Module one

Context of foster care

Session plan
<table>
<thead>
<tr>
<th>Time</th>
<th>Resources</th>
<th>Method of delivery</th>
<th>Learning outcomes</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hrs</td>
<td>Name tags, PowerPoint slides, DVD/DVD Player, Whiteboard/pens, A copy of Child Safety Practice Manual chapters: 5 and 8 for trainer’s reference, Multiple copies of: Learning opportunities for carers, Aboriginal and Torres Strait Islander Child Placement Principle, Recognised Entities, Multiple Copies of Case Studies 1, 2 and 3, Multiple copies of Handout – Historical Overview, Multiple copies of the Child Placement Principle Prompt Sheet</td>
<td>Lecture; large group; brainstorm; activities</td>
<td>At the end of this module participants will be able to:</td>
<td>The assessment necessary for each participant will be based on: Participation in discussions and training activities; Completion of worksheets at the end of the session; and Completion of a self-assessment pro forma.</td>
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<td>1. Explain why children can require out-of-home care placements.</td>
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<td>2. Demonstrate knowledge of how children come into care and who is involved in decision making.</td>
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<td>3. Identify the needs of children in care, and the roles and responsibilities of foster carers in meeting those needs.</td>
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<tr>
<td>Resources</td>
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<tr>
<td>Multiple copies of the Child Protection System Flow Chart</td>
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<td>A copy of the <em>Child Protection Act 1999</em></td>
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<tr>
<td>Name tags as per “roles” as described on OHT “String Sculpture” and a long roll of string or red tape</td>
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<td>Multiple copies of the handout Charter of Rights</td>
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<td>Multiple copies of the Principles of the Act</td>
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<tr>
<td>Resources can be obtained from CSSC staff or via a search of the Child Safety internet, infonet or within the Child Safety Practice Manual</td>
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<tr>
<td><strong>Optional Resources</strong></td>
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<tr>
<td>• I am Sam DVD</td>
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<tr>
<td>Time</td>
<td>Content</td>
<td>Resources/Additional comments or questions</td>
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<tr>
<td>2mins</td>
<td><strong>Acknowledgement of Country</strong>&lt;br&gt;I would like to respectfully acknowledge the Traditional Owners of the land on which we are meeting and remind people that we are on Aboriginal land.&lt;br&gt;I also would like to acknowledge and pay my respect to the Elders (both past and present) and extend that respect to other Aboriginal Australians who are present.&lt;br&gt;<strong>Pause</strong>&lt;br&gt;Thank you</td>
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<td></td>
<td><em>Distribute name tags and show Slide 1</em></td>
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<td>25 mins</td>
<td><strong>Housekeeping, introductions and training assessment expectations.</strong>&lt;br&gt;<strong>Housekeeping details</strong> – <em>provide the location of exits and toilets, information on breaks and catering, arrangements for smokers and phone messages. Include fire, evacuation and emergency exit and meeting points as well as any other WH&amp;S procedures required.</em></td>
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Introducing each other.

*Use your own icebreaker or the example below*

Get participants to introduce themselves to the person sitting next to them and tell them one fun activity they have done with a child or young person. Report back to the group.

**Group Rules**

*These should be sourced from the group - ask what people would need from the group in order to feel comfortable. Ensure that the following are covered:*

1. Confidentiality – any information that is shared in the group will be confidential to the group – link to the need to respect confidences in a placement situation.

2. Mutual respect and tolerance for a diversity of opinions, cultural backgrounds and experiences.

3. Punctuality and respectful processes in discussion.

**Overall aim of Quality Care: Pre service training.**

**Show slide 2 – Pre service training learning outcomes**

At the completion of training you will be assessed on the following learning outcomes and your ability to:

1. Demonstrate an awareness of why children and young people require out-of-home placements, how children come into care and the impact this process has on children and young people.

2. Demonstrate an understanding of the past issues affecting a child or young person in an out-of-home placement.
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<tr>
<td>3.</td>
<td>Develop the knowledge and skills to meet the physical, emotional and social needs of children and young people subject to statutory intervention and develop an understanding of the importance of participation by children and young people and their families in decision making.</td>
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<tr>
<td>4.</td>
<td>Demonstrate an understanding of the partnerships that exist between children, their families, foster carers and workers, (both in the government and non-government sectors), and their roles and responsibilities of working together as a team.</td>
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Pre-service training is presented in 4 modules of 3 hours each.
1. Context of Foster Care
2. Understanding the past for a child or young person
3. Early days in a placement
4. Quality care - working together

**Overall assessment.**

*Give information on the processes for assessment. Explain that a comprehensive assessment will be necessary for each applicant which goes toward the assessment of their suitability to be approved as a carer.*

The assessment will be based on:
1. Observations
2. Participation and responses in discussions and training activities
3. Satisfactory completion of Worksheets
4. Completion of Personal Reflections forms

*Explain that consideration will be given to the needs of participants, and there is provision for some information to be obtained orally.*

After completion of the training, the trainers will consider each of you and make a recommendation about whether you are competent or not yet competent in meeting the learning outcomes. Any concerns raised during the training will be discussed with you and you
may be provided the opportunity to demonstrate your competency again.

The training assessment and outcome will inform the final assessment of your application to become a foster carer. This assessment also requires suitability checks and a series of interviews leading to a comprehensive written assessment. All information gathered is then forwarded onto a Child Safety Service Centre Manager for the final decision about whether to approve you to become a foster carer.

Most importantly you must be able to demonstrate you will be able to meet the needs and standards of care for children and young people in out-of-home care. These standards, otherwise called the statement of standards are written in law and will be addressed in further depth throughout the training.

Explain that this process can lead to approval as a foster carer for an initial 12 months. *During the initial 12 months foster carers can start taking placements.*

<table>
<thead>
<tr>
<th>Handout</th>
<th>Carer fact sheet 2 <em>Learning opportunities for carers</em></th>
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<tbody>
<tr>
<td>Show Slide 3</td>
<td>Module one: Context of foster care- Learning outcomes</td>
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</table>

This module will encourage you to reflect on how aspects of the child protection system and carer roles will impact on you and your family. This module will assist you in making a decision about whether to become a foster carer or not. In this module you will learn about:

- why children require care
- how children come into care
- whose involved in decision making and
- the needs of children in care and your role in meeting these needs.
### Module one: Context of foster care - Content

#### Highlight time allocated for each session

1. Why do you want to be a foster carer? **10 minutes**
2. Why does a child or young person need an out-of-home care placement? **35 minutes**
3. How do children come into care and who makes decisions? **35 minutes**
4. Roles and responsibilities of foster carers in meeting the needs of children and young people and the differing roles between the Department of Communities, Child Safety and Disability Services and Licensed Care Services **50 minutes**

<table>
<thead>
<tr>
<th>10 mins</th>
<th>1. Why do you want to be a foster carer?</th>
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</table>

#### Show Slide 5

**Activity**

For ten minutes we will do an exercise. Split into pairs and ask the other person the questions on the slide - Why do you want to be a foster carer? When finished you will introduce the other person and provide their answers to the bigger group.

1. How did you hear about foster care?
2. Why do you want to be a foster carer?
3. Explain one quality you have that you think might help you be a carer.
4. What impact do you think fostering will have on your family and friends?

*The foster carer on the training team can run this part and give feedback from an experienced carer’s perspective.*

*Emphasise that everyone has different strengths and that there is no one “preferred” model. Children and young people coming into care have a wide range of needs and there needs to be a diverse range of people available to provide care.*
### 2. Why does a child or young person need an out-of-home care placement?

*Introduction into this topic –*

Children and young people come into care because it has been assessed that it is no longer safe for them to stay at home because their parents are unable or unwilling to protect them from harm and risk of future harm.

Most children and young people do return home after support, intervention and another assessment that it is safe to return home. Foster and kinship carers are part of a team who work to provide the child with a safe and supportive environment while that child is not able to stay at home.

Placing a child in care is a complex decision based on the combination of law, principles, children's rights, research and a professional assessment of harm and future harm to the child.

**Handout** - Refer to Case Studies 1, 2 and 3 – “Part 1” in handouts. Introduce 3 case studies. Participants to read the case studies noting the child’s background and current situation in each case.

**Activity - Brainstorm**

Ask the group to give their initial responses to the case studies (or DVD) if used.

Ask how they think a child or young person and their families may be feeling when placed in out-of-home care. Record these on the whiteboard.

*Ensure the following is covered: Feelings -*
- helpless or depressed

**Optional**

Case Studies 1, 2 and 3 – “Part 1”

**Optional:**

I am Sam DVD (classroom scene and the removal)
- afraid
- ashamed
- sad and hurt
- angry and frustrated and
- confused

Highlight how children and young people in care can have many varied experiences and it is important to recognise our own reactions in order to assist them deal with those experiences. It is also important to recognise that children and young people will not all respond in the same way to those experiences, and we should be mindful of their individual needs.

Types of abuse and resulting harm.

Show Slide 6 Types of abuse and harm

Children and young people in care have usually been subjected to abuse at home which can result in harm.

Provide an example of the differences between abuse (eg. Actions - being hit, yelled at, sexual) and the resulting harm (eg. The impact - physical, emotional).

Trainers can read the Practice Guide: the assessment of harm and risk of harm in the Child Safety Practice Manual for more detail if required.

Activity – Brainstorm the abuse and harm in the case study

Brainstorm with the group the abuse and harm (in two columns) in the case study. Also link to ongoing harm to the child that might be present when they are in care including low self-esteem, inability to express emotions appropriately, depression, suicide ideation, learning delays.

Record responses on the whiteboard. Responses should include physical, emotional, sexual abuse, neglect with examples of actions and impacts for each.

Only where time permits- Introduce the concept of systems abuse – where a child is abused...
within the system designed for their care eg:
- abused in placements;
- drifting in care;
- unnecessary dislocation from family and community.

### When does Child Safety intervene? Show

**Slide 7 – Definition of Harm**

Not all children who experience abuse or harm will need an out of home placement. The decision whether to place a child in care is determined by the interpretation of law, child rights principles and the use of a professional assessment. By law Child Safety **must intervene** when it is suspected that the definition of a child **in need of protection** in the Child Protection Act 1999, section 10 has been met.

**Child in need of protection** =
That a child has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; and does not have a parent willing and able to protect the child from harm.

*Link to Case studies: Sam: parents are willing but not able, if applicable.*

While some parents are not able or willing to protect their child at a particular point in time, each of these parents will have strengths and positive social relationships and support that may reduce the likelihood that harm will occur to the child if they remain in their care. These are called protective factors.

**Optional Activity where time permits –**
*Only run this activity if you know it will fit within the timeframe for the day. Brainstorm protective factors and supports to parents.*

Ask the group to think of protective factors that may mean that a child can remain safe with their family even after harm has occurred.
If time permits also brainstorm:

Any protective factors that they may have or use as a carer to support a child after a contact visit or to help enhance the child's general wellbeing.

Trainees can refer to the Appendix in the Practice Guide: the assessment of risk and risk of harm for more information on protective factors.

| What are the principles that guide this work with families? |
| Show Slides 8 and 9 – Charter of Rights, Principles of the Act |
| Handout – Charter of Rights and Principles of the Act |

The preferred way to work with children and young people is with the support of their families and what is in the best interest of the child. As discussed earlier, Child Safety is by law required to seek family or kinship appropriate placements when placing a child in out of home care (principle 5B (h)).

Wherever possible the aim is to safely return the child to their family. Link this with previous discussion about protective factors and supports to families.

Where children and young people need longer term stable care, every effort is made to preserve meaningful family and social connections for them including cultural, religious and ethnic relationships and connections (principle (f) (ii)). Discuss that part of the foster carers role is to support and assist with maintaining these family connections and provide examples how.

Trainees can post the principles onto a wall and refer to them regularly during the training.

| Slides 8 and 9 |
| Handout Charter of Rights and Principles of the Act |

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**Quality Care: Foster Care Training**
Pre-service training: Module one, Version 8, Feb 2016

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<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>● Do your values about families sit comfortably with the principles of the <em>Child Protection Act 1999</em>? Demonstrate with actual examples from within your own family or family of origin.</td>
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<tr>
<td>● Are there any conflicts or concerns between these principles and your own point of view?</td>
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</table>

Give general feedback to the group.

<table>
<thead>
<tr>
<th>Special provisions for Aboriginal and Torres Strait Islander</th>
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<tr>
<td><strong>Children</strong></td>
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*Trainers are encouraged to contact local Aboriginal and Torres Strait Islander organisations for local information and resources to assist with these sections or questions by participants.*

**Handout** - Refer to Handout “*Historical Overview of why Aboriginal and Torres Strait Islander children come into care*”.

Refer to Carer Information Sheets:
1. Aboriginal and Torres Strait Islander Child Placement Principle
2. Recognised Entities

**Outline the historical background – include:**
- removal of children until the 1960’s
- compounded by poverty
- unemployment, and
- health factors
- *Over representation in the child protection system.*

In view of past history many Aboriginal and Torres Strait Islander people have a fear and distrust of government organisations.

To assist with culturally appropriate decision making and placements the *Child Protection Act 1999* states that we must ensure that a Recognised Entity for the child is given an opportunity...

<table>
<thead>
<tr>
<th>Handout “Historical overview”</th>
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<tr>
<td>Copy of Carer Fact Sheets:</td>
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<tr>
<td>● Fact sheet 6: <em>Understanding the Aboriginal and Torres Strait Islander Child Placement Principle</em></td>
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<tr>
<td>● Fact Sheet 7: The role of recognised entities</td>
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to participate in the process for making a decision about where or with whom the child will live – Section 83 (2) of the Child Protection Act 1999.

**Show Slide 10 and 11 Child Placement Principle Hand out the “Child Placement Principle” Prompt Sheet**

The Child Protection Act 1999 states that the preferred way for an Aboriginal and Torres Strait Islander child to be cared for is within their family or community.

Section 83 of the Child Protection Act 1999 relates to the Child Placement Principle. Refer to the Child Placement Principle handout and slide.

Section 83 (4) In making a decision about the person in whose care the child should be placed, the chief executive must give proper consideration to placing the child, in order of priority, with:

- (a) A member of the child's family or
- (b) A member of the child's community or language group or
- (c) Another Aboriginal person or Torres Strait Islander who is compatible with the child’s community or language group or
- (d) Another Aboriginal or Torres Strait Islander

If a placement cannot be made with or near a member of the child’s family or community or language group or another Aboriginal person or Torres Strait Islander within or near to the child’s community or language group, the child may be placed with a non-Aboriginal person or Torres Strait Islander.

It is important for all foster carers to be aware of the issues that face Aboriginal and Torres Strait Islander people because if they are caring for an Aboriginal and/or Torres Strait Islander child they will be required to assist in enhancing the child’s Aboriginal and Torres Strait Islander identity, connection to their culture. This includes involvement with maintaining contact between the child and their family and/or community group.

*Provide some examples of how this might be done in culturally appropriate ways.*
Useful resources for trainers –

- Resources in the Child Safety Practice Manual including
- **Practice resource: Legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with recognised entities**
- **Practice resource: The child placement principle**
- **Practice resource: Working with the recognised entity**
- Secretariat of National Aboriginal and Islander Child Care (SNAICC) website at [www.snaicc.org.au](http://www.snaicc.org.au)

*For more information trainers can read the 2008 ‘Foster their Culture: Caring for Aboriginal and Torres Strait Islander children in out-of-home care’, Secretariat of National Aboriginal and Islander Child Care for more information and the website [http://www.snaicc.asn.au/](http://www.snaicc.asn.au/) for further resources.*

35 mins

3. How do children come into care and who makes decisions?
Show slide 12 – Who is involved in decision making

Introduction to this section –
There are many people involved in the decision to place a child in out-of-home care. For example some people offer information about the child and their parents (school staff, police, GP, medical history) to help make this decision while others, like foster carers offer support and care to the child.

Child Safety staff including the CSO along with the senior team leader, senior practitioner, court coordinator and manager will assess all the information gathered and decide the type, level and length of statutory intervention, where required.

Where a family does not agree with ongoing intervention required Child Safety will apply to the Children’s Court and the magistrate of the court will decide the Child Protection Order based on the information provided by Child Safety and hearing from the child, parents and any legal representatives.

In the case of Aboriginal and Torres Strait Islander children and families, decisions will be taken in conjunction with a recognised entity. Review or refer again briefly to the Child Placement Principle and the importance of maintaining family and cultural connections.

Discuss the frustration that some carers have with contacting their CSO. Highlight this is a very busy and often urgent time and provide a brief explanation about the CSO’s complex role, the number of people involved and the demands when making this decision, which will become evident in the string sculpture.

Activity - String Sculpture
Show Slide 13 - Alice’s Story
“String Sculpture”. The purpose of this role play is to highlight the number of players involved in placements and the linkages between the roles.
Dependent on the group and experience of the trainer the entire set of these slides do not need to be shown if reading each one detracts from the exercise. Ensure you are familiar with the content of the activity prior to conducting the activity with participants.

Explain to participants that you will read out a scenario and invite people to wear a name tag of a particular person in the story. They will then hold the tape and continue to hold it as other players are linked up.

Show Slide 14.
Paragraph One:
Alice is 12 years old. Alice is an only child and lives at home with her mother and father. Alice is in Grade 7 at primary school.

Paragraph Two:
Alice is normally a bright and happy young person but for the last 2 weeks her best friend Helen and some of her teachers have noticed that she has become quite withdrawn and always appears tired.

Show Slide 15
Paragraph Three:
While Alice and Helen were eating their lunch together Alice started to cry and confided in Helen that her father had been touching her in a sexual manner and that this had been happening since she was 10 years old but had gotten worse in the last month. Alice told Helen that his advances had gotten bolder and that a few weeks ago he tried to touch her while she was in the shower while her mother was at work. Alice told Helen not to tell anyone.
Paragraph Four:
The next morning Helen decided to see the Guidance Officer at the school and talk to her about what Alice had told her. The Guidance Officer called the classroom and asked for Alice to come and see her straight away. Alice told the Guidance Officer what had been happening at home. The Guidance Officer then notified the Principal who called the Department of Communities, Child Safety and Disability Services who in turn called the Police.

Paragraph Five:
Two Child Safety Officers and a Police Officer came to the school to speak to Alice. The Child Safety Officer called Alice’s mother and asked her to come to the school also. Alice’s mother did not believe Alice stating that Alice’s father would never do such a thing and she was angry with Alice believing that Alice had made the story up.

Paragraph Six:
A decision was made that Alice should see a doctor that day to help determine the possible extent of sexual abuse.

Paragraph Seven:
The Child Safety Officer called the Co-ordinator of the Fostering Service with a referral for the placement of Alice. The Fostering Service after matching a Foster Carer to Alice’s needs called the Foster Carers with a referral. The Foster Mother and Father and the Fostering Service Co-ordinator were to meet with the Child Safety Officer at the local Child Safety Service Centre to meet Alice. As the Foster Carers were picking up the children from sport they too would be there when they met Alice.

It is now 4.30pm the next afternoon after the time that Alice made the disclosure to her friend Helen.
Show Slide 19

**Procedure:**

- Ask someone to play the role of Alice after reading the first paragraph. Get Alice to hold one end of the string in one hand.
- Read the second paragraph and ask someone to play the role of Helen. Ask Alice how close she would see Helen at this time given that Helen is her best friend. Place length of string in Helen’s hand and direct back to Alice to hold onto as well.
- Read paragraph 3 and 4 and ask someone to play the role of the Guidance Officer and the Principal. Ask Alice would she reconsider how close she saw Helen now given that Helen had spoken to the Guidance Officer and the Principal now knows Alice’s information. Ask Alice how close she would see the Guidance Officer and the Principal.

Note that the string has to be given to all participants then back to Alice one by one.

- Read paragraph 5 and introduce the Child Safety Officers and the Police Officer and Alice’s mother. Give participants string remembering to always feed string back to Alice from every participant. Ask Alice how close she saw the CSO’s, the Police Officer and Alice’s mother.

Take note to ask Alice how close did she think her mother would be given that her mother did not believe her story.

- Read paragraph 6 and introduce the doctor and ask Alice how close she saw the doctor. Remember string
- Read paragraph 7 and introduce the Co-ordinator, the Foster Mother and Father and the 3 children.

Remember string needs to go to every participant and then back to Alice.

- Ask Alice how she would feel if her father was there now and how close he would be.
- Ask Alice how she must feel given that in the space of 24 hours her life has changed completely after disclosing to Helen.
- Ask participants consider what it must feel like to be in Alice’s position.
**Brainstorm** who else may come into Alice’s life in a short space of time:
- Health professionals
- Other family members
- Counsellors
- Other Departmental Staff
- Youth Workers
- Community Visitors
- Others

- Ask participants except for Alice to gently pull on the string.
- Ask Alice what it feels like.

**Summary:**
- Talk to the participants about what it feels like for a child or young person coming into care and the affect on their physical and emotional responses to what is happening to them given that 24 hours before Alice was living with her family in what the community would see as a less than desirable environment, however still her own family. She is now in a strange and different environment where she is scared and may feel quite helpless given that she probably has very little control over her environment.
- Discuss the importance of keeping children in the loop during this early intervention. Young people have often described how crucial information at this stage is for their feelings of wellbeing and stability. Young people often describe feeling disempowered or a distrust of authority if information is limited at this time.
- Ask for last comments and then get everyone to drop the string.
- Always make sure everyone is ok given the nature of the story and that there may be participants who have experienced events in their life that could trigger feelings for them.

**Note:**

Alice’s father could be included in the sculpture if the trainer’s feel it is appropriate however
| care needs to be taken given some applicants own past experiences. |
| Trainers must be aware that some participants may get distressed and trainers must assess changes that may occur with participants and make sure they are comfortable especially the person playing the role of Alice. |
| If the sculpture is undertaken appropriately it will give strong messages about what it is like for a young person in that situation. |

### The Child Protection System Flow Chart

**Show slide 20 – Overview of the Child Protection system**

*Briefly talk through with participants what the process is when a notification is received by the Department of Communities, Child Safety and Disability Services.*

*Provide the handout the flow chart below for more information to take home. Remind carers that CSSC staff can explain and clarify any questions.*

*Give handout of the flow chart to participants*

**Slide 20**

![Overview of Child Protection System](image-url)
Types of intervention and child protection orders

Show slide 21 – types of intervention and CPO’s
Highlight that there is a complex and often difficult process undertaken with the family prior to the placement about the care, protection and placement of the child. Placement can be negotiated with parental consent or through the application of a court order in the Childrens Court. This can be a very confusing, distressing and emotional time for the family and the child.

Refer to Slides – 22 - 31
• Intervention with parental agreement – no court order.
• Short term placement – may be an Assessment order or a Child Protection Order.
• Long term placement - Child Protection Order.

It is not crucial that you remember all the specific details about the types of interventions and orders at this early stage of foster care. You can ask the child’s Child Safety Officer for details about the intervention when considering a placement or when a child is placed with you.

What is important for a foster carer to ask about is;
• the length of the order or intervention or time the child is likely to be placed
• What, where, how and who is involved in family contact
• who by law can and cannot talk with or contact the child
• are there any special considerations or requirements with the intervention
• an explanation of the intervention and order if you want clarification.

Slide 22 - Intervention with parental agreement

Briefly describe this type of intervention and the impact for the carer.

Generally with this type of intervention there is more involvement with the family or requests from Child Safety due to the agreement of the parents to work with Child Safety Services to address the concerns. This intervention is usually short term and intensive. The child generally stays in the home but could be placed out of home on a Child Protection Care Agreement.
Show slide 23 - Temporary Assessment Order

A very short term order where a child is placed initially for up to three days while an assessment of harm and risk of harm is being undertaken. The child may stay in the placement for longer if another order is applied for. Eg. Court Assessment Order or Child Protection Order. Discuss short term nature of TAO and CAO often mean Child Safety may contact frequently, have many requests and at very short notice.

Show slide 24 – Court Assessment Order

A short term order is where a child is placed initially for up to twenty eight days while an assessment of harm and risk of harm is being undertaken. The child may stay in the placement for longer if the CAO is extended up to 28 days or another order is applied for. Eg. Child Protection Order. Child Safety may contact you frequently and have short timelines of actions or requests. Foster carer facilitator can provide some information or examples.

Show slide 25 – Short term order

Discuss differences between assessment and short term orders. Discuss that Child Safety Officers will likely change because of the different focus teams in the Child Safety Service Centre (CSSC) have.

The focus of work/contact with a carer and for a child will be different than assessment orders. Expectations of carers will be different, for example carers may have more involvement in decision making, attending meetings and be asked to provide feedback on the child’s care and needs for case planning. Provide examples or foster carer can provide some.
Show slide 26 – Long term orders

Discuss the differences and the impacts for carers who care for children who are subject to long term orders. Foster carer can provide some information or examples, including guardianship and custody differences but this will be explained later.

Only if time permits the trainer can mention the following orders. Ensure there is time for some questions or ask the group what challenges they may have as a carer after hearing some training information so far. Where you don’t mention the orders in this detail then provide a brief statement that there are other orders that you might here about where children usually remain at home.

Show slide 27 – Directive orders

As a carer you may not hear about the following orders very often as the child usually remains at home. There are two types of Directive Orders:

- An order directing a parent of a child or young person to do, or refrain from doing, something directly related to the child or young person’s protection (Section 61 (a) of the Child Protection Act 1999) or
- An order directing a parent not to have contact, direct or indirect, either
  - With the child or young person
  - With the child or young person, other than when a stated person or a person of a stated category is present (Section 61 (b) of the Child Protection Act 1999)

A Directive Order must not be more than one year (Section 62 (2) of the Child Protection Act 1999)
A supervision order requires the Chief Executive to supervise the child or young person’s protection, with respect to the matters stated in the order. A supervision order may be applied for in conjunction with a directive order.

The child or young person’s case plan needs to clearly specify how the supervision order will be implemented and monitored.

A supervision order must not be for more than one year.

Trainers can discuss “Pre-adoptive Care” if this issue is raised within the group.

A small number of foster carers in Queensland may be approached to provide pre-adoptive foster care to a child whose parents are considering adoption. Very few of these placements occur each year. Pre-adoptive carers do not require any additional training to provide pre-adoptive care; however they are asked to take on some additional responsibilities and must be able to abide by strict confidentiality requirements of the Adoption Act 2009 regarding the children who are being adopted.

Some of the additional responsibilities of pre-adoptive carers include:
- Preparation of the infant of child for future placement with parent/s, extended family or adoptive parents.
- Provision of accurate and comprehensive progress records and photographs
- Introduction (transition) of a child to their prospective adoptive parents.
<table>
<thead>
<tr>
<th>50 mins</th>
<th>4. Roles and responsibilities of foster carers in meeting the needs of children and young people and The roles and responsibilities –of Child Safety and Non-Government Licensed Care Services</th>
<th>Refer to case studies 1, 2 and 3 Whiteboard/pens</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Introduction to section</strong>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The legislation requires that the rights of a child and standards of care are met. Child Safety staff carry a primary responsibility to ensure that these requirements are met, but responsibility is also shared by all members of the child’s carer team – including carers and their Foster and Kinship Care Service. <em>Explain that some of these concepts will be discussed here and in more detail in later modules but that it is important to remember that what Child Safety and Foster and Kinship Carers do, and are required to undertake, is usually determined by law.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Ask participants to read the case studies again, and think about the needs these children or young people may have. Write these on the board. Ask participants how they think a carer could meet these needs.</em></td>
<td></td>
</tr>
</tbody>
</table>
Show slide 29 – Child’s Strengths and needs

Child Safety has the overall responsibility for meeting the child’s care and protection needs and carers help make this happen.

This is achieved through each child having a case plan with a goal, outcomes and actions that need to be undertaken. The needs are determined after a thorough assessment by Child Safety of each of the child’s strength and needs domains, as shown in the slide.

Foster carers are often expected to be responsible for some outcomes or an action to help meet the child’s needs. Provide an example from the slide that is relevant to a need identified on the whiteboard or from the case study.

“Child’s Strengths and Needs Assessment Domains”. Link and discuss other needs identified on the whiteboard to the domains if time permits.

Show slide 30 – 32 – Charter of Rights

The needs, goals, outcomes and actions just described meet the responsibilities and rights outlined in the Charter of Rights in the Child Protection Act 1999. See Slides 29, 30 & 31.

It is important to know that there is a legal obligation to ensure rights of children and young people are upheld. Make links between the Charter of Rights and the previous discussion on the needs assessment case plan, goals actions and outcomes. Eg. Family of origin relationships and maintain relationships with the child’s family and community.
Show slide 33 – Summary

To pull this together, foster carers along with Child Safety are responsible for meeting the needs and rights of children and young people in care. The needs are outlined by Child Safety in the child’s case plan and foster carers help action the goals and outcomes in the case plan. These needs are linked to the legal responsibility to ensure that the Charter of Rights is met for all children in care.
### Roles and Responsibilities – Child Safety Services and Non-government licensed care services

**Introduction**
Child Safety and Foster and Kinship care services will assist foster and kinship carers with their roles and responsibilities.

Foster carers will engage with a range of people and organisations whilst caring for a child and at times this can become confusing. This section is an overview of the roles and responsibilities of Child Safety and Foster and Kinship Care Services and some of the people you are likely to meet. Later in Module 4 we will be examining other organisations involved in the care of children in Queensland.

Where you are unsure about who does what then remember to ask either your Foster and Kinship Care worker or the child’s Child Safety officer.

#### Show Slide 34

#### Roles and Responsibilities of the Child Safety Service Centre

The role of Child Safety is the provision of care and protection to children who have, or are at risk of harm and do not have a parent able and willing to protect them.

*Discuss briefly the roles and responsibilities of each category below and discuss who they are likely to talk to day to day.*

#### Child Safety Service Centre Manager

Oversees that the child protection services provided comply with relevant legislation, delegations, policies, quality standards and the Child Safety Practice Manual.
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Practitioner</strong></td>
<td>Supports, monitors and mentors Child Safety Officers, Child Safety Support Officers and Senior Team Leaders in development of practice skills.</td>
</tr>
<tr>
<td><strong>Senior Team Leader</strong></td>
<td>Provides leadership and supervision to CSSC staff who deliver child protection services to children, young people and their families.</td>
</tr>
<tr>
<td><strong>Child Safety Officer</strong></td>
<td>Provides statutory child protection services to children, young people and their families and works collaboratively with foster and kinship carers, the community, government and non-government service providers.</td>
</tr>
<tr>
<td><strong>Child Safety Support Officer</strong></td>
<td>Supports Child Safety Officers, supports the provision of child protection services to children, young people and their families and works collaboratively with foster and kinship carers, the community, government and non-government service providers.</td>
</tr>
<tr>
<td><strong>Court Coordinator</strong></td>
<td>Represents Child Safety Services in court by advising and consulting with other Child Safety staff.</td>
</tr>
<tr>
<td><strong>Family Group Meeting Convenor</strong></td>
<td>The convenor plans, facilitates and records the child or young person’s case plan that is developed at the Family Group Meeting.</td>
</tr>
</tbody>
</table>
## Administrative Staff
Provides administrative support to staff in the CSSC.

## Business Support Officer
Provides financial, human resources and business support to Child Safety staff within the CSSC.

## Show Slide 35 – Placements
### Roles and Responsibilities of Licensed Care Services and placement types

Non-Government Organisations provide many functions to support Child Safety in caring for children and young people who can no longer remain safely at home. Providing out-of-home care placements is just one of the many functions. Licensed Care Services are non-government organisations that are funded directly through Child Safety and work in partnership to meet the needs of children and young people in care.

Non-Government Organisation’s provide foster and kinship and specialist foster care services to children and young people.

In addition non-government organisations provide a range of non-family based placement options including; Residential Care, Therapeutic Care, Indigenous Safe Houses and Supported Independent Living.

### Foster and Kinship Care Services
Foster and Kinship care services recruit, train, assess and support foster and kinship carers. Carers then provide role modelling and a safe, secure, supportive care environment to children placed in out-of-home care.

Foster and Kinship care services provide assistance and advice to carers about the legal, policy

Carers are also supported and assisted with any concerns raised about a child in care or where a carer requests a review of a decision Child Safety has made in the Queensland Civil and Administrative tribunal.

Foster carers can face very challenging times when caring for a child with moderate to high behavioural, emotional, medical, social and physiological support needs. Foster and Kinship Care services are funded by Child Safety to help counsel, provide advice, guidance and support to carers when times get challenging. Child Safety and Foster and Kinship can also provide access to respite when required. Support will be discussed further in module 4.

**Intensive Foster Care**

Intensive Foster Care is provided to a child or young person, with complex to extreme needs in a carer’s home.

Complex support needs are needs that impact on the daily functioning of the child or young person, usually characterised by health conditions or disabilities and/or challenging behaviours that significantly affect the child’s functioning.

Extreme needs are needs that have a pervasive impact on the daily functioning of the child or young person, usually characterised by the presence of multiple potentially life-threatening health or disability conditions and extreme challenging behaviours that impact on their functioning and/or necessitate a constant level of supervision and care.

Carers supported by intensive foster carer services should have access to a range of increased supports including respite.
**Show slide 36 and 37 for information on emergency placement and respite.**

**Slide 36**

Emergency Placement

Emergency placement occurs only in a crisis situation with minimal planning. They are an interim measure until a more suitable or stable placement option is located for the child or young person.

- A child is removed from family or urgent circumstances.
- A family with whom Child Safety is working with proceeding to support arrangement.
- A child or young person’s foster placement breaks down suddenly.

Emergency placement can be very stressful to children, your planning and documenting must carefully reflect the child’s needs and wishes.

**Slide 37**

Respite Placement

Respite can include a short placement with an approved care for children, such as family care.

Respite can continue a support person to the child and the family.

- The child’s young person receives their support needs.
- They may be an option for a caregiver.
- Foster or non-government organisation, you will be assigned a case worker who will conduct regular home visits, be available for telephone support, respond to emails, attend case planning meetings, provide support through matters of concern and in addition, access to an after-hours telephone support is available. Throughout the training we will be providing further information about support.
Conclusion

Show Slide 39

Summarise the module and focus on the key aspects of why a child comes into care, who makes the decisions, roles and responsibilities and needs.

Emphasise the needs of children in care, refer to the needs domains, and that children in care have high behavioural, emotional, social, health, educational support needs, which can be challenging but there is support. Review that it is the role and responsibility of carers and Child Safety staff to address these needs in accordance within the principles of the Act, Charter of Rights, and the statement of standards. Remind carers that support is offered by both Child Safety and non-government agencies when times get challenging.

Provide the “Learning outcomes” and summarise the main points discussed in each outcome. Ask participants to complete the Worksheet and return it at the next session. Offer participants the opportunity to raise any questions with the trainers.