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Service Stream	Families and Young People Services	Category	Foster and Kinship Care
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Purpose

- The safety, wellbeing, and best interests of children, both through childhood and for the rest of the child's life, is paramount.
- Children and young people need to be cared for within a healthy family environment that is characterised by 'positive-parenting-practices', including: structure and routine; reasonable rules, expectations, and age-appropriate limits; guidance, support, and encouragement; positive reinforcement; with fair, consistent, and reasonable discipline, and demonstrating tolerance for normal and/or symptomatic behaviour.
- Foster and Kinship Care is a partnership embracing parents and children, carers and their families, Department of Child Safety, Seniors, and Disability Services (the Department) staff, and other stakeholders and MC workers – all planning and working in the best interest of the child.
- Respect for foster carers as partners together with other professionals in the fostering team is critical, as is the provision of ongoing information, training, support, and supervision.
- A safe and positive environment – the foster/kinship care home provides a safe, healthy, and nurturing environment for the child or young person, in compliance with the 'Statement of Standards', *Child Protection Act 1999 (Qld)*.
- Safe caring – each child or young person in foster/kinship care is free from physical, sexual, emotional abuse, neglect, or exploitation whilst in a foster or kinship care placement.

Scope

This procedure applies to all employees, volunteers, and contractors engaged within Foster and Kinship Care (FKC) programs across Mercy Community (MC) Families and Young People Services (FYPS).

This procedure relates to general FKC placements, Intensive Intervention Placement Support (IIPS), High Plus (HP) support, and Intensive Foster and Kinship Care (IFKC) programs.

Procedure

1. Carer support and monitoring – overview

- 1.1 FKCP Practitioners (FKCPs) must be aware of role in monitoring and support of foster and kinship carers (carers). The purpose of FKCPs carrying out monitoring activities and engaging with carers is to gather evidence to assess how they are meeting the Statement of Standards (the standards). Carers will always be engaged by FKCPs in such a way that helps them meet the Standards as best they can and be provided with any available MC support or referrals to other supports to achieve this. FKCPs will aim to set carers up for success in this respect wherever possible. Where a carer is assessed as unable or unwilling to meet the standards, despite all avenues of support being exhausted, this must be discussed with the FKCP's Line Manager.
- 1.2 Support and monitoring processes will be dependent on individual needs of carers and children/young people placed. Some carers may require more intensive support than others.
- 1.3 Each carer will have an allocated FKCP who will provide support and monitoring during their casework with the carer and their family.
- 1.4 Formal support and monitoring of carers commences in line with the *Foster Carer Agreement* as soon as the carer's approval is confirmed; or, for kinship carers, in the

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absence of a *Foster Carer Agreement* as soon as the carer is affiliated with MC and in line with MC policies and procedures.

2. Support and monitoring activities

- 2.1 Where an FKCP is allocated a carer/family to support and monitor, they will first review the carer's Penelope file and any notes on the relevant child's Penelope file, which will inform the strategies, direction, and scope of the support. The allocated FKCP reviewing these files will look for insights into the carer's learning style, issue trends and other key historical facts.
- 2.2 Support and monitoring activities will be primarily guided by the *Foster Carer Agreement* and *Placement Agreement*, recorded in the carer's and child's Service Files. These documents detail specific support and monitoring tasks for the allocated FKCP, including:
 - Training requirements;
 - Support visit timeframes;
 - Resources provided;
 - Respite/short break arrangements;
 - Additional supports;
 - Financial support; and
 - Flexible support (Brisbane District only).
- 2.3 Support and monitoring can occur through phone calls and emails; however, is best achieved through face-to-face interactions.
- 2.4 Where psychological first aid has been provided to a carer for non-incident related support (e.g., a close relative of a carer has passed away), the FKCP will record this in a *Case Note*. The FKCP may also complete a *HR FORM FS Psychological First Aid Checklist* and attach this to the carer's Penelope file in a Service Event and corresponding *Case Note*.
- 2.5 All carers can access after-hours telephone support by contacting the service 'on-call' number. This number will be provided to the carer upon induction to the MC program.
- 2.6 Flexible Supports are available in the Brisbane District for the purposes of maintaining stability of placement for children and young people and enhancing carer retention. Flexible Supports are time limited. Referrals can be made by FKCPs and IIPS Practitioners by completing the *Referral for Flexible Supports – Brisbane District* and are subject to Line Manager approval. For more information, refer to the *FS IP FKCP Flexible Supports – Moreton Region Brisbane District*.

3. Carer contact and home visits

- 3.1 Home visits to carers will be informed by their assessed support needs. Ultimately, the Line Manager will determine the frequency required for home visits, in consultation with the allocated FKCP, the Child Safety Officer (CSO) and, if necessary, the Regional Director (RD).
- 3.2 The following is a guide to the frequency of contact and home visits to carers:
 - Home visits are not required if the carer is 'offline' (either by choice or at the direction of the Department) and has no children placed;
N.B. Where the carer is offline due to illness, grief, or loss, an allocated FKCP may support the carer, as required.
 - Home visits are to occur once every two (2) months, with phone calls in between, as required, for carers who do not currently have any children or young people placed with them, however, they are available to accept placements;

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- A six (6) weekly phone call and three-monthly home visit is required where placements are extremely stable and there is no history of harm or Standard of Care issues. The Department will be aware of, and will have agreed to, this frequency;
- Monthly visits are required for placements with low-level support needs where there are no significant issues identified;
- Monthly or fortnightly visits are required for placements with medium-level support needs;
- Weekly or fortnightly visits are required for placements with high-level support needs, or for new placements;
- Where there are high or complex support needs and placement stability is in jeopardy, multiple home visits and phone calls during the week are required. This commitment will be short term and the allocated FKCP will regularly review this with the Line Manager; and
- Where a carer has guardianship of a child or young person, and the Senior Program Manager (SPM) or Child Safety Service Centre (CSSC) Manager approves, contact will be made based on consultation with stakeholder group.

3.3 For respite (or short break) carers, the following is a guide to the frequency of contact and home visits:

- Where practical, a home visit should occur prior to any respite or short-term placement;
- Home visits are to occur once every two (2) months, with phone calls in between, as required, for carers who do not currently have any children or young people placed with them, however, they are available to accept respite or short break placements;
- Six (6) weekly phone contact and three (3) monthly home visits are required for respite carers who have recurrent respite and kinship respite placements. The three (3) monthly home visit must occur at a time when the carer is actively providing a placement for a child and the child is present; and
- Monthly or six (6) weekly home visits are required for respite carers who provide multiple varying respite placements each month with a medium level of support.

3.4 A key purpose of a home visit is to monitor that the carer is meeting their requirements under the Statement of Standards of Care. For this reason, the home environment is to be observed. As well as this, children placed with the carer will be sighted by the allocated FKCP at least once every three (3) months, preferably in an environment where their interactions with the carer can be observed. Where an appropriately delegated agency has advised that MC should not make efforts to sight the child, this will be discussed with the Program Manager (PM), or above delegate, and actioned, as required.

3.5 Some carers with significant support needs will require increased home visits. Some of the reasons for this include:

- Where the carer is subject to a Standard of Care Review or Harm Report and either additional support or monitoring is required throughout the placement;
- There are worries around placement stability; or
- The carer renewal is due and additional assessment information is required.

3.6 Where a home visit has not occurred within the required timeframe, a *Case Note* will be added into the FKCP Service File within a Service Event by the allocated FKCP, outlining the reasons for this. This will also be discussed with the Line Manager to ensure that the allocated FKCP is supported to perform the duties of their role.

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- 3.7 All home visits are recorded in Penelope in a *Home Visit Record Service Event*. All other support and monitoring interactions are recorded under a *Case Note Service Event*.
- 3.8 It is the responsibility of the Line Manager to ensure that all carers supported by the service are receiving home visits within the required timeframe. Local protocols apply regarding the recording of this frequency.

4. Blue Cards

- 4.1 Carers and Adult Household Members (AHM) are required to have valid Blue Cards to confirm their suitability to 'volunteer' with children.
- 4.2 An AHM must have a valid Blue Card before they are able to join the household. Determination of who is an AHM is made by CSSC Managers.
- 4.3 Carers are responsible for monitoring their own, and their AHMs, Blue Card currency and expiry dates, however, the allocated Business Support representative will also monitor through Penelope. The allocated Business Support representative will send weekly Blue Card status reports to the FKCP, TM, PM, and SPM, and monthly reports to the RD. TMs are responsible for following up with FKCPs as to the progress of Blue Card applications/renewals. The Department are advised if screening is not in place as required.
- 4.4 FKCPs are responsible for regularly checking-in with the carer and arranging a home visit as soon as possible to assist with online applications via the Blue Card Services Online Organisation Portal to ensure the forms are completed prior to expiry of their current Blue Card.
 - 4.4.1 Where a carer submits their application online, the FKCP is responsible for requesting evidence of the application submission (e.g., confirmation email receipt and reference number), which will then be provided to the allocated Business Support representative, with their TM included in the email.
 - 4.4.2 Where a carer or AHM renews their Blue Card elsewhere (i.e., through their workplace), The carer or AHM will provide a Blue Card Services lodgement receipt to the FKCP to provide to the allocated Business Support representative. The allocated Business Support representative will then lodge this with PS, who will complete a Linking form. The TM, PM and SPM will be included in the lodgement. Where a carer or AHM does not wish to complete their application online, the FKCP will provide a paper application 'Volunteer foster/kinship carer or adult member blue/exemption card application' for the carer/AHM to complete and return. The carer/AHM will also be required to provide certified copies of identification with their completed application to the FKCP, who will return to the allocated Business Support representative to lodge with PSS and include the TM, PM, and SPM.
 - 4.4.3 For paper-based lodgements, FKCPs are responsible for receiving written confirmation from the PS that the Blue Card application or renewal has been submitted to the Central Screening Unit (CSU).
- 4.5 When Blue Cards are nearing expiry, the following process will occur:
 - 4.5.1 The allocated Business Support representative will email a weekly Blue Card status report to FKCPs, TMs, PMs, and SPMs.
 - 4.5.2 When a Blue Card is three (3) months out from expiry, the allocated Business Support representative will mail out the *FS TEMP FKCP Blue Card Renewal Letter*, which will provide advice on how to renew the Blue Card.
 - 4.5.3 When the Blue Card is eight (8) weeks out from expiry, the TM is responsible for follow up with the FKCP,

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- 4.5.4 When the Blue Card is six (6) weeks out from expiry, the TM will escalate to the PM/SPM via email, including details of reminders/contact attempts with carer/AHM.
- 4.5.5 When the Blue Card is four (4) weeks out from expiry, the PM/SPM will escalate to the RD via email, including details of reminders/contact attempts with carer/AHM.
- 4.5.6 Where a Blue Card has expired or it is identified that a Carer and/or AHM does not have a Blue Card or their Blue Card is suspended or cancelled, an Incident Report will be generated in accordance with *GOV SOP Incident Management* and *FS IP Incident Category Definitions – Statutory Services*. In response to the incident, a clear plan outlining what is occurring to rectify the situation must be documented, including communications with Departmental delegate/CSSC Manager.
- 4.5.7 In the situation that a Carer/AHM Blue Card has expired (not suspended or terminated) or a household member turns 18 years of age and does not yet have a Blue Card, and the Departmental delegate (Manager of the CSSC) makes a decision to allow the children to remain in placement, an email from the Departmental delegate with this decision outlined is to be uploaded onto the Penelope file within the Blue Card Service Event. Note, children and young people are, without exception, not allowed to remain in placement where a Blue Card is suspended or terminated; the Department does not have legislative ability to risk manage these situations.
- 4.5.8 N.B. Refer to additional local protocols that may be in place.
- 4.6 The allocated Business Support representative will add all young people due to turn 18 years of age in the current year to the carer's Case File and ensure they have an open Carer/AHM Blue card form (there will be no application details until the child applies for a blue card).
- 4.7 When a young person in the household reaches 17 years and 9 months of age (biological children or young people in care), the allocated Business Support representative will mail out the *Blue Card Young Person Turning 18 Carer Letter* and the *Blue Card Young Person Turning 18 Letter* to the carer and young person.
- 4.8 The FKCP is responsible for conducting regular check ins and arranging a home visit as soon as possible to discuss the relevant documentation with the carer and young person (including Change in Carer Circumstances, NAHM, and AHMA) and assist with creating a Blue Card Services online account. The online account number is required on the NAHM form.
 - **Note:** The young person will not be able to apply for a Blue Card until relevant documentation has been lodged with PSS and young person is linked to the Department on their 18th birthday. Once linked, the young person will be required to proceed with their Blue Card application on the Blue Card Services Portal on the day of their birthday.
- 4.9 All young people must have applied for a Blue Card by the time they turn 18 years of age. If the young person reaches 18 years of age and has not applied for a Blue Card, an *Incident Report* will be raised by the FKCP in accordance with *GOV SOP Incident Management* and *FS IP Incident Category Definitions – Statutory Services*. Children and young people are not allowed to remain in the placement if a carer or AHMs Blue Card is not current. The Department has no legislative ability to risk manage these situations.
- 4.10 Any decision made by the Department for children and young people to remain in placement despite an expired Blue Card, must be received in writing by the CSSC Manager and uploaded into Penelope.

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- 4.11 If MC workers are aware a young person has circumstances that may impact on obtaining a Blue Card, they will inform their Line Manager and proactively liaise with stakeholders to take appropriate action.
- 4.12 FKCPs are to provide all carer and AHM documentation to the allocated Business Support representative for lodgement to PS. The allocated Business Support representative will enter all Blue Card information into the Carer/AHM Blue card document on the Carers' Assessment and Approval Service file. The FKCP must obtain a copy of the new Blue Card. The allocated Business Support representative may check the validation of the Blue Card via Blue Card Services 'Check if a blue card is valid' portal and save a copy of the validation to the Blue Card Service Event until the FKCP obtains a copy of the Blue Card.

5. Change in carers circumstance

- 5.1 Certain changes in carers circumstances that may impact suitability or compromise the safety and/or wellbeing of a child in care are required to be reported to the Department (refer to *FS IP FKC Changes in Carer Circumstances* for details of changes that must be reported).
- 5.2 Whilst carers are primarily responsible for notifying of relevant changes, allocated FKCPs are responsible for checking with carers and monitoring for any reportable changes in carer circumstances, including arranging relevant paperwork to be completed. For all reportable changes, a *Departmental Change in Carer Circumstances Form* must be completed as a carer entity. The allocated FKCP will inform their Line Manager, who will liaise with the Department to determine the most appropriate response (such as possibly progressing a Provisional Approval of the couple). Refer to *FS PROC FKC Carer Assessments and Approval*.
- 5.3 New AHMs must complete a *Departmental New Adulthood Household Member Form* and apply for a Blue Card prior to entering the household. The AHM must provide their online account number to enable CSU checks to be completed. An AHM can remain in the carer household if CSU deem them suitable while Blue Card Service complete their application.
- 5.4 For new AHMs, the allocated FKCP must also meet with the AHM and complete *FS FORM FKC Adult Household Member Assessment* and provide a copy to the allocated BSO to attach to the Carers' Assessment and Approval Service File. If the allocated FKCP identifies any worries regarding the suitability of an AHM, they are to consult with their Line Manager, who will liaise with the Department, if required. This assessment must be completed for all new AHMs, including all young people (biological and foster) in the household turning 18 years of age.
- 5.5 For changes in carer health and wellbeing, the allocated FKC Practitioner will also arrange for the carer to complete an updated *Departmental Health and Wellbeing Questionnaire* that will be lodged with the Department.
- 5.6 For changes of address, the allocated FKCP will also complete a new *Departmental Household Safety Study* that will be lodged with the Department.
- 5.7 If MC becomes aware that an AHM has moved into the home and did not intend to advise MC without the completion of a *Departmental New Adulthood Household Member Form* and Blue Card application not completed, an *Incident Report* will be raised in accordance with *GOV SOP Incident Management* and *FS IP Incident Category Definitions – Statutory Services*, regardless of whether the carer advises that the person will immediately leave the home or not.
- 5.8 Where the carer *does* advise MC and forms completed as soon as practicable, an *Incident Report* is not required.

6. Records management

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- 6.1 Refer to the *FS PROC FKC Records Management* for all steps required to record relevant information on Penelope CMS.

Definitions

Child Safety Officer (CSO)

An employee of Department of Child Safety, Seniors, and Disability Services and delegate of the Chief Executive tasked with the statutory case management of young people subject to a Child Protection Order.

Foster and Kinship Care Practitioner (FKCP)

The employee who has been delegated by the Line Manager to undertake specific case management or placement support tasks.

Line Manager

Employees tasked with client care planning and care management oversight within the program. Line Manager covers Coordinators, Team Managers and Program Managers, to whom workers directly report for their program/region. Line Managers report to the Program Manager/Senior Program Manager.

Program Manager/Senior Program Manager (PM/SPM)

Employees tasked with day-to-day oversight of MC programs. The Program Manager/Senior Program Manager reports to the Regional Director.

Regional Director (RD)

The manager with overall finance and program management responsibilities, who is a member of the leadership team.

References

Blue Card Form (Carers and AHM) Blue Card Application
 Blue Card Form (Carers and AHM) Link an Applicant/Cardholder to this Organisation
 Departmental Change in Carer Circumstances Form
 Departmental Health and Wellbeing Questionnaire
 Departmental Household Safety Study
 Departmental New Adult Household Member Assessment
 Departmental New Adult Household Member Form
 Departmental Child Safety Practice Manual (CSPM)
 Foster Carer Agreement (available on the Department's website)
 FS DOC FKC Program Overview
 FS IP FKC Changes in Carer Circumstances
 FS IP FKC Flexible Supports – Moreton Region Brisbane District
 FS IP FKC Incident Category Definitions – Statutory Services
 FS PROC FKC Carer Assessments and Approval
 FS PROC FKC Records Management
 GOV SOP Incident Management
 Statement of Standards of Care

Related Documents

MercyNet Forms:

HR FORM FS Psychological First Aid Checklist

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Penelope Forms:

Adult Household Member Assessment
Closure of Flexible Supports – Brisbane District
Carer/AHM Blue Card
Case Note
Referral for Flexible Supports – Brisbane District
Blue Card Renewal Letter
Blue Card Young Person Turning 18 Carer Letter
Blue Card Young Person Turning 18 Letter

Riskman Forms:

Incident Report

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