

# **Interim Standards for In Home Care Funding Agreement Requirements**

**Department of Education, Employment and Workplace  
Relations**

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The Department of Education, Employment and Workplace Relations would like to acknowledge the:

**Research Team:**

Joanne Dragicevich - President National In Home Care Association, B.A. Psych  
Talliesen - B.H.Sc, B.Sc.Psych, B.Ed

**Steering Committee:**

Susan Rogan  
National In Home Care Association

Jodie Stokes  
Mersey Leven IHC Tasmania

Melanie Close  
Acacia Ridge YMCA IHC

Louise Dunham  
Mothers Dream Team Victoria

Child Care Programs Branch  
Department of Education, Employment and Workplace Relations

and

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## **IN HOME CARE STANDARDS**

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In Home Care (IHC) was introduced in June 2001 as a flexible form of child care designed to accommodate the needs of families unable to access mainstream child care. IHC places are targeted to families who:

- have no access to existing child care services; or
- their circumstances mean that an existing child care service cannot meet their needs;

**and at least one of the following criteria also applies:**

- the child has, or lives with another child who has, an illness or a disability;
- the child's guardian (or guardian's partner) has an illness or disability that affects their ability to care for the child;
- the child lives in a rural or remote area;
- the work hours of the child's guardian (or guardian's partner) are hours when no other approved child care service is available; or
- the child's guardian (or guardian's partner) is caring for three or more children who have not yet started school.

The Department of Education, Employment and Workplace Relations has discretion to allow exemptions to the eligibility criteria in special and exceptional circumstances. Services are required to contact the Department in such circumstances.

IHC aims to provide safe, nurturing and educational experiences similar to those provided in other forms of child care.

Access to sustainable, inclusive high quality and flexible child care services is vital to enable families to realise their full potential and participate in work, study and the general community. An IHC service provider arranges the placement of carers with families and monitors the care provided. The IHC service provider organises the assessment, selection and registration of In Home child carers; ensures appropriate support for carers; and provides in-service training and professional development. The service is responsible for implementing any relevant Australian Government guidelines including those associated with business management and employment. The service provider's primary responsibility is to ensure that the carers registered with them have appropriate knowledge, skills and experience and provide quality care in an environment which is healthy and safe for both the carer and the children. Qualifications for IHC non-carer staff and carers will be addressed in the consultations with state and territory governments to develop national standards for IHC. These standards prescribe the minimum requirements necessary to ensure the provision of child care that is safe, nurturing and educational for a child using IHC.

# **IN HOME CARE SERVICE PROVIDERS**

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## **1. Fit and Proper Person**

To ensure the safety of children in an In Home Care program, the service provider must ensure that all its non-carer staff, carers, and those who have regular contact with these children on behalf of the service provider, are fit and proper persons.

### **1.1. Non-Carer Staff and Carers**

#### **Standard 1.1**

##### **The Service Provider must:**

- a) Keep a record of, and where necessary, provide proof of all satisfactory safety screening clearances for all non-carer staff and carers who have contact with children, in accordance with state/territory and Commonwealth legislation.
- b) Demonstrate an understanding of their legislative authority and responsibilities relevant to state/territory and Commonwealth legislation.
- c) Demonstrate an understanding of their duty of care and undertake all action necessary to ensure that they will meet their duty of care at all times.<sup>1</sup>

### **1.2. In Home Carers**

#### **Standard 1.2**

##### **In Home Carers must:**

- a) Have successfully completed all relevant State or Territory safety clearance checks for child care employment prior to commencing child care employment.
- b) Ensure that the carer's spouse/partner or adult friends do not accompany the carer to the care environment, other than in the case of an emergency or in the event of an authorised excursion where more adult supervision is required. Any persons over the age of 18, including the carer's children, accompanying the carer to the care

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<sup>1</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 9

environment in an emergency or excursion, must have successfully completed all relevant state/ territory safety clearance requirements.

## **2. Qualifications for In Home Care Non-Carer Staff**

Early Childhood programs should be delivered by adults who understand child development, who recognise and provide for children's needs and who are able to plan developmentally appropriate programs.

### **Standard 2**

**In Home Care non-carer staff that support and advise carers about child care issues or have contact with children must have appropriate training and a sound understanding of child development, in order to facilitate the carers' abilities to recognise and provide for children's needs.<sup>2</sup>**

**The person responsible for the support and advising In Home carers about child care must:**

- a) Demonstrate an understanding of their legislative responsibilities.
- b) Demonstrate an understanding of their duty of care.
- c) Demonstrate an understanding of the Standards for In Home Child Care.
- d) Hold a recognised qualification relevant to this position or be working towards these relevant qualifications.
- e) Hold a current recognised First Aid certificate which meets Australian Standards and includes Cardiac Pulmonary Resuscitation (CPR) for adults and children.

The service provider is required to keep copies of non-carer staff qualifications on file.

### **Standard 2.1**

**Persons holding an approved qualification will maintain their qualified status:**

- a) While they maintain continuity of employment in the child care profession, including home based care, or
- b) If a break from employment in the child care profession is no greater than five years.

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<sup>2</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 9

Persons holding an approved qualification and who have had a break of five or more years in their child care employment will be required to obtain certification from a recognised competency assessment organisation, stating that their competencies meet the required current approved qualification standard.

### **3. Administration and Records**

Effective administration and accurate record keeping facilitates the provision of high quality care for children. Administration of the IHC service requires considerable personal information about children, their families and about non-carer staff and carers. Therefore a space which provides for the confidential maintenance and updating of records and a place in which to have confidential discussions with parents/caregivers and/or non-carer staff and carers is required. The Service Provider needs to determine who is able to access confidential records and under what circumstances. Administration practices must ensure that the service provider's duty of care is met and are in accordance with the current Child Care Service Handbook.

#### **Standard 3**

**The Service Provider must keep adequate and accurate records, and have appropriate administration practices in place to ensure the safety and wellbeing of children, and to ensure the legal protection of non-carer staff and carers.<sup>3</sup>**

#### **3.1. Records**

The Service Provider must advise each carer about the carer's responsibility with regard to maintaining records appropriately, including the storage, retention and disposal of records. This must include what is to be done with records if the carer's registration ceases with the Service Provider or the carer moves interstate.

The Service Provider must supply the carer with relevant forms which satisfy Service Provider Standard 3, including Enrolment, Contact and Child Information, Record of Hours of Care Provided, Parent Permissions, Authorisation and Administration of Medication, Child Accident or Injury Report, Notifiable Disease and Risk Assessment/Safety Management.

The service shall keep the records up-to-date and in a safe and secure area in order to maintain confidentiality.

#### **Standard 3.1**

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<sup>3</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 32

**The Service Provider must have appropriate procedures in place for the collection, storage, retention and disposal of the following records:**

### **Standard 3.1.1**

#### **In relation to the child**

- a) The child's full name, date of birth, residential address and gender.
- b) Details of allergies, immunisations and other relevant medical history.
- c) The full name, residential address, place of employment, date of birth and contact telephone number of the primary caregiver.
- d) Parental signed permissions.
- e) Any legal court orders pertaining to access to the child/ren.
- f) Records of hours of care provided and absences.
- g) Records of authorisation of medication to be administered.
- h) Records of the administration of medication.
- i) Records of accidents and injuries involving the child whilst in care.
- j) Notifiable diseases.
- k) Behavioural intervention plans for children with challenging behaviours

***NB: It is the Service Provider's responsibility to ensure all carers are provided with a copy of the In Home Care Standards***

### **Standard 3.1.2**

#### **In relation to the care environment:**

- a) Assessment of the premises prior to the commencement of care.<sup>4</sup>
- b) Completed enrolment forms.
- c) Develop a hazard identification and management checklist specific to the care environment, for use by the carer at the commencement of each shift<sup>5</sup>
- d) The parent/guardians agreement stating their understanding of their responsibilities.
- e) Assessment of the family's eligibility once every six months.

### **Standard 3.1.3**

#### **In relation to the carer:**

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<sup>4</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 4

<sup>5</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 20

- a) A current relevant state / territory safety clearance checks for child care employment prior to commencing child care employment.
- b) Current first aid certificate, including CPR.
- c) Evidence of professional development in child care or early childhood education or evidence of child care qualifications.
- d) Driver's licence/s and current vehicle registration for those carers who drive a vehicle in the course of their duties.
- e) A written record of the registration of each carer and related certification.
- f) A record of the visits made to the carer.
- g) Current medical clearance.
- h) Details of any accidents or incidents.
- i) Details of any complaints or concerns made by the family.
- j) Written evidence of reference checks completed by service.

#### **Standard 3.1.4**

##### **In relation to other non-carer staff:**

- a) Current relevant safety screening clearance.
- b) Approved qualifications/documentation to validate non-carer staff's progress towards an approved qualification, if applicable.
- c) First Aid and CPR certification, if applicable.
- d) Driver's licence, if applicable.

### **3.2. Record of Hours of Care Provided**

#### **Standard 3.2**

**The Service Provider must provide an appropriate form for use by carers which includes the following information:**

- a) Full name of child/ren.
- b) Time carer arrived for duty.
- c) Time carer departed.
- d) Signature of person transferring the child into and out of the care of the In Home carer.
- e) Child absences.

### **3.3. Parent Permissions**

#### **Standard 3.3**

**Appropriate permission forms must be provided by the Service Provider and retained for the time period specified by specific**

**state/territory legislation, to enable the carer to maintain, for each child, written parent permission for:**

- a) Emergency medical, hospital and ambulance treatment.
- b) Everyday transportation of the child i.e. routine and non-routine excursions.
- c) Special arrangements for the transference of a child which have been authorised by the parent/s.
- d) Administering of any medications for the child.

### **3.4. Authorisation and Administration of Medication**

The Service Provider must ensure that carers are aware of the Service Provider's responsibility to keep authorisation and administration of medication records until the child turns 25 years of age. If there are complications resulting from the administration of medication, the record should be treated in the same way as an accident or injury record i.e. retained until the child turns 25 years of age.<sup>6</sup>

Where the Service Provider has not obtained a parent's written permission, e.g. in an emergency, the Service Provider may choose to obtain verbal authority (on behalf of the carer), in which case documentation of the same should be retained.

#### **Standard 3.4**

**The Service Provider must provide appropriate forms to enable the carer to maintain for each child:**

- a) Record of a parent's written authorisation of medication to be administered to their child while the child is in care.
- b) Record of the administration of medication to that child.<sup>7</sup>

### **3.5. Child Accident or Illness/Injury Report**

If a child has an accident or suffers illness and/or injury that causes hospitalisation or death, or dies from non-accidental causes while being cared for through In Home Care, the person / people responsible for managing the service, and the relevant DEEWR State or Territory office must be notified no later than the next working day of that fact and the circumstances of the accident and or illness/injury.

Details of all accidents and/or illness/injuries, including the time, circumstances and actions taken by adults in attendance must be maintained by the carer and the record of injury passed on to a parent or guardian.

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<sup>6</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 33

<sup>7</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 30

The Service Provider must ensure that accident and illness/injury reports are retained until the child involved turns 25 years of age.

**Standard 3.5**

**The Service Provider must provide an appropriate accident or illness/injury report form.**

**3.6. Illness and Cases of Notifiable Disease**

Parents/guardians and carers have a duty of care to inform all parties of illnesses which may have been introduced into the care environment and the signs and symptoms.

**Standard 3.6**

**The Service Provider is to maintain a record of illnesses which have been notified to relevant health authorities. The Service Provider is to retain these records for the time specified by specific state/territory regulation. The Service Provider shall provide training to carers about illnesses and notifiable diseases.**

**3.7. Confidentiality**

**Standard 3.7**

**Non-carer staff and carers must respect the privacy of families using the service by not discussing their personal details, other than for relevant administrative purposes.**

**3.8. Privacy**

**Standard 3.8**

**When handling personal information, the In Home Care Service Providers must adhere to the National Privacy Principles (NPP's) as summarised in the current Child Care Service Handbook.**

**3.9. Insurance**

**Standard 3.9**

**The Service Provider is to maintain current public liability, workers' compensation, and any other insurance policies required by law and the Department of Education, Employment and Workplace Relations (DEEWR) Funding Agreement, for all non-carer staff and carers not employed as sub-contractors.**

### **3.10. Information for Carers and Parents**

The availability of clearly defined written policy allows parents to make informed decisions about the appropriateness of a service to meet their particular needs.

In the absence of clearly defined policies, individuals will act from their own experiences, but these experiences may not necessarily be consistent with the intention of the service.

Written policies afford protection for both parties by stating the intended practices and procedures of the service. If the intended practices of the service are not maintained, parents have some redress to the service. Alternatively, the service is protected against consumer expectations which exceed their stated practices.

#### **Standard 3.10**

**The Service Provider will have written policies, procedures and standard practices along with their philosophy of care.**

##### **Standard 3.10.1**

**The Service Provider must make the following documents readily available to their carers and parents:**

- a) The philosophy of the Service Provider.
- b) The policies, procedures and practices of the Service Provider.
- c) Any relevant state/territory Acts of legislation.
- d) The telephone number and address of the local/state DEEWR contact.

##### **Standard 3.10.2**

**The Service Provider must ensure that each carer is issued with a copy of the following information which is to be kept by the carer:**

- a) The IHC Standards.
- b) Policies and procedures which are directly related to the delivery of care.
- c) Relevant forms and checklists.

##### **Standard 3.10.3**

**The service will provide parents (service users) with the following information:**

- a) The service customer reference number.
- b) The organisational structure.

- c) The service contact details including telephone number, address, contact person and where applicable, email address. This shall include service operating hours and emergency contact details.
- d) Procedures for expressing concerns or complaints.
- e) The telephone number, address and other relevant information of the nearest appropriate office of the relevant state government department.
- f) Access to a copy of the service's policy and procedures and the IHC Standards.
- g) Information about Child Care Benefit (CCB) and Child Care Tax Rebate (CCTR) and how to apply for them.
- h) Details of their rights and responsibilities as service users.

## **4. Child Development and Planning**

The provision of rich and varied learning experiences is an important indicator of the quality of care.

### **4.1 Written Program**

#### **Standard 4.1**

**The IHC service shall assist carers with the development of suitable learning programs designed to aid in the development of the child's social, emotional, physical, intellectual, language and creative abilities.**

### **4.2 Carer and Non-carer Staff Interactions With Children**

#### **Standard 4.2**

**The service shall have a policy statement, that is accessible to parents and describes the service's approach to children in their care, including:**

- a) Behaviour management practices which ensure the rights and dignity of the child are respected and guide the child towards positive and responsible behaviour.
- b) Practices that ensure children have the opportunity to freely choose activities and solve problems.

## **5 Service Responsibilities to Carers**

Good quality care is to be associated at all times with:

1. Well trained and educated carers and non-carer staff.
2. Appropriate carer-child ratios.
3. Low carer and non-carer staff turnover rates.
4. Appropriate remuneration.
5. Effective leadership.
6. Employing appropriate occupational health and safety procedures at all times.

## **5.1 Keeping Carers Informed**

### **Standard 5.1**

**Carers must be provided with accurate and current information on changes affecting their working conditions.**

## **5.2 Access to Non-Carer Staff**

In Home carers may experience a sense of professional isolation. It is important for non-carer service staff to have regular contact with the carer to provide information and support.

### **Standard 5.2**

**Service Providers must ensure that carers are able to access non-carer service support staff during office hours and in the case of an emergency, Service Providers will provide carers with an after hours contact number.**

## **5.3 Support and Monitoring of Carer**

It is essential that carers receive support and are regularly monitored to ensure the care provided is of appropriate quality. The Service Provider should actively encourage interaction between carers. This can be achieved through the organisation of play sessions, newsletters, discussion groups and social activities.

### **Standard 5.3**

**The Service Provider must:**

- a) Conduct a minimum of fortnightly phone support to the carer.
- b) Conduct a visit within the first six weeks of a carer attending a new care environment.
- c) Conduct a minimum of 6 monthly face-to-face visits in each In Home Care environment and provide carers with support via play sessions, training and email contact.

- d) Provide relevant support and assistance to carers, including helping to identify the individual needs of each child in care, planning relevant experiences and monitoring development.
- e) Develop and implement a hazard checklist.
- f) Identify and assist in meeting carers' needs, including pre-service and in-service training, professional development, networking and equipment needs.
- g) Develop and assist in the implementation of a behavioural intervention plan if applicable.
- h) Ensure the care environment represents a safe working environment.

## **6 Philosophy, Policies and Procedures**

Service philosophy underpins the way in which a service is administered and has a direct effect on the quality of care offered to the children and on the wellbeing of carers, children, families and non-carer staff. The Service Provider must develop appropriate policies to ensure non-carer staff, carers and families are well informed, duty of care is met, and clear practices and procedures are maintained by all parties.

Written policies are an essential basis for effective and consistent communication between the Service Provider, the non-carer staff, carers and families. Clearly written policies assist carers and non-carer staff to act in accordance with the Service Provider's policies and procedures.

Written policies provide tangible evidence of intended practices which are consistent with the philosophy of the service, and should be regularly reviewed, evaluated and updated.

### **6.1 Philosophy**

#### **Standard 6.1**

**The Service Provider's philosophy articulates the values and beliefs about the care and rights of children and any other matters of ethical importance to the Service Provider, carers, non-carer staff, and parents.**

### **6.2 Policies and Procedures**

Parents have a right to know the policies and practices operating within In Home Care so that they may make an informed decision as to the appropriateness of the care in relation to the needs of their child.

The availability of written policies and strategies to ensure the effective implementation of those policies is important for the following reasons:

1. Access to written policies will ensure that carers and parents have consistent information regarding the expectations of the service.
2. Access to written policies will provide tangible evidence of intended practices; where these practices are not maintained they provide an opportunity for the consumer to have some redress as the service did not meet the intended contract. Written policies also afford a protection for the service in the case of a consumer having an expectation that was not offered by the service.
3. Policies do not need to be complex. They will be best understood by everyone if they are short and clearly expressed. The policies should reflect exactly what the carer provides in the service and the approach that is taken in providing care in each of the following areas.

### **Standard 6.2**

#### **There must be a written statement and implementation plan in the following areas:**

1. aims of the In Home Care service and a statement of the program philosophy;
2. parent participation;
3. early learning and development needs of children;
4. cultural relevance;
5. child self-reliance and self-esteem;
6. children with a disability;
7. gender equity;
8. excursions;
9. medication management; and
10. reporting of child abuse.

# IN HOME CARERS

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## 7 Fit and Proper Person

To ensure the safety of children within In Home Care, the service provider must ensure that all carers registered with the service, non-carer staff, and those who have regular contact with children on behalf of the Service Provider, are fit and proper persons.

### Standard 7

**An In Home carer must be a fit and proper person over the age of 18. A carer must:**

- a) Provide proof of a current safety screening clearance to the Service Provider.
- b) Provide the names of two referees (who are not relatives of the applicant) who can attest that the applicant is fit and proper for the purposes of providing care for children <sup>8</sup> to the Service Provider.
- c) Have an understanding of their legislative responsibilities.
- d) Demonstrate an understanding of their duty of care towards children in their care and undertake to ensure that they will meet their duty of care at all times. <sup>9</sup>
- e) Ensure they do not provide false information or non-disclosure of any relevant information in the undertaking of their duties.
- f) Hold a current First Aid certificate as defined in 'In Home Care Service Providers Standard 2'.

## 8 Carer Knowledge, Skills and Experience

Research demonstrates that the most significant variable which influences the quality of child care provided is the level of related training carers have undertaken. Appropriate training and a sound understanding of child development facilitates the carer's ability to recognise and provide for children's needs and to competently manage groups of children.<sup>10</sup>

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<sup>8</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 6

<sup>9</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 6

<sup>10</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 9

## **Standard 8**

### **In Home carers must possess appropriate knowledge, skills and experience, including:**

- a) An understanding of their duty of care in relation to the children in their care.
- b) Experience in caring for children.
- c) An understanding that the environment provided for children needs to be safe physically, emotionally and socially.
- d) A basic knowledge of early learning and child development.
- e) A basic knowledge of children's health, hygiene and nutritional and safety needs.
- f) An understanding of supervision and other preventive measures to ensure a safe environment for children.
- g) A current recognised First Aid certificate.

## **8.1 Professional Development**

Carers need to regularly update their professional knowledge, skills and understandings of child development and quality child care service provision.

### **Standard 8.1**

**The carer is to undertake relevant professional development each year, as specified and required by the Service Provider.<sup>11</sup>**

## **8.2 Carer – Child Interactions**

### **Standard 8.2**

**When interacting with a child in their care, the carer must ensure that the child:**

- a) Is guided towards positive and responsible behaviour.
- b) Has the opportunity to make choices, solve problems and access learning experiences.
- c) Is encouraged and supported towards self-reliance and the development of positive self-esteem within the family cultural context.<sup>12</sup>

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<sup>11</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 9

<sup>12</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 9

## 9 Carer-to-Child Ratio

A major determinant of quality care is the number of children cared for or supervised by each carer. Family grouping promotes stability and the ongoing development of close relationships.<sup>13</sup>

### Standard 9

**A carer must not provide care at any one time for more than seven children, four of whom have not started school.**

A service provider may apply to their local DEEWR State or Territory office to vary this ratio. Exceptional circumstances apply to immediate family only.

Individual states or territories may have licensing regulations which specify different child:carer ratios. If so, such regulations must be followed to the extent of any inconsistency with this standard.

### 9.1 Multicare

In some instances, children from two or more families may be cared for together in the home of one of the families. Each of the families must meet the eligibility criteria for In Home Care. Each instance of the provision of Multicare must be approved by the local state or territory office of DEEWR. In addition, the applicable state or territory regulations must be met.

## 10 Carer Responsibilities

### 10.1 Carer Responsibilities

Whenever the child/ren is signed into care, the carer is responsible for the care of the child, even on those occasions when the child is with the parent, away from the immediate vicinity of the carer. If the situation is such that the carer is unable to directly supervise the child, e.g. when a child is with the parent on another area of the property, the parent must sign the child out of the carer's care.<sup>14</sup>

### Standard 10.1

**The carer has the following responsibilities:**

- a) Whenever a child/ren are signed into care, the carer is responsible for the child/ren, whether or not the parent/s are on the premises.<sup>15</sup>

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<sup>13</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 11

<sup>14</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 13

<sup>15</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 11

- b) When the child is out of the carer's direct supervision, and in the care of the parent/s while still on the premises or another part of the property (e.g. in a workshop or out in a paddock), the child must be signed out of care.
- c) The carer must only undertake work that is related to the welfare of the child and is considered to be part of the IHC being provided (such as preparing the child's lunch, cleaning up afterwards, putting toys away). Other work (such as preparing the dinner for the family, doing the shopping for the family or washing the dishes from the night before) is not considered child care.

### **When other children are on the premises.**

When other children are on the premises the carer is not responsible for these children. The carer is only responsible for the children signed into care, and the carer must ensure that the children in care are directly and/or effectively supervised at all times. The Service Provider may develop policies around visits from other families/children and special functions, e.g. birthday parties when the carer is on duty.

### **Can my own children accompany me to an In Home care situation?**

Not under normal circumstances. However, a Service Provider may develop its own policies around this, allowing this only in exceptional circumstances. Should this situation occur, any or all children on the premises, including the carer's children, count towards the specified ratios as outlined in Standard 9. Written permission must also be given by the parent / guardian of the children being cared for.

Policy to allow a carer's children to accompany the carer is to be based on considerations such as:

- a) The number of the carer's own children and the number of children in care.
- b) The impact on the quality of care provided by the carer.
- c) Written agreement from the family requiring care.
- d) Assessment and approval of each situation by the Service Provider non-carer staff, prior to the carer's own children being on the family's premises.<sup>16</sup>
- e) Child Care Benefit (CCB) is not payable for a carer's child/ren or their partner's child/ren while they are in the care of that carer.

## **10.2 Carer Responsibilities when on Excursions**

### **Standard 10.2**

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<sup>16</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 13

**While on excursions with the child/ren the carer has the following responsibilities:**

- a) Written parental permission must be received by the carer prior to the excursion commencing.
- b) The carer is responsible for the children in care at all times, whether or not accompanied by the parent/s on an excursion while the child/ren is signed into care.
- c) The carer will consider any known hazards when choosing destinations that are appropriate to the ages and the number of children in the family.
- d) When the parent takes the child/ren on an outing or, for example, to a swimming or music lesson off the premises, without the carer accompanying them, the child/ren must be signed out of care.<sup>17</sup>
- e) The carer must only use approved transport and follow all relevant safety requirements.
- f) The carer must, if driving, hold a current driving licence.
- g) The carer must have the appropriate registration and insurances.

### **10.3 Excursions and Transport**

Children clearly benefit from excursions that provide the opportunity to experience a broad range of environments and to explore their local community. Child safety and meeting duty of care must be of primary consideration. The carer should recognise that planning for excursions must incorporate the possibility of increased risks when children are in unfamiliar environments.<sup>18</sup>

#### **Standard 10.3**

**The safety and wellbeing of children must be maintained during excursions and vehicular travel. When transporting children in a vehicle, the carer must:**

- a) Carry with them at all times their current driving licence (where applicable).
- b) Evidence of vehicle registration (where applicable).
- c) Follow state and territory legal requirements for passenger transport.

#### **Standard 10.3.1**

**For all excursions the Carer must carry appropriate identification for themselves, including service contact details. They must also**

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<sup>17</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 11

<sup>18</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 13

have identification for all children in care, a minimum being a list of children's names and contact details.

## 11 Activities and Experiences for Children

A supportive learning environment, with opportunities for imaginative play, self-expression and creative thought, is fundamental to the development of young children.

The provision of sufficient and varied opportunities for play enhances each child's growth and individuality. Such opportunities should be culturally appropriate and offer experiences that facilitate each child's individual development.

Carers are expected to plan, provide and evaluate a range of experiences that are developmentally appropriate and support each child's needs through the natural rhythms and routines of the day and night.

Carers are expected to have sufficient evidence to inform parents of their children's planned experiences, such as communication book/journal, photographs, samples of children's work, or a folder or scrap book for a child.<sup>19</sup>

### 11.1 Supporting the Child's Development

#### Standard 11.1

**Activities and experiences that support each child's early learning and development, and allow for age-appropriate leisure and recreational activities, are to be provided in a safe and supportive environment.**

#### Standard 11.1.2

**The carer should take into account:**

- a) Family routines to assist children's learning and development in areas such as self-help and independence.
- b) The weather and the physical environment.
- c) Quiet/active times and settings.
- d) physical and sensory abilities of the child

#### Standard 11.1.3

**The carer should recognise that play is a primary means of children's learning and therefore provide them with the opportunity to:**

- a) Explore a variety of experiences, both indoor and outdoor.
- b) Pursue their own interests.

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<sup>19</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 18

- c) Be spontaneous.
- d) Freely choose activities and solve problems.
- e) Be involved in imaginative and creative play.
- f) Explore the world using all their senses.

#### **Standard 11.1.4**

**The carer should promote the dignity and rights of each child at all times, by:**

- a) Using positive guidance techniques and encouraging children towards positive and responsible behaviour choices.
- b) Encouraging children to develop social skills such as co-operation and helping others.
- c) Respecting the child's family culture and values.

## **11.2 Written Weekly Plan**

### **Standard 11.2.1**

**The carer will provide a written weekly plan that encourages the child to engage in early learning through self-directed play, self discovery, independence and extension of skills and development.**

**The carer is to ensure that programs are child-centred and inclusive of the cultural diversity of the children in care, in an environment free from prejudice. The carer's program is to take into account:**

- a) the early learning and developmental needs of individual children;
- b) the expectations of the children's parents;
- c) the weather and the physical environment;
- d) suitable materials, toys and equipment required to support the program;
- e) quiet/active times and settings.

The carer's program must promote the dignity and rights of each child at all times. This includes:

- a) guidance towards positive and responsible behaviour.
- b) respect for the child's family's values, as appropriate.
- c) positive child management techniques.

Carers (and services) wishing to build their knowledge and skills, by improving the quality of advice and training may wish to discuss their professional support

needs with the Inclusion and Professional Support Program. Details are available at [www.deewr.gov.au](http://www.deewr.gov.au) .

### **Standard 11.2.2**

**The carer will inform the parent/s of the child/ren's experiences/activities throughout the care period by:**

- a) Discussing the care provided during the day with the parent/s before the completion of the carer's shift, as reasonably required.
- b) Providing evidence of the weekly plan and subsequent evaluation as reasonably required.
- c) Showing the parent/s samples of the child/ren's work and activities as reasonably required.

## **12 Health and Safety**

Children need exposure to a wide variety of challenges and experiences within an environment that is safe, creative and stimulating. Such an environment requires a carer to have an understanding of hazard identification, supervision and other preventative strategies.

It is also important that a carer models positive health practices and appropriately supervises, assists and encourages children in their daily health and hygiene routines.

The Service Provider will advise the carer and family of relevant guidelines for carers in relation to health and safety, toys and equipment, outdoor play equipment, safe food preparation and storage, medicines and medicinal products, storage and children's access to vehicles.<sup>20</sup>

### **Standard 12**

**Children's health and development is to be nurtured within a safe indoor/outdoor environment and supported through appropriate nutrition, health and hygiene practices. The carer will be protected through the provision of a safe working environment.**

## **12.1 Safe Environment**

### **Standard 12.1**

**Carer's responsibilities include:**

- a) The carer will complete the agreed hazard identification and management checklist, each time care commences, for indoors and outdoors, and take any appropriate action.

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<sup>20</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 20

- b) Where any agreed guidelines/procedures are not being followed, the matter will be discussed between carer and family, or referred to the Service Provider.
- c) The carer will:
  - i. Observe health and hygiene practices which reflect current community standards and guidelines; and
  - ii. Encourage children to follow appropriate safety and health practices.<sup>21</sup>

## 12.2 Nutrition

### Standard 12.2

**In partnership with parents, and respecting the child and/or family's cultural, religious or health related dietary needs, the carer will:**

- a) Promote children's awareness of food and nutrition.
- b) Prepare, handle and store food in a safe and hygienic manner.
- c) Provide meals and snacks on a regular schedule, with flexibility where possible to accommodate children's individual needs.
- d) Ensure food is developmentally appropriate for the child and encourages independent eating.
- e) Ensure suitable drinking water is made available to children at all times.<sup>22</sup>

## 12.3 Notifiable Disease

### Standard 12.3

**If the carer is exposed to a notifiable disease, the carer will notify the Service Provider.<sup>23</sup>**

## 12.4 Weather Protection

### Standard 12.4

**The carer is to ensure that:**

- a) Children are protected against the adverse effects of weather.

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<sup>21</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 20

<sup>22</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

<sup>23</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

- b) The carer and children follow sun protection practices, based on current community standards and health guidelines, and any Service Provider policies/procedures.<sup>24</sup>

## 12.5 Carer Health

### Standard 12.5

#### The carer must ensure the following:

- a) A carer's ability to care for children should not be impaired by:
- i. Poor health status
  - ii. Any medical condition
  - iii. Dependency on any medication
  - iv. Dependency on any substance
- b) A carer is to provide a medical certificate indicating their ability to carry out full duties if requested at any time by the Service Provider.
- c) The carer must neither be adversely affected by, nor consume alcohol or drugs (except those required for legitimate medical reason), during the hours children are in care<sup>25</sup> or for a reasonable period prior to the hours the child/ren are in care.

## 12.6 Smoking

### Standard 12.6

**A smoke free environment must be provided for children during the hours children are in care.**<sup>26</sup>

## 12.7 Accident/Injury

The Service Provider will have policies and procedures around notifying parents of accidents or incidents; parents should be notified promptly of any serious accident/injury.

Details of all accidents, injuries, incidents should be reported accurately and objectively, on an appropriate report form, as provided to the carer by the Service Provider, as soon as possible. Parents should sign the report, to acknowledge that they have been told of the accident, injury or incident.<sup>27</sup>

### Standard 12.7

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<sup>24</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

<sup>25</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

<sup>26</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

<sup>27</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 32

**In the case of medical/emergency treatment the Carer will ensure:**

- a) That if a child has an accident/injury or becomes ill while in care, the child is kept under the carer's supervision until the child's parent/s, or a person nominated by the parent/s, or emergency services personnel take charge of the child.
- b) If a child requires immediate medical aid, the carer will take all reasonable steps to secure that aid.
- c) If medical treatment is sought off the premises, relevant information should be taken with the child (e.g. enrolment form, medication form and accident/illness form).
- d) If emergency treatment/medical aid is sought, the parent/s must be notified as soon as possible.<sup>28</sup>

## **12.8 Medication and First Aid Kit Storage**

### **Standard 12.8**

**The carer is to ensure that medications and the First Aid Kit are stored appropriately either in a child-resistant container or out of reach of children. Medication that requires refrigeration should be stored appropriately. Medication is to only be administered as per appropriate signed authority. Carers must be aware of any allergies etc, symptoms and the appropriate action to take in these circumstances.**

## **12.9 Emergency Procedures**

### **Standard 12.9**

**The carer must ensure that any door designated as an emergency exit, doorway and the approach to the doorway, are kept clear of obstacles at all times. Regular emergency evacuations must be rehearsed.**

## **12.10 Water Safety**

### **Standard 12.10**

**In relation to water safety, the carer must:**

- a) Ensure that any doors and windows which give access to a pool, spa or jacuzzi are securely locked and pool gates kept closed.
- b) Directly supervise children at all times when children are being bathed, are playing with water and equipment containing water, and on excursion to bodies of water.

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<sup>28</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 21

- c) Follow procedures such as
  - i. Filling a wading pool, bath, basin or trough immediately before it is used, and emptying it immediately after use
  - ii. Storing buckets, bowls etc. in a manner that water cannot collect in them
  - iii. Securely covering liquid-filled buckets <sup>29</sup>

## **13 Administration and Record Keeping**

The Service Provider must supply the carer with relevant forms which satisfy the Service Provider Standard 3, including Enrolment, Contact and Child Information, Record of Hours of Care Provided, Parent Permissions, Authorisation and administration of Medication, Child Accident or Injury Report, Notifiable Disease and Risk Assessment/Safety Management.

### **Standard 13**

**The In Home Carer is to maintain accurate records.**

### **13.1 Records for the In Home Care Carer**

#### **Standard 13.1**

**The carer must keep copies of the following documents:**

- a) Current first aid and CPR certificates.
- b) Approved qualifications, or documentation to validate carer's progress towards an approved qualification or ongoing professional development, if appropriate.

### **13.2 Access to Information**

#### **Standard 13.2**

**The In Home Care carer is to:**

- a) Have their personal identification and current registration certificate, issued by the Service Provider with them while working as a carer.
- b) Have the telephone number, address and other relevant information of the Service Provider with them while working as a carer.
- c) Make available all relevant policies, procedures and practices of the Service Provider to parents of children in the care of the carer, on request, within seven days of the request being made.

### **13.3 Insurance**

#### **Standard 13.3**

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<sup>29</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 28

**The In Home Care carer must be covered by an adequate current public liability policy for the amount required by the DEEWR Funding Agreement.**

## **13.4 Maintenance and Retention of Records**

### **Standard 13.4**

#### **The carer must:**

Ensure that any required records are kept up to date, and remain confidential. Keep records for the periods specified by legislation.<sup>30</sup>

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<sup>30</sup> Child Care Unit; *Tasmanian Standards for In Home Care*; Tasmanian Department of Education; TASMANIA; page no: 31

## Glossary

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- **Approved Qualifications** - A minimum of a two-year full-time or equivalent accredited post-secondary education or tertiary qualification in child care (early childhood) or education (early childhood); or, if appropriate, in school-aged care or recreation e.g. Diploma/Advanced Diploma in Child Care. Other approved competencies that at their core have a component of child development and child care study.

The service provider is required to keep copies of all carer and non-carer staff qualifications on file.

- **Carer** – a person who provides care for someone else’s children in the child’s own home.
- **Child Care Benefit (CCB)** – a payment made to families to assist with the costs of child care. Families using child care provided by approved child care services or carers may receive CCB. Families using approved child care are able to choose to receive CCB through fee reductions or as a lump sum payment.
- **Continuity of Practice** – Persons holding an approved qualification will maintain their qualified status while they maintain continuity of employment in the child care profession, including home based care, or where a break from employment in the child care profession is no greater than five years. Persons holding an approved qualification and who have had a break of five or more years in their child care employment, will be required to obtain certification from a recognised competency assessment organisation, stating that their competencies meet the required current approved qualification standard.
- **Duty of Care** – A duty to take *reasonable care* to:
  - identify possible causes of harm; and
  - prevent harm from occurring.

Taking *reasonable care* means balancing the safety of yourself, workers, young people and others with providing opportunities to develop skills, responsibility and maturity.

- **Eligible** – entitled or qualified to do, be, or get something.
- **Excursion** – a short, non-routine trip to a place and back, for pleasure or a purpose.
- **DEEWR** – The Australian Government Department of Education, Employment and Workplace Relations.

- **Family** – refers to members of one family, i.e. brothers and sisters, including step brothers and sisters, foster children and near relatives who normally reside together.
- **First Aid Certification** – The minimum is an accredited first aid course of at least 10 hours duration. The course is to have practical workplace application for both children and adults, and must include Cardio Pulmonary Resuscitation (CPR) with child CPR. The course must be delivered by a nationally recognised first aid trainer. CPR certificates must be renewed annually.
- **Fit and Proper Person** – The service provider is responsible for ensuring that all non-carer staff and carers have a satisfactory working with children safety screening clearance or working with children check. The service provider must sight the clearance certificate, keep copies of all safety screening certificates and interview prospective non-carer staff and carers to ensure they have the appropriate knowledge, skills and experience to provide nurturing, quality care. Contacting personal and professional referees is essential.
- **Guardian** – A person who has legal responsibility for the care and management of a person who is incapable of administering his own affairs. In the case of a minor child, the guardian is charged with the legal responsibility for the care and management of the child and of the minor child's estate.
- **Housework** - The carer must only undertake work that is critical for the welfare of the child and is considered to be part of the IHC being provided (such as preparing the child's lunch, cleaning up afterwards, putting toys away). Other work (such as preparing the dinner for the family, doing the shopping for the family or washing the dishes from the night before) is not considered child care)
- **Immunisation Records** -A person in charge of a child care service must obtain information about a child's immunisation status before that child commences care.
- Parents may elect not to have their child/ren immunised because of medical or other reasons – but it is necessary to have a written record of this to enable the Service Provider and carers to act promptly, in the event of an outbreak of mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), etc. Public health authorities have developed guidelines to assist the child care service deal with such situations.
- **In Home Care** – In Home Care is a form of child care where care is provided in the child's home by an approved carer.

- ***Non-carer staff*** – all staff employed by the service who do not act in a carer’s role.
- ***Non-school child*** – a child including a pre-school child who is not yet attending school.
- ***Notifiable*** – is used to describe an infectious disease of people or animals that must be reported to the appropriate authority when it occurs so that control or preventive measures can be taken.
- ***Notifiable Diseases*** - a record of a notifiable illness will assist the Service Provider and carers to implement any necessary action plan, such as notifying other families, upgrading cleaning or hygiene routines, etc.  
Record, as a minimum, the name and age of child, the symptoms, and the date and time symptoms were noticed. A record of illnesses would assist public health authorities in the event of an outbreak of a notifiable disease.
- ***Parent*** – includes a stepmother, stepfather and guardian.
- ***Registered Carer*** - registration of a person as a child carer by an approved registration body.
- ***Rural*** – non metropolitan areas that are defined in the Accessibility and Remoteness Index of Australia (ARIA)
- ***Service Provider*** – the organisation delivering child care.
- ***Up-skilling of Support and Advisory person*** - Current non-carer staff directly involved in supporting carers, but who do not have the current approved qualification must have completed a recognised approved qualification by 2012. New non-carer staff directly involved in supporting carers employed from 1 July 2007 must hold an approved qualification.

## **SUGGESTED DOCUMENT CHECKLIST**

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<b>Accident/Injury Report</b>
<b>Annual Eligibility Checklist</b>
<b>Carer Guidelines and Responsibilities</b>
<b>Child Transportation Authority</b>
<b>Communicable Diseases Information</b>
<b>Daily Routines</b>
<b>Daily Timetables</b>
<b>Developmental Assessments</b>
<b>Developmental Records</b>
<b>Emergency Evacuation</b>
<b>Emergency Medical Treatment</b>
<b>Enrolment Form</b>
<b>Excursion Authority</b>
<b>Hazard Checklist</b>
<b>Immunisation Record</b>
<b>Manual Handling &amp; Lifting Guidelines</b>
<b>Medication Administration Records</b>
<b>Medication Authorisation Records</b>
<b>Observation Records</b>
<b>Parent Authorisation</b>
<b>Parent/Guardian Agreement</b>
<b>Permission Forms</b>
<b>Premises Assessment Form</b>
<b>Program Templates</b>
<b>Program Evaluation</b>
<b>Record of Hours of Care</b>
<b>Reference Checks</b>
<b>Register of Notified Diseases</b>
<b>Service Philosophy</b>
<b>Service Provider Guidelines and Responsibilities</b>
<b>Standard Service Information Package</b>

## **SUGGESTED POLICY DOCUMENTS**

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<b>Asthma Management</b>
<b>Behaviour Management</b>
<b>Child Access</b>
<b>Confidentiality</b>
<b>Discipline</b>
<b>Enrolment</b>
<b>Excursions</b>
<b>Grievance</b>
<b>Health &amp; Hygiene</b>
<b>Manual Handling &amp; Lifting</b>
<b>Money Handling</b>
<b>Nutrition</b>
<b>OH&amp;S</b>
<b>Privacy</b>
<b>Program</b>
<b>Sexual Harassment</b>
<b>Sun Smart</b>
<b>Volunteer</b>