhood, are more likely to make informed and responsible sexual decisions later in life and are less vulnerable to sexual abuse.

Helpful tips for discussing sexuality with a child in your care

- Be factual, honest and positive when answering questions. Give enough information to adequately answer their question. If the child wants more information, they will ask another question.
  - Use the correct terminology — we call an arm an ‘arm’ and a nose a ‘nose’, so it makes sense to call a penis, vulva, vagina or breast by its correct name as well. By doing this, you normalise these words and don’t single out these parts of the body as being different. This helps the child to talk about these parts of the body using the right language.

- Discuss sexuality issues in a private place. Sometimes children ask questions at awkward times or places, such as the supermarket, sitting in a crowded bus, or when you are just too busy. When this happens, let them know that their question is very important and that it is one that is better discussed when you are at home together or when you are not so rushed.

- Always make sure you talk with the child, when the time is right.
  - Use ‘teachable moments’ to raise the subject — it could be a friend or relative who is pregnant; a pet may have babies; an issue may be raised on television or in the newspaper; or if an older child in the home is going through puberty.

- Be conscious that you are a role model for the child in your care. For example, they will learn about personal space, privacy and respectful interactions by observing this behaviour in your home.

Topics to talk about

Sexuality education includes learning about sexual development, reproductive health, interpersonal relationships, self-esteem, feelings and emotions, body image and gender roles.
Topics may include:
• public and private body parts and behaviours
• puberty (including periods and wet dreams)
• types of touch
• relationships
• sexual relationships
• decision making
• safe sex
• protective behaviours.

Getting help
When it comes to talking about sexuality, people can become embarrassed. If you feel embarrassed or uncomfortable, talk about this with the child in your care.

You could say something like, “I’m finding this a little difficult because no one ever spoke openly to me about sexuality when I was growing up. But this is important, so I really want to talk to you.”

This way the child will not think this subject is inappropriate or rude to ask about. It is important that they know you care and can be approached. They will respect you for your honesty.

Your child safety officer can give you support, and sexuality education may be a part of a child’s case plan.

True Relationships offers a range of resources that help to identify, understand and respond to sexual behaviours. Go to their website www.true.org.au

Budgeting for health care costs
You may receive financial support from Child Safety for medical and other health-related matters for the child in your care, if this is documented in the case plan, or if the cost is pre-approved as a child-related cost.

General practitioner
If possible, choose a bulk-billing practice to minimise out-of-pocket expenses.

If your preferred doctor does not bulk-bill, you can take the doctor’s receipt to Medicare to claim a rebate.

If you need to use an after-hours medical service, call the Child Safety After Hours Service Centre for approval to use the most appropriate service that is available. Child Safety will reimburse the cost.

You can also register your household for the Medicare Safety Net (see section ‘Commonwealth Government benefits’ in this handbook).

For more information, call Medicare on 13 20 11 or go to the Department of Human Services website www.humanservices.gov.au
Specialists
If you are referred to a specialist, ask if bulk-billing is available. Some specialists do bulk-bill.
You will need to pay for the initial specialist consultation. Child Safety will pay for ongoing visits and follow-up treatments.
If the first specialist refers you to another specialist, this is considered as a follow-up consultation and Child Safety will cover the cost.

Dental
The initial dental consultation and regular dental check-ups are paid from your fortnightly caring allowance. Child Safety will cover the cost for any ongoing treatment to address a dental health issue. Child Safety may also cover the cost for orthodontics.
See section ‘Commonwealth Government benefits’ for more information about the Child Dental Benefits Schedule.

Optical
If possible, choose a bulk-billing optometrist to minimise out-of-pocket expenses.
Children who have a child health passport will have their eyesight screened as part of the initial health assessment. If this assessment recommends a specialist visit to an optometrist, the first visit is paid from your fortnightly caring allowance.
If glasses are needed, you can apply to Queensland Health’s Spectacle Supply Scheme. Any other needs identified during the optometrist check should be included in the child’s case plan. Child Safety will then cover the ongoing costs.

Spectacle Supply Scheme
The Queensland Health’s Spectacle Supply Scheme provides eligible Queensland residents with a pair of basic prescription glasses, every two years.
For more information, call Queensland Health on 1300 443 870 or (07) 3136 3696 or go to www.health.qld.gov.au

Pharmaceuticals
All children in out-of-home care are entitled to a Health Care Card in their own name, and the cost of their prescription medicines will be discounted.
Ask your doctor or pharmacist if a generic brand is suitable, as this can save money.
You can also register your household for the Pharmaceutical Benefits Scheme Safety Net (see section ‘Commonwealth Government benefits’ in this handbook). When you reach a certain threshold during a calendar year, the cost of medicine will be discounted (or free, if you are on a concession).
For more information, call Medicare on 13 20 11 or go to the Department of Human Services website www.humanservices.gov.au
**Smoking around children**

Children coming into care are more likely to have health problems, and need healthy and safe environments to thrive.

For young children, passive smoking can cause middle ear infections, bronchitis, pneumonia, asthma and other chest infections. It has also been linked to Sudden Infant Death Syndrome (SIDS).

In Queensland, it is an offence to smoke in the car with children under 16 years old. The penalty is an on-the-spot fine of $243.80.

For these reasons, foster and kinship carers are urged not to smoke inside the home, within confined spaces, or generally in the presence of children in their care.

For more information about the health impacts of smoking, go to the [Queensland Health website](http://www.health.qld.gov.au)

For help to quit smoking, call the [Quitline](http://13 78 48).

**Children in care who smoke**

If the child placed with you smokes, please call your child safety officer to discuss how best to respond to this behaviour.

A carer cannot actively support a child’s smoking habits, for example, by supplying cigarettes or setting aside an area in the home where they can smoke. While you may not be able to physically stop the child from smoking, you should make every effort to actively discourage them from smoking.

When a child has a nicotine addiction, medical advice must be sought before giving them nicotine replacement products, or medication to manage nicotine addiction, such as nicotine patches. Child Safety must give approval for the proposed treatment, based on medical advice.

**Water safety**

Child drownings in Queensland swimming pools are the most common cause of traumatic death for children aged between one and four years. Many of these incidents could be prevented with adequate pool fencing.

Queensland legislation defines the safety requirements for all pools and spas. It is mandatory that all regulated pools comply with the Queensland safety standard.

As part of the assessment and approval process to become a foster or kinship carer you would have met the mandatory water safety requirements as part of the Household Safety Study.

As a carer, you are responsible for maintaining pool fencing and gates to keep the children in your care safe.

For more information about pool safety and compliance requirements, go to the [Queensland Building and Construction Commission website](http://www.qbcc.qld.gov.au/home-building-owners/pool-safety/overview)

For further information about pool safety, fences, barriers and laws, go to the [Department of Housing and Public Works website](http://www.hpw.qld.gov.au/construction/BuildingPlumbing/PoolSafety)
Sun safety
Skin cancer is a major health risk in Queensland, and it is important to protect children from the sun. Some tips include:

- applying ‘slip, slop, slap’ — make sure children are well protected with a t-shirt, sunscreen (at least 30+) and a hat
- avoiding being in the sun during the hottest part of the day (10am to 3pm)
- modelling ‘sun safe’ behaviour to your child.

Support services
13 HEALTH (13 43 25 84)
This is a Queensland Health service that provides qualified health advice in non-emergency situations 24 hours a day, seven days a week.

Alcohol and Drug Information Service
This service operates 24-hours a day, seven days a week.
Call 1800 177 833.

Community Child Health Services
Child health nurses staff this service 24 hours a day, seven days a week.
Call (07) 3862 2333.

SIDS and Kids
This service is dedicated to saving babies’ lives through the elimination of sudden and unexpected infant deaths, and supporting bereaved families.
Call (07) 3849 7122 or go to www.sidsandkids.org.

Child and Youth Mental Health Service
This is a Queensland Health service providing free consultation, assessment and treatment of children experiencing serious mental health disorders and problems. Conditions treated may include anxiety, depression, suicidal or self-harming behaviours, eating disorders, psychosis, trauma or mental health problems significantly impacting on relationships with family, friends and others.
Call (07) 3310 9444 or go to www.health.qld.gov.au/rch/families/cymhs.asp

Queensland Poisons Information Centre
This is a service where pharmacists answer calls 24 hours a day, seven days a week.
Call 13 11 26.
In Queensland, all young people must be in school or further education, training or employment until they are 17 years old, unless they have a full-time job.

**Education support plans**

Every child in out-of-home care on a child protection order granting custody or guardianship to Child Safety has an education support plan. This is a partnership between the Department of Education and Training and Child Safety to ensure the child’s education needs are met.

The school principal develops the education support plan with:

- the child (if they are old enough)
- the child safety officer
- you, as the child’s primary carer
- other people who are important in the child’s life.

It should be finalised within one month of enrolment. If the child in your care moves to a new school, a new education support plan is developed.

The education support plan is reviewed each year. It can also be reviewed when the child's situation or needs change significantly.
Developing the education support plan

The education support plan is a formal document that aims to bring out the best in the child. It identifies:

• the child’s educational goals
• strategies to achieve those goals
• resources that are required and available
• who is responsible for implementing the strategies
• monitoring and reviewing processes.

It includes:

• subjects being studied
• the child’s participation in subjects
• achievement levels
• areas of improvement and what may benefit your child such as:
  - literacy and numeracy tutoring
  - music and drama classes
  - homework centres
  - recovery reading
  - extension programs
• behaviour management plans and processes
• social and emotional wellbeing, including:
  - school support staff
  - buddies
  - other support programs.

Any additional education services that the child needs, such as tutors, will be considered. Extracurricular interests are also included in the education support plan.

The Department of Education and Training receives funding from Child Safety to support the special needs of children in care, as identified in the education support plan.

This funding may be used to provide support, including:

• technological and medical aids or equipment
• mentoring or coaching programs
• priority access to learning, development and support services, including homework clubs, summer schools, camps, physical therapy services and counselling
• life skills programs
• carer support initiatives
• flexible or alternative education options
• activities for gifted and talented students.

Child Safety may provide child-related cost funding for additional tutoring outside of school, vocational fees and expenses, specified electives and teaching aids to meet the child’s education needs.

A copy of the education support plan is provided to you, the child in your care and the child safety officer.
Senior Education and Training Plan

When a young person in care begins Year 10, a Senior Education and Training (SET) plan is developed to prepare for when they finish school. This is an important time to begin planning the young person’s future career pathways, and what may be needed during Year 11 and 12 to achieve their goals.

The SET plan is developed with the young person, school, child safety officer, you and other important people in the young person’s life. The SET plan may include:

- the young person’s future career goals
- education and training needs to meet these goals
- learning options and pathways across education, training and employment sectors
- tertiary entrance options and processes.

The school will help the young person achieve the SET plan, and make changes to the plan if their goals or circumstances change.

Encourage learning

As the child’s primary carer, you are the best person to give advice on the child’s education needs and encourage learning.

We encourage you to be involved with the child’s learning. Some suggestions include:

- getting to know teachers and school friends
- going to parent–teacher interviews
- knowing what is going on at school — read newsletters
- involving your child safety officer — let the child safety officer know that there is a swimming carnival on, or an art exhibition, or provide an invitation to an awards night
- volunteering as a classroom helper (for example, for reading, maths, art, swimming, excursions) or in the tuckshop (even if it is once every few months)
- finding ways to make learning fun (for example, cooking and grocery shopping, practising maths skills through games, reading a bedtime story)
- establishing good study practices — providing a quiet place, or time with TV and music switched off
- going to the library (for leisure reading and project research)
- checking homework
- praising the child’s efforts
- encouraging planning.

Pyjama Foundation

The Pyjama Foundation runs a Love of Learning program that focuses on literacy skills, and fosters a love for literature and reading. It also helps boost a child’s self-esteem and confidence.

Volunteer Pyjama Angels visit the homes of children in care, of all ages, to read stories, play literacy games, do puzzles and provide homework support.
The Pyjama Foundation is based in Brisbane. It also has an active group of volunteer Pyjama Angels in Bundaberg, Cairns, Gold Coast, Gladstone, Hervey Bay, Ipswich, Logan, Mackay, Maryborough, Rockhampton, Sunshine Coast, Toowoomba and Townsville.

All Pyjama Angels are trained, and hold a blue card.

For more information, call **The Pyjama Foundation** on **(07) 3256 8802** or visit their website **www.thepyjamafoundation.com**

**Enrolments**

Wherever possible, we try to keep a child in the same school they go to before they enter into care. That way, something is familiar — they have friends and teachers who know them.

But this is not always practical, especially if you live too far away from the school.

If you have children of your own in school, we recommend enrolling the child in your care at the same school as your own children. This minimises any sense of being different.

*My children go to a private school. We now have a child in our care. Does the fortnightly caring allowance cover the cost of private school fees?*

The fortnightly caring allowance does not cover private school fees. As a government agency, Child Safety supports state school education. However, we also recognise that private schools may fill special needs that other state schools cannot meet.

Talk to your child safety officer about what is best for the child. Child Safety may agree to pay some or all of the fees (see section ‘Money matters’ for more information). Some private schools may also offer discounts for disadvantaged children.

*The child in our care went to a private school before entering out-of-home care. Our children go to the local high school. What should we do?*

Continuity is important, and attending the same school is something we try to support. If the education support plan recommends this, Child Safety will pay the fees as an extra cost.

**Providing information about a child in care**

The school principal or child care director needs to know:

- whether the child is under a child protection order or a care agreement
- any special conditions for family contact during school hours
- if there is a risk of abduction by parents
- when a child returns home or if placed with another carer.

**School camps**

Child Safety will cover the costs for one regular school camp per year, per child in care.
Special camps
Child Safety will pay for the child to participate in special camps if it is beneficial to the child’s development, as outlined in the case plan or the education support plan.

Examples of special camps include:
• a regional music camp
• Scout Jamboree
• Australian Institute of Sport clinic.

School photos
Children in care should be included in class photos. Child Safety will pay for school photos, as an extra cost.

If a photo package is offered, talk with your child safety officer about what is available before ordering. This also applies to children in child care or kindergarten.

Participating in school activities
Schools have to carefully assess the risk of injury with sport and other activities. Child Safety encourages participation in approved school sports.

Sometimes, schools do incorporate potentially risky activities. Talk to your child safety officer about the child’s participation in these types of activities.

What are low to moderate risk activities?
• Approved school sports
• Rides at theme parks

What are high risk activities?
• White water rafting
• Rock climbing
• Abseiling
• Go-karting
• Motorbike riding
• Parachuting
• Hang gliding
• Bungy jumping
• Scuba diving

The school has a leadership program that includes abseiling. That is a high risk activity. Can the child in my care, who is in Year 11, take part?

Child Safety considers the child’s age, the type of activity and the amount of supervision provided. We also consider the child’s needs outlined in the education support plan.
**Tutoring**
If the child in your care is assessed as needing additional tutoring, it will be included in the case plan and the education support plan. Child Safety will cover the additional tutoring costs.

If the child in your care is assessed as particularly talented, and would benefit from accelerated learning or particular tutoring programs, this will also be included in the case plan and education support plan. Child Safety will cover the additional costs.

Remember to talk to your child safety officer to seek prior approval for tutoring so that Child Safety can pay for the cost.

**Post-school study**
Child Safety pays the fees and costs for children in care who undertake a vocational course, TAFE, university or other tertiary study.

**Attending boarding school**
If you live in an area where school does not extend beyond Year 10, boarding school (or distance learning) will be encouraged to allow the child to complete Year 11 and 12.

If the child in your care attends boarding school, you will receive the fortnightly caring allowance for the school holidays only.

The child may also receive the Commonwealth Assistance for Isolated Children allowance, Youth Allowance or ABSTUDY.

**Budgeting for school costs**
We encourage you to consider these guidelines for budgeting for education costs:

**Queensland Kindergarten Funding Scheme**
Attending a quality early childhood program helps set children up for later success at school. Through play-based programs, young children develop their creativity and imagination, social and communication skills, develop self-confidence and make new friends.

The Department of Education and Training offers low or no-cost kindergarten to eligible families who:

- hold a current Health Care Card (or have a child who does)
- are a foster family with a current Health Care Card
- identify as being Aboriginal or Torres Strait Islander (or have a child who does)
- have three or more children of the same age, enrolled in the same year.

The Queensland Kindergarten Funding Scheme subsidy is provided directly to your kindergarten service provider to reduce your out of pocket expenses. It can be claimed only once, even if you meet multiple criteria. For more information, talk to your kindergarten service provider.
If the child attends kindergarten through long-day care, you may also be eligible for additional Commonwealth Government rebates such as the Child Care Benefit and Child Care Rebate. See section ‘Commonwealth Government benefits’ in the handbook.

For more information or to find a kindergarten in your area, call the Kindy Hotline on 1800 454 639 or go to www.qld.gov.au/kindy

Textbooks and school stationery

The Department of Education and Training provides an allowance for students in Years 7 to 12 to offset the cost of textbooks (see section ‘Money matters’ in the handbook).

State and non-government high schools receive this allowance as a bulk payment. How this allowance is distributed is at the discretion of your school (for example, private schools may deduct the allowance from first term fees).

The child’s school may also offer a book hire system, which is cheaper than buying new or second-hand textbooks.

For more information, contact the child’s school or go to the Department of Education and Training website www.education.qld.gov.au and search for ‘textbook allowance’.

You can also buy books second-hand. Check school noticeboards for private sales or second-hand bookshops.

Uniforms

Some schools sell second-hand uniforms in good condition.

For standard uniform items such as shorts and plain socks, it may be cheaper to buy through the school or larger department stores.

Lunches

It is cheaper to prepare lunches for the child to take to school. Tuckshop could be offered as a special treat.

Music

Some schools hire instruments, textbooks and uniforms during the school term for a small fee. Music shops may hire instruments. You can check the classified advertisements or community noticeboards for second-hand sales.

Transport assistance

The Queensland Government offers various schemes to offset the transportation cost for students who live far away from school, or are financially disadvantaged. For more information, see section ‘Money matters’ in the handbook.
Suspension or expulsion from school

A ‘school disciplinary absence’ — a term used by the Department of Education and Training for suspension or exclusion from school — is a last resort for inappropriate behaviour.

You will receive a letter informing you of the school’s decision, and a copy will also be sent to Child Safety.

If a child has been suspended from school, Child Safety will review the education support plan to decide what options are available to support the child.

If the suspension is for more than five school days, the school principal must arrange for the child to continue with their education during the suspension (for more information, you can refer to the Education (General Provisions) Act 2006).

School absences and truancy

If a child in your care has an unexplained absence from school, the school principal will contact you first, to make sure the child is safe.

If the whereabouts of the child is not known, the child safety officer may be contacted. For more information, see section ‘When a child in care is missing’ in the handbook.

If the child has ongoing problems with truancy, the education support plan will be reviewed to develop strategies to address these problems.
The Commonwealth Government provides a range of benefits to the broader community. We encourage you to check for all the benefits that may be available to you, your family and the children in your care.

The information contained in this section is correct at the time of printing. Be sure to check the eligibility details and payment rates with the relevant Commonwealth Government agencies.

Commonwealth Government allowances and benefits to help you

Health Care Card

You may be entitled to a Health Care Card, if you receive either:
• specific payments or supplements from the Department of Human Services (Centrelink)
• supplements or the maximum rate of Family Tax Benefit Part A.

You will be automatically issued with a Health Care Card, if you are residing in Australia and you receive payments or allowances, such as:
• Newstart Allowance
• Sickness Allowance
• Carer Allowance (caring for a child under 16 years of age)
• Carer Payment (for short-term or episodic care for less than six months)
• Partner Allowance
• Widow Allowance
• Parenting Payment (Partnered)
• Special Benefit.

Most Health Care Cards are issued for a period of 12 months.

For more information, call Centrelink on 13 61 50 or go to the Department of Human Services website www.humanservices.gov.au

Health Care Card concessions

Concessions may include:
• cheap prescription medicines under the Pharmaceutical Benefits Scheme (PBS)
• bulk-billed general practitioner appointments (at the doctor’s discretion)
• more refunds for medical expenses through the Medicare Safety Net
• assistance with hearing services through the Office of Hearing Services
• discounted mail redirection through Australia Post
• public transport concessions
• reduced TAFE course fees
• low or no cost to attend an approved kindergarten program. For more information call the Kindy Hotline on 1800 454 639 or go to www.qld.gov.au/kindy

For more information, call Centrelink on 13 61 50 or go to the Department of Human Services website www.humanservices.gov.au

Medicare Safety Net

The Medicare Safety Net provides families and individuals, including children in your care, with financial assistance for high out-of-pocket costs for out-of-hospital Medicare Benefits Schedule services.

Once you meet a Medicare Safety Net threshold, the Medicare Safety Net may provide a higher Medicare benefit for all eligible services for the rest of the calendar year. The Pharmaceutical Benefits Scheme (PBS) Safety Net is also available, if you and your family need a lot of medicines throughout the year.

Your ‘threshold’ will vary depending on whether you:
• have a Commonwealth concession card (like a Health Care Card)
• are eligible for Family Tax Benefit Part A.

Each child in your care is eligible for a Health Care Card, making them eligible for the concessional threshold for the Medicare Safety Net. If your family is not eligible to be registered together for the concessional threshold, make sure each child in your care is registered as an individual.

The Medicare Safety Net covers a range of out-of-hospital doctor visits and tests under the Medicare Benefits Schedule, including health care professional consultations, blood tests, CT scans, pap smears, psychiatry, radiotherapy, tissue biopsies, ultrasounds and X-rays.

For more information, call Medicare on 13 20 11 or visit your local Medicare Service Centre.
Pharmaceutical Benefits Scheme Safety Net

If you or your family, including a child in your care, need to buy medicines regularly, you may benefit from the Pharmaceutical Benefits Scheme (PBS) Safety Net.

Once you have reached a certain level of cost for a calendar year, the PBS Safety Net will provide further medication free, or at a reduced rate.

When you are close to reaching the PBS Safety Net threshold, ask your pharmacist about a PBS Safety Net card. Your PBS medicine will be less expensive, or free, for the rest of the calendar year.

If you choose a more expensive brand of medicine, you may need to pay more. The extra amount will not count towards your PBS Safety Net threshold. Talk to your pharmacist if you are unsure.

For more information, call the Pharmaceutical Benefits Scheme Information Line on 1800 020 613.

Family Tax Benefit Parts A and B

As a foster or kinship carer, you may be eligible for Family Tax Benefit Part A and/or Part B. Family Tax Benefit Part A is the most common payment to help families with the cost of raising children. It is income-tested and paid per child.

Family Tax Benefit Part B provides additional financial assistance to single parents, non-parent carers such as grandparents, and couples with one main income. It also helps families with children under five years of age. The amount is paid per family, and is based on both the income and the age of the youngest child.

For more information, call Centrelink on 13 61 50 or go to the Department of Human Services website www.humanservices.gov.au

Child Care Benefit and Tax Rebate

Child care is a necessity for a lot of people, including foster and kinship carers. If the child attends approved or registered early childhood education and care, you may be able to claim the Child Care Benefit and Child Care Tax Rebate.

Approved care is provided by child care services that have Commonwealth Government approval to pass on the Child Care Benefit to families as a reduction in their child care fees. This includes long day care, family day care, outside school hours care, vacation care, in-home care, and occasional care.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Assistance for Isolated Children Scheme

If you are caring for a child who can’t go to a state school because of geographical isolation, disability or special needs, you may be eligible for the Assistance for Isolated Children Scheme.

To be eligible for the scheme, you must have a school-aged child who either:
- lives in an isolated area
- has a disability or a special need that can’t be met by a local state school.
The child needs to live away from home to attend school, or study from home. The Assistance for Isolated Children Scheme payments may include:

- Boarding allowance (basic and additional)
- Distance education allowance
- Second home allowance
- Assistance for Isolated Children Pensioner Education Supplement.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Registered care

Registered carers are individuals who are registered as carers with the Commonwealth Government Department of Human Services and can include grandparents, relatives, friends or nannies.

Registered carers may also include individuals in private preschools, kindergartens and some outside school hours’ services.

For more information, contact Centrelink on 13 61 50 or go to the Department of Human Services website www.humanservices.gov.au

Grandparent Child Care Benefit

If you are the biological, adoptive, or step-grandparent caring for your grandchild who attends approved child care, and you receive income support payments, you may be entitled to the Grandparent Child Care Benefit. This benefit covers the full cost of approved care for up to 50 hours per child per week, and is paid directly to your child care service.

Great-grandparents, and current and former partners of grandparents who have primary care of a grandchild, may also be eligible.

If you or your partner are a grandparent with primary care of a grandchild, and you are not receiving an income support payment, the full cost of the approved child care fees will not be covered. Your family, however, will meet an exception to the requirements of the Work, Training, Study test. This means you can receive up to 50 hours of Child Care Benefit per child per week, and you will also be eligible for the Child Care Rebate. The income test will continue to apply to your rate of Child Care Tax Benefit.

For more information, call the Grandparent Advisor Line on 1800 245 965 or go to the Department of Human Services website www.humanservices.gov.au

Carer Payment (child) and Carer Allowance (child)

The Carer Payment (child) is available to people who provide ‘constant’ care, in a private home, for a child aged under 16 years with a severe disability or a severe medical condition. You will need to meet an income and assets test to receive this payment. You cannot receive the Carer Payment and another income support payment, such as the Age Pension, at the same time.
The Carer Allowance (child) is a supplementary payment for people providing additional daily care at home for a child with disability or medical condition. It is neither income or assets-tested, and can be received in addition to wages or other income support payments, such as the Age Pension.

For more information about the Carer Payment (child) and the Carer Allowance (child), call Centrelink on 13 61 50 or go to the Department of Human Services website www.humanservices.gov.au

Parenting Payment

Foster and kinship carers may be eligible for the Parenting Payment. You need to:
• be single with at least one child under eight years old in your care, or be partnered with at least one child under six years old in your care
• have income and assets of both yourself and your partner (if applicable) below certain levels
• meet residency requirements.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Double Orphan Pension

The Double Orphan Pension helps with the costs of caring for an orphaned child, or children who are unable to be cared for by their parents.

Generally, you may be eligible if you care for the child at least 35 per cent of the time, and one of the following applies:
• Both parents are deceased.
• One parent is deceased and the other parent is imprisoned for at least 10 years, in a psychiatric institution or nursing home for an indefinite period, or their whereabouts are unknown.
• The child is a refugee and both parents are outside of Australia, or their whereabouts are unknown.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Commonwealth Government allowances and benefits to help the child in your care

Health Care Card

Every child in foster or kinship care is eligible for a Health Care Card.

The Health Care Card is issued in the child’s name and stays with them, if they change placements. The Health Care Card is exempt from income and asset testing, and is automatically reissued every six months for as long as the child remains eligible.
To register for a Health Care Card, you will need to provide:
• proof of your identity and the child’s identity (biological or adopted children are ineligible)
• a copy of the Authority to Care form.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Healthy start for school

If a child is turning four years of age, they may need to have a health check to make sure they are healthy, fit and ready to learn when they start school. It is an assessment of a child’s physical health, including their height, weight, hearing, sight and general wellbeing.

If you or your partner receive the Family Tax Benefit Part A supplement, and an income support payment such as Parenting Payment or Newstart Allowance, or a payment from the Department of Veterans’ Affairs, the Department of Human Services will send you a letter advising if your child needs a health check.

The check is delivered by a medical practitioner, including a doctor or a practice nurse.

For more information about health checks, talk to your health professional or health clinic.

You can also call Medicare general enquiries on 13 20 11 or go to the Department of Human Services website www.humanservices.gov.au

Child Dental Benefits Schedule

The Child Dental Benefits Schedule provides a capped benefit entitlement for basic dental services for children, aged between 2 and 17 years, in families who meet a means test.

Benefits cover a range of services including examinations, X-rays, cleaning, fissure sealing, fillings, root canals and extractions. Benefits are not available for orthodontic or cosmetic dental work, and cannot be paid for any services provided in a hospital.

For more information, go to the Department of Health website www.health.gov.au/dental or the Department of Human Services website www.humanservices.gov.au

You can also call Medicare general enquiries on 13 20 11.

Better access to psychiatrists, psychologists and general practitioners

Medicare rebates are available for young people with a clinically diagnosed mental disorder, for up to 10 individual and 10 group allied mental health services per calendar year.

For more information, call Medicare general enquiries on 13 20 11 or go to the Department of Human Services website www.humanservices.gov.au
Youth Allowance

Youth Allowance is available for young people aged between 16 and 24 years, who are full-time students or apprentices, looking for work, or are sick.

To receive the Youth Allowance, young people must be:

- 16 to 17 years of age, and
  - have finished Year 12, or equivalent
  - need to live away from home to study
  - are living independently
- 16 to 21 years of age and looking for full-time work
- 16 to 24 years of age and have a full-time apprenticeship
- 18 to 24 years of age and studying full-time.

Your income and assets will not affect a young person’s Youth Allowance.

For more information, call Centrelink on 13 61 50 go to the Department of Human Services website www.humanservices.gov.au

Financial Information Service

Young people in your care may need to make important decisions about how to manage their money. Centrelink offers a free, confidential financial information service that provides education and information on financial issues.

To speak with a Financial Information Service officer from the Department of Human Services, call 13 23 00. An appointment may be arranged for more complex financial issues.

Young people who want to know about how they can save for their future can also attend a free Financial Information Service seminar.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

ABSTUDY

Aboriginal and Torres Strait Islander young people who are studying or undertaking an apprenticeship may be eligible for ABSTUDY.

To be eligible for ABSTUDY, young people must be:

- Aboriginal or Torres Strait Islander
- enrolled in an approved course (for example, at secondary school, TAFE or university, or undertaking a full-time apprenticeship) or doing tests or assessments for entry into an approved course or the Indigenous Youth Mobility Program
- not receiving any other financial assistance (such as other income support payment or a cadetship) to study, or do an apprenticeship or traineeship.

Primary school students under 14 years of age on 1 January in the year of study may also qualify.

ABSTUDY can help with the costs for living expenses, housing, study, travelling to the location of study, or if the young person lives away from home for study.
For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Disability Support Pension

A child in your care may be eligible for the Disability Support Pension, if they are 16 years or older, and are either:
• permanently blind
• assessed as having a physical, intellectual, or psychiatric impairment, and:
  - are unable to work or to be retrained for work, for 15 hours or more per week, at or above the relevant minimum wage within the next two years because of the impairment
  - have been assessed as having a severe impairment, or as having actively participated in a Commonwealth Government funded Program of Support to help prepare for, find or maintain work.

For more information, call Centrelink on 13 61 50, or go to the Department of Human Services website www.humanservices.gov.au

Mobility Allowance

A young person in your care may be eligible for the Mobility Allowance, if they:
• are 16 years of age or older
• are unable to use public transport without substantial assistance because of disability, illness or injury, and provide a medical report from a doctor confirming they cannot use public transport
• travel to and from home for paid work, voluntary work, study or training, or to look for work.

If there is no public transport where you live, the young person may still qualify for Mobility Allowance.

For more information, call Centrelink on 13 61 50 go to the Department of Human Services website www.humanservices.gov.au

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides individualised support for children and young people with permanent disability across Australia. The NDIS is provided by the National Disability Insurance Agency (NDIA).

For more information about the NDIS, and to understand the eligibility criteria, go to www.ndis.gov.au

Following an assessment and planning process by the NDIA, you will receive an NDIS Plan outlining informal, community and mainstream support that can help the child achieve their goals and aspirations. Reasonable and necessary support is funded by the NDIS in specified areas and must be related to the disability.

If you are caring for a child with disability, your child safety officer will contact you to discuss their needs, including receiving support through the NDIS.
Child safety officer

Child safety officers have many different roles, including working with children to keep them safe and cared for, and supporting foster and kinship carers and other important people in the child’s life.

Your child safety officer is guided by legislation, departmental policies and procedures in meeting the protective needs of the child.

As the child’s primary carer, you will play a very important role in working with the child safety officer to develop and review the child’s:

- case plan
- health plan
- education support plan
- cultural support plan, if the child is from a culturally or linguistically diverse background.

If there is a change in your household circumstances, or a decision needs to be made about the child in your care that requires consent, you must contact your child safety officer.

As the child safety officer works with a number of families at one time, we encourage you to keep your child safety officer informed about what is happening with the child in your care. For example:

- let your child safety officer know when there is a ‘big’ event (such as a school sports day) coming up
- invite your child safety officer to your home to celebrate the child’s birthday.
Family contact

Children in care need contact with their families — it is important for their physical and emotional wellbeing as well as their sense of self.

The benefits of having family contact include:

- developing the child’s sense of identity, stability, continuity, predictability and security
- allowing relationships to be formed in a safe, supportive environment
- having a better understanding and connection with family and culture.

Family contact may not be restricted to social outings. Contact can be through phone calls, SMS messaging, social media such as Facebook, letters or emails.

Frequency and type of family contact

The frequency and type of family contact is discussed during the development of the child’s case plan. Family contact must be in the best interest of the child and not place them at further risk of harm.

Travel to and from visits

You may need to share responsibility with your child safety officer to take the child in your care to, and from, family meetings. The child safety officer will talk about this with you at the placement meeting.

What the family knows about you

Parents who sign a care agreement will be given your name, address and telephone number.

Parents whose children are under child protection orders may, or may not, receive this information — it depends on the level of risk to the child in your care, and to you and your family.

Helping maintain family contact

Supporting the child

Here are some suggestions to help you support the child with their family contact:

- Speak about the child’s family in a positive way.
- Acknowledge special times like Mother’s Day, Father’s Day, Christmas and family members’ birthdays (for example, sending a card or making a phone call).
- Prepare the child for the family contact visit. Think of things to do and what to talk about. Try to imagine what to expect.
- Family contact may stir up a lot of mixed feelings in the child — anger, sadness, confusion — so it is important that you stay calm and composed.
- Talk to the child after the visit. Ask open-ended questions, listen to them, and if they ‘clam up’ and do not talk, let them know you are there for them when they are ready to talk.
Supporting the family

- Speak positively about the child.
- Tell the parents about events in the child’s life (for example, school sports day).
- Be open about what is happening in the child’s life.
- Take photos of special events to give to the family.
- Share drawings, letters, school and sport achievements.
- Keep a life diary for the child and provide a copy to the family. For more information, see section ‘Identity — a child’s sense of self’ in the handbook.

Be aware that having a child placed in foster or kinship care can make some parents feel threatened. They take it as an admission of failure, and may feel ashamed. They may resent you because they do not want someone else looking after their child.

Keep written records of what goes on, including the child’s behaviour before and after visits. These records provide evidence, if family contact becomes a problem.

When family contact involves a visit to correctional facilities

The child safety officer will make arrangements for the child to visit a parent who is in custody. The child safety officer or a Correctional Services Officer will escort the child to the correctional facility for the family contact.

Community Visitors

Community Visitors are employed by the Office of the Public Guardian to visit children in care to make sure they are safe and well, and their needs are being met according to the Standards of Care.

The Community Visitor program promotes and protects the rights, interests and wellbeing of children in the child protection system, including children placed with foster and kinship carers or living in residential care.

Visits are prioritised for children who are considered most vulnerable (for example, children under six years old or children with physical and intellectual disability).

The role of the Community Visitor is to build trust and support children in care, by:

- helping children with any concerns and grievances
- assessing their physical and emotional wellbeing
- working with the child safety officer to help children access support services
- making sure children understand the Charter of Rights.

Frequency of visits

Not all children placed in out-of-home care will receive regular visits from Community Visitors. Children who are in long-term care, or who are settled in their placement, may not be visited at all, depending on their particular needs.
A Community Visitor will visit every child coming into care for the first time, or re-entering care. The Visitor will assess the child’s needs and ask the child if they want or need regular visits.

The child can ask for a visit, at any time, from their Community Visitor.

**Child Advocates**

Child Advocates are also employed by the Office of the Public Guardian to complement the work of Community Visitors.

Child Advocates protect the rights of children in the child protection system, and give them a voice in legal matters.

A Child Advocate can:

- make sure a child’s views are heard and considered when decisions are made about their care arrangements, such as at Family Group Meetings, court hearings and tribunals
- provide support in court conferences and organise legal and other representation
- apply to the tribunal or court about changes to a placement, a family contact decision, or a change to a child protection order.

For more information about Community Visitors and Child Advocates, call the Office of the Public Guardian on 1800 661 533 or (07) 3225 8325, or go to the website www.publicguardian.qld.gov.au

**Being a kinship carer**

*I am no longer simply Nanna. I can never again overindulge and hand back my granddaughter. She is a part of my life forever.* (Kinship carer)

Kinship care is provided by family relatives or members of the child’s social network. Many kinship carers are grandparents, aunts and uncles.

Being a kinship carer presents special challenges in caring for the child:

- The child is family.
- There is a reason why the child has been placed with you — it may be due to illness, alcohol or drug dependence, disability or imprisonment of a parent — and that can hurt.
- The parents know who you are and where you live.
- You are dealing with your own emotional challenges as well as your relative — the child’s parent. For example, you may be dealing with your child’s emotions as well as your grandchild’s emotions.
- Sometimes the parent will be happy that you are the carer, and sometimes they will not.
- Sometimes you will have to say ‘no’ to someone close to you.
- You are working with a government department. It can seem intrusive, and sometimes you will not agree, but you need to accept there are processes and regulations.
You also need to accept that:

- the child in your care may have been neglected or abused
- behaviours like angry outbursts, bed-wetting, aggressiveness or fear of separation are common responses of a child dealing with traumatic and distressing situations
- your patience will be tested
- it is not your fault.

*We are dealing with the most private and primary relationship — family.*

(Kinship carer)

**Domestic and family violence**

Domestic and family violence happens when one person in a relationship uses violence or abuse to control the other person. It is important that your relationships are safe and respectful.

If you are experiencing domestic and family violence, you can get help by calling:

- **police** on **000** in an emergency.
- **DVConnect Womensline** on **1800 811 811** (24 hours, seven days a week) for women who need safe refuge accommodation, confidential counselling and referrals to other services.
- **DVConnect Mensline** on **1800 600 636** (from 9am to midnight, seven days a week) for men affected by domestic and family violence and who need confidential counselling, information and referrals to support services.
- **Lifeline** on **13 11 14** (24 hours, seven days a week) for crisis counselling.
Child Safety encourages foster and kinship carers to use positive behaviour practices to help children in out-of-home care learn about acceptable behaviours. You can do this by being a role model for the child, providing positive reinforcement, and teaching the child about their behaviour.

Using positive strategies will help you to connect with them and reduce the effects of past abuse and trauma on the child.

Strategies for managing a child’s behaviours will be recorded in the case plan, if it has been identified that the child needs more intensive behaviour support.

Remember that you are not on your own — your child safety officer is there to help you with any behavioural issues you may be experiencing with the child in your care. Professional help is also available to you (see section ‘Who to contact’ in the handbook).

Positive behaviour practices

- Be a good role model. It is one of the best ways to show what you expect.
- Listen and ask questions. This will help you understand what is going on and why the child may be behaving in a certain way.
- Use positive reinforcement. Offer encouragement when the child in your care does something that pleases you (for example, ‘It’s great to see you play so nicely with Jamie’ or ‘Thanks for coming home on time. I can count on you’).
- Reward good behaviour. Offer incentives for behaving positively (for example, ‘If you eat your dinner, we will watch your favourite TV show’).
• Establish family routines.
• Be prepared for difficult situations, and avoid a battle. Talk to the child when they are ready to listen to your point of view, and remain calm.
• Listen and acknowledge the child’s anger. Ask the question ‘What will make you feel better?’
• Set limits and stick with them. Rules and boundaries are important. Explain them and uphold them.
• Create a calm, safe environment. It will reduce anxiety and stress you and the child may feel.
• Build a positive relationship. Show trust and respect.
• Be consistent. This shows that your rules and expectations are fair.
• Communicate openly. Listen and respond to the child. Talk with other significant people in the child’s life, such as teachers and your child safety officer to understand what is going on.

Set boundaries and stick with them. From my experience, boundaries often have been non-existent in a kid’s life. Even teenagers need them! (Foster carer)

Keep a diary of the child’s behaviour. Make a record of the child’s behaviour (good and bad) every day, how long it lasted, what triggered it, what the result was and how you managed the situation. It could be that the child needs additional support that was not identified initially in the case plan. Your diary will help to reassess if you or the child needs extra support.

Talk with your child safety officer if you may be eligible for a high support needs allowance (for more information, see section ‘Money matters’ in the handbook).

Managing your reactions to the child’s behaviour
How you react to the child’s behaviour can influence change almost as much as dealing with the behaviour itself.

Ask yourself:
• How am I feeling about this behaviour?
• Are my feelings, or my reactions, helping or hindering the situation?
• What is causing the child to behave like this?

You need to be:
• consistent
• fair
• clear in your expectations of house rules and the consequences
• tolerant.

Respect is something you earn — it is not a given. (Foster carer)
Try to keep your sense of perspective and humour. (Foster carer)

Unacceptable ways of dealing with a child’s behaviour

Child Safety prohibits practices that are unlawful and unethical and cause a high level of discomfort and trauma. This includes confinement, aversion, mechanical restraint, chemical restraint, corporal punishment and unethical practices.

Never use techniques that humiliate, frighten or threaten the child’s emotional wellbeing.

If you feel that the child’s behaviours are unmanageable and you need help, or if a particular incident has occurred, call the child safety service centre (Monday to Friday, 9am to 5pm) or the Child Safety After Hours Service Centre within 24 hours of the incident occurring.

Identifying and responding to self-harm and suicide risk

Children and young people who have experienced abuse and who have very little family support are at an increased risk of self-harm or suicide.

The most common indicators of a child being at risk of self-harm or suicide include:
• a previous suicide attempt — this is the most significant risk factor for a child to commit suicide
• deliberate self-harm
• a history of mental illness, including clinical depression
• being bereaved by the suicide of a family member, friend or other significant person
• drug and alcohol abuse
• suffering major loss
• having a disruptive and unsupportive family, family breakdown or conflict
• being exposed to suicide
• feeling socially isolated, alienated, or not belonging within family or community
• having poor coping and problem-solving skills and low self-esteem
• having issues with sexuality and sexual identity
• having problems with the law, being detained in a watch house or detention centre
• being on remand and uncertain about their future.

Self-harming or suicidal behaviour

If the child is not their usual self, or if they are showing some of the indicators for self-harm or suicide, you should not ignore it. You must immediately:
1. talk to the child about what is happening
2. call your child safety officer to report and discuss your concerns, and ask for help to respond to the child.

If a child is assessed as being at risk of self-harm or suicide, Child Safety will:
• inform you about the self-harm or suicide risk alert
• develop a risk management plan to identify immediate and ongoing actions, interventions and support to be implemented to keep the child safe.
Confidentiality

If a child is suicidal or is self-harming, it is important to talk openly with Child Safety and other significant people in the child’s life (for example, the teacher, doctor, youth worker, or counsellor).

Be open about your concerns, and tell the child that you will seek additional help from others, including the child safety officer, because you care about them and want them to be safe.

Support services

**Foster and kinship carer support line**
Call 1300 729 309 from Monday to Friday, 5pm to 11.30pm or Saturday and Sunday from 7am to 11.30pm.

**Triple P — Positive Parenting Program**
Triple P is a program that helps make raising children and teenagers easier. It is available free of charge and on a voluntary basis to all Queensland parents and carers of children up to 16 years.
Call (07) 3365 7290 or go to www.triplep-parenting.net.au

**Parentline**
Counselling from 8am to 10pm, seven days a week.
Call 1300 301 300 or go to www.parentline.com.au

**Raising Children Network**
Information for parents and carers of children up to eight years of age.
Go to www.raisingchildren.net.au

**Evolve**
Evolve is a partnership between the Department of Communities, Child Safety and Disability Services, Queensland Health, and the Department of Education and Training to provide therapeutic and behaviour support services for children in out-of-home care who have:
- severe behavioural and psychological issues
- disability behaviour support needs.

If you think your child may benefit from a referral to Evolve, talk to your child safety officer.

**Beyondblue**
Beyondblue is a national, not-for-profit organisation that aims to address issues associated with depression, anxiety and related substance misuse disorders.
Call 1300 224 636 or go to www.beyondblue.org.au

The following resources are available from Beyondblue free of charge:
- **Guide for Carers** — this resource provides practical strategies, advice and guidance to deal with the range of situations you might face. The guide also acknowledges the impact that being a foster carer can have on your health.
- **Carers’ Stories of Hope and Recovery DVD** — this DVD features interviews with people who care for a family member or friend with depression, anxiety or a related disorder.
Cultural identity

Cultural identity is about a sense of ‘belonging’ within a community. If the child in your care is Aboriginal or Torres Strait Islander, we will encourage you to have a close connection with the Recognised Entity.

Every Aboriginal or Torres Strait Islander child will have a cultural support plan as part of their case plan. The cultural support plan helps the child develop their cultural identity and understand what it means to be Aboriginal or Torres Strait Islander.

You can help an Aboriginal or Torres Strait Islander child in your care to have information about their culture and include them in important rituals and ceremonies, as appropriate.

The cultural support plan also helps identify what support you need to maintain and foster a child’s cultural identity.

This is particularly important when a child is placed with a non-Aboriginal or Torres Strait Islander carer or with a carer who is not from the child’s clan, tribe or language group.

Finding out about cultural activities

Your Recognised Entity will be a good source of information. You can also ask the school or local council about any Indigenous activities or events that could be coming up.
I am a grandmother looking after my grandchildren. I want my grandchildren to be proud of their Maori heritage — my people. I do not see that it is my job to make them aware of their Aboriginal side.

As a grandmother, you have every right to promote your Maori heritage — but as a kinship carer, you also have a responsibility to ensure your grandchildren know about their Indigenous Australian roots. The Recognised Entity can help you with this.

Be aware of different mannerisms and ways of doing things, as this can affect how you communicate with the child in your care.

The child in my care would not look me in the eye when I spoke to him. And he turned away when I was scolding him. At first I thought he was being rude — avoiding me and being dismissive. I did not realise it was his people’s way — that looking into my eyes would have been disrespectful, and turning his back was acknowledgment of having done something wrong. (Foster carer)

Being a non-Indigenous carer caring for an Indigenous child

As part of the cultural support plan, we will help you maintain the child’s connection with their family and culture.

Foster Care Queensland can also put you in contact with local Indigenous foster and kinship carers.

Secretariat of National Aboriginal and Islander Child Care

This is the national peak body for Indigenous children. They have published a resource called Foster their Culture: Caring for Aboriginal and Torres Strait Islander Children in Out-of-Home Care to help non-Indigenous carers of Aboriginal and Torres Strait Islander children in out-of-home care.

This resource is free, and you can order a copy by calling the Secretariat of National Aboriginal and Islander Child Care on (03) 9489 8099. For more information, go to www.snaicc.asn.au

Helpful tip: National Aboriginal and Islander Day of Celebration (NAIDOC) Week is held in July each year to celebrate Aboriginal and Torres Strait Islander history, culture and achievements, and recognise the contributions that Indigenous Australians make to our country and our society. For more information, go to www.naidoc.org.au

Religion

It is important that you respect the religious views of the child’s family.

When considering a child’s religion, ask yourself the following questions:

• Were they baptised before entering out-of-home care?
• What are their parents’ views?

The child’s own views should be considered in a way that is appropriate for their age and ability to understand.
The child in our care maintained that she was an atheist and that she was never coming to church with us. But as she was 12 years old, we were not comfortable leaving her home alone. So we asked that she just come to the venue, but not participate — at least she was near us. A year later, she is a regular face at our church. She still chooses not to participate in church proceedings, but she is the first to join in when there is a social event. (Foster carer)

What if religion has never been a part of the child’s life — there are no feelings either way towards it — yet it is a part of our family life?

Religion is personal. You can offer to include the child in your family’s religious practices, but accept their decision if they say ‘no’.

What is mine is mine

Children in care can get mixed messages about what belongs to them and what does not. Many children in care have suffered trauma and loss, and may become very attached to items they use in your home.

Consider the following examples:

- If the child wears an item of clothing, or uses an item for grooming, it is personal, and it belongs to the child (such as a toothbrush or hairbrush).
- If the item is purchased using the fortnightly caring allowance, it belongs to the child to keep.
- If a child loves ‘Dora the Explorer’ or ‘Bob the Builder’, and you buy bed linen and towels with those characters on them, they are personal and belong to the child to keep.
- If you give a child a gift, it belongs to the child to keep.
- Towels that are pulled out of the cupboard and used by anyone in the household are not a personal item.

You can help the child to understand what belongs to them and what does not.

For items that do not belong exclusively to the child, you can talk to the child about offering it to them as a ‘long-term loan’, or ‘for as long as you live with us’ (for example, the swing in the garden, the X box that the whole family uses or the bike that is shared). The child will learn that no one person owns it — it is a shared household item.

The importance of a life diary

Our sense of self is formed, to an extent, from our experiences and memories of the past. For many children in care, they grow up with disruptive and incomplete life histories.

Child Safety will keep an official record of each child in care, of their placement and the time spent in out-of-home care. When they turn 18 years old, they can apply for their official file under Right to Information.

As the primary carer, you can help the child form a healthy sense of self by keeping a life diary. This is not an official file, it is a personal memoir of the child growing up, and is theirs to keep.
Information to put in a life diary

This could include:

- Birth family details
- Foster or kinship family information
- Name the child safety officers assigned to the child
- Medical history
- School records
- Details of special events or occasions
- Developmental milestones reached
- Special achievements
- Sports, hobbies and activities of interest

You can include photographs, certificates, special toys and mementos of special occasions in the life diary.

It is a good idea to make a copy of the life diary. The child, or the family, may lose the original diary (or destroy it in anger).

How to present a life diary

Life diaries do not need to be fancy, expensive or time-consuming. A photo album with notes on the back of photos (for example, date, who is in the photo, where it was taken) is sufficient.

It can be fun to make and should not be a chore. Depending on the child’s age and interest, it may be an activity you can do together. You can also give copies of special photos to the child safety officer to put in their file.

Make sure you involve the child. Provide a disposable camera or digital camera to capture ‘a day in the life’, photographing what is important to the child.

Helpful tip: Making a life diary is a great way to unleash your creative side. Try scrapbooking or create a photo book. Search the Internet or ask friends for suggestions, ideas and scrapbooking suppliers.

Foster Care Queensland can provide Record of Care folders to keep your diary notes in. For more information, call (07) 3256 6166.
When a child in care is missing

Reporting a missing child
If a child in your care goes missing, you will need to know how to respond in this situation.
The information in this section provides guidance for foster and kinship carers and long-term guardians to take the necessary actions to report a missing child.

When a child is abducted
If you know, or reasonably suspect, a child has been abducted, contact police immediately by calling 000.

After calling the police, you must then call your foster and kinship care service and your child safety officer (or child safety service centre). If it is after hours, call the Child Safety After Hours Service Centre on (07) 3235 9901.

When a child is absent
An ‘absent’ child is a child who is absent for a short period without permission, and the child’s location is known or can quickly be established.

In some circumstances, a child may become absent from where they should be for a short period, and then return. They may be ‘testing the boundaries’, or have become distracted on their way home. As the child’s carer, you should make all reasonable attempts to locate the child, and consider the seriousness of the situation and respond like any reasonable parent.
It is important that you take actions to quickly establish the child’s location and their safe return. This could include:

- searching the house, garage, yard and surrounding area
- asking friends or neighbours, if they have seen the child
- contacting the child’s school to find out if they have information about the child’s whereabouts
- checking places where the child frequently attends, such as shops, the park, friends’ homes or other ‘special places’ they may go to
- alerting the child’s friends and networks that you are looking for the child and asking for their help to find the child (where this is appropriate)
- calling and leaving messages on the child’s phone and posting messages through the social networking sites used by the child
- contacting other members of the child’s care team.

It may also be appropriate to contact the child’s parents or family members to ask if the child is with them. Alternatively, it may be preferable for the child safety officer to talk with the child’s parents.

If you have doubts about how to respond, you should contact your foster and kinship care service or the child safety service centre for advice.

An absence may be an early indicator that a child is missing. The child’s absence will need to be carefully monitored and escalated if the child becomes ‘missing’.

**When a child is missing**

A ‘missing’ child is any child whose location is unknown, and there are fears for the child’s safety or concern for their welfare.

Regardless of the type of order or care agreement the child is subject to, if a child in your care goes missing, you must take immediate action to locate them.

It is vital that you respond quickly and appropriately when a child goes missing, even for short periods, to secure the safe return of the child.

As soon as possible after all reasonable attempts to find the child have failed, you must contact the police to report the child as missing. You are the person most likely to have current information about the child’s immediate circumstances, even if the child has been in your care for only a short period of time.

You can also contact your foster care agency and your child safety officer to tell them that the child is missing. They can help you work out what else is needed.

**Making a missing person report to police**

You must go to your local police station in person to complete a ‘missing person report’.

It is important to provide police as much relevant information as you have, as soon as possible, to assist them in making a risk assessment and locating the missing child.

A missing child checklist must be completed and given to the police. The checklist can be completed online or as a hard copy, and does not replace the need to make a missing person report. Where information is not known, it can be added at a later time, so there is no delay in making a missing person report to police.
You can find a copy of the missing child checklist on the Child Safety website www.communities.qld.gov.au/childsafety or obtain a copy from your local child safety service centre or your foster and kinship care service.

Child Safety will also contact the police to provide any other relevant information about the child that you may not have been aware of at the time of completing the missing child checklist.

If you are unable to go to the police station in person, you must contact the Queensland Police Service to discuss another way to lodge the missing person report.

As soon as practical after making the missing person report, you must ask for and record the following details:

- The date and time the missing person report was made
- The name of the police officer who received the missing person report
- The QPRIME number (the Queensland Police reference number) provided by the police officer taking the information.

Immediately after the report has been made, you should provide these details to the child safety service centre or, if after hours, call the Child Safety After Hours Service Centre on (07) 3235 9901.

You should also contact your foster care agency, if you have not already notified them.

**Providing a photograph of the missing child**

Police may request a recent photograph of the missing child to assist with their search to locate the child. You can provide a recent photograph of the missing child to the police without needing permission from Child Safety.

Police will decide whether to release information to the media (including newspapers, television and radio) to help locate the child. In these circumstances, Child Safety will lead the development of the media strategy.

If police need to release additional information with the photograph that will identify the missing child as being a child in care, the police must obtain written authorisation from the chief executive, Department of Communities, Child Safety and Disability Services. Child Safety Regional Directors or Regional Executive Directors have the statutory delegations to provide written permission in these circumstances.

**Publishing a photo to social media**

You can post a photograph of the missing child on social media as long as the child is not identified as being a child in care. For example:

- It is OK to post a photo on Facebook and say ‘Johnny Smith plays football with my son and he has gone missing. Here is a photo of him’. This does not, or is not likely to, identify him as a child in care, and it does not identify any other person.
- It is not OK to post the same photo on Facebook and say ‘Here is a photo of Johnny Smith, a foster child that I am caring for. He has gone missing’, as this identifies him as a child in care.
While the child continues to be missing

During the time a child is missing, it is important that the child’s care team and police work together, and continue to share information about the actions being taken to locate the child.

When a missing child is located

When a missing child is located or returns on their own, you must immediately inform the police and Child Safety. Call Policelink on 13 14 44 and state the QPRIME number provided by police when the missing person report was made. All members of the care team should also be informed of the child’s return.

The child safety officer will talk to the child.

The child safety officer may also arrange a meeting with the child’s care team to discuss the reasons why the child went missing, assess whether the child experienced harm while missing, and identify any actions to reduce the likelihood of the child going missing in the future. This meeting may be undertaken with the police, and within 48 hours of the child being located.

This may include reviewing the placement agreement, the child’s safety and support plan, and the child’s case plan.

When a child is frequently missing

If a child is frequently missing, the child’s care team will work together to identify actions to reduce the likelihood of recurrence of the child going missing. These actions may be recorded in a new placement agreement or case plan.

In this situation, it may be a good idea to complete the missing child checklist with the required information. You should keep the checklist in a safe place, and up to date, in case you need to give it to police.

Who to contact

• In emergencies, call 000.
• Queensland Police Service — you can find your nearest police station in the White Pages under ‘Police Service’ or the Queensland Police Service website www.police.qld.gov.au under ‘station locator’.
• Child Safety After Hours Service Centre — call (07) 3235 9901 for after-hours advice and support.
• Foster and kinship care support line — call 1300 729 309 from Monday to Friday, 5am to 11.30pm and Saturday to Sunday, 7am to 11.30pm.
• Policelink — call 13 14 44 if a missing child is located.
Legal matters

The child’s whereabouts

Parents generally have the right to know the whereabouts of their child in care. So do other ‘significant’ family members, such as grandparents, aunts and uncles.

This means they have a right to know your address and phone number.

The exception is when this information would risk the child’s safety — or yours.

Consent

Foster and kinship carers need to obtain consent from Child Safety for:

- vaccinations (for children in the custody of Child Safety and where the parents are the child’s guardians)
- general anaesthetic
- blood transfusions
- medical examinations following suspected sexual abuse
- interstate or overseas travel
- school enrolment
- participation in high risk activities
- religious confirmation.
Giving permission

You can give permission for the child to:

• join a club and sport team membership
• receive dental treatment when no general anaesthetic is needed
• participate in activities considered low to moderate risk (check with your child safety officer, if you are unsure).

For more information about consent, see section ‘Decision making’ in the handbook.

Record keeping

Keeping clear and accurate records is important because they:

• are considered in the development of case plans
• provide reliable information in court, placement meetings and other meetings
• provide history that may help others involved in caring for the child.

The following situations should be recorded:

• the child’s reactions to
  - members of the foster or kinship family (forming positive, trusting relationships)
  - daily routines
  - school and playgroups
  - other social situations
  - visits with family
• particular incidents — in the child’s own words
• illnesses (even minor ones), and visits to the doctor
• accidents, injuries — how they happened and treatment received
• damage to property or belongings
• drawings and essays
• happy times — the child’s achievements and milestones, special friends, skills, hobbies, interests, and positive responses to situations.

Most of the official files recorded by Child Safety will contain details of issues (sad and difficult times experienced by the child). It is important that you keep a record of the child’s life with you and your family (the good times and the challenging times).

A child in my care going to court

Child protection orders

Children are not required to attend court where there is an application for care and protection.

The child safety officer will tell you what happens. Together, you can decide what information should be provided to the child.
As an offender
You need to ensure the child in your care turns up at the right time for their court appearance. The child will need support — the child safety officer may be there, and we encourage you to attend with the child.

As a witness in criminal proceedings
A child may need to give evidence as a witness. The child safety officer will prepare the child for the appearance, explaining what will happen and what to expect. You need to ensure the child in your care turns up at the right time for their court appearance.

Children under 16 years old, or who have a mental, intellectual or physical impairment, or who would suffer severe emotional trauma when giving evidence, may need Special Witness status. The child safety officer may seek this from the court, if necessary.

Protect All Children Today
Protect All Children Today (PACT) offers a Child Witness Support Program for children who are giving evidence in criminal courts, either as victims of, or witnesses to, a crime. If you think the child in your care would benefit from this support program, talk to your child safety officer.

For more information, call PACT on (07) 3006 9016 or 1800 449 632 or go to www.pact.org.au

Going to court as a witness
If you are subpoenaed to provide information in a court hearing, you must attend.

Records you keep about the child’s day-to-day activities and behaviour can be used in court.

The child safety officer can put you in touch with services providing legal guidance and support.

Privacy and confidentiality
Children have a right to privacy, including physical, media and information privacy. Under the Child Protection Act 1999, the Charter of Rights for a child in care establishes a child’s right to privacy, including information privacy. This includes information that is known about a child, how it is disseminated and how it is used.

As a carer, you have an obligation to respect the privacy of the child in your care, including the child’s personal information and treating that information confidentially.

You need to be aware of what can happen if you do not understand the importance of maintaining privacy and confidentiality. Disclosing information about the child’s family situation may cause damage to reputation now and in the future. Negative consequences may be exacerbated if information is published (for example, on social media such as Facebook) and widely disseminated.

Carers also have specific confidentiality obligations under the Child Protection Act 1999.
Confidentiality obligations

The Child Protection Act 1999 states that you must not use or disclose any information about a person (including a child in your care, or their family) that you acquire in your capacity as a carer, or give access to a document containing that information, except in limited circumstances:

- to the extent necessary to perform your role as a carer
- for purposes related to the child’s protection or wellbeing.

There are some situations where it is permissible to use or disclose information. For example, if it is required or permitted by law, or to the extent that the information is about the person you are disclosing it to. If you think one of these exceptions applies, always talk to your child safety officer or foster care service first.

You must not publish information without written approval from Child Safety that could identify a child as being:

- subject of an investigation of an allegation of harm or risk of harm
- in the custody or guardianship of Child Safety
- under a child protection order.

Identifying information includes references to the child’s relationship to family, friends or acquaintances, or to ‘foster children’, ‘foster carers’, ‘kinship carers’ or court matters.

A breach of confidentiality is an offence under the Child Protection Act 1999 with penalties including a fine or imprisonment up to two years.

Sharing information

You can always discuss details about the child in your care, and the child’s family, with your child safety officer or foster care agency.

When disclosing information to others, consider whether it is necessary for the child’s protection and wellbeing, or to perform your function as a carer. Think about how you would feel if someone discussed this type of information about you, or a member of your family, with another person.

Importantly, you need to keep confidential the reasons why the child is in care. It is not appropriate to discuss this information with family, friends or neighbours.

It may be inevitable that people realise that the child living with you is in care. People are often well known within their local community as being foster carers. But even when people are aware of this, specific information about the child’s circumstances should not be disclosed.

For example, you should not tell your family that a child is coming to live with you because they were sexually abused, or to tell your neighbour that a child is coming to live with you because their parents are on drugs.

However, your social needs are important, and the confidentiality provisions in the Child Protection Act 1999 are not intended to isolate carers.

Keep the information general — it is ok to say that the child is staying with you while their family receives help.
For example, you can say:

‘I’m worried about Martin’s reading. I think he needs to have his eyesight checked.’

‘I am helping Bess with maths as she is finding it difficult.’

‘Alex is doing well at sport, especially cricket.’

There are some circumstances where it may be appropriate to disclose more information. For example, if the child returns from family contact distressed and is acting out, you may need to talk to teachers and child care staff about what is going on so they can provide appropriate support. Doctors may also need to know more detailed information in order to treat a child.

**Advocating for the child**

An important part of your role as a carer is to advocate for the child. However, it is also important that you disclose the least amount of information necessary.

For example, if you wrote on Facebook that you have a seven-year-old child in your care who was physically abused by his parents, and you disagree with the case plan about the child’s contact with their parents — this would identify the child as a child in care, and breach the *Child Protection Act 1999*.

However, if you spoke to Foster Care Queensland about your concerns and what action you could take to contest the case plan, that would not breach the *Child Protection Act 1999*.

If you feel you need support when advocating for a child in your care (for example, from a professional counsellor), you still need to be careful how much information you disclose to them. Importantly, you need to consider whether disclosing the information is necessary to perform your function as a carer, or for the child’s protection and wellbeing.

Remember that the person you disclose the information to will also be subject to confidentiality provisions in the *Child Protection Act 1999*, and they may breach the Act if they pass the information on.

If you are unsure, talk to your child safety officer or foster care agency about how you can best advocate for the child.

**Media and social media**

A child in your care will enjoy being included in social media to celebrate their achievements and activities as a member of your family. However, it is important that you are aware of the risks, and the legal and privacy implications of using social media or posting photographs online of children living in out-of-home care.

You must **not** publish information (including photographs and videos) on social media (Snapchat, Facebook, Twitter, Instagram, Myspace, discussion forums, blogs), newspapers, television or radio programs that identifies the child as a child in your care without the written approval of Child Safety.

Information that is likely to identify a child as a child in care includes:

- the child’s relationship to family, friends or acquaintances that could identify the child as a child in care
- references to ‘foster children’, ‘foster carers’, ‘kinship carers’ or court matters.
Children have a right to privacy. It is important that you talk to the child in your care, if they are old enough to understand the concept of privacy, about any intention to publish or post their photographs on any medium. While there is no minimum age that a child is legally able to make a decision about their privacy, you should know whether the child understands their right to privacy.

Even if the photographs do not breach a carer’s confidentiality obligations, posting them on social media channels, without talking to the child first, may contradict a child’s dignity and rights, including the right to privacy. This is particularly important if posting the information goes against the child’s wishes. Make sure you speak with the child first before photographs are posted, and respect the child’s wishes.

In some cases, there is a safety risk if the location of a child in care can be identified by family members, friends or acquaintances. Your child safety officer should have informed you about the child’s safety risk at the time the child was placed in your care. If there is a safety risk, images of the child that could identify their location, such as in a school uniform, outside their house, or showing their first and last names, should not be published on the internet. This includes:

- the full name and address of the child — be aware that some smart phones embed tags that can provide geographic information, revealing a child’s location
- identification of the child’s school.

If you are unsure if there is a safety risk for the child in your care, talk to your foster and kinship care service or child safety officer before you post any photographs that may identify a child’s name or location.

**Helpful tips**

- Always consider your confidentiality obligations and whether the post may identify the child as a child in care.
- Always consider the child’s right to privacy and ask the child’s permission before posting photographs on social media.
- Never post any information about any court proceedings affecting the child.
- Never enter into any online discussion about the child with their family members.
- If you are unsure, speak to your child safety officer before posting photographs of the child in your care.

**Photography**

You can include a child in your care in family photographs and in photos for personal use (for example, it is ok for the child to participate in school class photos and sports team photos).

**Keeping information secure**

As a carer, you have certain recordkeeping obligations. In particular, you must keep a record of information that provides evidence of important decisions made or actions taken for the child in your care. This includes records that you receive or create.

Hard copy records (report cards, health passport, letters from Child Safety) should be stored in a locked drawer or filing cabinet.
Electronic records, including emails and diary notes, should be stored in a password protected folder on your computer that no one else can access.

Hard copy and electronic records about a child in your care must be returned to Child Safety once you no longer care for them.

If you have any questions about your privacy and confidentiality obligations, please talk to your child safety officer or foster and kinship care service.

In the event of a serious accident or death of a child in care

In the event of a serious accident or death of a child in care, you should immediately contact your child safety service centre (Monday to Friday, from 9am to 5pm) or the Child Safety After Hours Service Centre (Monday to Friday, from 5pm to 9am, and weekends) on (07) 3235 9901. Child Safety will make the funeral arrangements and cover the costs. Child Safety will also provide you and your family with support and counselling.

Support services

Legal Aid
Call 1300 651 188
Call 1300 650 143 for Indigenous matters
Go to www.legalaid.qld.gov.au

Youth Advocacy Centre
Call (07) 3356 1002
Go to www.yac.net.au

Women’s Legal Service Queensland
Call 1800 WLS WLS or 1800 957 957 (Monday to Friday from 9am to 3pm).
Call 1800 457 117 for rural, regional and remote legal advice (Tuesday from 9.30am to 1.30pm)
Go to www.wlsq.org.au

Aboriginal and Torres Strait Islander Legal Services
Call (07) 3025 3888 or 1800 012 255 (24 hours, seven days per week)
Go to www.atsils.org.au/contact for a list of services across Queensland.

Aboriginal and Torres Strait Islander Women’s Legal and Advocacy Service
Call (07) 3720 9089 or 1800 442 450

Youth and Family Service
Call (07) 3826 1500
Go to www.yfs.org.au
Travel within Queensland

You can take the child in your care on non-air travel anywhere within Queensland for up to three days, without prior approval from Child Safety, as long as it does not interfere with family contact or the child’s schooling.

You should always tell your child safety officer about any overnight travel, just in case something happens, or if travel costs are likely to be incurred.

Interstate travel

You can take the child in your care on non-air travel interstate, as long as you do not stay overnight and it does not interfere with family contact or the child’s case plan. Overnight stays require prior approval from Child Safety.

*We live in Goondiwindi, but my mother, aunts and cousins are in Boggabilla in NSW. Does having a child in care mean we are unable to catch up with my relatives for the weekend?*

No, being a foster or kinship carer of a child should not stop you from doing what families do. Talk to your child safety officer to obtain approval to travel with the child in your care interstate for family outings.
We took the family to the Gold Coast for a day trip but the sea was flat. The surf was up across the border, so we headed there. We were only gone three hours. It was a spur of the moment thing.

As long as you do not stay overnight, a day trip across the border is fine.

**Overseas travel**

You will need permission from Child Safety before you can take a child in your care overseas. Allow plenty of time for obtaining this approval.

**Applying for a passport for a child in care**

It takes longer to get a passport for a child in care — five to six weeks compared with the usual 10 days. This is because we need to obtain consent.

Written consent from every person with ‘parental responsibility’ is required, and may include the child safety officer, the child’s parents and you as the child’s primary carer.

You will be reimbursed for the cost of purchasing a passport for a child, including the application fee and cost of the child’s photograph.

For more information, talk to your child safety officer.

**Safe driving**

It is unlawful to travel in a vehicle and not be restrained. Children must be secured in a child seat or harness (as appropriate for their age and weight) until they reach seven years of age, or when their eye-level is above the back of the booster seat.

The following table provides the Australian legislative requirements for choosing the correct restraint for a child.

<table>
<thead>
<tr>
<th>Age</th>
<th>Approximate weight</th>
<th>Child restraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 months</td>
<td>Less than 8kg</td>
<td>Rearward facing baby capsule or infant restraint</td>
</tr>
<tr>
<td>6 months – 1 year</td>
<td>8 – 12kg</td>
<td>Either a rearward facing or forward facing infant restraint</td>
</tr>
<tr>
<td>6 months – 4 years</td>
<td>8 – 18kg</td>
<td>Either a rearward facing child restraint or a forward facing child restraint with built-in harness</td>
</tr>
<tr>
<td>4 – 7 years</td>
<td>14 – 26kg</td>
<td>Either a booster seat or seatbelt</td>
</tr>
</tbody>
</table>

Children weighing more than 26kgs can use the standard seatbelt, just like adults.

My child will not stay still in the seat and continually undoes the buckle. What can I do?

Kidsafe is a non-government, not-for-profit organisation to prevent unintentional injuries of children under 15 years old. They can advise you on products designed to stop children undoing the buckle.

For more information, call Kidsafe on (07) 3854 1829 or visit www.kidsafe.com.au

Baby capsule hire

The Queensland Ambulance Service offers short-term and six-month baby capsules for hire. The fee includes installation, and bookings are essential. For more information, call the Queensland Ambulance Service on 1300 369 003.

Kidsafe in Brisbane also offers baby capsules for hire, and fits and checks child restraints for safety. Bookings are essential. For more information, call Kidsafe on (07) 3854 1829.

RACQ provides advice on infant and child restraints and where to go to have anchorage points fitted in your vehicle. For more information call RACQ on 1800 816 523.

Is it legal to use a capsule in the cabin of a ute or van?

Yes, as long as there is sufficient space and an anchor point is installed.

Alternatively, contact your child safety service centre or foster and kinship care service who may have baby capsules and booster seats available for you to borrow.

Sitting in the front passenger seat

Children from birth up to four years of age must be in a rearward seated position.

Children between four and seven years old can only be seated in the front seat, if all rear seating positions are occupied by younger children. Some car manufacturers advise that children under a certain age should not travel in the front seat.

A booster can be used in the front passenger seat. However, the Department of Transport and Main Roads recommends that the back seat is the safest place for a child.

If a child must sit in the front, push the seat back as far as possible, especially if you have a front passenger airbag.

Learner driver’s licence

When a young person turns 16 years old, they can apply for a learner driver’s licence in Queensland.

Learner licences are obtained from all Department of Transport and Main Roads customer service centres, or from police stations in rural Queensland issuing licences.

Before a young person can take a driving test, they must have held their learner licence for at least one year, and have completed and recorded 100 hours of supervised on-road driving experience (for drivers under 25 years) in their learner logbook. This must include 10 hours of night driving.
If a young person is unable to complete and record 100 hours of driving experience, an exemption may be available. Applications for exemptions are assessed on a case-by-case basis and an application fee applies.

For more information, call the Department of Transport and Main Roads on 13 23 80 or go to www.qld.gov.au/transport/licensing/getting/rules
Standards of care

All of us want the best for children living in out-of-home care. We all want to play our part in protecting them and helping them grow in safe, caring homes.

As a foster or kinship carer, you are part of a team that works to provide the highest quality of care possible. You, Child Safety and non-government services all have a responsibility to work together to make sure that caring for the child meets the standards of care outlined in the Child Protection Act 1999 (see section ‘Our commitment to providing care’ in the handbook).

If Child Safety becomes aware that a child’s care may not be meeting the standards of care, we will review the situation to find out if there is a problem and how everyone can work together to fix it.

Responding to concerns

Not all concerns are the same. The way Child Safety responds depends on the nature of the concerns, the possible impact on the child, and what needs to be done to address the concerns. Possible responses include:

• continue to monitor the standards of care
• conduct a standard of care review
• make a harm report.
In deciding how to respond, Child Safety will consider whether the concerns raised are genuine, or vexatious or malicious. A vexatious notifier is someone who repeatedly contacts Child Safety with concerns that are without grounds. A malicious notifier is someone whose ulterior motive for contacting Child Safety is ill will towards another person.

**Monitoring the standards of care**

Child Safety decides that, based on the information available, the required standards of care for the child has been met. The care team will continue to monitor the child’s care, and support you in your role as carer.

However, the concerns that have been raised may still need to be addressed. For example, the original concerns may have raised the need to provide you with additional information or training, or to provide additional support to you or the child in your care, or address any other concerns about the child’s care environment.

**Conducting a standard of care review**

Child Safety will conduct a standard of care review, if there is information to indicate that a child’s care has not met the required standards.

The review determines whether the care provided to the child has been meeting the required standards and, if not, what can be done to ensure the standards of care are met in the future.

Someone from your child safety service centre or foster and kinship care service will meet with you to discuss the concerns. The discussions will focus on the child and the care that is being provided.

Child Safety will also speak with the child to hear their views on the care they are receiving. Although these discussions are not formal interviews and not of an investigative nature, you and the child can have a support person with you, if you wish. The child safety officer responsible for the review, or your foster and kinship care service, will help to arrange for the support person to be with you during the discussions.

If Child Safety decides that the child’s care has met the required standards, there will be no further actions, other than to continue monitoring the child’s care and supporting you in your role as carer.

If it is determined that the child’s care has not met the required standards in some way, you will be informed of this decision, including which standard has not been met and what the contributing factors were.

Child Safety will meet with you and the care team to discuss the actions needed to ensure the child’s care meets the standards in the future. This may include a review of the child’s placement agreement and your foster care agreement, or support needs depending on the nature of the matter.

**Making a harm report**

A harm report is made when there is information to suggest that a child has been harmed in out-of-home care, and that a carer’s actions or inactions have caused or contributed to the harm.

When a harm report is recorded, Child Safety will conduct an investigation and assessment to determine whether the child has been harmed and, if so, who is responsible.
As part of the investigation and assessment, Child Safety will also consider whether the child is at any risk of harm. If the concerns are very serious and there is an immediate risk of further harm to the child, Child Safety may decide to remove the child from the placement while the investigation is undertaken.

As part of the investigation and assessment, Child Safety will also consider whether the child’s care has met the required standards.

If a harm report is recorded, you will be advised in writing and the child safety officer responsible for investigating the matter will contact you to arrange an interview with you. A separate interview will be held with the child. You will also be provided with an information sheet explaining the process, and all of the possible outcomes, including your right to appeal the decision.

Throughout the interviews, you and the child can have a support person with you, if you wish. The child safety officer responsible for the investigation, or your foster and kinship care service, will help to arrange for the support person to be with you during the interviews.

It can take up to six weeks to decide the outcome of the investigation and assessment. If the outcome is delayed, for example, because of delays in arranging interviews or gathering information, Child Safety will write to you explaining the reasons for the delay and the anticipated timeframes for completion.

If Child Safety assesses that there is no basis to the concerns, the information will be recorded on your file, and no further action will be taken.

If it is assessed that the child’s care has not met the required standards, Child Safety will work with you and the care team to develop an action plan addressing the issues.

If it has been assessed that a child in your care has been harmed, Child Safety will take the necessary actions to ensure the child’s safety, depending on the nature and circumstances of the harm. If a child in your care is the subject of a harm report, you will be given more information about some of the actions that may be taken.

**Support people**

It is your right to have support and advocacy during standard of care reviews and investigations and assessments. The child safety officer will help you to identify a support person or advocate who may be with you during the process. This will ensure that your needs are looked after during this difficult time.

The child will also have a support person or advocate with them throughout the assessment process.

**A support person** is a staff member from your foster or kinship care service, a friend or family member who can provide emotional and practical support. Your support person cannot speak about the details of the concerns during the assessment process. Their role is to make sure you have an opportunity to respond to the concerns that are raised, and are treated respectfully throughout the process.

**An advocate** is someone who will speak, act or write on your behalf throughout the standard of care process.

Foster Care Advocacy Support Team (FAST) representatives or case officers from Foster Care Queensland can be a support person for you, if you wish.

For more information, call **Foster Care Queensland** on (07) 3256 6166 or go to [www.fcq.com.au](http://www.fcq.com.au)
Disagreement with decisions or actions by Child Safety

If you do not agree with a decision or action about a concern raised about the standard of care, you can:

1. talk to your child safety officer
2. talk to the child safety service centre team leader or manager, if you are not satisfied with the response
3. call the Child Safety Central Complaints and Review Unit on 1800 080 464.

You may also apply to the Queensland Civil and Administrative Tribunal (QCAT) for a review of a Child Safety decision to:

• remove a child from a placement
• cancel a carer’s approval as a carer.

If this applies to you, Child Safety will provide information to you in writing, about when and how to apply to QCAT for a review.

For more information call QCAT on 1300 753 228 or go to www.qcat.qld.gov.au
Change in carer circumstances, home and contents insurance, ex gratia payments and the renewal of approval process

Change in carer circumstances

Life should not be put on hold because you are a foster or kinship carer. However, some significant changes may impact on your role as a carer.

Child Safety needs to know if you:

- change your address
- marry or enter a de facto relationship
- end a marriage or de facto relationship
- intend to care for other children (for example, family day care or relatives)
- change jobs.

We also need to know about changes to:

- criminal, domestic violence and traffic histories (not parking fines) for you and adult household members
- who lives in your household — all adult members of your household must hold a blue card or exemption card (for a registered teacher or police officer).
How do I tell Child Safety about any change in my circumstances?

You need to fill out a Change in Carer Circumstances form (Form 39 CCC).

You can download the form from the Child Safety website www.communities.qld.gov.au/childsafety (search for ‘change in carer circumstances form’) or obtain a copy from your child safety service centre.

If Child Safety is aware of any changes in your circumstances, we can work together to ensure the safety and wellbeing of the child in your care.

What if I do not tell Child Safety?

It is an offence not to tell Child Safety about important changes to your personal or household circumstances.

Not telling us could impose serious risks for the child in your care, and we may have to find another home. Penalties may also apply.

Home and contents insurance

We encourage carers to insure their property and household items of significant value.

It is advisable that carers keep proof of purchase for items, particularly if you choose not to insure your contents.

In becoming a foster or kinship carer, will that automatically affect my home and contents insurance?

No, any changes to your insurance policy will depend on the views of your insurer and the terms of your insurance policy.

An insurer will often consider a child in care as part of your household. This will usually cover the specific accidental breakages that are included in your insurance policy. However, if a child is known to deliberately damage property, this may not be covered by your policy. It is best to talk to your insurance company before starting the placement.

If you need assistance in resolving a dispute with an insurance company, you can call the Financial Ombudsman Service Australia on 1800 367 287 or go to www.fos.org.au

Claims for property damage, theft or injury caused by a child in care

We understand that accidents and incidents of theft can, and do, occur. Depending on the circumstances, Child Safety will compensate you for damage caused to your property or contents by a child in your care.

These claims are called ‘ex gratia’ payments. Ex gratia is defined as a ‘favour’, as there is no legal obligation on Child Safety to make these payments.

Claims for ex gratia payments will be considered if the child responsible for the damage, theft or injury is in your care and your insurance policies do not cover the incident.

A part payment may be considered if the child was the main, but not only, person responsible for the incident.
Pets are included under personal property.

Ex gratia payments may extend to your immediate neighbours (for example, if a cricket ball was hit through a neighbour’s window during a backyard game).

**Theft**

If a child in your care steals from you, we will require reasonable proof of ownership of the stolen items, such as receipts, bank statements, insurance policy, valuations or photographs to reimburse you.

Claims for theft may also include the theft of money.

The police need to be informed where appropriate, particularly for large claims for theft. Insurance companies will require a crime number for claims of theft.

**Loss or damage to property**

If the child in your care loses or damages your property, we will need proof of ownership to support a claim for property damage. This includes receipts, bank statements, or photographs.

You will need to submit quotations for larger claims, or the invoice, if the item has been repaired or replaced.

Child Safety will reimburse any cost incurred in acquiring written quotations, if the ex gratia payment is approved.

Replacement items will be of similar value and quality to the original item, wherever possible (for example, an iPhone 5S will be replaced with the equivalent on the market of the same brand or nearest equivalent).

If there is damage to external doors or windows and there is an immediate need to secure the property, the incident must be reported to the child safety service centre as soon as possible.

**Personal injury**

For any personal injury, you will need to provide medical evidence of the injury.

Any costs incurred in acquiring the evidence of injury will be reimbursed by Child Safety, if approved.

Child Safety’s compensation payment will be based on your excess — the amount you are out of pocket after claiming a Medicare rebate and private health insurance gap (if applicable).

Some financial assistance to make up for loss of income may also be paid. Child Safety may also consider paying some of the costs of hiring domestic help, if your injury prevents you from doing household chores, or impacts your ability to care for the child.

Child Safety will not pay on claims of pain and suffering.
How to seek an ex-gratia payment

The incident must be reported to your child safety officer as soon as possible.
You will need to seek compensation through your home and contents insurance policy.
You need to submit your application for an ex-gratia payment, in writing as soon as possible. Your child safety officer can provide the application form and information about how to lodge your claim.

Continuing on as a foster or kinship carer — the renewal process

All foster and kinship carers need to be renewed as carers.
You will initially be approved as a foster or kinship carer for 12 months. Renewal of your certificate of approval occurs every two years.
You will receive a letter from Child Safety inviting you to renew your certificate of approval within three months before your current approval expires.
It is important that you submit your application to renew your certificate of approval before the expiry date of your current approval.
You will need to complete a renewal application form and participate in an interview to ensure you are still suitable as a carer.
The child in your care is part of your extended family. But there is a difference — sooner or later, that child may leave — either to move back home, to live on their own or live in another care arrangement.

You have to prepare yourself for the fact that, at some point in time, the child you have nurtured may leave your home. This can be heartbreaking particularly when you see all the positive changes you have made to that child’s life. (Foster carer)

Ending of care agreements

A care agreement usually ends on a date agreed to by the parents, and stated in the care agreement. However, it can end at any time with at least two days’ notice. You will be informed as soon as possible if a care agreement has ended.

A planned move from placement

Planned moves are best for the child, and for you and your family.

Planning for the child’s move out of care involves meetings between you, the child in your care (if the child is old enough), other members of your family (if appropriate) and your child safety officer.
The meetings will review:
• the child’s achievements during the time in your care
• areas that may still need work
• practical arrangements such as transport and packing
• allocating tasks — who does what
• whether there will be continued contact with the child
• when the move will happen
• how to support you and your family when the child in your care leaves.

An unplanned move from placement
Sometimes there can be a breakdown between the carer and the child in their care. Moving the child to a new placement may be the only solution.

It is not pleasant, but the pain can be eased by:
• not parting in anger
• saying goodbye
• being positive.

Checklist for a move from placement
When you need to organise for a child in your care to move on, make sure you check that:
• all the child’s belongings are packed (such as clothing, toys, toiletries, life diary)
• the child safety officer has the child’s birth certificate, Medicare card and any other important information and records.

It is important that you tell your child safety officer if you have feelings of sadness, anger or loss.

Deciding what goes and what stays
This can be difficult. A good rule of thumb is anything bought for the child’s personal use is their property. This can include:
• special bedding (for example, a ‘Thomas the Tank Engine’ quilt cover set)
• gifts given to the child during their placement with you
• that special ‘Bratz’ towel that the child used (general towels used by anyone in the household should remain in the household)
• things in the house that are special to the child. It might be a favourite mug or plate.

We always hold a farewell party. Our extended family and friends have a chance to say goodbye. There is a tremendous feeling of being valued and loved — that is a message that goes with the child along with their stuff. And for us, there is a form of closure, although we do stay in touch.
(Foster carer)
Supporting your own family

- Try to remember the reasons why you chose to become a foster or kinship carer — to provide a safe and caring home for a child and to help them live a better life.
- Try not to ask too much of yourself.
- Trust in yourself and what you have been able to give.
- Acknowledge and accept the emotions you will feel. You may grieve. So may others in the family. Change can create loss. It can also create hope.

Saying goodbye always hurts. The kids will always remember you, and for many it is not goodbye forever. (Foster carer)

Helping the young person transition from care to independence

Child Safety works with young people to help them transition from the care system to live as independent adults. Planning for transition from care begins when a young person turns 15 years old. It provides an opportunity for a young person to identify their goals and needs for their future.

Because of your unique relationship with the young person in your care, you have a critical role in preparing and supporting the young person to transition successfully to adulthood.

There are lots of ways you can help a young person to become more independent. You can help them to:
- decide what they want to do when they finish school
- find casual work
- develop their budgeting or cooking skills
- get their driver licence
- find out more about the reasons why they came into care
- learn more about their health and lifestyle choices
- explore their cultural or spirituality beliefs.

There is no rule or requirement that a young person has to leave your home when they turn 18 years old. Many young people continue to live with their carers if they are still finishing high school, want to enrol in tertiary studies or have a close relationship with their carer family.

As part of transition-from-care planning, you can talk to the child safety officer about the young person staying with you after they turn 18, or the right time for the young person to move out of your home.

If the young person continues to live with you after they turn 18, you may continue to receive the fortnightly caring allowance to support their transition from care needs, as identified in their case plan.
My experience? This is a time when your adolescent needs you the most. Be involved. Do not sit back and just let it happen. (Foster carer)

Sortli

Sortli (a contraction of the phrase ‘sort out your life’) is a free mobile app for young people aged 15 to 18 years and living in care, to help them with their transition to independence. Those who have transitioned from care may also find it useful.

The app has been developed in partnership between young people who have transitioned from care, the CREATE Foundation and the Department of Communities, Child Safety and Disability Services as a tool to support planning for the transition to independence.

Sortli is a fun, informative and easy-to-navigate app that can be installed on an Apple, Android or Microsoft mobile device. It focuses on seven key areas of identity, relationships, finding a place to live, health, finances, gaining education and looking for a job, and general living skills.

The app can be used independently by young people or together with you or their child safety officer as part of their journey to independence. The information that the young person enters into the app is stored on their phone only, and is not provided back to the developers, the government or anyone else.

Sortli covers sensitive topics and is not suitable for young people under 15 years of age. It can be downloaded from Apple, Android and Windows stores.

Next Step After Care

Next Step After Care services are funded by the Department of Communities, Child Safety and Disability Services to provide young people between the ages of 15 and 21 who have been in out-of-home care with support to build independent lives.

Next Step After Care services help young people who have left care with quick access to practical advice and support, including:

- managing money and entitlements
- finding somewhere to stay, and all the ins and outs of housing and accommodation
- training, jobs and getting a résumé together
- keeping safe, strong and healthy
- relationships, including friends and family
- legal advice.

For more information, or to help a young person who has left care and you think could do with some extra support, call Next Step After Care on 1800NEXTSTEP or 1800 639 878 or go to www.nextstepaftercare.com.au
Financial assistance

Child Safety may provide financial support to assist the young person meet their transition goals. Talk to your child safety officer about transition from care planning for the young person in your care.

Transition to Independent Living Allowance

The Transition to Independent Living Allowance (TILA) is a one-off payment from the Commonwealth Government to help young people aged between 15 and 25 years, who are leaving out-of-home care.

Funding of up to $1500 can be used towards the cost of moving to independent living, including a range of support services as well as training and education materials.

In Queensland, a young person aged between 15 and 25 years, and either in care or has left care, can talk to the child safety officer about eligibility for TILA. The child safety officer will support them with their application.

For more information about TILA, call the Department of Social Services on 1300 761 961, or go to www.dss.gov.au and search for ‘TILA’.