**Essential Information Record (EIR)**

| **What is it?** | **Why use it?** | **How use it?** | **How it links with Child Protection processes?** |
| --- | --- | --- | --- |
| Holds important information such as:   * Medicare number * Health alerts/conditions * School details * Family members names and details * Important milestones and achievements   Contains both historical and current information.  Provides a place to keep information that will always remain true about the child /young person (so needs to be kept up to date)  Information is organised according to the seven Looking After Children life areas:   * Health * Emotional and Behavioural Development * Education * Family & Social Relationships * Identity * Social Presentation * Self-care Skills | Records factual information consistently and systematically in the one place.  Keeps together all the important information needed to provide good care.  Easier to look up key details in one place rather than trawling through multiple case note. | Placement referral information is copied into the relevant sections.  Started in first 2 weeks of placement (at the same time C&PP is being developed).  All members of care team contribute information they each know that should be shared.  Update whenever new information obtained – and check that it is still up to date at least 6 monthly.  Carers need to be given a copy (and updates with any future significant changes) | Enables important factual information to be kept and shared in the best interests of the child/young person.    CRIS and CRISSP have mirror systems for recording information needed for the EIR - so placement provider and Child Protection should each provide the other with an electronic copy of their updated EIR whenever any significant changes are made. |

**Care and Placement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **What is it?** | **Why use it?** | **How use it?** | **How it links with Child Protection processes?** |
| Describes how the child/ young person’s needs will be met while they are unable to live with their parents.  Records what care team members have agreed to do to provide good care across the seven Looking After Children life areas:   * Health * Emotional and Behavioural Development * Education * Family & Social Relationships * Identity * Social Presentation * Self-care Skills.   For each life area the C&PP documents:   * The child/young person’s needs * How they will be responded to * By whom * By when * The role of the parents * Planned outcomes. | Provides a clear plan for how the day to day care of the child /young person will be managed while they are unable to live with their parents.  Promotes and supports collaboration by care team members who share the responsibility for doing the things that parents generally do.  Clearly documents what the care team has agreed to do and achieve. | An initial C&PP focussing on immediate needs should be completed within the first 2 weeks.  A flexible and creative approach is required to get everyone’s input (skilful use of LAC!)  A meeting can be used to bring care team members together, but not essential.  Plans should be discussed age appropriately with the child/young person and their input encouraged.  Should consider the child/young person’s strengths and aspirations as well as any problems and difficulties.  Plans should be monitored – supervision is good for this.  All members of the care team and the young person should be given a copy of the C&PP (or at least be offered a copy). | The C&PP is a sub-component of the overall case plan (Best Interests Plan).  The case plan provides the key directions for the C&PP including whether a child will remain in out of home care, be reunified with their family or be placed elsewhere.  The placement provider should give Child Protection an electronic copy of the current C&PP to Child Protection to be attached to the CRIS file (including after each review).  When case management has been contracted, the contracted agency should complete the C&PP in CRIS and ensure that an electronic back up copy is attached to the agency’s CRISSP file.  The C&PP also complements and is linked to:   * Cultural Plans (for Aboriginal children in out of home care) * Individual Education Plans (developed by schools via Student Support Groups who should include at least one member from the child’s care team) * Transition planning / leaving care planning) |

**Assessment and Progress Record (A&PR)**

| **What are they?** | **Why use them it?** | **How are they used?** | **How they link with Child Protection processes?** |
| --- | --- | --- | --- |
| Six age related records that comprehensively assess a young person’s development and identifies the follow up action needed:   * Under 12 months * 1-2 years * 3-4 years * 5-9 years * 10-14 years * 15 years and older   Covers the seven Looking After Children life areas:   * Health * Emotional & Behavioural Development * Education * Family & Social Relationships * Identity * Social Presentation * Self- care skills   Developed from extensive evidence based research related to good parenting and good outcomes for children and young people.  Consistent international framework specifically customised for Victoria. | Provides a thorough assessment of how each child or young person is developing in relation to their peers and the extent to which their needs are being met while they are in care.  To inform and enable the best possible care of each individual child/young person based on their developmental needs and outcomes.  A good parent would know or ask these questions and have the answers in their head – we need to ask and share the answers to ensure good care.  To provide information which can be aggregated to inform and assess outcomes for groups of children in care and direct policy. | Requires considerable knowledge about the child so will generally take 4-6 weeks to complete.  The collaborative approach used to develop the C&PP needs to be used for the review process.  Based on having “conversations” amongst the care team and with the child/ young person.  Should NEVER be administered as a formal questionnaire.  A&PR includes information that indicates who are being asked the various questions.  Should be commenced as soon as the initial C&PP is completed, then yearly except for under 5 years which need to be every 6 months due to their rapid developmental changes.  Leads to a comprehensive Review of the Care and Placement Plan. | Ensures that up to date information about how the child’s development informs ongoing statutory case planning and best interests assessment processes.  A copy of each completed A&PR should be put on the Child Protection file.  Completing the A&PR will assist care team members to provide relevant information to inform and assist medical practitioners undertaking initial and other professionals undertaking more specialist assessments eg Take Two  For school age children, completing the Education section of the A&PR should involve sharing relevant information between the care team and the school via Student Support Group processes.  Completing an A&PR is also expected to inform and/or be informed by ongoing Cultural Planning and leaving care /transition planning processes where applicable. |

**Review of Care and Placement Plan (RC&PP)**

| **What is it?** | **Why use it?** | **How use it?** | **How it links with Child Protection processes?** |
| --- | --- | --- | --- |
| A workbook that guides the care team to develop a new C&PP  Looks at the changes since the previous C&PP and reviews the C&PP (not the case plan).  Each section across each of the seven Looking After Children life areas from the old C&PP is reviewed to consider:   * Actual outcomes of the planned actions * Whether previously identified need has been met or not * What new information has emerged since the last plan/review   A new C&PP is developed and recorded in the RC&PP - which is then rolled over to become the new plan. | To ensure that the C&PP is addressing the current care needs of the child /young person. | The collaborative approach used to develop the C&PP needs to be used for the review process.  First used after the A&PR completed and then at least every six months. | As described for C&PP.  Ensures that up to date planning related to day to day care informs and is informed by ongoing statutory case planning processes.  Can be used to frame recommendations to vary the case plan. |