

The Circle Program – a therapeutic approach to foster care

Program Guidelines

May 2009

Published by the Victorian Government Department of Human Services
Melbourne, Victoria

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The following statements from a child's perspective seek to convey the hoped for experience of each child placed in the therapeutic foster care program:

My personal characteristics, culture, family background, development and health are known and understood by the people I rely on.

I live in an environment that supports my recovery, learning and growth.

I am excited about life and learning and supported to explore and participate in new things

I am confident that I will be cared about, that decisions will be made in my best interests and that I will have a say in important decisions

I am listened to carefully and respectfully by people who care for me and who make decisions about my life.

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1. Program background

In November 2005 the Premier announced the allocation of new resources to develop a therapeutic foster care model, with the intention of establishing an alternative approach to the existing model of care which can better meet the needs of children requiring out of home care.

It is important to acknowledge that these funds were allocated when much work was already under way on making our existing platform of out of home care services much stronger. The funds provided an opportunity to “speed up” progress in improving our broad out of home care system’s capacity to achieve positive outcomes for children and young people in care.

We are aiming, in the medium to long term, to build a system of home based care in Victoria where all children receive the therapeutic response they require when they require it, not a system where only those whose behaviours are so extreme, and who have suffered additional harm due to placement disruption or other adverse consequences of being in care, become eligible for a therapeutic response. In short, we seek to develop a therapeutic **system** not just a therapeutic **model**.

“For the purposes of this Act the best interests of the child must always be paramount”¹

The Circle Program model endeavours to give effect to the principles contained in the *Children, Youth and Families Act 2005* (CYFA) and the *Child Wellbeing and Safety Act 2005* (CWSA). Paramount amongst these is the best interest principles detailed in section 10 of the CYFA. Where relevant, sections from each Act are referenced in this paper to underscore the link between components of the model and the guiding legislation.

As will be seen many, if not all, of the model components are what we currently expect or desire for *all* out of home care placements. However, we know that often our current service fails to live up to these expectations. Through the establishment of this model of care we hope to provide a service which does meet all of these expectations, and through this provide a model of the outcomes a “good” home based care service may be able to achieve.

2. General principles underpinning The Circle Program – a therapeutic approach to foster care

The Circle Program is clearly positioned within a philosophical framework that supports and promotes child centred practice and the principles of children’s rights. The following principles provide the orientation for all activities within the program.

- All children and young people have an inherent right to protection, care and support.
- Children and young people who have experienced abuse related trauma and engage in challenging behaviour have experienced a range of abusive and disruptive experiences and are significantly influenced by their environmental context.
- All children and young people need to have their experiences of abuse and trauma acknowledged, be assisted to communicate and give expression to their experiences and to have these experiences understood.
- All children benefit from interactions that are informed by resilience theory and where those around them have high expectations for the child and support them to achieve these expectations
- Improved outcomes for children and young people who engage in challenging behaviours are enhanced if a co-ordinated and unified approach within a child or young person’s personal and professional network is developed and supported.
- Children and young people will receive quality care that meets their individual emotional, social, physical, developmental, cultural and spiritual needs.

¹ Section 10 (1), Children Youth and Families Act 2005

- Interactions are planned and intentional; the emphasis is toward continuous support and contact and away from contacts that respond only to crises.
- Children and young people will be provided with opportunities and assistance to participate in decisions that affect their lives.
- Children and young people will be given information and consulted wherever possible about matters that affect them.
- Foster carers are expected to participate in decisions affecting the lives of children and young people placed in their care.
- Wherever possible and appropriate, the child or young person's family of origin, both immediate and extended will be engaged in a process of planning for the achievement of enhanced and supportive family relationships between the child or young person, foster carers and family members.
- The engagement of informal networks of support for a child or young person, foster carers and child or young person's family greatly enhances the achievement of positive outcomes for the child.
- Children, young people and their families will be treated with respect and dignity at all times.
- Placement planning processes and intervention will be sensitive to issues of culture, gender, sexuality and disability.
- Positive outcomes for children and young people are promoted when they are provided with continuity and stability of placement.
- It is important for a child or young person to have at least one adult whom they can identify as offering ongoing care and support to them, no matter with whom they live.
- Staff, foster carers and volunteer network members will be treated fairly and respected as members of a team with unique knowledge and skills.
- Abused and vulnerable children and young people should have access to clearly identifiable specialist programs as needed.
- Effective support for children and young people who engage in challenging behaviours needs to be multi-modal, containing components that reflect all their developmental needs (as per the LAC framework), network co-ordination and capacity building.
- The Circle Program is provided as part of an integrated network of service providers to children, young people and their families.
- The Circle Program works actively to promote positive responses to children and young people in care and to aim for the elimination of any stigmatisation of abused, vulnerable or disabled children and young people.

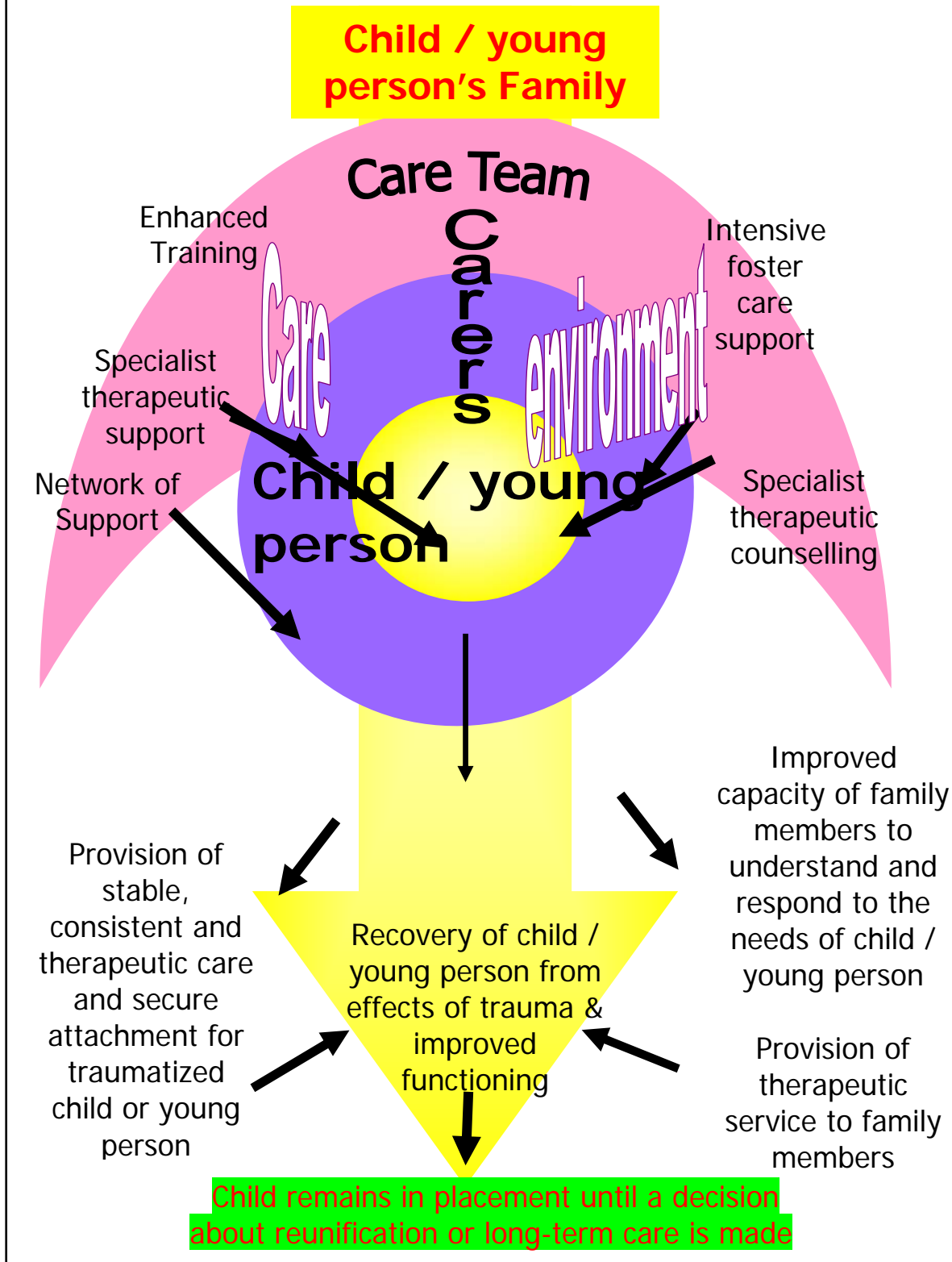
The diagram below provides a conceptual map of The Circle Program including the key elements and sites of intervention:

- **The child or young person** is positioned at the centre of the program within the primary care context.
- **The care team** overarches and intersects with the child or young person and care environment providing focused training and support to either the child, young person and/or the carers and significant others to facilitate the ability of all those in the care environment to effectively support the child or young person to recover from the effects of abuse related trauma.
- **The care environment** is the relationships, home, family, school and networks created by the primary carers with the support of other members of the care team.
- **Engaging the child or young person's family** at all stages where possible and appropriate, the aim of the program is to promote timely reunification between child or young person and family or the achievement of long term stable care for the child.

The terms carer and carers are used interchangeably in these guidelines. Many placements will have one primary carer, either because one adult in the household has a more central role in the direct care of the child or because there is only one adult in the household. In some

households, the direct care of the child may be equally shared between two adults and both are "primary carers".

Conceptual Map of The Circle program



3. Expectations and service standards

The Circle Program falls under the umbrella of home based care and is therefore guided by the policies and practices that apply to all home based care services. In relation to the expectations of participating agencies, it is important to note that the minimum standards for home-based care as defined in the *Registration Standards for Community Service Organisations* apply equally to this program. These standards identify minimum requirements that must be met by agencies participating in The Circle Program.

The role of the Children's Court and the statutory responsibility of child protection determine the Best Interests planning direction for children and families who are involved with the out of home care system, including the children in The Circle Program.

In developing The Circle Program operational guidelines, participating agencies have articulated how the principles and approaches outlined can be best translated into practice. These standards then, like other features of the model, provide both practice guidance and a baseline for evaluation of the program. The Circle Program guidelines also identify additional and enhanced expectations – of agencies, carers and child protection workers.

The Department of Human Services and Department of Education and Early Childhood Development *Partnering Agreement* outlines roles and requirements in relation to supporting the educational needs of children in care. These requirements apply equally for children in The Circle Program.

Beyond the stated standards it is the intention of this program to change the culture and practice of the home-based care sector to become more forward looking and focussed on the actual outcomes and experiences of children and to move away from the culture that values intentions and history.

3.1 Dispute resolution

Where in response to addressing regional requirements exceptions to the program guidelines are sought, the following process should be applied. A discussion should be held between the Circle Program providers and regional departmental Placement and Support staff. The discussion should identify the issues, any areas of disagreement and seek to obtain mutually agreed outcomes. Where agreement is reached the terms of the agreement should be documented.

If agreement cannot be reached, the parties should clearly identify the issue, point/s of disagreement and solutions suggested by each party to the dispute. Placement and Support in DHS central office can assist in discussing a resolution either specific to a case or where the situation would have guideline implications. The matter should also be reported to and discussed at the following Program Development Advisory Group meeting for input into any program guideline implications.

4. The children and young people involved

The clients of this program will include both new entrants to care and existing clients of the out of home care system, with at least 2/3 of the target group made up of new entrants to care. Up to 1/3 of the client group can be children who are existing clients, as detailed below. The intention of this program is to provide an early intervention option so children initially coming into care are prevented from having multiple and poor placement experiences. In the continuum of home-based care programs, this distinguishes The Circle Program from complex care and from the TrACK program.

4.1. Mandatory eligibility criteria

The following criteria apply for all clients of the program, both new entrants to care and existing clients:

- Must be a child protection client
- Must be the subject of an Interim Accommodation Order, Custody to Secretary Order or Guardianship to Secretary Order
- Must have an active allocated case manager

4.2. Additional criteria for children who are new entrants to care

Age: No age limit.

Prior placements: A new entrant to care must not have been in a care placement at any time in the past 6 months. If short-term voluntary placements (with or without the involvement of child protection) have occurred in this period, the eligibility of the child will be considered on a case-by-case basis and the decision will be guided by the early intervention focus of the program.

Process and responsibilities

Allocation to this program will be a random selection from the referrals to the placement agency. The aim is that The Circle Program is always full, i.e. where the placement agency has a vacancy in the program, that space becomes the priority to fill.

Placement Co-ordination Unit (PCU) refers clients to the placement agency as usual and does not identify children for consideration for The Circle Program. Placement options within the placement agency will be discussed between PCU and the placement worker in consultation with the therapeutic specialist.

Where there is a vacancy in The Circle Program, it will be filled by the next child or young person referred who meets the criteria for the program, unless there is no suitable carer or requirements of the carer or child are unable to be met. (E.g. the only carers available can only accommodate school-aged children and the referral is for a preschooler or the school arrangements for the child have implications for the carer that cannot be met.) It is expected that this process will mirror the current matching process that occurs in general foster care. Where the placement agency considers that there is a compelling reason why a referral of an eligible child is inappropriate to fill a Circle Program vacancy, the reasons must be noted and conveyed to PCU.

4.3. Additional criteria for children already in care

Children already in care can enter the program if a new placement is being sought because the child's needs are unable to be met in the existing placement.

- Age: The child is up to 12 years old at entry to The Circle Program placement.
- The child has been in care for up to 2 years – i.e. no longer than 2 years in the current presentation/ period in care. The child may have been previously placed in statutory care but the previous order must have lapsed or been discharged and the child must not have returned to out of home care within the last 6 months.
- The child has experienced up to two placement breakdowns.

Children who are in The Circle Program whose placement breakdown, regardless of reason, should be re-placed within the program if a match is at all possible.

Children who are in ongoing placements will not be transferred in to the program. If there is a concern that a child is in an unstable placement, discussions should be held between the placement agency and the PCU to consider how best to support the placement and alleviate the current concerns.

No child will be moved out of an existing placement to free a carer to take a child through The Circle Program.

Process and responsibilities

The placement agency, with the therapeutic specialist identifies children who fit the above criteria.

Selection of clients is made in consultation with PCU. Where there are more children than vacancies they should be prioritised on the basis of urgency of needing a placement and on matching with the available carers.

Final decisions rest with the placement agency as they have access to the information about which carers are available, carer preferences/parameters and their accreditation status.

4.4. Placement criteria

Placements must meet usual placement matching criteria that ensure carer capabilities and stated preferences/ parameters are met.

4.4.1. Carer commitments

In The Circle Program, where a carer has another child or young person in placement with them through a foster care program a Circle placement can be made after consideration of the following. Where the carer has a child in a long term stable placement, that carer can be considered to commence a Circle Program placement in addition to the existing placement. Best practice requires consultation with the Best Interests Case Planner regarding the needs and stability planning for the existing child in placement. When considering matching a child for a Circle Program placement with a carer who has an existing foster care placement a formal review of the carer's current situation should occur. The review must consider the carer's capacity to meet both children's needs and The Circle Program's requirements, the therapeutic needs of the child to be placed and the existing child in placement. Prior to the placement commencing the therapeutic foster care worker and therapeutic specialist must recommend the placement of an additional child with the identified carer and seek the endorsement of The Circle Program Accreditation Panel.

The carer's existing relationship with a biological child will be of a different nature and is therefore seen as compatible with the provision of The Circle Program for a child who may be placed with them. Similarly, a child who is an existing part of the carer's family is considered in the same way as a biological child. These circumstances would include an adopted child or a child permanently placed with the carer (whether under permanent care order, or another order but with a permanent care case plan or stability plan that identifies the current carer household as the child's ongoing placement).

4.4.2. Respite care

Circle Program carers may not enter into any new respite arrangements whilst caring for a child placed with them through The Circle Program. However where a carer is seeking to maintain an existing close and long standing relationship with another child through the ongoing provision of respite, this will be supported where feasible. Considerations informing the decisions on this issue will include:

- the needs of the child for whom respite is being provided and the likely impact on the carer's capacity to meet the needs of the child placed full time in the Circle Program.

- the history of the respite arrangement
- circumstances such as frequency and length of stay e.g. all of school holidays, planned recurrent respite, shared care (more than 28 days) and/or obligations to provide emergency respite.

Pre placement discussions about matching should consider any ongoing respite arrangements the carer provides. These discussions should take place between the carer, placement worker and therapeutic specialist.

Further guidance regarding respite care is provided in section 16 The Support Network.

DEFINITION OF RESPITE CARE for reimbursement purposes

Respite is a time-limited placement where a child is placed away from the primary caregiver or current living circumstances. In the circumstance where a child in out-of-home care is being placed in a respite placement, the usual business rules apply regarding the funding arrangements for the two caregivers. In one calendar year the following rules apply. Please note the days counted are cumulative, for instance in the first case this will be either 7 individual days or multiple days that add to seven.

- For respite up to 7 days, both the respite and the primary caregiver receive reimbursements.
- For between 8 and 28 days, the respite caregiver and (if authorised by the Region) the primary caregiver receive reimbursements.
- For respite over 28 days, the respite caregiver receives reimbursements and only in extraordinary circumstances does the primary caregiver receive reimbursements.

Respite care, therefore is clearly time-limited, and therefore differs to Shared Care. Where the care team decides that the respite arrangements need to go beyond the limits noted above, they need to seek the agreement of the DHS Best Interests Case Planner.

Where a child in a Circle placement attends respite with an accredited Circle carer the carer will be reimbursed at the Circle reimbursement rate –Intensive Level 2. Where a child in a Circle placement attends respite with a carer who is not an accredited Circle carer the carer will be reimbursed at the general rate. Where a child in a general foster care placement attends respite with an accredited Circle carer, the carer will be reimbursed at the general rate.

Other people who provide care for a child in a Circle placement, who are neither registered carers nor approved kinship carers, are not eligible to receive carer reimbursements. Where the care team considers it appropriate, brokerage funds may be used to support this care arrangement. Guidance about the need for carers to be trained and approved is provided in section 16 The Support Network.

Shared Care

Shared Care is an arrangement where the care of a client is shared between two Caregiver households on an ongoing basis, as distinct from Respite. For example, a child stays nine nights with one Caregiver household and five nights with another Caregiver household on an ongoing basis. Shared care agreements should be endorsed by the Best Interest's Case Planner and caregiver reimbursements should reflect the exact nature of the shared care arrangement.

4.5. Sibling groups

The program will not place more than two siblings in one placement. Placements may be made of 1 or 2 children who are part of a larger sibling group. This guideline will be reviewed in the first year of evaluation.

Where siblings are placed together in the program, each child will be counted as one target for program reporting and administrative purposes. All features of the program will apply to the

care arrangements for both children, that is, each child will have their own individual records, care team meetings will be held specifically for each child, and so on.

Before allocating two siblings to be placed with a carer there must be discussion with the carer, PCU and placement agency to ensure that the expectations that will be placed on the carer are reasonable and able to be achieved (i.e. care of the children, attendance at meetings and other sessions.)

It is important to note that not all large sibling groups are case planned together or desirably placed together. Where 2 siblings are part of a larger sibling group and a placement is sought for any or all of the siblings, there is no restriction on their access to The Circle Program – only on the number who can be placed with each carer.

Where siblings are placed separately the usual placement processes described above will be followed. Involvement of one sibling in the program will not bind or prevent the other sibling from being considered for a place.

4.6. Stability planning

A stability plan for a child must plan for long-term care stable care of the child - Children, Youth and Families Act (2005) s.169 (2)

Stability refers to the child's connection to their family, primary carer, school, friends, community and culture. It does not simply mean where a child lives, but considers who are the important and enduring people in the child's life? The Circle Program is built on the foundation of the carer being one of the long-term, safe, stable and supportive people in a child's life, whether the child is living with them or not.

The first planning goal is to safely and quickly reunify children with their family in order to maintain or develop continuity and stability in care, if this is in the child's best interests. Early and intensive, therapeutic and collaborative work with families and services is important to allow genuine and maximum opportunities for reunification in a safe and timely way.

Where family reunification is assessed at any stage as not being either possible or appropriate, the planning goal is stable long term out of home care. A stability plan must be prepared that focuses on the child's long term care arrangements, to promote their safety, stability and development and assist their recovery.

The Child Protection assessment relies on active collaboration and engagement of the child, family, carer and service providers with timely assessments, and comprehensive and coordinated assistance and support.

TIMEFRAME

As detailed in the *Children, Youth and Families Act (2005) s.170 (3)* a stability plan must be prepared by Child Protection, having assessed the child's developmental needs, harm and future risk, parental capability and the likelihood of successful and sustainable family reunification. The mandated maximum timeframes are:

- 12 months total in out of home care for a child aged under 2 years
- 18 months total in out of home care for a child aged 2 years but under 7 years
- 2 years total in out of home care within a period of 3 years for a child aged 7 years or over

More information is available on the every child every chance website.

4.7. Assessment of children

The child and young person's assessment will aim to provide an understanding and formulation of the child in the context of their mental health and well being. The assessment recommendations will aim to increase the care team's capacity to create safety and stability for the child and ensure that the child's therapeutic needs are met. The initial assessment will also consider the child's health and allied health needs, and will meet the requirements of the Initial Health assessment. The therapeutic specialist provides an emotional/behavioural assessment report and a report that integrates the findings of all initial health assessment components, together with any recommendations for further assessment/treatments required as described by the Initial Health assessment service model.

The assessment process will be led and coordinated by the therapeutic specialist; other members of the care team will be involved in various parts of the assessment. The process outline is at Appendix One.

- The therapeutic specialist will commence an assessment of the child or young person following the 48-hour care team meeting. The nature of the assessment will be guided by the needs of the child or young person and previous assessments conducted to date.
- Standard procedures should be followed to seek the guardians written consent; however, parental consent is not required where the consent is provided by the delegated departmental officer to proceed. S.597 of the *Children, Youth and Families Act (2005)* states:

"The Secretary may at any time order that a person –

(a) in the care or custody of the Secretary as the result of –

(i) an interim accommodation order; or

(ii) a custody to Secretary order; or

(iii) a guardianship to Secretary order;

be examined to determine his or her medical, physical, intellectual or mental condition."

Where the child's guardians do not consent to the assessment, consent to proceed must be sought from the Departmental Unit Manager prior to the assessment commencing. Where the Unit Manager provides written consent for the assessment to commence, the Department must advise the guardians in writing of their Case Planning decision. All Best Interests Case Planning decisions are subject to appeal processes.

- Assessment by a GP and a dentist is a requirement of the Initial Health assessment.
- Aboriginal children should be linked to an Aboriginal health service.
- The need for referral to other specialists may be identified during the assessment process and these would be discussed with the GP and the care team, for example; Psychologist (Cognitive, Neuropsychological, or Educational Assessment), Speech Therapist, Occupational Therapist, Paediatrician. (Note that the Paediatric assessment is mandatory for all preschool children, and should be considered in consultation with the GP for school aged children.)
- The therapeutic specialist will provide information to the care team throughout the assessment phase to assist in immediate and ongoing planning around the child, and particularly at weeks four and eight to inform the Care and Placement Plan.
- The therapeutic assessment will include and consider information from a wide variety of sources including; the child or young person; the birth parent/s; the carer/s, the child protection worker; the placement & support worker; school or childcare staff; therapeutic services if involved; past carers and workers; any other significant person in the child's world, and previous reports.
- The therapeutic specialist will aim to administer all outcome measures. The administration of child/youth self-report measures will be guided by the best interests of the child/young

person, and accepted testing practice. Standardised tests will form part of the assessment. Appendix Two contains a list of the standardised tests and outcome measures.

- The assessment report will be completed within twelve weeks of the child entering into the placement and will include recommendations to inform ongoing therapeutic planning. Formal feedback will be provided to the care team at this time.
- Feedback sessions will be provided to the child, carer and birth family in a way that is guided by clinical judgement.
- A review report is required at six month intervals, and should be a part of the LAC processes. Outcome measures will be completed as required, including for the formal program evaluation and DHS reporting requirements
- A closure report is required at the completion of placement.

5. Carer role and support

5.1. Goal statement

Carer's goal statement:

I undertake my role within a realistic and appropriately supported environment. I play a central role in caring for a child who is also supported by professionals with appropriate skills.

I am supported to undertake my role and can access specialist advice and assistance where needed so that I can provide proper and appropriate care.

The resources available to me are aligned with the level of care required and are adjusted as care needs change. The resources and support I receive will help me to assist children to reach their full potential and realise positive outcomes.

5.2. Program rationale

The central tenet of The Circle Program is the primacy of the carer: child therapeutic relationship. The focus becomes the carer's ability to provide skilled *therapeutic parenting* applying individually tailored techniques designed to provide the child with the best possible opportunities to grow, learn, develop and heal from the effects of abuse. To achieve this goal, carers have full access to information that is needed to provide proper care for a child and are central members of the care team.

A carer will only have one child placed with them in The Circle Program at any one time. The exceptions to this are sibling groups, as discussed in section 4.5 and where a carer has a long term stable placement as discussed in section 4.4.1. Experience in general foster care may show that carers have been able to take on more children; however the expectations and requirements of The Circle Program carers are significantly different.

Carers are carefully selected using criteria such as their skills, knowledge, family circumstances and availability and then provided with ongoing training, learning opportunities and support.

5.3. Specific roles and responsibilities of carers

Note that as outlined in section 3, these responsibilities both reflect and augment the minimum standards for home-based care as detailed in the *Registration Standards for Community Service Organisations*.

- To provide care for the child/young person placed with them for as long as the child needs to live with them in accordance with the program's professional standards and the responsibilities for duty of care.
- To be willing to engage in an ongoing relationship where appropriate with the child, whether they are living with the carer or not.
- To be prepared to provide respite and other care for the child where appropriate and available, should they move out of the carer's house.
- To support actions that assist in the fulfilment of the Care and Placement Plan (incorporating the individual therapeutic care plan).
- To fulfil the requirements of the Looking After Children Framework.
- To assist the child/young person to develop and maintain positive and constructive links within the local community, or community of origin particularly in regard to available support services and recreation and if appropriate encourage access and contact between the child and their family or support networks. This is particularly important for Aboriginal children, who need to remain in contact with their Aboriginal family and community.
- To ensure the rights and needs of the child/young person, in particular their right to be informed and included in decision-making, are fully considered and addressed by the care team.
- To actively participate in a multidisciplinary teamwork approach.
- To actively participate in regular, planned and intensive contact with placement and therapeutic workers and contact as needed with the child protection worker. The minimum expectation is weekly face-to-face contact with one of the workers.
- To provide twice weekly carer reports that promotes frequent dialogue about the child, the relationship between the carer and the child and carer's reflection on their own needs and learnings.
- To attend specialised training and other support groups and develop an awareness of issues related to abuse and neglect, the resulting trauma and attachment disruption and their impact on thoughts, feelings and behaviour.
- To assist in the establishment of 'placement specific' and 'client specific' management plans, expectations, undertakings and responsibilities necessary to meet the child/young persons support needs.
- To support the objectives of the placement and Best Interests plan and the rights and needs of the child/young person.
- To treat all information regarding a client as strictly confidential.
- To keep placement supervisors appropriately informed on progress or concerns regarding the child/young person.
- To know the boundaries of the therapeutic parenting role and to raise with professional staff circumstances where specialist involvement or additional authorisation is required.

6. Placement agency role and support

6.1. Specific roles and responsibilities of placement agencies

Note that as outlined in section 3, these responsibilities both reflect and augment the minimum standards for home-based care as detailed in the *Registration Standards for Community Service Organisations*.

- To work with the therapeutic specialist, particularly, and other care team members generally to support the provision of care for the child/young person in accordance with the program's professional standards and the responsibilities for duty of care.
- To lead the care team including organising and managing meetings including the 48 hour meeting and regular care team meetings.
- To lead the care team to ensure all the requirements of the Looking After Children framework are met.
- To ensure the provision of regular, planned and intensive contact with the carer and child, including coverage for times when the worker is on leave.
- Face-to-face contact with the carer will occur at least weekly, involving either the placement worker or the therapeutic specialist, as negotiated between the workers and carer. At a minimum, the placement worker will have individual face-to-face contact with the carer at least once every two weeks.
- To support actions that assist the child/young person to develop and maintain positive and constructive links within the local community, particularly in regard to facilitating wherever possible linkages with available support services and recreation and if appropriate encourage access and contact between the child and their family or support networks.
- To ensure the rights and needs of the child/young person, in particular their right to be informed and included in decision-making, are fully considered and addressed by the care team.
- To actively participate in a multidisciplinary teamwork approach including supporting the Partnering Agreement with DEECD.
- To receive and give careful consideration to twice weekly carer reports that promote frequent dialogue about the child and carer's needs and learnings and ensure that issues raised are appropriately addressed in regular care team meetings.
- To provide the lead role in supporting and supervising the carer in the implementation of the Care and Placement Plan (incorporating the individual therapeutic care plan) in conjunction with the therapeutic specialist.
- To participate in training carers for the program, using The Circle Program training package, with the therapeutic worker.
- To attend specialised training and other support groups and develop an awareness of issues related to trauma and abuse and their impact on behaviour.
- To treat all information regarding a client as strictly confidential.
- To ensure that the placement agency remains aware and up to date regarding the child's learning, development, successes and challenges.
- To ensure that the placement agency undertakes regular reviews with carers and their families/ household members that focus on the carers' satisfaction, support needs, and address any areas of concern to carers in fulfilling their role.
- To know the boundaries and requirements of the placement support role and identify areas where additional supports may be required.
- To provide the first point of contact and the majority of the support to carers for matters arising outside of ordinary working hours. It is expected that this will require some training of staff across the agency in The Circle Program theoretical underpinnings and the therapeutic parenting approach employed by the program.

7. Therapeutic specialist role and support

7.1. Specific roles and responsibilities of therapeutic agencies

Note that as outlined in section 3, these responsibilities both reflect and augment the minimum standards for home-based care as detailed in the Registration Standards for Community Service Organisations.

- To work with the placement worker, particularly, and other care team members generally to support the provision of care for the child/young person in accordance with the program's professional standards and the responsibilities for duty of care.
- In consultation with the placement worker, to ensure the provision of regular, planned and intensive contact with the carer, including coverage for times when the worker is on leave.
- Face-to-face contact with the carer will occur at least weekly involving either the therapeutic specialist or placement worker, as negotiated between the workers and carer. At a minimum, the therapeutic specialist will have individual face-to-face contact with the carer at least once every four weeks.
- To fulfil all the requirements of the Looking After Children framework.
- To take the lead in the assessment of the child or young person and the development and monitoring of individual therapeutic care plan. Assessment will include home visits and other out of office meetings.
- To support actions that assist the child/young person to develop and maintain positive and constructive links within the local community, particularly in regard to facilitating wherever possible linkages with available support services and recreation and if appropriate encourage access and contact between child and their family or support networks.
- To ensure the rights and needs of the child/young person, in particular their right to be informed and included in decision-making are fully considered and addressed by the care team.
- To fully support the objectives of the Care and Placement Plan, incorporating the individual therapeutic care plan.
- To actively participate in a multidisciplinary teamwork approach including supporting the Partnering Agreement with DEECD.
- To give careful consideration to twice weekly carer reports that promote frequent dialogue about the child and carer's needs and learnings and ensure that issues raised are appropriately addressed in regular care team meetings.
- To support the carer in the implementation of the Care and Placement Plan (incorporating the individual therapeutic care plan) and work collaboratively with the placement worker to provide necessary supervision for the carer.
- To participate in training carers for the program, using The Circle Program training package, with the placement worker.
- To attend specialised training and other support groups and develop an awareness of issues related to trauma and abuse and their impact on behaviour.
- To treat all information regarding a client as strictly confidential.
- To remain aware and up to date regarding the child's learning, development, successes and challenges.
- To know the boundaries and requirements of the therapeutic support role and identify areas where additional supports may be required.

- To provide support to the on-call placement worker out of ordinary working hours and on public holidays, by prior arrangement or through a negotiated 'on-call' consultation system.

8. Child protection role and support

8.1. Specific roles and responsibilities of child protection workers

Note that as outlined in Section 3, these responsibilities both reflect and augment the minimum standards for home-based care as detailed in the *Registration Standards for Community Service Organisations*.

The case management of some cases (from the one-third target from existing clients) may have been contracted out of child protection to a CSO. In that case, the case manager should work with the child protection worker to ensure they remain informed about the progress of the child, as they would for any other child to whom this service is provided. The case manager would take the place of the child protection worker in the care team.

- To provide full information at the point of referral and as it becomes known, particularly with regard to the child's history, family context and Best Interests plan goals. The format for this information is provided in Appendix Three.
- To ensure the rights and needs of the child/young person, in particular their right to be informed and included in decision-making, are fully considered and addressed by the care team.
- To actively participate in a multidisciplinary teamwork approach, including participation in meetings.
- To fulfil all the requirements of the LAC framework, including the provision of referral information for inclusion in the Essential Information Record, contributing to Care and Placement planning and completion of the Assessment and Action Record.
- To be actively engaged with family members to progress goals of the Best Interests plan (and therapeutic care plan as it applies to them). This will include support and where necessary referral of family members to deal with issues that impact on their relationship with the child and in particular, their ability to parent the child.
- To access support services available to clients through the child protection system, as necessary (such as family decision making or the family reunification program).
- To support the objectives of the Best Interests plan and the rights and needs of the child/young person.
- To assist in the development, review and fulfilment of Care and Placement Plans (incorporating individual therapeutic care plans).
- To ensure that the child protection Best Interests planner remains aware and up to date regarding the child's learning, development, successes and challenges.
- To attend specialised training and other support groups and develop an awareness of issues related to trauma and abuse and their impact on behaviour.
- To assist the child/young person to develop and maintain positive and constructive links within the local community, particularly in regard to available support services and recreation and if appropriate arrange access and contact between the child and their family or support networks.
- To treat all information regarding a client as strictly confidential.
- To keep placement supervisors appropriately informed on progress or concerns regarding child/young person's family.

9. Recruitment of carers

9.1. Recruitment Strategy

Recruitment of carers for The Circle Program will be ongoing and involve a range of strategies to be determined by agencies but informed by collaborative efforts at a central level. Agencies are expected to customize any strategies, products or resources to suit the needs of their region. All prospective Circle Program caregivers should receive a consistent message about their role and specific expectations related to the program. Therapeutic carers will in some instances be recruited from within the existing pool of experienced carers and will need to undertake further training and assessment of their suitability for the program.

Existing Carers seeking to join The Circle Program

Some accredited carers are expected to be recruited to The Circle Program. The process for training and selection of carers is outlined in sections 10, 11 & 12. Existing general foster carers, like other carers recruited, are not able to join the program until they have undertaken training and been assessed as suitable. Training existing carers is seen as good practice. This allows the principles, skills and knowledge gained in the training to be utilised in general foster care, thus embedding this practice across the sector. It also clarifies and demystifies the principles and practice of The Circle Program and so allows carers to make an informed decision about whether they would like to participate in it or not.

Training potential Circle Program carers who currently have a child placed with them avoids delaying their participation at a later date when their current placement ends or where they become available. This ensures that The Circle Program operates as intended, providing the supports and arrangements outlined in the program guidelines with fully active carers, care teams and for children identified as part of the program.

The Circle Program reimbursement levels apply only to accredited Circle Program carers.

10. Training components

All carers participating in The Circle Program will have completed general foster care pre-service training and assessment and be registered carers. Carers will also have completed The Circle Program comprehensive pre-accreditation training program that contains information about the program, skills development and role clarification. There may be exceptional circumstances where the non primary carer is unable to attend all of the training sessions; in which case, there are guidelines around provisional approval – see 11.5.1 for further information. It is recommended that for new carers agencies should offer back-to-back *Shared Stories, Shared Lives* training and then Circle training. Workers should discuss with carers their availability and interest in being assessed as Circle carers during this process, however, it is good practice to train all carers in the Circle Program, regardless of whether they choose to be assessed for or participate in the program at that time.

Carers will subsequently be provided with ongoing training opportunities and individual support that further enhances their knowledge of child development, the impacts of abuse and neglect and learning the therapeutic parenting techniques informed by trauma & attachment theory.

Additional forms of training may include forums where all those involved in the program come together to share information, learnings or discuss issues of shared concern. It is envisaged that the forums would include the therapeutic foster carers who have a child currently in a Circle Program placement, placement support workers and team leaders, therapeutic specialists and the child protection workers involved with children in placement.

11. Assessment and accreditation

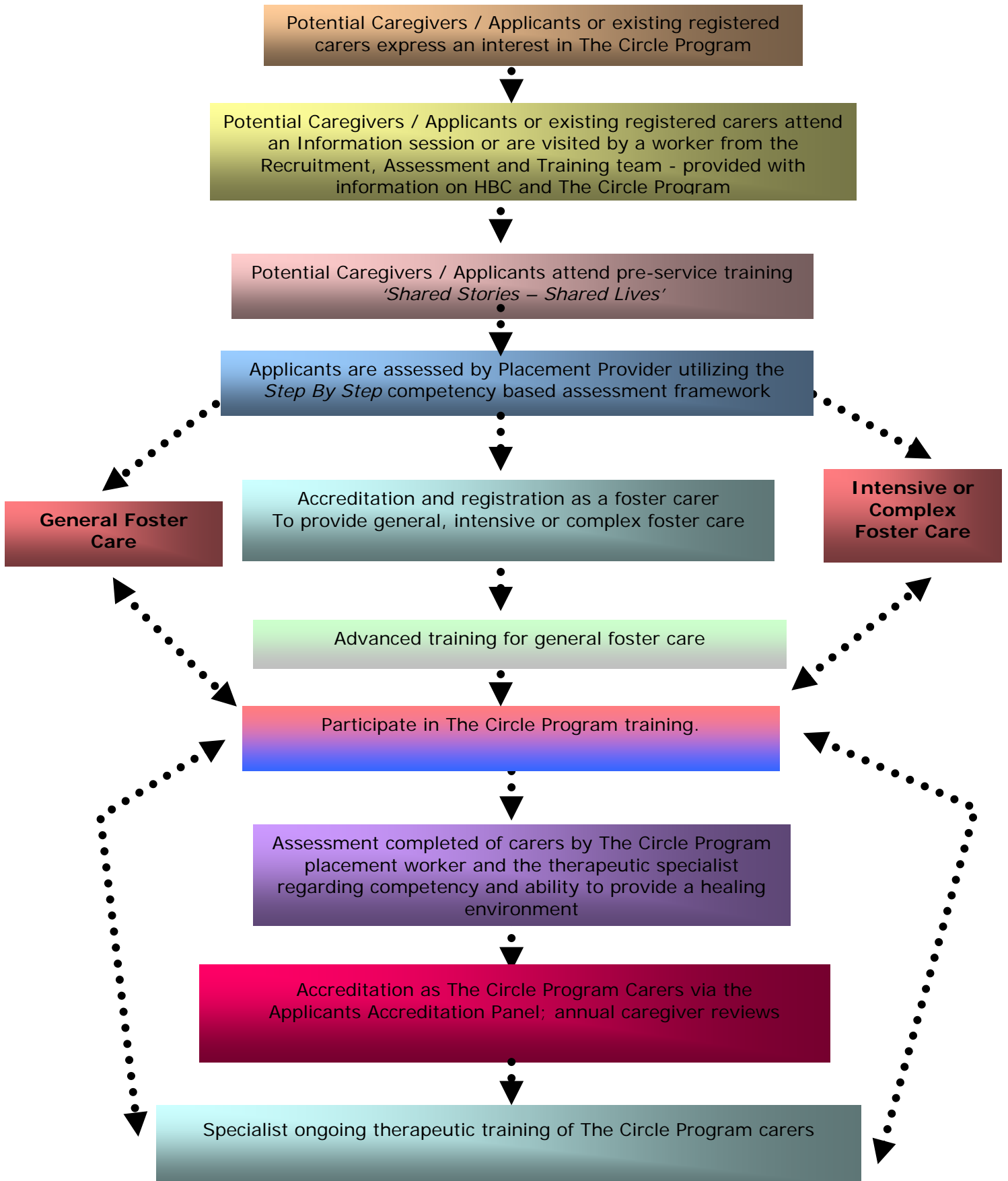
Carers will be assessed at two points:

Firstly, following completion of the general foster care pre-service training they will be assessed with regard to their suitability as general foster carers and where approved will be registered. (Where existing carers are recruited for the program, this will have already been completed.)

Secondly, following completion of The Circle Program comprehensive training program carers will be assessed with regard to their suitability as therapeutic foster carers. The placement worker and the therapeutic specialist will jointly undertake the assessment. The Circle Program accreditation panel should have representatives that reflect the make up and intent of the program. If the current general foster care accreditation panel fulfils this requirement it can be utilized, or its membership could be supplemented. The Circle Program accreditation panel should be reviewed in line with developments for the general foster care panel.

The following flow chart maps the process of recruitment, assessment, training and accreditation of carers for The Circle Program.

Recruitment, Training, Assessment and Accreditation process for The Circle Program



11.1. Basis of assessment of carers for The Circle Program

This assessment will address the critical issues pertaining to the attitudes and values of the potential carer with respect to abused and neglected children, their complex needs and potentially challenging behaviours. It will build on the information and assessment of the carer for general foster care (now provided by the *Step-by-Step* assessment process). This specialist assessment will also examine the carer's ability to:

- Understand and support the importance of providing a stable therapeutic care environment for a child;
- Understand and accept the expectations that will be placed upon them including that they play a key role as a member of the child's care team; and,
- Commitment to engagement as required (until stable reunification to the care of their parents, or long term alternative care arrangements are made for the child).

Carers other commitments, as related to the assessment process

There are no specific requirements of carers with regard to their employment arrangements. For example, it is not required that one carer is at home on a full time basis. It is a requirement, however, that carers have sufficient capacity to respond to the child or young person in a timely manner, including a reasonable level of availability. Carers will also need to have sufficient capacity to attend care team meetings, therapeutic sessions and regular training as required. For carers who are geographically distant from the agency, discussion between the carer and workers should cover how the support requirements of the program will be met.

11.2. Guidelines for the assessment of carers

11.2.1. Background Information

General information

- All adults that are identified as carers are required to attend the Circle Program training and participate in the assessment interview to meet the minimum requirements of accreditation within the Circle Program. All members of the household (e.g. children) should be included in a part of the assessment.
- The above expectations should be specifically outlined in information sessions and discussed with carers prior to undertaking the Circle Program training.
- An assessment can commence once all identified family members have completed the Circle Program training.
- The Circle assessment interview and report will be completed by the therapeutic foster care worker in collaboration with the therapeutic specialist for presentation to the Circle Program accreditation panel. The involvement of both workers is important in forming a cohesive team between the workers and the carer.
- Carers identified as potential Circle carers should be prioritised for the general foster carer *Step-by-Step* assessment when the Circle Program is not at full capacity.
- If the agency has concerns about the suitability of the applicant to fulfil the requirements of the Circle Program, these should be discussed at the earliest opportunity to allow the applicant to consider their position and choose to remain, suspend or withdraw from training.

Carer qualities

The Circle Program model requires a greater commitment from carers than in general foster care. The therapeutic foster carer takes on the role of assisting and facilitating the child to:

develop a sense of safety and security; modify their fundamental sense of themselves and of others, build resilience; and increase their capacity to reach their full potential.

A key aspect of the Circle Program is to create a therapeutic home environment. With support from members of the care team, the highly skilled carer will adapt knowledge of trauma and attachment frameworks in the context of the caregiver-child relationship. This creates a healing therapeutic environment that ameliorates the effects of children's experiences of trauma and attachment disruption. The capacity to do this depends on the carer's own relationship style and key attributes.

James (1994) outlines the following caregiver attributes for therapeutic parenting.

- The ability to consider the issues underlying the child's behaviour.
- The ability to acknowledge, recognise, and bear witness to the child's pain.
- The skill to recognise and appropriately intervene when disturbed emotions and behaviours surface.
- Self-perception, which allows recognition of one's own maladaptive response patterns to the child.
- An understanding of a child's need to process and integrate painful past experiences.
- A willingness to participate in the child's therapy and use clinical guidance where appropriate.
- A willingness to work as part of the care team and to report good, bad, and ugly interactions in the home.
- Sufficient self-awareness to be able to seek and use personal support or therapy when needed.
- A life beyond therapeutic parenting that provides enrichment and self care to the carer.

The Circle assessment must therefore ascertain the carer's capacity over and above the competencies required for general foster care accreditation. The following list identifies the important qualities for the assessment of carers.

- Capacity and skills in engaging with children.
- Demonstrated "stickability" in relationships.
- Communication and networking skills.
- A commitment to personal insight and development.
- Knowledge of child development.
- Capacity and willingness to learn and an ability to implement the therapeutic parenting strategies of a model based on trauma and attachment theory.
- Capacity to provide therapeutic parenting: ability to create security and provide healing for trauma through empathy, reduction of shame and co-regulation of affect.
- Capacity to provide a therapeutic environment which facilitates a positive family atmosphere, mutual enjoyment and fun, warmth and consistency of emotional interaction.
- Willingness to engage with the child's family where this is in the child's best interests.
- Willingness to participate in family contact, where appropriate.
- Willingness to commit to the placement of the child until such time that the child returns to the care of their parents, or long term alternative care arrangements are made for the child. This is therefore a potentially very broad time scale.
- Flexibility and willingness to engage with a child's school network.
- Highly developed capacity for emotional self regulation.

11.3. Carer assessment process

Preparation for the interview

Where the applicant is an existing carer, past accreditation and review reports should have been read prior to the interview, so any outstanding issues can be addressed.

The interview and completing the Circle Program assessment report

It is important that a primary goal of the assessment is to create the foundations of a working relationship that is both transparent and respectful, and works towards creating a sense of

safety for the carer. It is the responsibility of workers to ensure that the experience is positive, regardless of the outcome for accreditation.

Creating safety and trust may be difficult for existing carers who have undergone negative experiences (e.g., quality of care reviews and/or investigations of abuse in care). Workers are encouraged to understand the significant impact that such processes can have on foster carers and work in a sensitive and supportive manner to assist the carer in re-establishing trust and safety within the Circle Program and the foster care agency.

The interview should be conducted in a narrative-like dialogue; it is not intended to be a structured interview. The following questions are included as prompts only to assist workers in exploring themes. Circle workers will be guided by their knowledge and expertise and are encouraged to expand upon or explore additional issues as they see relevant, especially if required to meet the primary goal stated above. Process is equally important to content and workers are encouraged to observe and make comment to any relevant issues² (for example; coherence, metacognitive monitoring).

11.4. Carer Assessment Report and Guidelines for the interview

The Circle Program assessment report format has been designed so the report can be used as an accessible document for foster care workers. The cover sheet details the names, address and phone numbers of the household members. After the accreditation panel has confirmed approval, their decision should be recorded on the front sheet, along with matching considerations – thus the front sheet should be sufficient for initial matching and contact purposes. Guidelines for conducting the interview and completing the report are provided in Appendix Three. The report format is provided in Appendix Four.

11.5. The Circle Program Accreditation panel³

Composition:

The Circle Program Accreditation Panel (Panel) will have representatives that reflect the make up and intent of the program. It is preferable that the current general foster care accreditation panel be utilised, noting that its membership may need to be supplemented. All Panel members must be familiar with the Circle training and program guidelines, and ideally will have attended Circle program carer training.

The representation outlined below is a minimum requirement. Some agencies may have larger panels, which may include, for example, community members, more carers or representatives of organisations with whom they work closely.

Placement agency manager (or Senior worker nominee) (Chair)
DHS representative
External Community Services Organisation representative with relevant expertise
Carer – preferably a Circle carer
Therapeutic specialist

Note - Presenting Workers (foster care worker and therapeutic specialist) cannot be a part of the accreditation panel for the assessment they are presenting.

² A good explanation of applicable process issues is included in Hesse, E 1999, 'The Adult Attachment Interview: Historical and current perspectives', in J Cassidy & P R Shaver (eds.), *Handbook of Attachment: Theory, Research, and clinical applications*.

³ The Circle program accreditation panel should be reviewed in line with developments for the general foster care panel.

Process

1. The Panel will send an invitation to the applicant carers to attend the panel meeting. Attendance of the carer is preferred but optional. The applicant should be made aware of the process that the panel will follow, and be given information about grievance procedures, prior to their attendance.
2. Assessment reports must be sent to panel members at least one week before the panel is convened.
3. The Chair of the Panel must ensure that all areas of assessment and screening are complete.
4. The assessing workers will speak to their report and answer questions from the Panel.
5. If they choose, the Carer will meet with the panel to discuss their application. Note - it is the responsibility of the Panel to provide an environment in which carers are encouraged and supported to express their opinions.
6. The Chair of the Panel will obtain the views of all members and make the appropriate decision based on all information at hand.
7. The Accreditation Panel will provide written advice to the Manager of the program as to the Panel's recommendation. Note - While a Team Leader of the program may chair the meeting the Manager retains overall responsibility
8. The Panel meeting decision will be minuted and placed on carers' files, with a copy of the decision being forwarded to the carer.

11.5.1 Provisional accreditation of Carer

There will be some instances where a potential placement match can be identified, but the carer has not yet been before the approvals panel. In these instances, the process and principles are:

1. The primary carer must have completed the Circle program training.
2. The formal assessment report must have been completed by the placement and therapeutic specialist workers.
3. The report must recommend the carer be approved.
4. The placement would have been made regardless of allocation to the Circle program – that is, the carer would have accepted the child as a general placement.
5. The report must be circulated to the members of the panel.
6. Panel members must agree that there is no prima facie reason to withhold provisional approval.
7. The carer must be presented to the next formal accreditation meeting.
8. The carer agrees that the placement will continue as a general placement if approval is not confirmed at the next panel meeting.

In exceptional circumstances, the non primary carer may not be able to attend all the training sessions. In this case provisional approval may be sought for the non primary carer, using the following guidelines, in addition to those listed above:

- The carers and workers will meet to discuss and agree on a plan for the non primary carer to cover the training that has been missed (for example by attending those sessions at another consortium or individual work at home or by viewing video tapes of training sessions).
- There must be a clear timeline for the formal assessment to be completed and presented to the formal approvals panel.

11.5.2 Non Accreditation of Carer

If the panel recommends non-accreditation, the Panel will record the reasons and provide a copy to the applicant. This document will also be attached to the carer's file.

Reasons for non-accreditation should focus primarily on the needs of children in the Circle program and the applicant's ability to meet these needs as well as the program's requirements. It is good practice for the assessing worker to discuss the reasons for the non-accreditation with the applicant and to offer support as appropriate.

Non-accreditation for the Circle program does not necessarily mean de-registration from the general foster care program.

If the applicant disagrees with the decision of the panel, they should follow the grievance procedures as outlined (section 11.7).

11.6 Carer Review

Although carers will have multiple contacts with the workers, the focus of most visits will primarily be the child and the child's relationship with the carer. While routine contacts will necessarily involve some consideration of how the carer is faring, it is important that there be a specific meeting where the focus of discussion is the carer, their family and how they are coping with the various demands of the placement and program.

Carer reviews should involve the entire household and should occur at the 12-month mark of their involvement in the program, and thereafter annually. Caregiver reviews should occur as required prior to the annual review where there is performance or quality of care concerns. A review must also occur if a placement breaks down, but this should be preceded by a therapeutic session for the carer to be able to gain support and begin to reflect on the placement and its outcome for them. As long as the carer and the agency have no ongoing concerns the carer should remain in the program; however, a reasonable and agreed amount of time should elapse between a placement breakdown and when the carer is approached with regard to taking on a new placement.

Review in the form of exit interviews should also occur in a timely way at the conclusion of every placement, and if and when the carer decides to no longer participate in the program (which may or may not mean ceasing being a carer for the CSO).

The carer review format is at Appendix Five.

11.7 The Circle Program Grievance Procedure⁴

Any difficulty between a carer and agency that involves the use of the grievance procedure will be stressful and concerning for both parties. It is important for each of the parties to access support from someone who is not directly involved in the dispute.

11.7.1 Disagreement with the accreditation panel assessment

Grievances may arise when a carer is dissatisfied or disagrees with the assessment process, or with the Panel's recommendation, or within the day-to-day business between the carer and the agency. In these cases, the carer and agency need to follow the agency's dispute resolution process. In most cases this requires the carer to discuss their concerns with the relevant staff if this is at all possible before moving to more formal action.

Should the carer believe she/he needs to make a formal response, it is most likely they will need to submit their complaint to the Manager of the program or the CEO of the Community Service Organisation. Consideration should be given to the appropriateness and ability of the

⁴ This guidance is written with the understanding that *The Registration Standards for Community Service Organisations* requires all agencies to have well defined grievance policies. As such, the agency policy must be followed, with this document representing practice advice only.

agency to support the carer. If this is not possible, the carer should be directed to FCAV for support and advocacy as needed.

11.7.2 Request from a carer to change the agency for which they foster

From time to time, carers and agency workers may come to an impasse, where future work together is infeasible. Where there has been an attempt to redress the difficulties through the grievance procedure of the agency, but the carer, worker/s or both continue to believe that a working relationship is not possible, the carer may apply to provide foster care through another agency.

It is important to note that carers who have been de-registered or found to be an unsuitable person under the terms of the *Children, Youth and Families Act (2005)* may not foster for any agency. Neither may a carer be registered with an agency if she/he has withdrawn before the end of an investigation about an allegation of abuse in care or before the completion of a quality of care review.

When a carer requests to work for a new agency, the new agency will ask the carer for consent to obtain information from the previous organisation; it is likely information will be sought in oral and written forms. The new agency should also ask the carer if there is anyone else they would like the agency to contact to discuss their abilities as a carer (for instance a school or sports club with which a previous child had been involved). All information will be treated in confidence and in compliance with privacy laws and duty of care obligations.

In almost all cases the new agency will need to consult with previous workers in order to seek information about the carer's abilities and any strengths and concerns that were noted.

Should the carer withhold consent for the new agency to seek information from the previous agencies/parties the accreditation process will be put on hold until the issue can be satisfactorily resolved. In most cases the issue can be resolved through further discussion. If a more formal response is required the agency's grievance policy is to be followed.

12 Carer support

12.1 Elements of support

The Circle Program model identifies a range of supports for carers. This comes from an acknowledgement of the significant and central role of primary carers in the life of a child. The Circle Program seeks to create a "therapeutic environment" for a child by supporting and resourcing carers in establishing and maintaining a stable, loving and nurturing relationship with the child. The carer takes on the role of a parent, providing developmentally appropriate care that supports the child to learn and grow and recover from the effects of trauma.

Carers deserve particular support because of the voluntary nature of their role and because they are the primary person implementing the therapeutic strategies in their care of the child. The provision of this support is a key role of the placement worker in conjunction with the therapeutic specialist. This support is separate from the care team function. In the same way, the professional supervision of the workers is separate from the care team function.

Regular support mechanisms that will be provided to carers are:

- Support by the placement worker and the therapeutic specialist on a planned, regular and intensive basis. Minimum requirements are specified in the sections outlining the roles of the workers and illustrated in the week-to-week table at Appendix Six. These visits will often fulfil multiple purposes including supervision, support and carer reports/ information and updates.
- Use of carer reports as a basis for discussion and problem solving using the Looking After Children practice framework as the organising framework. For the carer report outline, see Appendix Seven note that reports can be given in a phone contact or other conversation – there is no requirement that the carer writes these reports.
- Visits by the foster care worker and the therapeutic specialist will be supplemented by more intensive joint discussions/meetings/training sessions as needed.
- A carer support group that meets regularly. The purpose of the meeting is to offer support and learning opportunities to The Circle Program carers through a less formal and less focussed setting than formal meetings about the child in placement. Placement agencies and therapeutic specialists will jointly facilitate these groups and provide support as negotiated with the carers. It is anticipated that these meetings will occur once every 3 months.
- Full Care Team use of the Looking After Children practice framework and processes. i.e. Essential Information Records, Care and Placement Plans and Reviews and Assessment and Action Records.
- Professional supervision for the carer and family, focussed on their needs.
- Carer reviews that focus on carer satisfaction, support needs and provide opportunities to identify issues of concern. These will occur annually and as required after a placement breakdown, or where any performance or quality of care concerns arise.

Other support available on a needs basis will include:

- Additional face to face meetings or discussions to address specific issues or provide further information or training required to support the carer in their caring role as agreed by Care Team;
- Access to 24 hour “on call” crisis support - via phone to the placement agency in the first instance;
- Debriefing regarding any incidents relating to the child provided by trained debriefers as required.

Other essential elements of support for carers within The Circle Program model that relate to the provision of training are identified above. These are:

- pre-placement and ongoing structured training as part of a group;
- specific, individualised training relating to the care of a child to assist in translating broad principles and individual care plans into practical reality;
- provision of a peer support or ‘buddy system’ for carers (will be explored in the second year of the program);
- professional development opportunities for the carer to gain recognised qualifications in the areas of counselling and child development. A professional development approach is consistent with a model that conceptualizes carers as valued members of a professional care team;
- respite care is an important consideration for every placement and would ideally be provided by someone from within the support network. Extended family members or friends should be given primary consideration to fulfil this role, in an effort to build an ongoing relationship between the child and a significant adult.

Where needed, ongoing practical support to therapeutic carers must be flexible and creative. Brokerage funds are provided as a part of the program, and are intended to cover costs such as this – see 6.3.7 in the model document.

It is recognised that the type of support offered to a carer or child will depend on their particular circumstances and needs and will vary over time. The funds are discretionary and therefore may not be necessary for every child or placement. Overall, the aim is that these funds provide the ability for responsive solutions that build, maintain and improve the therapeutic parenting relationship. They may be used to provide practical support to enable the carer's focus to be on responding to the child. The need for these supports for periods of time must be considered and determined by the Care Team. Some examples of appropriate support that may be provided at times include the following:

- Provision of meals at times when a child in care requires additional attention from the carer;
- Provision of home help – laundry services, house cleaning, etc;
- Support to assist the primary caregiver in attending to their personal needs; and
- Facilitating access to school holiday activity programs for children and young people.

Distance is recognised as a factor that impacts on the ease of carers and workers meeting face-to-face. Carers who live long distances from the offices of the workers should not be disadvantaged in terms of the level of contact provided. Children placed with carers who live long distances from the child's networks, similarly should not be disadvantaged by this. Where distance is known to be a potential barrier to the carer receiving the full support that is required in The Circle Program, consideration of how the requirements will be fulfilled should be made at the point of training and assessment. Agreements about the responsibilities of all parties should be confirmed in the approvals process.

12.2 Carer peer support

The development of peer supports for carers is critical. Carers report feeling supported and valued when they are provided with the opportunity to meet on a regular basis with their peers. These "get togethers" need to be specifically for Circle caregivers as the issues they face may be different to those faced by general foster families.

Gatherings should occur on a regular and sustainable basis. The purpose of these gatherings is twofold – a sense of "fun" and "team", as well as an opportunity for further learning. The usual boundaries of confidentiality must be relaxed, so caregivers can feel comfortable to share personal information relating to themselves as well as the young person in their care.

12.3 Holiday and after hours support

Arrangements for coverage provided by the placement worker and therapeutic specialist over holiday periods must reflect the general commitment of this program to ensure effective support of carers and children including maintenance of regular, intensive, planned communication between the carer, child and workers.

It is essential that each placement provider offer 24 hours crisis support and it is recognised that workers who provide after hours support may not be the Circle program staff, but other workers across the agency's out of home care programs. This service will be made available to all carers within the program. Staff "on call" will receive relevant training to ensure all responses are coherent and congruent with the child's specific treatment plan.

13 The care team

Child Wellbeing and Safety Act 2005, Section 3 (e):

"The providers of services to children and families should...co-operate with other services or professionals to work in the best interests of the child and family."

13.1 The care team's role

The care team has the responsibility for sharing the therapeutic parenting of a child in out of home care. The role of the care team is to together support the child's learning, development and growth as well as their healing from trauma and the building of secure attachment. The care team has the authority and responsibility for key decisions that are usually made by parents alone.

The concept and requirements of a care team recognise that to ensure the child's best interests are protected and promoted many issues, decisions and actions require the combined knowledge of all care team members. The care team ensures that relevant information is considered and aims to achieve the best possible outcomes for the child.

It is acknowledged that the carer carries out the vast majority of the day-to-day parenting tasks. In this, carers require support from all members of the care team in order to achieve the goals of the placement. The care team meets on a planned and regular basis to share information, assess the child's needs, plan, and make decisions.

13.2 Composition

The care team comprises:

- the therapeutic Foster Care Senior Worker (Chairperson),
- the therapeutic foster carer,
- the therapeutic specialist,
- the child's parents (other family members where appropriate) and
- the case manager – usually the DHS Child Protection Worker(s).

The child or young person who is being cared for must be properly informed, consulted and their views carefully considered as part of all care team processes. This responsibility forms a part of the role of the placement worker. In some, instances this will involve the direct participation of the child in care team discussions. In deciding whether a child should participate directly in a particular care team meeting, it may be helpful to think of the care team as the parent; there are some discussions that parents have with children and others where this is not appropriate.

The inclusion of the child's family is essential particularly when there is a Best Interests case plan for reunification. It is acknowledged that there will be some times where involvement of the child's parents is inappropriate, presents a practical difficulty or where their personal circumstances mean that their attendance is not well advised. Where parents are not a part of the care team the reasons for their non-inclusion should be documented by the placement worker as a part of the LAC requirements.

Identification of other potential care team (and support network) members can begin at the point of referral. Ongoing consideration should be given to the membership of the care team for each child. Beyond the core members it should be expanded to include other significant adults *only* where they play a central role in the parenting of the child. Importantly, the care team will draw on information and knowledge provided by others who are involved with the child in their discussion and decision-making.

Other people may be invited to attend care team meetings from time to time such as volunteer support network members, educators, childcare providers and health care providers.

13.3 Establishment

A Care Team will be established as soon as it is known that a child or young person will be placed in therapeutic foster care. The care team will meet within 48 hours of the child's placement within The Circle Program. It is critically important that the care team meets within 48 hours in order that available information about the child is understood by those who share the parenting responsibility for them. The primary responsibility for establishing and facilitating the Care Team will rest with the agency that is providing the placement for the child.

13.4 Care team responsibilities

The care team is responsible for ensuring that it fulfils its responsibilities to provide high quality parenting for a child placed in the program, using the concepts, tools and mechanisms of the Looking After Children practice framework. The placement agency has, however, a particular and prime responsibility to ensure the care team functions effectively and fulfils its responsibilities, both during meetings and at other times.

Care Team members share responsibility for achieving healthy, collaborative and inclusive working relationships that place central importance on the child and his or her family.

Planning within the care team must be informed by and consistent with the Child Protection Best Interests Plan, for which child protection has the lead role.

Whilst reflection on the placement and support to the carer form an integral part of care team meetings, this forum should not function as a supervisory body to the carer. Supervision is the responsibility of the placement worker and takes place outside the care team meetings.

The care team is responsible for:

Effectively using the Looking After Children **Essential Information Record** format for recording factual information needed for ongoing reference. The first set of available information will be entered within the first two weeks of the placement commencing.

Effectively developing and using the Looking After Children **Care and Placement Plan** (incorporating the individualised therapeutic care plan). The development of the Care and Placement Plan is led by the placement agency.

The first Care and Placement Plan will be completed within two weeks of the placement commencing and document the placement establishment tasks. Note that 'within 2 weeks' is a minimum standard practice evidence requirement in the registration standards.

Developing an **After Hours and Emergency Therapeutic Care Plan** (AH & E TCP) early in the placement. The purpose of this plan is to provide stability for the child and a functional plan for the team in case of the placement being unable to continue in the short or long term. This may be due to a sudden illness or other emergency within the carer family through to a placement breakdown.

Contributing to the completion of the **therapeutic assessment of the child**, which includes the Initial Health assessment for all children entering out of home care.

Effectively using the Looking After Children **Assessment and Action Record** (A&AR) as the basis for assessment supplemented and informed by additional specialist assessments. In accordance with best practice the first A&AR will be:

- commenced as soon as possible

- undertaken over a 6 week period of conversation and exploration involving all members of care team and according to who is best placed to undertake various aspects of A&AR process.

Completion of **the Assessment and Action Record** will lead into the first Care and Placement Plan Review process and development of the second and more comprehensive Care and Placement Plan. This will be completed within the first 3 months of the placement.

Undertaking subsequent Reviews of the Care and Placement Plan at least every 6 months after completion of the Assessment and Action Record is a minimum standard practice evidence requirement in the registration standards.

13.4.1 48 hour meeting

The care team must meet within 48 hours of the child's placement as per LAC guidelines. (Note, for after hours placements, the '48-hours' begins from when the case is transferred from the after hours service to the region). This meeting is organised and chaired by the placement worker. One purpose of the meeting is to begin to form the team, so it is important that all members attend. There are times when distance or other factors (such as the need to be at Court) may dictate that some members of the team participate through a tele-conference, but this should only be when there is no possibility of personal attendance at the meeting.

Of greatest importance is that the child's Care and Placement Plan (C&PP) is begun and that all information about the child, which the carer and others need, is exchanged or sought out. The agenda for the meeting should include:

- Welcome and introductions
- Discussion about The Circle Program, people's roles and expectations
- Referral information form - to be completed if not already done
- Essential Information Record – identify missing information; who needs to find out what
- Commence Care & Placement Plan, which should identify the child's needs and how these needs will be met and the Assessment and Action Record. The Care and Placement Plan must include identifying supports for the carer and child for the plan to be enacted and must be informed by the Best Interests case plan or intention of the protective intervention.
- Begin the after hours and emergency therapeutic care plan
- Identify any people who are highly significant to the child and ought to be part of the care team
- Begin to consider possible members of the support network

13.4.2 After Hours and Emergency Therapeutic Care Plan

The plan is essentially developed and owned by the care team. Appendix plans may be developed for Agency After Hours, DHS After Hours Child Protection Emergency Service (AHCPEs), emergency medical services and police (as deemed appropriate through the planning process). The plan needs to identify:

- What potential issues/events/risk factors may require after hours support (including issues that may relate to the child, the carer, or carer's family)? This could include: the carer requiring a reflective space to think about a therapeutic response; an emergency requiring immediate respite; a potential placement breakdown in the context of a child's escalating behaviours.
- Who is best placed to provide the support to the carer and/or child? What would meaningful support look like for the carer and/or the child? What therapeutic responses

may be required by the child? This may include: a support person within the carer's network; the Agency On-call staff; a Circle worker; DHS AHCPEs.

- Who will the child live with if they cannot be cared for by the Circle carer (planning for both short and long term periods)?
- Who retains contact with the child to give them information and to ensure that the child's needs and wishes are known and acted on where possible? Who retains contact with the carer to ensure that they receive ongoing support as required?

It may be helpful to provide separate plans that are purpose driven to specific audiences, such as

- the DHS AHCPEs
- the Placement Agency On-call staff

Potential high risk issues that may require a response from AH:

- behavioural escalation whereby carer unable to contain child
- behavioural escalation whereby child at risk
- child absconds
- carer unable to be available to child (emergency, family crisis)
- child expresses intent to harm self or other

Other issues that may require a response from AH or a community support person identified by the carer/care team:

- carer wanting a space to think through therapeutic response
- carer requiring support to reduce own level of stress/distress

Who might respond (either worker or someone in the carer's support network)?

This may include developing links with other carers to support each other in such situations.

13.5 Care team organisation

The care team must meet regularly and be managed robustly. It is essential that these meetings have a clear agenda – items may be deferred or moved as needed, but it is important that everyone knows the structure of the meeting. Agenda items may include: carer report; information from others; follow up from previous decisions; review of care plan items; planning for the following week/s; positive changes in the child's life and how to maintain them; concerns and how to address them; care team processes – communication, decision-making, attendance.

The care team will meet on at least a weekly basis for the first four to six weeks of the placement to enable comprehensive assessment, planning and intervention. The frequency of care team meetings should be reviewed during the four to six week period. When reviewing the frequency of the care team meetings the care team must consider the best interests of the child and their individual care and placement needs. The care team minutes must reflect the rationale for any increase or decrease in the frequency of care team meetings and set a date on which these arrangements will be reviewed. Where the care team ratifies a decrease in the frequency of care team meetings, the practice expectation remains that the care team will continue in the interim to meet on a fortnightly basis. Subsequent reviews of the frequency of care team meetings should be reviewed and determined by the care team, responsive to the individual needs of the child in placement.

Care team meetings will enable the Care and Placement Plan, incorporating the individual therapeutic care plan to be developed and its implementation supported, monitored and adjusted as needed. The carer twice-weekly reports will form a basis for discussion and information sharing and any issues arising from these will be addressed.

Carers are an equal member of the team. As such, all parties need to be able to openly explore, comment and share ideas about how the plan is being implemented. This involves developing the ethos of sensitive and honest feedback and the development of the capacity in all members for self-reflection and exploration of their own responses to the child's challenging

presentations. The child's point of view should be sought regularly. The placement worker is responsible to ensure this happens, although they may not necessarily be the person who seeks information from the child. The child might attend some meetings or for parts of some meetings, however, it is not reasonable for the child to be considered a part of the care team - just as in a family, the child is not a parent.

Where there are concerns about any member of the care team, and it seems inappropriate to raise the issue in the care team meeting, the issue should be addressed with the placement worker (as the chair of the care team) in the first instance and with other team members as necessary.

14 Engaging the birth family

Children, Youth and Families Act 2005, Section 10:

"...in determining what decision to make or action to take in the best interests of the child, consideration must be given to the following...(a) the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society...(b) the need to strengthen, preserve and promote positive relationships between the child and the child's parent, family members and persons significant to the child; (c) the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community ..."

Almost regardless of any maltreatment a child may have suffered, a child's relationship with their parents and family remains of vital significance and importance to them. It is essential that this relationship is nurtured and supported wherever possible, and those who are involved in providing care build positive and respectful relationships with a child's family wherever possible.

Wherever possible and appropriate, the child's family of origin (both immediate and extended) will be engaged in a process of planning for the achievement of enhanced and supportive family relationships between the child, caregivers and family members.

An explicit expectation of carers and all members of the care team would be to actively seek to build supportive and respectful relationships with the child's parents and extended family as appropriate. Wherever possible, direct communication regarding the child will be encouraged and facilitated so that those providing the day-to-day care for the child can share information and discuss issues that arise.

Where the therapeutic specialist is engaged in direct therapeutic work with the child, it may be that the family of origin will be engaged in some joint therapeutic work with a view to improve the parent-child relationship, whether it be with the aim of facilitating improved access or ultimately reunification. The therapeutic specialist may also engage the family of origin in short term therapeutic work to assist them to address their capacity to care for their child, or may facilitate referral for this purpose. Individual therapy with members of the family of origin will not be undertaken where there is not a clear and direct link to their relationship with and capacity to have contact with their child or address issues of reunification. The therapeutic specialist may assist in referral to other therapy for members of the family of origin.

In some cases positive engagement of family might not be immediately possible, and possibly not even realistic in the longer term. However, the "default" position is that it is a clear aim to work towards this outcome. Where direct contact is not possible or desirable, efforts should be made to gain information of importance to the direct care of the child or for the child's development of progress through therapy.

The principle of Best Interests of the Child will be applied when considering the level and nature of contact between the child and his/her family of origin. Where such contact is assessed by the Care Team as impacting negatively on the child, the Care Team will advocate for changes to the nature and or level of contact between the child and family of origin as part of the therapeutic care plan via the Best Interest's Case Planning Process.

15 Cessation of placement within the Circle program

Whether a child's exit from placement is planned or unplanned may determine the approach taken to post placement support. Regardless of the nature of the exit, the child's best interests remain paramount and should remain the priority focus when establishing a post placement support plan.

15.1 Placement exit

When a child leaves the carer's home for instance, to live with their parent/s or to move to another permanent placement, the placement will not be deemed to have ended for up to 6 weeks post placement – it can be characterised as 'open, post placement' for the purposes of post placement support. Consideration should be given to tailoring the period of post placement support to meet the individual needs of the child and family. The details of the post placement support plan should be established at the care team meeting and endorsement of the plan sought from agency and departmental management. Throughout the period of post placement support Care team meetings should continue to occur at a frequency determined by the Care team. A post placement support plan should, clearly note the purpose of the support, frequency of contact, clarify individual roles, specify the duration of the plan and consider any resource constraints. During the period of post placement support any particular constraints or impacts upon service delivery, such as impact upon new placements should be advised to the regional departmental Placement and Support Unit.

The role of the care team during the post placement phase continues to be one of supporting the child to have a stable life. This phase is not endless, but a time limited, focussed response to the current system's unintended consequence of children losing contact with those who were their source of support when they move out of a care arrangement.

Where the child's move is planned, there are likely to be tasks that the care team have mapped out to: ensure the transition is smooth, including information sharing to new carers and workers; promote consistency in the child's care; trouble shoot potential difficulties that may arise from the move; help the support network move with the child; and generally support the establishment of the new placement. The focus of work is the child, and may also involve the parents of the child. Where the Circle carer maintains a formal role with the child by way of provision of respite, caregiver reimbursements should be maintained within existing business rules. Where the Circle carer's role is one of informal child or family contact caregiver reimbursement cannot be retained, as business rules indicate that the child must be resident in placement for reimbursement to continue. Consideration may be given to individual regional arrangements to enable informal caregiver support to continue where this support is assessed as being in the best interests of the child.

Where the child's move is unplanned such as when a child is unexpectedly returned home at the direction of the Children's Court, the child and family should be offered up to six weeks support in the transition from placement to home. It is acknowledged that the adversarial nature of the Court process may leave a family who had previously been an active participant in the care team process, unwilling to accept the support offered. The offer of post placement support in this transition phase and the reason provided by the parent as to their refusal of this offer should be recorded on the child's file. Best practice would include writing to the parent detailing the nature of the support to be offered in the transition phase.

Where a child returns to Out-of-home care, wherever possible and if appropriate it would be in the child's best interests to be placed with their original carer in the Circle program.

15.2 Placement breakdown

When the child's move is due to a placement breakdown, this should be managed as a planned placement transition. The caregivers understanding of the Circle program and the weekly supervision of the caregiver and placement should ideally identify any potential issues of concern which may lead to the placement ending. In having identified the issues of concern the agency or the carer may end the placement and in making this decision consideration should be given immediately to the child's placement transition plan. The duration of the placement transition will be based on the individual case circumstances.

It is crucial that the care team continues to meet with the focus of regaining stability for the child, wherever they are living. A care team meeting should where possible be held within 48 hours of a breakdown or within 48 hours of a decision being made to end a placement to determine immediate placement planning and contact issues. One of the crucial tasks of the meeting is to determine which person will keep in contact with the child to both offer information about what is happening and listen to the child's concerns, fears, hopes and information. Ideally, this person will have been identified during the placement (or earlier) as having an enduring relationship with the child. The process and issues that need to be addressed by the team are outlined below. After addressing immediate placement planning issues, these processes should allow a time for reflection and learning for the care team and the program; it is essential where appropriate that the issues surrounding the breakdown be processed through the care team. Where the circumstances of the placement breakdown are such that the care team is not the appropriate venue to discuss and reflect on the breakdown, consideration should be given to calling a specific reflective practice meeting. The reflective practice meeting would include participants from the home based care agency, the therapeutic provider and the child protection and placement coordination units.

Wherever possible and taking into consideration both the criteria for initial placement in the Circle program and the child's best interests, the child should remain placed within The Circle Program. Refer Sections 4.1, 4.2 and 4.3

Where appropriate and possible, the carer should remain involved with the child, for instance by the placement recommencing, by providing other forms of care such as respite or by maintaining contact with the child. Guidelines for work with the child and the carer are outlined below.

15.2.1 The meetings

The Care team with PCU representation should meet where possible within 48 hours of a placement breakdown for placement planning purposes and to ensure the child has ongoing contact with an enduring adult figure for information, support and advocacy. Additionally within six weeks of a placement breakdown the Care team should convene a reflective practice meeting to reflect on the placement, the placement breakdown and the placement transition. The process and content of these meetings needs to consider the following points.

- Write a timeline – debriefing – of what happened immediately before the point of breakdown to the current time. The use of an external facilitator may be considered. Things to consider; what were the trigger events? The escalating forces? What was the actual basis for removal/ discontinuation of placement? Who knew what when? Was there any misinformation or incorrect assumptions?
- What is the child's perspective? Concerns? Hopes?
- Is the placement reparable? IS the relationship reparable despite the carer and child not being able to reside together? Will the carer be in the child's ongoing support network?

- Who are the important people to the child? Have the identified significant relationships been helpful to the child? Who will continue to have contact with the child?
- What are the ongoing issues for the child and how will these be addressed?
- What are the ongoing issues for the carer and how will these be addressed?
- Does anyone in the care team need formal debriefing?
- Set a time for carer review, which should occur as soon as is reasonable after the child's situation is stabilised.

Questions / areas to consider – review of the case (distinguish between 'during placement' and 'during the breakdown'). The C&PP should be the basis of this review, and particular attention should be paid to outstanding needs, service referrals, etc that should be made for the child.

How was the care team working?

Were the lines of communication clear?

Was an after hours and emergency therapeutic plan in place? Has it been activated? Review of efficacy.

Questions / areas to consider – review of the program

What information (about the child, family or carer) was missing or undervalued at referral / matching which may have alerted the team to the concerns?

What other services were involved or should have been involved (include education, health here); what follow up / information do the other services need?

It is an expectation that program level feedback will be sent to the regional DHS Placement and Support Manager, and to Placement and Support at DHS central office. This will cover a critique of adherence to the guidelines and their adequacy, resourcing issues, inter program or inter agency issues. This is not and does not replace any critical incident reporting requirements, nor does it fulfil the need for the care team to critically evaluate the case level issues for the child, carer and its own performance. The purpose of this is to inform the ongoing review of the guidelines and program specifications. This feedback should be sent within six weeks of the placement breakdown occurring.

15.2.2 Reparative work with the child and with the carer.

This should be coordinated by the Therapeutic specialist, and is likely to involve a therapeutic session with the carer; a therapeutic session with the child; preparation for a reparative session; and a reparative session.

Therapeutic session with the child

Where the therapist has an established relationship with the child, the child may benefit from an immediate therapeutic session. Alternatively, the therapist should support the person identified by the care team who has the relationship, to assist them in understanding how to best help the child process the current situation. This may include exploring:

- the child's understanding of why the breakdown occurred,
- their experience of the breakdown; associated thoughts and feelings, and
- creating a broader understanding in the child of the many factors that contributed to the placement breakdown. For example, the carer-child dynamic and what they each brought to the relationship.

This session should also introduce the idea of a session with the carer (where possible). Preparation with the child may include assisting the child to understand what the session may look like, ensuring that it will be safe and non-blaming, and communicating that the carer highly values this meeting for the child. If the concept of the meeting seems overwhelming for the child and/or carer, strong consideration should be given to the carer writing a closing letter to the child if it seems that no ongoing contact is at all possible.

Therapeutic session with the carer.

Session/s should occur immediately after the breakdown with the carer. This should precede the carer review, as it addresses the carer's immediate needs and has a therapeutic intention. The primary goals are

1. To provide meaningful support to the carer.
2. To assist the carer to be able to see the event from the child's perspective, and therefore be able to provide the child with a therapeutic response, being "repair" of the relationship.

The session may include listening to the carer's story to provide empathy for their experiences so that they are then more able to respond to the child in a subsequent repair session. This is based on the premise that the carer may only be able to empathise with the child once they have had an experience of the therapist empathising with them.

This session/s may also increase the carer's likelihood of reaching closure, such that she/he may be more likely to continue caring for children in out-of-home care (carer retention) and will be better positioned to provide emotional availability to the next child that comes into their care (such that they will have begun the journey of processing issues left over from the placement breakdown).

Therapeutic session with the child and the carer.

A session with the carer should occur prior to the carer-child session to ensure that she/he can provide the therapeutic responses that are required by the child. Areas to explore include:

- Identifying the key messages that the child needs to hear,
- Identifying any key messages the carer wishes to communicate to the child,
- Anticipating what questions the child might have and how they could best be answered.

The carer- child session is primarily to create a repair within the relationship, to communicate something like "even though the placement didn't work out, our relationship is still okay". The child should be supported to communicate their thoughts and feelings within a safe environment. The child may benefit from a collective exploration of what led up to the breakdown; such that a story is co-created that takes the blame and responsibility away from the child. Ideally, the carer will convey sadness for the child around the placement ending, emphasizing that the child is not as bad and describing things she/he she had enjoyed about being with this child.

The timing of this session is crucial; the balance between the child's need for understanding of the situation and the carer's ability to give therapeutic responses needs to be considered.

16 Carer reports

Carers in the program will provide twice weekly carer reports that promote frequent dialogue about the child, the child's developing relationship with the carer/s and carers reflections on their own needs and learnings. This dialogue offers a preventative and proactive approach to supporting the carer and child and early identification of and response to issues that arise. It is anticipated that they would be in the form of phone calls or face-to-face discussions, and not generally written reports.

These reports should assist in identifying the child/s new learning and progress – e.g. the new sound she/he has learned, the new milestone achieved, the child's story about something that happened at school today. The reports also assist the care team to monitor and review aspects of the placement and arrangements such as access, network support priorities etc. Carer reports will also assist other care team members to relate meaningfully to the child in their more limited contact with them, providing them with information they can use in their communication.

A proforma for carer reports has been developed to assist all program participants to have a shared and agreed understanding of the value and use of these (refer Appendix Seven).

17 The support network

The concept of the support network for the Circle program draws heavily on the *Mirror Families* work of Claire Brunner. A working explanation of *Mirror Families* is provided in Appendix Eight.

*'Mirror Families' reflects what happens in extended natural family structures, with complex enduring relationships and a sense of belonging. A 'Mirror Family' is **not** a care team, foster care network, therapeutic web, nor a care circle. It is an extended family for life.*

A Mirror Family provides a working extended family for every vulnerable child. Each Mirror Family is made up of three roles:

- *'A' family - the primary home with 'parents', who may be birth family members or alternative carers*
- *'B' family - the secondary home providing a respite/emergency home for child and family with 'aunties/uncles'. This home has the potential to become the A family if required; and*
- *'C' family - the tertiary home offering babysitting, mentoring, advocacy/educational support from 'grandparents/godparents'.*

The network provides support to the child and carer for the length of the placement and continues to support the child after their involvement in the Circle program ceases. *Mirror Families* asks for a life-long commitment to the child – often expressed as, 'who will be there for this child's children?' Such continuity assists in creating a sense of stability for children and minimizes the dislocation likely to be felt by a child if they move from one home to another.

Building an effective network will provide more than the 'one enduring adult relationship' for the child and should act as a protective mechanism that ensures the child moves out of the out-of-home care system. Where there is no network of support around the child, parents and carers report feeling 'dumped' and 'all of a sudden isolated' when the formal program ends. These are some of the unintended consequences of the current system that the Circle Program aims to redress.

The functioning and expectations of the network and its members are better understood in terms of kinship care than non-relative foster care. It is intended that the network will become self-sustaining.

Conceptually, *Mirror Families* fits with in the family and social relationships domain of the LAC framework. It intentionally addresses the requirement that 'efforts need to be made to build, or when absent, to create positive family connections'. The primary purpose of *Mirror Families* is to build an extended family around the child. *Mirror Families* specifically draws focus to the considerations of whether the 'child/young person [has] a positive sense of belonging and a secure relationship with anyone', 'what is the role of the extended family in the child's life?' and 'does the child/young person have friends?' – in considering this, *Mirror Families* purposely provides adult friends for the child.

While the vast majority of network members will be focussed on the child, it is important that the carer has supports as well. The people who are identified as offering support to the carer may well interact or even care for the child (overnight, take him/her to social occasions) but if/when the placement ceases, the carer's support people would not be considered an integral part of the child's network. The rest of this section discusses the child's support network.

17.1 Role of the network

The purpose of a volunteer support network is to enhance the wellbeing of the child by contributing to the stability and quality of their life – regardless of whether they return to the care of their parents or are placed in a long term care arrangement. It is therefore very important that members of the network are identified early in the placement, so the child is supported from the beginning of their time in care. The network will achieve this in three primary ways –

- Through the development of a positive and supportive relationship with the child (including, but not only, through the provision of respite care for the child, mentoring or support for specific activities such as sport, music or other hobbies);
- Through the provision of practical support to the primary carer (including, but not only, through the provision of “babysitting” or respite care for the child, providing social contact or mentoring for the carer);
- Through the development of a positive and supportive relationship with the child’s family, so that they remain an important part of the child’s life.

The care team should begin to seek network members from within the child’s existing family structure and extended relationships where appropriate. The Care Team will begin a “mapping” exercise within the first two weeks of a placement to identify key people. Where it is not possible to identify key people within a child’s own networks, the networks of the primary carer will be explored, as will accredited carers within the placement agency.

Network members may meet with the care team from time to time, depending on the needs of the child and the adults. Network members are not core members of the child’s care team but will have valuable information and perspectives for the team; network members, similarly, would benefit from the views and understanding of the care team. The frequency of meetings between members of the network and the care team should be negotiated through the placement worker as the chair of the care team.

The value of facilitating the continued involvement of adults who are already playing a constructive role in the child’s life needs to be recognized and encouraged. These networks are likely to have strong transferability if the child moves either between placements or from a placement to return home. Such continuity assists in creating a sense of stability for children and minimizes the dislocation likely to be felt by a child if they move from one home to another.

It is intended that the network be developed around the child, and that based on their shared interest and concern for the child, network members will form a largely self-sustaining network. Networks will need support to establish and then at particular points during their life cycle. The provision of support where needed would be part of the role of the foster care agency and broader care team (for example, the therapeutic specialist may provide some advice on issues particularly relating to the child’s emotional and behavioural development and her/his relationships with care team members from time to time). Network members will be encouraged to attend some of the training available to carers, especially if they are providing respite care.

The primary carer and other network members would together constitute an ongoing resource for the child to draw on throughout the life of their placement and, where appropriate, beyond that period as the child undertakes transitions such as returning to their family home.

17.1.1 Respite

As for all other instances of out of home care, people who care for children through this program must undergo a working with children check and a police check PRIOR to them providing any care.

Where possible, respite care for children in The Circle Program will be provided by a member of the support network. In this way, the child is able to spend time with a familiar person who will have ongoing contact with them. This is considered preferable to respite with a carer sourced from the placement agency's respite carer pool.

If ongoing planned respite is required, it will be necessary to ensure that there is an assessment of the suitability of the respite carer. Some support network members may be already accredited carers. Other support network members who may be able to provide regular respite care should be assessed as kith and kin carers and should be strongly encouraged to attend *Shared Stories, Shared Lives* training and *Step-by-Step* assessment. The assessment process for network members providing respite care is outlined in Appendix Ten.

Babysitting arrangements have traditionally varied between CSOs. Again, the preference for children in the Circle Program is that babysitting is provided from within the child's support network.

For emergency or one-off respite situations, the business and practice rules that apply to children in out of home care staying overnight with friends should be applied. A person who is not a registered carer or approved kinship carer is not eligible for financial reimbursement for the provision of (overnight) care. The use of brokerage money might be considered in this circumstance.

17.2 Recruitment

The Care Team will undertake a "mapping" exercise within the first two weeks of a placement to identify key people. The child is a vital information source in identifying people with whom they believe they have important relationships and with whom they would feel comfortable. It may take several weeks for a child to begin to talk about people in their life or for a carer or other care team or network member to recognise the child mentioning a particular person who may be able to become a part of the support network. As the primary carer ('A' family) the foster carer is, by definition, a part of the *Mirror family* and needs to be included in meetings and plans about the care of the child.

In the first instance, network members should be sought from within the child's existing family (including parents, with whom the child is not currently living) and extended relationships. Some family members may have been previously disenfranchised from the child's life, and consideration should be given to whether they are now able to play a role. Friends of the extended family and existing relationships are the next group of people to be considered to take a place in the network. Their existing relationship means that they are likely to have at least some knowledge of the child and commitment to supporting a friend.

Where there are insufficient existing family and friends to provide an adequate network of support, members might be sourced from:

- Existing volunteer groups who support foster carers
- Callers who enquire about becoming a foster carer, but do not want to proceed to provide fulltime care
- New carers or respite carers
- Previous carers who have been disaffected in their interactions with the general foster care system

It is estimated that at least three households coming from a combination of the 'B' and 'C' families as described in the *Mirror Families* model, are required for the network to be successful and self-sustaining. At least two of the households need to have the capacity to offer some residential care for the child (for example a respite weekend).

17.3 Selection

At a minimum network members need to have an understanding of the Circle program, the way that carers are required to work with children, and be in agreement to relate to the child in a way that is consistent with the primary carer and care team expectations.

Where possible, the child should be involved in the identification and choosing of network members. In assessing whether people are able to become a part of a well-functioning network, consideration needs to be given to at least the following characteristics and abilities:

- Involvement is voluntary and focussed on the long-term need of the child for enduring relationships.
- Ideally, the network members will be known to the child and have a positive relationship with him/her; although it is acknowledged that some family members may have been previously excluded from the child's life, who should or could be included in the network.
- For people identifying themselves as the 'B' family, particularly, there should be potential for them to assume guardianship of the child if the 'A' family breaks down (at a minimum this has implications for training and assessment)
- Network members need to live geographically close to each other and the child. An exception may be for some of the 'C' family members, who may take the role of a (geographically) distant relative.
- Where the child has other siblings, placed with a different family, it is important for the network members to be able to work closely and constructively with that carer. The two principal reasons for this are: the relationship will impact on the contact the siblings have with each other; and, the carers can act as a support to each other (for instance having a play day at one home or the other – giving the siblings time together and one of the carers a break).

It is also important to take into account the make-up of the network overall and consider the balance of ages, genders, interests, abilities and to ensure that there is someone who can provide a gender role model/ mentor relationship for the child.

17.4 Meetings

The purposes of the network meeting are for the members to provide continued and relevant support to the child and to each other. Meetings should take place monthly for the first six months of the network being formed. By this time, it is envisaged that the network will be self-sustaining and able to make its own decisions about the timing of meetings.

The first meeting will be facilitated by the placement worker or therapeutic specialist, and should take the form of a family decision making meeting. It will be guided by the Looking After Children framework, and informed by the Care and Placement Plan, Assessment and Action Record and the child assessment – or the information that is available as the basis for these assessments/plans. There may be members of the network who are unknown/ barely known to each other, so building relationships is an important part of the first meeting. Assessing and working on the network's ability to work together – communication, problem solving, working out roles, or 'the place' of each member – is also a critical function of the first meeting. The role of the convenor is to instil the confidence and ability in the network to be self-sustaining with the aim of the child (and the network) eventually moving out of the child protection system altogether.

Future meetings may well take the form of family gatherings and may occur at natural gathering times, such as the child's birthday, school holidays or other celebrations. Although the meetings will be less formal and may or may not involve a convenor, it is important that the meetings retain some structure and include 'key messages' about the child and ways of working with the child that supports their stability.

When a network member is taking care of the child (for instance for a respite weekend) consideration should be given to that person attending the care team meeting prior to/ immediately after or both. This enables network members to have a fuller understanding of the day-to-day care and concerns for the child and provides the care team with another source of information.

There is scope for Circle program providers to have *Mirror family* forums or gatherings, so that different networks can discuss issues of interest with their peers.

17.5 Training and accreditation

Network members should be given the opportunity to attend all training that is offered to care team members; this includes *Shared Stories - Shared Lives*; Circle program training; child / issue specific training and any ongoing training for carers. Participation of the network member is voluntary. The level of training expected of network members should be guided by the conventions or expectations of kinship carers.

There is no formal accreditation requirement for members of a support network. The guidelines given in Section 17.3 *Selection* should be used to make assessments about suitability and needs of network members. Where a network member wishes to provide regular respite care for a child, they should be strongly encouraged to become an accredited foster carer by at least undertaking the *Shared Stories - Shared Lives* training and Step-by-Step assessment, if not the Circle program training.

17.6 Supporting network members and self sustainability

It is proposed that network members would receive training that would entail:

- information about the program, its principles and objectives,
- skill development in areas such as communication and negotiation, teamwork,
- role clarification and expectations, including how to provide support to carers.

In addition, network members would be provided with detailed information regarding the individual child's personality, interests, needs, skills and current learning challenges. The training and information will need to explain how the therapeutic intention of the program can be followed through in the relationship between the child and network members. Network members would become part of the child's formal care team, however this may or may not require their attendance at all the regular team meetings.

It will be of critical importance to ensure that network members have the necessary capacity to understand the theoretical underpinnings of the program and sufficient empathy to support the primary carer / placement as required.

The aim of the network is to become self-sustaining, and so support for members will ideally come from others within the network. However, there may be times where additional support is needed, this would be part of the role of the foster care agency and broader care team (for example, the therapeutic specialist may provide some advice on issues, particularly relating to the child's emotional and behavioural development and her/his relationships with care team members from time to time). In circumstances where the child has left the program, it is envisaged that the network would be able to recontact the placement agency for support or referral for support; or would contact a Child FIRST agency for that purpose.

17.7 Expenses and Reimbursement

For the time that the child is receiving services through the Circle program, the network members, via the care team, are able to access brokerage funds as deemed necessary.

Network members who provide respite care are entitled to caregiver reimbursements only if they are accredited foster carers or assessed and approved kinship carers.

Appendix One: Child Assessment Process

- Referral completed by Placement Co-ordination Unit (PCU) including information from Child Protection Worker (CP) regarding emotional and behavioural descriptors of child at point of removal – picture of how child will present when stressed/distressed.
- Therapeutic specialist (TS) notified of placement by foster care provider (FCP) immediately or on the next working day if placement occurs after hours and all referral information will be forwarded immediately, and discussed at the 48-hour meeting.
- Meeting with caregiver – what is the carer's impression of the child so far, how is the relationship developing
- Meeting 1 with child, with caregiver - to hear child's description of what has happened, debrief, provide narrative around the removal, mental health screen/risk assessment.
- General health information (history of any physical problems taken from family and child)
- Where there are siblings see together and talk about events - integration for child
- Meeting 2 with child – to talk about their world in general, general mental state assessment projective tests, attachment and trauma assessment (Strengths and Difficulties Questionnaire [SDQ], Trauma Symptom Checklist for Children, Trauma Symptom Checklist for Young Children [TSCYC], Vineland, Social Network Map).
- Standard health assessments are organised, these are:
 - Medical assessment by a GP who is a part of the out-of-home care Initial Health assessment group
 - Paediatric assessment organised (via GP referral) for all children under 5 years and for other children as discussed with the GP.
 - Dental assessment.
- Other specialist assessments sought as required e.g. cognitive functioning, sexual behaviour (Sexual Behaviour Check List [SBCL]), speech, occupational therapy.
- Meeting with parent/carer from whom removed – debriefing, own trauma history, description of child's daily routine, patterns of behaviour, history of relationships
- School, Child Care – SDQ, Vineland, TSCYC
- Feedback to carer and family with basic recommendations e.g. eating, sleeping, comforting
- Completed within 12 weeks consistent with the Initial Health assessment
- As per the LAC guidelines,
 - Review Report 6 months from Assessment & Action Record and Care and Placement Plan or
 - Exit Report where placement is less than 6 months
- Reviews include assessment/outcome measures
- Exit Report

END NOTE

Because Circle will be up and running before Initial Health assessment protocol is implemented state wide there is a risk of confusion amongst GPs and paediatricians about their role, because:

1. GPs who are a part of the out-of-home care Initial Health assessment group will be trained to provide a clearly defined clinical assessment and report and to work collaboratively with the T2/CAMHS teams. In the interim this will not be so in the Circle program.

2. This is true to some extent with the paediatricians. A network of paediatricians will be established for Initial Health assessments, but this may not be implemented in the short term.

Appendix Two: Standardised tests and outcome measures

Measure	Information Obtained	Informants	Age Group	Time to complete
SDQ	<p>Emotional symptoms Conduct problems Hyperactivity/inattention Peer relationship problems Pro-social behaviour Effect of difficulties on child, parents/carers or teachers and overall impact score.</p> <p>The Australian parent/carer version includes additional questions regarding their perspective on the school's perception of the child. Provides comparison between how the teacher responds and how the parent and/or carers believe the teacher will respond.</p> <p>Review or closure version asks whether or not respondents consider that the service had any benefit for the child. Standardised</p>	Child, Parent/carer, teachers	4-10 11-17	5 minutes 10 minutes to score
TSCC	Measures trauma-related symptoms Self-report questionnaire Standardised	Child	8-16 years	15-20 minutes
TSCYC	Measures trauma-related symptoms Standardised	Parent/Carer	3-12 years	
SNM	<p>A systematic, semi-structured approach to obtaining information about the child's perception of their informal and formal social networks. Social support systems or lack thereof are commonly described as mediating and moderating factors in coping and recovery after a traumatic event.</p> <p>Not a standardised, psychometric instrument</p>	Child		1 hour +
CSBI	35 item instrument completed by parent or carer to assess presence and intensity of a range of problem sexual behaviour for children ages 2-12 over a six	Parent/Carer	2-12 years	

Measure	Information Obtained	Informants	Age Group	Time to complete
	month period.			
Vineland	<u>Communication</u> – receptive, expressive, written <u>Daily Living Skills</u> – personal, domestic, community <u>Socialisation</u> – interpersonal, play and leisure, coping <u>Motor skills</u> – gross, fine	Child, carers, teachers		

Strengths and Difficulties Questionnaire (SDQ) Robert Goodman (1999)

Trauma Symptom Checklist for Children (TSCC) John Briere (1996)

Trauma Symptom Checklist for Young Children (TSCYC) John Briere and colleagues (2001)

Social Network Map Elizabeth Tracy and James Whittaker (1990).

Appendix Three: Proforma for information from Child Protection files

Appendix Four: Guidelines for carer assessment

Cover Sheet

The Carers' household

This section should include everyone in the house, including children who may spend only some of their time in the house.

- The Relationship column refers to the person's role within the household.
- The Comment column refers to any issues around participation in the Circle training and/or assessment that needs to be noted (for example, a rationale for why a household member has not participated in the Circle assessment).

Name	DOB	Relationship	Attended Training Dates	Circle (Y/N)	Comments
Susan	8/10/60	Primary Carer			
Peter	9/10/59	Support Carer			
Mary	6/10/90	Daughter			
Stephanie	2/3/00	Foster child (permanent care case plan)			

Address

Contact Details

The comment column refers to any issues around to contacting the carer (for example, a carer prefers not to be contacted at work).

Name	Home Phone	Mobile Phone	Work Phone	Comments

Outcome of Accreditation panel:

This household is approved for:

This household is not approved for:

Considerations for Matching:

Assessment of Applicants' Suitability for Therapeutic Foster Care

Accreditation History

Date of general accreditation:

Date of last annual review (if relevant):

Date of planned presentation to accreditation panel:

Date of registration:

Background information

This section refers to any significant information that is of relevance to the current assessment (for example: history of experience in caring for children in out of home care; the impact of past quality of care reviews; any issues that have arisen out of past placements, any issues that have arisen out of past assessments and/or reviews).

Specific requirements of this program.

*Workers must ensure to specifically address with carers the need to:

- commit to the child until stable reunification to the care of their parents, or long term alternative care arrangements are made for the child;
- attend all care team meetings;
- accept weekly visits from workers;
- complete twice-weekly carer reports; and
- attend ongoing training.

Care Team

- How might you utilise and ask for support from the care team?
- How might you discuss or communicate concerns in the care team? What will make it easier to discuss the 'good, bad and ugly' interactions at home? What is your biggest fear in doing that?

Understanding of the likely impact of trauma on child

- Discuss your understanding of the likely impact of trauma on children.
- How might this inform you expectations of a child with a history of trauma and abuse?

Building resilience in a child

- What is your understanding of how you, in your relationship to the child, might facilitate the child's development of resilience?
- What might you need to consider when promoting areas of the child's life such as encouraging the development of friendships and the participation in leisure activities (e.g., what level of physical and emotional safety is the child currently experiencing? What is the child's developmental level?).

Provision of a therapeutic environment

This includes: Maintaining an attitude of Playfulness, Acceptance, Curiosity and Empathy; Understanding approaches to therapeutic parenting; The utilisation of self-reflection and self-regulation; and Creating and maintaining a positive family atmosphere.

- Can you think of an example when a child is communicating one need and you identified another underlying need that you responded to? (A case study could be provided of a child who appears to be communicating a need to be left alone in the face of an injury, whereby the underlying need is likely to be that he needs to be comforted).
- How might you try to maintain an attitude of warmth and acceptance towards the child during a challenging moment (For example, after access a child says to you "I hate you, I wish you'd go away!")? What supports/strategies might assist you during these times?
- In what ways have you previously used self-reflection following a challenging situation (e.g., within a child or adult relationship)? What was the process? How did this impact upon your insights and future responses?
- What strategies do you use to restore and repair a relationship following a conflict? What is your understanding of the need for reparative parenting with children that have suffered abuse and trauma? What anticipated feelings might get in the way of you moving into reparative parenting following a challenging moment (feeling overwhelmed by stress, anger, fear)? What strategies might you draw on?
- How might you (thinking about additional supports) provide structure and supervision to a child that initially requires intensive supervision?
- How do you anticipate managing painful thoughts and feelings expressed by the child?
- What feelings do you anticipate could be evoked in you when caring for child that has suffered trauma abuse? (For example, how might you anticipate managing intense and persistent rejection from a child?)
- What might it be like to persist with a child when it feels like every strategy you try just isn't working?
- How might a child impact upon your family atmosphere? What might you do to maintain a positive atmosphere?

Process issues for the assessor to reflect on: Is the carer willing to test out new ways of thinking? Can the carer demonstrate flexibility in their approaches to parenting? Note: We are

looking for qualities that **emphasise** a capacity to self-reflect and adapt parenting practices, **more so than** the ability to 'come up' with therapeutic parenting strategies.

Attitude to the child's family and existing relationships

- What do you see as the importance of a child's relationship with their birth family? How might you engage with a child's birth family? In what ways might you be able to support the child's link with his/her family?
- What do you see as possible challenges?
- What are your thoughts about access in your home?
- How will you manage your own feelings towards the birth family when members may have contributed to the abusive experiences suffered by the child?
- What do you see as the importance of a child's connectedness to their siblings?
- What challenges might arise in supporting sibling contact when your family has values and beliefs systems that differ greatly from the other foster family's?

Challenges in supporting the child when leaving your care, whilst building a long-term commitment to the child.

- What might it be like for you to support a child returning home or to another placement when you are beginning to form an attachment? What do you anticipate as the challenges in maintaining your commitment to the child, and supporting the child's return to home?
- What feelings may be evoked in you when a child moves on (e.g., grief & loss, sadness, anxiety, anger)? How do you anticipate managing these challenges? What supports might you draw on?

Cultural Issues

- Why is culture and heritage important for children?
- What might the challenges be for you in working with a child's family and community from another cultural background?

The assessor could explore the carer's understanding of the following issues:

- That linking the child to culture, language and heritage is necessary for the child's **sense of identity** within their world; the child needs to develop a sense of self in relation to their family and their community.
- That linking the child to culture, language and heritage is necessary for the child to develop a **sense of connectedness** in their world; the child needs to develop a sense of connectedness to their family and community.
- That linking the child to culture, language and heritage is important for the child's spiritual growth and holistic well being.

Carer/s' own attachment history

- What were your experiences during childhood like?
- Can you describe your early relationship with your mother, your father?
- Describe experiences of closeness and comfort from parents; separations from parents; perceived rejections by parents.
- How might a child's behaviours trigger possible reactions relating to your own history?
- If this occurs, what would help you makes sense of what is happening?

Process issues that the assessor may reflect on: Is the carer's description of their childhood experiences integrated? For example:

1. Have intense emotional feelings in relation to their childhood/parents been resolved? (For example, intense anger towards an absent father is still present but not overwhelming)
2. Can the carer demonstrate insight into their parents own actions and experiences? (For example, "My father was absent, but he never really got a good experience of being parented himself")

The anticipated challenges for the carer and their family

To explore the impact on:

- family members and family dynamics
- family beliefs and attitudes, and family culture
- family rules and daily routines

- How might you keep a check of how family members are travelling?
- What supports might you draw on to assist you and possibly your family members?

Self Care

- What are your strategies for self-care?
- What signs may be indicative that things are out of balance (e.g., physical or emotional signs; sleeping & eating patterns)? At what times are you most likely to get out of balance? In the case of a carer couple – What might you notice in each other when things are getting out of balance? How do you support each other?

Support network

- What does meaningful support look like for you?
- What are your current support networks (e.g. family, friends, foster carers, workers) and what is their attitude towards you caring for children in out of home care?
- What type of support will each member of the network be able to give you? (For example; weekly coffee with friend, phone contact during a high stress time with another foster carer)

Workers may wish to create a social network map.

Summary/Assessment

Strengths and areas that require further development.

Support needs.

Training needs.

Recommendation

For accreditation or not at this time.

For full time or respite care.

Appendix Five: Carer Assessment Report

Cover Sheet

Household members

Name	DOB	Relationship	Attended Training (Y/N)	Circle	Comments

Address:

Contact Details

Name	Home Phone	Mobile Phone	Work Phone	Comments

Outcome of Accreditation panel:

This household is approved for

This household is not approved for

Considerations for Matching

Assessment of applicants suitability for therapeutic foster care

Accreditation History

Date of general accreditation:

Date of last annual review (if relevant):

Date of planned presentation to accreditation panel:

Date of registration:

Background information

Specific requirements of this program

Care Team

Understanding of the likely impact of trauma on child

Building resilience in a child

Provision of a therapeutic environment

Attitude to the child’s family and existing relationships

Challenges in supporting the child when leaving your care, whilst building a long-term commitment to the child.

Cultural Issues

Carer/s’ own attachment history

The anticipated challenges for the carer and their family

Self Care

Support network

Summary/Assessment

Recommendation

_____ Date

Ms Name (Carer)

_____ Date

Mr Name (Carer)

_____ Date

Ms/Mr (Name)
Senior Foster Care Worker
(Enter Agency)

_____ Date

Ms/Mr (Name)
Therapeutic Specialist
(Enter Organisation)

**The Circle program: A Therapeutic Approach to Foster Care
(Enter Region)**

Appendix Six: Carer Review

This review is to be completed by the Circle foster care worker. The report should equally reflect the carer's views and the worker's assessment of the situation. The aim of the review is to identify the carers' support and training needs, areas for change and the effectiveness of the care team.

This does not replace the annual review, which is a more formal process and will consider all placements that the family has provided. The carer and worker should discuss whether a Circle program review is needed at the point of the Annual review or if the one review will suffice.

Carer's Name: _____

Workers Name: _____

Review Date: _____

Clients in Care:

<u>Name</u>	<u>DOB</u>	<u>Type of placement</u>	<u>Date placement commenced</u>	<u>Date placement finished</u>

What changes have occurred since the last review? Has there been a change in the family constellation, lifestyle (eg employment, etc?) What were the positive experiences or areas of development? If there was an action plan has it been fulfilled?

Describe the challenges for you and your family members

How does your family manage these challenges?

How do you make use of and participate in the care team?

How supportive is care team. Does the carer see value in the team? How does carer describe own role in the team? What changes or needed to make the care team effective?

Do you and your family feel supported? Are there ways for the carer to make better use of the support the care team or its members can offer? Does anything need to change? (If so, use action plan below)

Do you want to change your availability in program for next placement options? Eg: become full time carer/respite carers

Recommendations and Action Plan

What needs to happen? Who is responsible for each Action? When will it be achieved?

Next Review Date

Carer: _____ **Date** _____

Worker _____ **Date** _____

Supervisor: _____ **Date** _____

Appendix Seven: Week-by-Week breakdown⁵

	Placement worker	therapeutic specialist	carer	child protection worker or case manager	parents	child
Week 1	discuss placement with PCU			completed LAC referral and placement form		attends school, preschool or existing care arrangements out of school activities
	discuss details of referral with carer		discuss details of referral with PW	notifies the school of placement		
	phone discussion referral/placement		twice weekly carer reports	contact with parents		
	organises 48 hour care team meeting	attend 48 hour care team meeting				
	joint home visit to carer /child		joint home visit by PW and TS			joint home visit by PW and TS
		commence assessment	available for assessment		available for assessment	available for assessment
	Essential Information Record completed			assists in completing Essential Information Record		
	access arrangements					
Week 2		assessment contact	available for assessment	contact with parents	available for assessment	available for assessment
	Complete Care and Placement Plan					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker - potential home visit to carer /child</i>		available for home visit			
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					

⁵Access arrangements will vary with each child and family and need to be considered in the case plan and therapeutic planning processes
Additionally, it is expected that there will be an education support group, educational plan - this is reviewed annually

Week 3	Begin AAR	assessment contact	available for assessment	contact with parents	available for assessment	available for assessment
	Care team meeting					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker - potential home visit to carer /child</i>		available for home visit			visit from PW
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
access arrangements						
Week 4		assessment contact	available for assessment	contact with parents	available for assessment	available for assessment
	Care team meeting – weekly frequency can be reviewed					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker - potential home visit to carer /child</i>		available for home visit			
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					
attend 28 day child protection meeting				organise 28 day meeting	attend 28 day child protn meeting	
Week 5		assessment contact	available for assessment	contact with parents	available for assessment	available for assessment
	Care team meeting – weekly frequency can be reviewed					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker - potential home visit to carer /child</i>		available for home visit			visit from PW
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					

Week 6				contact with parents		out of school activities
	Assessment information used to inform review of Care and Placement Plan – care team meeting frequency to be reviewed					
	contact with school		contact with school			
	<i>As negotiated between carer, placement and therapeutic worker potential home visit to carer /child</i>		available for home visit			
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
access arrangements						
Weeks 7 -11	Care team meeting					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker potential home visit to carer /child</i>		available for home visit	contact with parents		visit from PW
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					
Week 12	carer review		Child CHAT assessment and individual care plan completed carer review	contact with parents		out of school activities
	Assessment and Action Record completed. Care and Placement Plan Reviewed					
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					
Weeks 13 -15	Care team meeting					out of school activities
	<i>As negotiated between carer, placement and therapeutic worker potential home visit to carer /child</i>		available for home visit	contact with parents		fortnightly visit from PW
	program case review		twice weekly carer reports			attends school, preschool or existing care arrangements
	access arrangements					

Week 16	Care team meeting				out of school activities
	<i>As negotiated between carer, placement and therapeutic worker potential home visit to carer /child</i>		available for home visit	contact with parents	fortnightly visit from PW
	program case review		twice weekly carer reports		attends school, preschool or existing care arrangements
	access arrangements				
Weeks 17 -26	Care team meeting				out of school activities
	<i>As negotiated between carer, placement and therapeutic worker potential home visit to carer /child</i>		available for home visit	contact with parents	fortnightly visit from PW
	<i>Quarterly Care review (wk 26)</i>		<i>Quarterly Care review (wk 26)</i>		
	program case review		twice weekly carer reports		attends school, preschool or existing care arrangements
	access arrangements				
Week 26 onwards	Review arrangements for weeks 17-26 to determine levels of contact. Review of arrangements to occur whenever any member of the care team believes this needs to occur				

LAC timelines

- To start the EIR and complete an initial C&PP within the first 2 weeks of a placement (noting that the completion of a C&PP within the first 2 weeks is also a minimum requirement for compliance with registration standards)
- To start the A&AR as soon as possible after the first C&PP has been completed as a coordinating practice tool for enabling the care team to get to know the child and provide two way input to related processes including overall Best Interests case planning process and collation of information required by professional undertaking Initial Health Assessment processes (in addition to more fully completing and updating the EIR)
- To use the A&AR and the final report from the Initial Health Assessments to inform the first Review of the C&PP
- To expect that in most cases within the first three months of being in care the child would have completed :
 - i. the A&AR
 - ii. the Initial Health Assessment
 - iii. the first Review
 - iv. an updated (2nd) C&PP as a result of the Review
 - noting that the minimum requirement for compliance with registration standards is for the child to have had an A&AR in the first six months and a Review of their C&PP at least every six months
- To expect the A&AR to be completed over at least six weeks period with contributions from all care team members and for this to be done concurrently and interactively (at least in relation to some aspects) with the Initial Health Assessment processes undertaken by GP, dentist, mental health worker and other specialist

where applicable and informed by Cultural Support Planning and Student Support Group processes where applicable.

- To assume that if it is known that a child will definitely be leaving care before three months, then an A&AR would not usually be completed but even if a child left part way through the process of completing an A&AR this might not be wasted because it might provide some useful information about the child's development and strengths that could be shared with others still working with the child and their family.

Appendix Eight: Carer report proforma for oral or written reports

LOOKING AFTER CHILDREN LIFE AREA	KEY ACHIEVEMENTS, EVENTS OR ISSUES	ANY FOLLOW UP NEEDED
Date of report:		
Recent events:		
Health		
Education		
Identity		
Family and Social relationships		
Social presentation		
Emotional and behavioural development		
Self care skills		

MIRROR FAMILIES

MIRROR FAMILIES

Creating extended families for life

A new paradigm to support positive outcomes for vulnerable Children and Young People and their Families

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MIRROR FAMILIES

*Mirror Families model*⁶

The traditional African proverb 'It takes a village to raise a child' is a frequently used theme in debates on the role of government and communities in supporting families and children.

This paper focuses on children in the care system and how a 'village' or extended family, can be created for each one of them, so that *lifelong* supportive relationships can be established and nurtured.

Mirror Families works on the assumption that in a natural extended family, there are a number of adults (most likely to be family) who play significant roles in contributing to both the children's development and supporting the parents. These relationships do not cease when the child turns 18. On the contrary the extended family remains connected to the child all of his/her adult life.

The model also assumes the lack of a robust, extended family is a significant feature of vulnerable families.

A new paradigm: why 'Mirror Families'?

Child Protection systems need to focus, in part, on immediate, short term 'fixes'. However, constant crisis management often prevents a response that looks to the future.

The term '*Mirror Families*' developed out of a wish to send a new message to children, families and the community at large. It is a new paradigm that requires new terminology.

The term 'foster care' conjures up an artificial temporary situation. Homes that children move through may offer little sense of belonging. Children and young people are often loath to tell people they are in 'foster care' for fear of the stigma attached to the terminology.

'*Mirror Families*' reflects what happens in extended natural family structures, with complex enduring relationships and a sense of belonging. A '*Mirror Family*' is **not** a care team, foster care network, therapeutic web, nor a care circle. It is an extended family for life.

What does a Mirror Family look like?

A *Mirror Family* provides a working extended family for every vulnerable child. Each Mirror Family is made up of three roles:

- **'A' family** - the primary home with 'parents', who may be birth family members or alternative carers
- **'B' family** - the secondary home providing a respite/emergency home for child and family with 'aunties/uncles'. This home has the potential to become the *A family* if required; and
- **'C' family** - the tertiary home offering babysitting, mentoring, advocacy/educational support from 'grandparents/godparents'.

1 Glossary of terms

The term *Mirror Families* refers both to the model proposed *and* to families involved in this model.

The term *birth families* is not intended to imply that these families are not involved in their children's lives post-birth. It is used to distinguish these families from the caregiving families.

Mirror Families can be adapted to suit many situations. Primarily this model is envisaged as an ongoing support for:

- The main place of residence for the child (birth, foster, permanent and kinship homes)
- Young people who have reached the statutory age (e.g. 18 or 21) and have therefore left formal care (care leavers), as well as minors living independently or in state care.

The **'A' family** and/or the birth family are actively engaged in creating their *Mirror Family*. Depending on the family circumstances a family may have more than one family taking on any one of the **'ABC'** roles.

Mirror Families will help to break the cycle of generational dysfunction by continuing to support children when they become parents. There is also a presumption that *Mirror Families* offer healthy role models and support to future 'grandchildren'.

The following case study is an example of a naturally occurring *Mirror Family*.

CASE STUDY: Informal *Mirror Family of 8 years*

Dylan and Mark were in foster care. When they became orphaned they were moved to a new long-term foster home ('**A' family**) that was close to an aunt who was caring for their siblings. She wished to play an active, but mainly non residential, role in their lives ('**C' family**).

The original foster home (now the '**B' family**) continues to support the 'new' long-term foster mother particularly through offering respite care, discussing issues as they arise and celebrating special occasions (as aunts and uncles support a family). They also facilitate connections with both sides of the remaining birth families.

Family friends of the birth mother have taken on a mentoring role ('**C' family**) and also assist the children financially (as godparents might). As the older siblings mature they too are playing an increasingly important role. One brother is now playing a '**B' family** role.

All adults work well together and are active advocates for the children, including taking part in case planning meetings and being included in extended birth family occasions. As a team they have averted a number of crises. Their short term aim is to keep the children in school and a stable placement (unlike their older siblings). In the long term they hope to support them to have fulfilling adult lives.

Currently in their teens, the boys are now thriving in their school and community.

Outcomes

Implementing *Mirror Families* is intended to support:

- Positive outcomes in early intervention/prevention of children coming into care
- Well planned and managed placements, lessening the need for professional intervention and crisis management
- Continuity of relationships for the child and stability of placement
- Retaining, maintaining and building the pool of carers
- Connecting the child to community

A network of adults in children's lives

Who are the important adults in children's lives? A survey was undertaken with a group of child welfare professionals. It examined who were the adults important to them during their childhood and whether they still had contact with these people.

The outcomes, which are discussed in reference to the *Mirror Families* model, suggest that both children and their primary carers require a 'village' of support to mirror the support patterns of the general population. In assessing and then constructing that support, each situation should be looked at individually. However, the survey findings suggest that the following issues are central:

FINDINGS: important adults and their roles

- Each child and their primary carer(s) require support from at least 4 other adults (gender balanced), available around the clock and geographically closely located
- At least two of the adults need to have long term potential to act as grandparents for the children's children
- Adults should be recruited firstly from extended family, then friends and lastly, community members and services.
- The qualities of nurturer, protector and guide need to be well represented amongst the adults
- Support for primary carers should include babysitting/respice, advice (both practical and emotional), and involvement in activities/family occasions
- Additional support is required when families are geographically isolated from extended families
- Siblings are vital supports to each other in both childhood and adulthood and become particularly important to their nieces and nephews.

The Mirror Families Team: role of service providers

The *Mirror Families* model utilises the existing skills and experience of child protection and social workers. While service providers are not considered part of an individual *Mirror Family*, they are nevertheless vital members of each *Mirror Family* team.

Mirror Families creates an opportunity for service providers to empower families to deal with their own issues. There is a vital role for services to facilitate lifelong support for parents/carers rather than provide direct support themselves, which is more often than not, resource limited.



Standard case management processes are used to create and manage *Mirror Families* teams. Other specialists (e.g. therapists and teachers) may be enlisted to join the team as required. Initially, quarterly meetings are convened and facilitated by service providers. Family members are

assisted to support each other. As the *Mirror Family* becomes cohesive the need for outside support will lessen. Ideally *Mirror Families* become self-sustaining in the long term.

Finding the extra carers

Many of the people who could form a *Mirror Family* are already there but for the asking. Wherever possible, *Mirror Family* members are recruited from within the birth family and/or the child and carer's existing networks, before looking further afield into the wider community.

It is anticipated that *Mirror Families* will have a positive effect on carer retention and recruitment, thereby increasing the numbers of carers available. Major concerns, leading to high attrition rates of carers (DHS 2003) will be addressed by providing support, ongoing relationships and carer inclusion in decision making.

Carers new to the system will have the option of a gentle entry through **'B' and 'C' family** roles. Research conducted by the Centre for Excellence (2006), found callers to the Information Hotline, who decided not to become carers, would have been interested in taking on a lesser role supporting full time carers.

For former carers thinking about re-entering the system participation in a *Mirror Family* provides the support and involvement that they seek. Public Parenting (DHS, 2003) found 62% of past carers they interviewed would consider taking up fostering again, especially if there were better levels of support.

Anticipated costs and savings

The *Mirror Families* model has not been costed. However, it is envisaged that all members of a *Mirror Family* would be reimbursed for their out-of-pocket expenses. In addition, the costs of recruitment, assessment, training and support (including quarterly meetings) would need to be covered, as is the current case with foster and respite carers.

While these costs are not insubstantial, the long term costs of young people growing up without adequate family and community support are far greater. Research conservatively estimates that the cost of poor outcomes for the 450 young people who leave care in Victoria each year is \$332.5 million (Forbes, Inder and Raman, 2006).

Decreasing the need for crisis management frees up service providers to spend more time in effective planning and case management practices. The flow on effects could be expected to include increased job satisfaction, less stress and therefore fewer resignations.

The anticipated positive effect on carer recruitment and retention would impact positively on the time and financial costs of recruitment and training of new carers.

Conclusion

Mirror Families provides a new paradigm.

Its implementation will require a leadership response with a commitment to change and to the future. A commitment to connectedness, real partnerships and changing the way we think about improving the lives of vulnerable children and their families.

Ideally a natural family has the capacity to guide children successfully into adulthood. Long before a child turns 18 we need to know who will guide our vulnerable children. Who will love and adore them through thick and thin?

Who will be there if the 'parents' are run over by the proverbial bus? Who will sit next to the 'L' plate driver? Who is likely to pull strings to help find the first job? Who will provide the proud arm that gives her away on her wedding day? Whose door will still be open when the rent hasn't been paid and the job didn't work out? Who is going to inspire, and be cheering at the university graduation? Who will be the custodians of the childhood stories and give advice on the next generation's teething babies? And even decades later, beside whose death bed will they be sitting?

Informally *Mirror Families* are already working successfully. Carers and birth families are supporting each other before intervention, during placement, after reunification and after the government agencies have ceased their involvement. The results are often exceptional for all involved. Their very success goes unnoticed as they negate the need for child protection workers, service providers, court intervention, and the accompanying costs.

It is time to take notice. It is time to answer: **'Who will be there for the grandchildren?'**

References

Centre for Excellence in Child and Family Welfare (2006), *'Families Helping Families' ... Towards best practice in recruiting resource families to support foster care*, Melbourne: Centre for Excellence in Child and Family Welfare.

Department of Human Services (2003), *Public Parenting: A review of home-based care in Victoria*. Melbourne: Department of Human Services, Government of Victoria.

Forbes, C., Inder, B. and Raman, S. (2006), 'Measuring the cost of leaving care in Victoria', *Children Australia*, Vol. 31, No 3, 26-33.

Appendix Ten: Assessment of respite carers
from within the support network