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Service Stream	Families and Young People Services	Category	Foster and Kinship Care
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Purpose
<ul style="list-style-type: none"> The welfare and best interests of children and young people residing in foster and kinship care is paramount. Quality foster care services should have respect for and recognition of the importance of ethnic and cultural heritage, religious beliefs and language of children and young people, their families. Quality foster and kinship care is 'needs-based, trauma-sensitive, and attachment-focused'. Carers and staff clearly identify, empathetically understand, and respond to the needs of each child/young person, are sensitive to the effects of the trauma they have experienced and seek to develop caring and nurturing relationships to facilitate the healing process. When supporting children and young people who engage in at-risk or challenging behaviour, it is important to understand why they need to engage in the behaviour. Effective strategies can then be developed to reduce this need. Without effective strategies, the child or young person is at risk of being supported in ways that are restrictive or result in their exclusion from everyday activities. Behaviour support that is considerate of trauma, disability, mental health, substance misuse issues or environmental issues are consistent with the Statement of Standards (s122 the <i>Child Protection Act 1999 (Qld)</i>), the <i>Human Rights Act 2019 (Qld)</i> and Department of Child Safety, Seniors, and Disability Services (the Department) Policy and Procedures relating to Positive Behaviour Support and Managing High Risk Behaviours. Children and young people are provided with age and developmentally appropriate opportunities to grow in identity, intimacy, and independence. They should have the opportunity to engage in the full range of acceptable activities available to their peers in the general community.

Scope
<p>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) including IIPS Therapeutic Supports, High Plus (HP) support, and Intensive Foster and Kinship Care (IFKC) programs.</p>

Procedure
<p>1. Support and intervention planning – overview</p> <p>1.1 Support and invention planning is a cyclic process that commences as soon as a carer enters the program or as soon as a placement commences. It is primarily guided by the <i>Departmental Placement Agreement</i>. This process is in place to cover dual roles:</p> <ul style="list-style-type: none"> Carer support and intervention; and Child/young person support and intervention. <p>1.2 Support and intervention processes must be in place to support both the carer/s and the child/young person. It is acknowledged that, within a foster and kinship care context, the child/young person's needs in the placement are best met by supporting the carer to support the child/young person.</p> <p>1.3 Support and intervention planning for children/young people is guided by the following:</p>

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- For IFKC supported placements, the *FKC Intensive Program Therapeutic Assessment* will be developed;
 - For IIPS, HP, and IFKC supported placements, the *FKC Assessment and Intervention Plan* will be developed; and
 - For all placements, the *Departmental Placement Agreement* or *FKC Interim Placement Support Plan* will be developed.
- 1.4 While each of these plans/documents serves a different purpose, they should comprise a single, coherent assessment and action plan to support a placement.
- 1.5 Support and intervention planning should not occur in isolation. MC assessments and plans should complement *Departmental Case Plans* and other assessments to ensure that common goals are being achieved.
- 1.6 Workers should familiarise themselves with the *GOV SOP Incident Management* and *FS IP Incident Category Definitions – Statutory Services* along with the *Departmental Positive Behaviour Support Policy* and *Departmental Managing High Risk Behaviour Policy* when developing plans, conducting assessments, and providing support.

2. Departmental Placement Agreements

- 2.1 The Department has responsibility for formulating *Placement Agreements* for all children/young people placed in out-of-home care. This agreement will be a collaborative agreement between the Department, the carer, the carer support agency and, if age-appropriate, the child/young person. The agreement will outline what provisions/plans are required to support the placement.
- 2.2 The *Placement Agreement*, along with the *Case Plan*, provides goals, actions, and direction regarding the support of children/young people within a placement. It is a primary document that must be completed for all placements.
- 2.3 *Placement Agreements* are generally developed in placement meetings, to be chaired by either the Department or MC. The allocated Foster and Kinship Care Practitioner (FKCP) will document their own notes during this meeting, to ensure that all discussions and decisions are captured. *Placement Meeting Minutes* will be captured in the Penelope in a Service Event under Documents and a copy of this may be sent to the Department and to the carer.
- 2.4 Where the Department has not yet formulated a placement agreement, an *FKC Interim Placement Support Plan* will be developed that documents the agreements between the parties regarding the placement. This will be completed within three days of the placement commencing (should a *Placement Agreement* not be completed).
- 2.5 Where an *FKC Interim Placement Support Plan* has been developed, allocated workers will continue to request the relevant Child Safety Officer (CSO) complete the *Placement Agreement* and ensure that attempts to have this agreement developed are documented on the carer's file.
- 2.6 *Placement Agreements* are reviewed every six (6) months. If the Department does not drive this process, allocated FKCPs must request that the relevant CSO participate in this review and ensure that attempts to have this agreement reviewed are documented in the carer's file.
- 2.7 *Placement Agreements* may be made for respite placements where additional support needs are identified. The allocated FKCP will liaise with the CSO regarding this.
- 2.8 Where a *Placement Agreement* is not received from the Department, the allocated FKCP will send an email requesting this document monthly. Where requests for the

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Placement Agreement exceed three (3) months, the FKCP will escalate to their Team Manager (TM). Where the request exceeds four (4) months, the TM will escalate to the Departmental Team Leader and/or Senior Practitioner. Where the request exceeds five (5) months, the TM will escalate to their Program Manager (PM)/Senior Program Manager (SPM) for follow up with the Child Safety Service Centre (CSSC) Manager. All requests will be documented on the child's Service File.

3. Assessment and Intervention Plans (IIPS, HP and IFKC only)

- 3.1 *FKC Assessment and Intervention Plans* are developed by allocated FKCPs to determine the support needs required to maintain a placement and the actions to be taken to address these identified needs. These plans will align with *Case Plans*.
- 3.2 *FKC Assessment and Intervention Plans* are primarily about supporting the child/young person in the placement and as such, the child/young person will be consulted about the Plan wherever appropriate. These Plans support the *Placement Agreement*.
- 3.3 *FKC Assessment and Intervention Plans* must be completed for all IIPS, HP and IFKC placements.
- 3.4 *FKC Assessment and Intervention Plans* may be supported by a *FKC Positive Behaviour Intervention Support Plan* (PBISP) if the allocated FKCP deems this beneficial. These Plans never include prohibited practices.
- 3.5 *FKC Assessment and Intervention Plans* should be discussed in regular stakeholder meetings, to be held prior to the development of an updated *FKC Assessment and Intervention Plan*, involving the child/young person, carer, the CSO/s allocated to the children/young people in the placement, the allocated FKCP and any other relevant stakeholders. The *FKC Assessment and Intervention Plan* provides a general agenda for this meeting. If this meeting is unable to occur, the allocated FKCP will use all available information to inform the updated plan.
- 3.6 The following timeframes apply to *FKC Assessment and Intervention Plans*:
 - *FKC Assessment and Intervention Plans* must be developed within one (1) month of the commencement of a HP, IIPS or IFKC placement;
 - These Plans must then be reviewed and updated every three (3) months thereafter (as a minimum requirement).
- 3.7 It is the responsibility of the allocated FKCP to ensure that these timeframes are met.
- 3.8 Copies of *FKC Assessment and Intervention Plans* will be provided to the carer and the CSO with placement responsibility.
- 3.9 Should a placement be reassessed by the Department as no longer meeting the criteria of a HP, IIPS or IFKC placement, the allocated FKCP will discuss this with their line manager and determine whether the *FKC Assessment and Intervention Plan* will continue or whether it should close.

4. Assessment and intervention – IIPS Therapeutic Supports

- 4.1 Following the referral and welcoming process, it is important to conduct an initial assessment to determine the future support needs of the people we support. This initial assessment will occur as soon as practicable after entry, generally in the initial appointment.
- 4.2 The initial assessment will consider:
 - What the person we support's current situation is;

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- What the person we support's self-reported needs/goals are;
 - If relevant, what the referring agencies' needs/goals for the intervention are; and
 - What interventions will be most suitable for the person we support.
- 4.3 Sometimes the initial assessment occurs outside of the office. Where the meeting is to occur outside of the MC office, IIPS Caseworkers will ensure that environments are safe. Where it is a first time visit to a person we support's home, the IIPS Caseworker must always attend with another person (this may be another MC worker or Departmental worker, or other agency representative). See *WHS SOP Personal Safety in the Community* for further information.
- 4.4 For IIPS Counselling, the *IFC Intake Interview* is completed. For IIPS Occupational Therapy, the *FS FORM FKC IIPS Intake Questionnaire – OT* is completed. For IIPS Music Facilitation, an intake form is not required. The IIPS Caseworker will invite the Counsellor/OT/Music Facilitator to an internal stakeholder meeting to obtain the relevant information. The intake meeting will take place with the IIPS Caseworker and any other relevant carer or CSO, if appropriate.
- 4.5 At the initial assessment, the following matters must be covered:
- Providing the *FS TEMP FKC IIPS Welcome Letter* (Ipswich or Toowoomba);
 - Provide induction (as per *FS PROC FKC Carer Inductions*); and
 - Introducing the parent/carers or other advocate to the service.
- 4.6 For IIPS Counselling:
- 4.6.1 The Counsellor will develop the *IFC Intervention Plan* in consultation with the IIPS Caseworker (they will ensure it aligns with the relevant domains of the FKC plan).
- 4.6.2 After twelve (12) sessions, the Counsellor will prepare a *IFC Progress Report*, which will outline the interim progress towards identified goals made in the counselling sessions.
- 4.6.3 The Counsellor will use a *FKC Case Note* to record all interactions, communication, and progress.
- 4.6.4 At the end of the counselling period, the Counsellor will prepare a *IFC Final Report* and forward this to the relevant individuals.
- 4.7 For Occupational Therapy (OT):
- 4.7.1 The Occupational Therapist will refer to the completed *FS FORM FKC IIPS Intake Questionnaire – OT*. If an OT assessment and intervention is required, a school visit for observations and discussion with teacher is required.
- 4.7.2 The OT assessment is completed with the child then during the intervention phase where the *IFC Progress Report* is completed.
- 4.7.3 Where referral is for assessment only, a case-by-case decision can be made to complete an *FS FORM FKC IIPS Brief Summary Report – OT* of the assessment phase that includes recommendations.
- 4.7.4 When preparing each report, the OT should use the required headings in the report template on a case-by-case basis and remove any that are not required.
- 4.7.5 The *IFC Intervention Plan* is to be completed within four (4) weeks. This should be reviewed by the Team Manager (TM) or Program Manager (PM)/Senior Program Manager (SPM).
- 4.7.6 The Occupational Therapist will use *FKC Case Note* to record all interactions, communication, and progress.

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4.8 For Music and Education Facilitation:

- 4.8.1 The *IFC Intervention Plan* is to be completed within four (4) weeks of commencement. This should be reviewed by the TM or PM/SPM.
- 4.8.2 The Music Facilitator will use *FKC Case Note* to record all interactions, communication, and progress.
- 4.8.3 The Music Facilitator will complete a summary only of the completed content and any recommendations.

5. Financial support

- 5.1 Financial support offered to carers is monitored and regulated by the Department. Placement Services (PS) representatives will advise of current financial support arrangements and any changes to this.
- 5.2 Children and young people are eligible for certain child-related costs to meet their assessed needs as identified in their *Case Plan*. Funding is also available for young people transitioning from care. The need for payment of child related costs is usually discussed in Placement Meetings and Family Group Meetings. The child/young person's CSO is responsible for seeking approval for child related costs and no commitments will be made by allocated workers regarding finances for children/young people at any time.
- 5.3 When the Department has authorised additional payments to carers for identified needs, the allocated FKCP will monitor that funding has been used for the intended purposes and, where this has not occurred, discuss this with the Department.
- 5.4 HP, IIPS and IFKC programs have access to a small amount of discretionary funds, and the type of support offered to the carer and child/young person will depend upon their circumstances, needs and funds available at the time. These discretionary funds do not replace the child/young person's entitlements to Departmental administered child related costs. Some examples of support that may be provided through these funds are:
 - Provision of home help (e.g., cleaning services);
 - In-home support during crisis periods;
 - Access to tutoring;
 - Facilitating access to school holiday activity services for children/young people;
 - Access to additional training for the carer; and
 - Medical and/or therapeutic costs.
- 5.5 If the allocated FKCP assesses a need for these funds, this will be included in the *FKC Assessment and Intervention Plan* and forwarded to the line manager. Information included in the Plan will include:
 - The timeframe of the requested support;
 - Specific costs involved (which may include quotes for services);
 - Details of the assessed need; and
 - How the assessed need will be addressed by the support requested.
- 5.6 Should the Line Manager be satisfied that the requested support is required, this will be forwarded to the Regional Director (RD) for final approval. Allocated FKCP will liaise with the Business Support team regarding payment which will be recorded in the carer's Service file.

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6. Carer Support and Intervention

- 6.1 Carers must be regularly consulted as to their support and intervention needs.
- 6.2 Support and intervention for carers will be coordinated and identified within the *FKC Assessment and Intervention Plan* for IIPS, HP and IFKC, or the *Departmental Placement Agreement*.
- 6.3 Support for carers will be targeted and responsive to identified placement or development needs. This support may take the form of any of the following:
 - Ongoing carer support and training to enhance a carer's understanding of abuse and neglect, particularly around enhancing a carer's knowledge of trauma informed care and attachment;
 - Enhancing a carer's skills and their resilience so they have a range of strategies they can implement at times when a child/young person's behaviour is challenging. This includes enhancing the carer's understanding and use of positive behaviour support strategies that are relevant to the child/young person's developmental level;
 - Working together with carers to create an environment that is nurturing, positive and attachment-focused, which will assist the carer to build upon the child/young person's general wellbeing and enhance their personal strengths, interests, and abilities;
 - The development and delivery of specific and targeted training for the purpose of building upon the carer's knowledge, skills, and ability to meet the child/young person's individualised needs within the placement. When this is not able to be completed by the service, carers will be supported to access other relevant training opportunities;
 - When deemed necessary, linking carers to more long-term support services to ensure the carer and child/young person are provided with ongoing support;
 - Making linkages with therapeutic services and assisting the carer to access therapeutic support for the child/young person if appropriate, and in accordance with the child/young person's Case Plan;
 - Working with the whole carer family (including the non-primary carer and the carer's biological children) to enhance their understanding of the child/young person's needs, and to increase their own resilience during periods of stress within the placement;
 - Observational assessments of the interactions and dynamics within the placement;
 - Support as part of an action plan in response to a Standard of Care Review (SOCR); and
 - The provision of a 24-hour on-call service for out-of-hours crises.
- 6.4 Carer support can be initiated in multiple ways:
 - The carer may identify that they need support in a particular area;
 - The Department may advise that the carer requires support in specific areas;
 - Through the course of assessment, allocated FKCP may identify certain support needs; and
 - Areas to address may arise out of a Standard of Care matter;
- 6.5 Should a support need be identified, allocated FKCP will determine the appropriate way of providing this support and, if necessary, advise the Department of the intended actions.

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7. Child/young person support and intervention

- 7.1 In an age-appropriate way, children/young people must be regularly consulted as to their support and intervention needs.
- 7.2 Support and intervention for carers will be coordinated and identified within the *Placement Agreement* or, for IIPS, HP and IFKC, the *FKC Assessment and Intervention Plan*.
- 7.3 Support for young people will be targeted in conjunction with the CSO. This support may take the form of any of the following:
 - Ensuring open and transparent communication with the child/young person and engaging in collaborative problem-solving approaches when appropriate (where issues are negotiated and strategies developed in consultation with the child/young person);
 - Linking the child/young person with therapeutic support if appropriate, and in accordance with their *Case Plan*;
 - Undertaking activities that support the child/young person in maintaining their identity through, for example, life story work; or
 - Encouraging and assisting the child/young person to be actively involved in activities that enhance their wellbeing, relationships, and resilience, including school, recreational, sporting, religious and cultural activities, as well as any special activities.
- 7.4 Support for children/young people is primarily guided by the *Case Plan* and, for IIPS, HP and IFKC, the *FKC Assessment and Intervention Plan*, however support may also arise in response to an identified need by the carer or child/young person or CSO.
- 7.5 Should a support need be identified, allocated FKCP will determine the appropriate way of providing this support and ensure the CSO is made aware of this.

8. Sources of information

- 8.1 Assessments and plans will be informed by all available information. If information is missing or may appear inaccurate, allocated FKCP will attempt to clarify this wherever possible.
- 8.2 In line with MC privacy provisions, individuals providing MC with information will be made aware of how the information will be used and, if required, how the information will be stored.
- 8.3 Sources of information informing assessments and plans include, but are not limited to:
 - The child or young person's referral form;
 - The carer assessment and approval certificate;
 - Feedback from the CSO;
 - Stakeholder meetings with the Department and other relevant stakeholders;
 - Case Plan;
 - NDIS Plan (if applicable);
 - Interviews with the child or young person;
 - Interviews with the carer/s;
 - Interviews with guardians (if appropriate);

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- Interviews with any person or agency that may provide relevant information;
- Existing organisational information;
- Key assessments or reports regarding the child/young person; and
- Departmental Child Health Passport.

8.4 At times, it may also be appropriate to conduct a review of Department files. The allocated FKCP should contact their local Child Safety Service Centre (CSSC) for local protocols.

8.5 Where a request for a Departmental File Review has been declined, the RD should be made aware to discuss with CSSC Managers.

9. Records management

- 9.1 All Department documents such as the *Case Plan*, the *Interim Placement Agreement*, and any correspondence will be attached to the child's file under the relevant Service Event. Where requests for the *Case Plan* exceed three (3) months, the FKCP will escalate to their Team Manager (TM). Where the request exceeds four (4) months, the TM will escalate to the Departmental Team Leader and/or Senior Practitioner. Where the request exceeds five (5) months, the TM will escalate to their Program Manager (PM)/Senior Program Manager (SPM) for follow up with the Child Safety Service Centre (CSSC) Manager. All requests will be documented on the child's Service File.
- 9.2 All documentation is to be uploaded to Penelope within ten (10) working days. Where uploading is anticipated to take longer than this, FKCPs must negotiate this with their Line Manager.
- 9.3 Refer to the *FS IP FKCP Document Filing Guide* for further guidance on CMS recordkeeping requirements and naming conventions.

Definitions

Child Safety Officer (CSO)

An employee of the Department and delegate of the Chief Executive tasked with the statutory case management of young people subject to a Child Protection Order (CPO).

Departmental Case Plans

Documents produced by the Department that govern statutory case management by the Department.

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 with supervisory and program management responsibilities within the fostering service.

Prohibited Practices

Unlawful and unethical practices which cause a high level of discomfort and trauma. Any action which is contrary to section 122 of the *Child Protection Act 1999 (Qld)* because it frightens, threatens, or humiliates a child or young person is a prohibited practice.

Program Manager/Senior Program Manager

The manager with day-to-day operational management responsibilities, who reports to the Regional Director.

Regional Director (RD)

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

Restrictive Practices

Any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm. Restrictive practices may only be used where there is a high risk of immediate harm to the child or others should intervention be withheld.

References

Child Protection Act 1999 (Qld)
 Department's Child Safety Practice Manual (CSPM)
 Department's Positive Behaviour Support Policy
 Department's Managing High Risk Behaviour Policy
 Departmental Case Plan
 Departmental Placement Agreement
 FS DOC FKC Program Overview
 FS IP FKC Document Filing Guide
 FS IP Incident Category Definitions – Statutory Services
 FS PROC FKC Carer Induction
 GOV SOP Incident Management
 Human Rights Act 2019 (Qld)
 WHS SOP Personal Safety in the Community

Related Documents

MercyNet Forms:

FS FORM FKC IIPS Brief Summary Report – OT
 FS FORM FKC IIPS Intake Questionnaire – OT
 FS TEMP FKC IIPS Welcome Letter – Greater Ipswich
 FS TEMP FKC IIPS Welcome Letter – Toowoomba

Penelope Forms:

FKC Assessment and Intervention Plan
 FKC Case Note
 FKC Intensive Program Therapeutic Assessment
 FKC Interim Placement Support Plan
 FKC Positive Behaviour Intervention Support Plan
 IFC Intake Interview
 IFC Intervention Plan
 IFC Final Report
 IFC Progress Report

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