

Disability, Child, Youth and Family Services
& Foster Carers' Association of Tasmania

The Carers' Handbook

Information for Families Caring for Children and Young People in Out of Home Care

2nd Edition



This handbook is a collaborative effort between Disability, Child, Youth and Family Services and the Foster Carers' Association of Tasmania Inc.

The Carer Handbook: Information for Carers of Children and Young People in Out of Home Care

Department of Health and Human Services Tasmania

1st Edition Published 2006

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Message from the Minister

This is the second edition of The Carers' Handbook.

It contains all the relevant information from the first edition as well as information on new developments such as the Child Protection Practice Framework and the *Shared Stories, Shared Lives* Training program.

It is more 'user friendly' and colourful than the first edition. I trust that you find the handbook a helpful resource.

Children and young people in care have complex needs and it is clear that their carers need relevant information to successfully undertake their role.

The handbook is being released at the same time as we are embarking on the most significant reform of out of home care services in Tasmania. Carers, like you, who offer their family homes, their time and their genuine concern for the future of Tasmanian children, will remain the backbone of the out of home care system in Tasmania.

Your day to day commitment to children and young people, sometimes over many years, does make a positive difference for children. Your role is one of the most important roles for the wellbeing of vulnerable children.

I am aware that providing a home for a child usually involves the whole family. It is an interactive process and the term 'caring family' is used in the handbook to reflect this.

Caring for children brings its own special rewards. There is real satisfaction to be gained from watching children grow and develop. There is often a sense of achievement in overcoming the challenges that caring can present. There is also the sense of joy that children and young people bring to our lives.

The handbook was developed in consultation with the Foster Carers' Association of Tasmania (FCAT), departmental child protection workers and non-government out of home care providers. Their contributions are greatly appreciated.

Thank you for taking on the care of children.



Lin Thorp, MLC
Minister for Human Services



Message from FCAT

The Foster Carers' Association of Tasmania Incorporated is run by Carers for Carers. It is the recognised professional voice of Carers in Tasmania and exists to provide support to all Carers.

The association works to keep Carers informed of changes in law relating to children in care, to advise Carers of benefits and allowances available to them, to provide Carers with the opportunity to present ideas to policy makers and services, and to safeguard and promote the interests of children and young people in care.

The Foster Carers' Association of Tasmania seeks to work closely with Carers, Disability, Child, Youth and Family Services, as well as birth families to ensure the best outcomes for children and young people. Wherever possible, the association encourages the return of children and young people to the care of their families.

Caring can be immensely rewarding as well as challenging at times. The Foster Carers' Association of Tasmania, through its Foster Care Advocacy and Support Team program, can provide support to Carers if they experience problems with Disability, Child, Youth and Family Services or other services and people involved in the care of children and young people. In conjunction with Disability, Child, Youth and Family Services, the association also offers opportunities for Carers to undertake further training and professional development.

Regular meetings of the association are held throughout the State, and the Foster Carers' Association of Tasmania produces a newsletter every few weeks to provide Carers with up to date and relevant information.

The Foster Carers' Association of Tasmania also hosts a web page (address listed below) with links to Disability, Child, Youth and Family Services, other foster care association and the CREATE Foundation.

The state conference of the Foster Carers' Association of Tasmania is held annually and includes the annual general meeting. All Carers are encouraged to attend this important event where information is shared, support networks are developed, and new friends are made. Guest speakers at each state conference provide insights into different aspects of the experience of caring for children and young people placed in out of home care.

The Foster Carers' Association of Tasmania is affiliated with the Australian Foster and Kinship Carers Partnership (AFKCP), a national body that supports foster carers, kinship carers, their families and the children and young people in their care. This link helps the association to liaise with its counterparts in other states and territories, to share knowledge and improve both the experience and outcomes of care.

Carers are ordinary people doing extraordinary work, who have a strong commitment to ensuring the safety and well-being of children and young people in our community.

While the previous handbooks were a useful resource for Carers, the Foster Carers' Association of Tasmania welcomes the new handbook as reflecting the importance of collaboration and partnership with Disability, Child, Youth and Family Services. It also gives Carers access to information that is

relevant to practices and procedures that will support Carers in providing a safe and secure environment for children and young people.

The Foster Carers' Association of Tasmania acknowledges the role of Disability, Child, Youth and Family Services in producing this handbook. We hope you find it useful and supportive in your role as a Carer.

Foster Carers' Association of Tasmania Contact Details

Hobart Office

Room 3, Ground Floor, McDougall
Building Ellerslie Street Hobart

Ph: (03) 6224 9672
Fax: (03) 6224 7481

Burnie Office

Suite 2, Osbourne House
Wilmot St Burnie

Ph: (03) 6431 8975
Fax: (03) 6431 8985

Launceston Office

11 Birch Avenue
Newstead Launceston

Ph: 0449767544
Fax: (03) 63312640

24 hour phone (All hours assistance and support)

0437 006 876

Email

president@fcatas.org.au

Internet

<http://www.fcatas.org.au/>

Statewide Postal Address

PO Box 17
Snug Tasmania 7054

The Foster Carers' Association of Tasmania also maintains a clothing pool in each region to assist carers. To access the clothing pool ring the regional office numbers or 0437006876.

How to Use this Handbook

The *Carers' Handbook* is intended as a resource, guide and practical reference to assist you in your role as a carer. The chief aim of the handbook is to explain how carers work together with Disability, Child, Youth and Family Services, as well as other government services and non-government organisations, to care for and help meet the needs of children and young people who require out of home care. It does not contain all the answers to the many questions or situations that may arise, and so you are encouraged to be in regular contact with Disability, Child, Youth and Family Services and in particular with the child's case manager and your Out of Home Care Services support worker. Caring is a partnership activity and so, such regular contact is healthy, appropriate and very much welcomed by Disability, Child, Youth and Family Services (DCYFS).

Handbook Summary

This handbook provides essential information for fostering families and other types of caregivers about the out of home care system in Tasmania, including;

- what you can expect in terms of support from and collaboration with Disability, Child, Youth and Family Services;
- what is expected of you as an approved carer;
- how Tasmania's out of home care system is coordinated and monitored;
- how we work together to plan for and provide the best care possible for children in out of home care; and
- who is available to provide professional guidance to you and where you can find them.

Disability, Child, Youth and Family Services recognises that the decisions a carer makes when caring for a child are guided by personal compassion, kindness and common sense. *The Carers' Handbook*, along with relevant policy, legislation and procedural documents, aim to secure well-being, safety and a sense of belonging for the child in care. The contents of this handbook are intended as a supportive tool, not as a rule book. This handbook has also been written to better coordinate the community of professional networks working to support the foster family.

Feedback

Feedback on the usefulness of the handbook is welcomed and can be provided to the case manager or worker from Out Of Home Care Services. We want to make sure that the information provided, and how it is provided, is of the greatest use to you, so please tell us how we can improve it. Your comments will be welcomed at fostercare@dhhs.tas.gov.au or, alternatively through the Foster Carers' Association of Tasmania at president@fcatas.org.au

Definitions

In the *Children, Young Persons and Their Families Act 1997*, the term 'child' is defined as a person under the age of eighteen years while the term 'young person' is defined as a person who is sixteen or seventeen years of age. As most of the information contained in the handbook pertains to both a child and a young person, in the interests of brevity and ease of reading, the term 'child' is used to mean both a child and young person, unless otherwise specified.



While the Secretary of the Department of Health and Human Services is responsible for the care and protection of children at risk of abuse and neglect, this responsibility is delegated to Disability, Child, Youth and Family Services. Throughout the handbook the statutory role and power of the Secretary is annotated in the use of 'Disability, Child, Youth and Family Services.'

Policy and Guidelines

This handbook provides general information to carers with the aim of assisting them in their role. There are specific policies that a carer may need to be aware of. Your worker will provide you with these. FCAT and DHHS both have periodic newsletters that can keep you up to date with recent developments in policies and practice guidelines.

SECTION I: An Overview of Child Protection and Out of Home Care in Tasmania



How Children Come Into Care



“How do children and young people come into Tasmania’s out of home care system?”

If a child protection worker has reasonable grounds to believe that a child is at risk, they must commence an assessment of the child’s circumstances. This means that a worker may contact other people, such as a teacher, a policeman, a nurse, a social worker, or a carer, to obtain information that will lead to a judgement being made on whether the child is at enough risk to warrant entering out of home care. Out of home care is considered to be a ‘last resort’ measure for children and young people in need.

The *Children, Young Persons and Their Families Act (1997)* states that a child may enter out of home care through one of these procedures:

- when there is a Voluntary Care Agreement between the child’s guardians and a child protection manager for a maximum of three months; or
- when there is a Care and Protection Order mandated by the *Children, Young Persons and Their Families Act* to secure the safety and stability of a child over a fixed or indefinite period of time.

The *Children, Young Persons and Their Families Act* is based upon the United Nations’ Convention on the Rights of the Child (1989) that acknowledges that every child has certain basic rights, including the right to life, the right to his or her own name and identity, the right to be raised by his or her parents within a family or cultural grouping and the right to have a relationship with both parents, even if they are separated.

Types of Out of Home Care

“What types of out of home care are provided by the Department of Health and Human Services?”

Children have the right to be raised within a safe, secure, permanent family unit, in which they have full family member status.

When a decision is made that a child requires accommodation away from his or her family home, there are a variety of care options available to secure the safety, stability and well-being of the child. Children are placed in out of home care because Disability, Child, Youth and Family Services have deemed them to be at risk of experiencing abuse or neglect. In some cases, there has been a family crisis, such as a parental illness.

Child protection workers must assess these circumstances carefully before seeking the most appropriate care solution to meet the needs of the child. Home-based placements for children or young people may be provided for either short or long term interventions.

These care services may take the form of:

- Kinship Care: extended family/friends or community network for short or long term;
- a Family Group Home: short or long term placements in a home provided by the Department;
- Foster Care: emergency, short and longer term placements in the home of a caring family;
- Respite Care: planned, very short term care service to provide carers with a relief period;
- Cottage Care: provided through community organisations;
- Adolescent Community Placement: semi-independent accommodation provided through community organisations; or
- Residential Care: care provided by employed staff in a group setting. This option is reserved for high-needs adolescents.

Concern regarding the safety and care of a child is reported

Child Protection Intake receives a concern regarding the safety and care of a child. Child Protection Intake may discuss the concern as appropriate with other persons. The *Tasmanian Risk Framework (TRF)* is used in assessment of the concern.

Child Protection Intake may decide that **no** reasonable grounds exist for statutory involvement, or the concern is being adequately dealt with (e.g. with support services provided to the family). A referral may be made to an external service which can provide support and assistance to the family.

Child Protection Intake may decide that reasonable grounds exist for statutory involvement. Case may be transferred to **Response Services** for further assessment to be conducted to further ascertain the circumstances of the child.

Response Services may decide that the safety and care of the child **can** be assured within the family. Statutory involvement may occur through support and monitoring. Court orders may be sought. The child remains with the family.

Response Services may decide that the safety and care of the child is **not** assured within the family. Statutory involvement is required. Court orders are sought and in place. The child is removed from the care of the family. Application to Court may be made to remove the child from the family if this is necessary to conduct a full assessment. Child may enter out of home care.

Case Management Services may be required to provide support to the child and family to assist them to develop protective and caring skills, and monitoring to **ensure** that safety and care risks are not present. Court orders may be in place. If there is a conclusion that safety and care risks are no longer present in the family. Statutory involvement is withdrawn.

Case Management Services is responsible for the on-going Case and Care Planning for the child. Steps may be taken to ensure the child is temporarily or permanently cared for, depending on assessment of safety and care risks associated with the family of origin, and the well-being of the child.

Out Of Home Care Services may provide the care option to meet the safety and care needs of the child. Options for care include a child being cared for by relatives or friends, by a carer in a private family home, or in a group setting such as family group homes and cottage care.

Exit Point

Child Protection Workers' Roles

Promoting Positive Placements

“How does policy affect our work in out of home care?”

Children, Young Persons and their Families Act

The work we perform together, whether as carers or Disability, Child, Youth and Family Services staff, is informed by a number of important policy guidelines and legislative acts. These not only provide a comprehensive set of principles to direct our work, but also assist us in our provision of the best care solutions we can offer to children in care.

The policy and practice that governs placement of children is based on the legislation entitled *Children, Young Persons and Their Families Act 1997*. The Act dictates that statutory child protection intervention in the lives of children, young persons and their families should be made on the basis of securing the safety and care of children and young persons.

The Act affords primacy to the needs of children and young persons and seeks safety and care provisions that are in the best interests of children and young persons. It further advocates the preservation and strengthening of families and the use of the least intrusive interventions that will secure the safety and care of children and young persons.

The way that children come into care affects their legal status and some aspects of their care.

A copy of the Act is available at:
www.thelaw.tas.gov.au
or
www.fcatas.org.au
or
a hardcopy can be requested from your worker from Out Of Home Care Services

- *Voluntary Care Agreement*: In a voluntary care agreement, the parents remain the legal guardians. They must be involved in Case and Care Planning and must be asked for consent in guardianship matters such as medical care, unless the negotiated agreement says otherwise. The Secretary has custody of the child for a period not exceeding three months. The child, if under sixteen years of age, is usually consulted prior to a voluntary care agreement being made. The consent of a young person, aged sixteen years or older, is required for a voluntary care agreement to be made.

Promoting Positive Placements

“What is the legal status of children in care under The Act?”

Though the legal status of a child in your care may affect the decisions you can make regarding their life, the most reliable source of details regarding how you can participate in important decisions will be included in your Case and Care Plan, or through on-going discussions with your child’s case manager.

“What is the difference between guardianship and custody?”

- *Care and Protection Orders:* In most cases where a Care and Protection Order has been issued, the Secretary assumes guardianship of the child, although carers have the day-to-day supervision of the child. A care and protection order may take a number of forms, including:
 - making actions such as residential arrangements for the child;
 - ordering access restrictions (e.g. disallowing a parent access to contact the child) as a requirement for the child or their guardian;
 - granting custody and/or guardianship to the Secretary for up to twelve months;
 - granting guardianship to the Secretary until the child is eighteen years of age.
- *Short-Term Custody:* In short-term custody orders, the Secretary may be granted short-term custody for up to 120 hours in order for an assessment of a child’s circumstances to be undertaken.
- *Interim Orders:* There are also a number of interim orders that may be granted if the court adjourns the hearing of an application for a particular order.

A person with guardianship of a child will make decisions such as to which school the child attends, as well as what medical and dental assessments and procedures they will undergo. A person with custody of a child will enable and facilitate the child’s day-to-day issues. These include ensuring their attendance at school, making sure they are provided with food, are clothed, properly equipped and transported, and will similarly enable and facilitate health care (make appointments, perhaps accompany the child to appointments, and attend to day-to-day requirements such as the administration of medication).

Promoting Positive Placements

“What is the Aboriginal Child Placement Principle?”

Attempting to the particular needs of an Aboriginal child in care is a responsibility shared by the child, the case manager, the worker from Out of Home Care Services, the carer, the child’s family as appropriate, and other relevant persons. Within this partnership, the case manager can be considered the lead partner in planning, decision-making and action that affects the life of an Aboriginal child in care.

The Aboriginal Child Placement Principle aims to preserve and enhance the identification of Aboriginal children and their experience of belonging to their family, community and culture. The Principle describes how the safety and care of an Aboriginal child should be secured when they cannot remain in the care of their family.

The process starts with recognition of removal of an Aboriginal child from their family as the option of last resort when safety or care risks are present within the family and cannot otherwise be adequately resolved.

“How can we best meet the particular needs of Aboriginal children?”

In this situation, Disability, Child, Youth and Family Services consults with an Aboriginal organisation to determine an out of home care setting that will secure the safety and adequate care of the child. A range of options are explored, with preferences as follows:

1. Placement of the child with extended family
2. Placement of the child with an Aboriginal family from their local community
3. Placement of the child with other Aboriginal people
4. Placement with a non-Aboriginal family in geographical proximity to the child’s family, with such a placement ensuring the preservation and enhancement of the child’s cultural identity and sense of belonging through contact with their community.

Preserving and enhancing identity and belonging

At the time of the placement or very soon after a placement is made, the child’s case manager will discuss with the carer, the child, their family as appropriate, and other relevant persons how the child’s cultural identity and experience of belonging to their Aboriginal community can be preserved and enhanced.

Promoting Positive Placements

“What about the Child Protection Services Practice Framework?”

In 2008, Disability, Child, Youth and Family Services adopted the Child Protection Services Practice Framework, a set of principles that guide our work through the different phases of child protection intervention.

The Practice Framework explains that child protection work in Tasmania has three perspectives. They are 'child-centred', 'family-led and culturally responsive', and 'strengths and evidence based'.

Being Child Centred

Child Centred: The Act states that practice must promote the care and protection of children in a manner that maximises their opportunity to grow in a safe and stable environment and to reach their full potential. Therefore:

- children and young people have the capacity to participate in decisions that affect them and the right to be listened to;
- children and young people have a right to feel valued, preserve their own identity, to enjoy their own culture, religion and language;
- stability of care and attachment is critical to child wellbeing; and
- the best interests of the child are paramount in the decisions child protection practitioners make.

Being Family-Led and Culturally Responsive

Family-Led and Culturally Responsive: The Act states that primary responsibility for a child's care and protection lies with their family, and furthermore aims to ensure collective responsibility for children and young people, and the centrality of family. This means:

- diverse families require culturally responsive solutions and reflexive social work practices;
- a high priority is given to supporting and assisting families to care and protect their children;
- families should be strengthened and should participate in decision-making, and be responded to as practice partners; and
- young people in particular require supports that are sensitive to their culture.

* The terms “child” and “children” are used to include young people up to the age of 18 years.

Promoting Positive Placements

Being Strengths and Evidence Based

Strengths and Evidence Based: Research shows how the recruitment of resources, the building of links and strengthening partnerships combine to build family capacity and create better outcomes for children. Moreover, good outcomes are achieved through positive parenting, stable family life, strong family and kin networks, community involvement and supportive social networks.

This means:

- participation in decision-making is a practice demonstration of empowerment; and
- coordinated service responses are needed to address multiple needs and provide more effective interventions.

These principles are enacted throughout the three phases of child protection work known as 'assessment and engagement',

'seeking solutions', and securing safety and belonging'. See the following page for an understanding of what these phrases mean in the context of day-to-day work for practitioners and carers alike.



The Practice Framework is largely based on the work of Dr Marie Connolly and the Ministry of Social Development, New Zealand. DHHS

acknowledges the assistance of Dr Connolly and the Ministry of Social Development in allowing Disability, Child, Youth and Family Services to employ it in Tasmania.

“Who is responsible for managing a placement?”

Managing a placement is a responsibility shared by the child, case manager, the carer, the worker from Out of Home Care Services, the child’s family as appropriate, and other relevant persons. Within the partnership, the case manager can be considered the lead partner in planning, decision-making and action.

The Tasmanian Child Protection Practice Framework

| | ENGAGEMENT AND ASSESSMENT | SEEKING SOLUTIONS | STRENGTHS AND EVIDENCE BASED |
|--------------------------------------|--|--|---|
| CHILD CENTRED | <ul style="list-style-type: none"> • Are we thinking about the whole child*: safety, security, health and wellbeing? • Have we thought enough about the vulnerability of the very young child? • Are we engaging and building a relationship with the child? • If moved from home, is the decision fully justified? • Has the child been consulted and informed about practice decisions? • Does the child have someone to talk to about their concerns? | <ul style="list-style-type: none"> • Has the child been actively involved in the decision making processes, e.g. FGC, Residential Plans? • Are decisions and plans supporting safety, stability and belonging? • Have systematic attachments been maintained, e.g. familial, cultural, social, educational? • Are decisions mindful of the child's timeframes? • Does the child have an advocate or someone to talk to? • Are services directed to the child's needs? | <ul style="list-style-type: none"> • Does the child feel that he or she belongs somewhere? • Does the plan for the child address care, safety health and wellbeing? • Does the child understand about decisions and what is happening? • Does the child have family memento, e.g. photographs, life story book? • Is permanency a priority and is placement stability being closely monitored? • Are transitions from care fully planned and supported? |
| FAMILY-LED AND CULTURALLY RESPONSIVE | <ul style="list-style-type: none"> • Are we applying a family support response which strengthens the stability of the family? • Is all contact with the family respectful, fully informative and setting the scene for future work? • Has the social worker persevered with engaging the family even when resistance is encountered? • Are we encouraging family ownership of the issues and solutions? • Are we responding to the family's cultural needs? | <ul style="list-style-type: none"> • Is the family fully involved in the process of decision making? • Are all family members having an opportunity to contribute? • Are decisions family led? • Have cultural and broader support systems been mobilised around the family? • Is everyone clear about what the family (and the workers) need to do to make the solutions work? | <ul style="list-style-type: none"> • Is family reunification a practice priority? • Are family members having regular contact with the child? • Is the family at the centre of care decision-making? • Are we helping the family manage the tensions and dynamics that impact on the plan? • Are cultural support systems mobilised? • Are plans culturally responsive? |
| STRENGTHS AND EVIDENCE BASED | <ul style="list-style-type: none"> • Are we clear with the family about our role and power? • Are pro-social values modelled and abuse-supportive dynamics identified? • Is the tension between supporting the family and safeguarding the child being managed? • Is the family seen as a care and protection resource? • Are we working collaboratively with professionals involved with the family? | <ul style="list-style-type: none"> • Does the family have the information necessary to make sound decisions? • Are decisions linked to family strengths and resources? • Are we addressing family violence dynamics? • Are people working together to support the family and is it clear who is doing what? • Are the right services being provided at the right time? • Does the worker have a relationship with the family that fosters change? • Is progress being reviewed and positive changes reinforced? | <ul style="list-style-type: none"> • Is permanency being secured for the child to prevent drift in care? • Are professional relationships working positively to support the child? • Are community and cross-sectoral services being mobilised? • Are services well coordinated and are workers getting together to support planning, monitoring and transitions? • Are services and plans being reviewed as agreed? |

SECTION 2: INCLUSIVENESS AND TEAMWORK

How Carers Work with Child Protection Services



Why Child Protection Services Must Involve, Support and Listen to Carers



Importance of Teamwork

The successful placement of a child or young person in your home depends on several people working together. Carers, child protection workers, natural parents and the community all have important roles to play. Where appropriate, other members of the fostering family may also have an important role to play. It is essential to remember that the child is also entitled to be involved and consulted as much as possible throughout the Case and Care Planning process.

Disability, Child, Youth and Family Services values this partnership approach as a way of working together that is based on cooperation and collaboration, mutual understanding, honesty and integrity, and a shared commitment to meeting the needs of children.

While Child Protection Services is responsible for making final decisions about the care provided to children, the service is committed to an inclusive approach that is respectful and considerate of the views of a child, a child's carer, a child's family and other persons involved in providing care.

Within the partnership between Child Protection Services and carers, each party has specific roles and responsibilities. Broadly, those of Child Protection Services include:

- overall management responsibility for the care of children, including the observation of court-ordered provisions for care;
- monitoring the well-being of children in care;
- providing direction to care planning and developing and maintaining effective care plans;
- liaising with all parties involved in the care of children;
- coordinating the activity of all parties involved in the care of children in accordance with care plans;
- supporting carers to provide quality care for children; and
- supporting families to participate in decision-making and care activities.

“What are the responsibilities of Child Protection Services?”

“What about the responsibilities of Approved Carers?”

Generally, the roles and responsibilities of carers include:

- managing the day-to-day care of children;
- participating in Case and Care Planning activities; and
- working with other parties involved in the care of children.

The Shared Stories, Shared Lives Training Program

Shared Stories, Shared Lives has been widely used as the main carer training material for several years.

“What essential training material must be undertaken by foster carers?”

It is required that all new foster carers in Tasmania are trained using the *Shared Stories, Shared Lives* modules. The training involves eight modules, each approximately 2 to 2.5 hours in length.

These modules are:

- 1) **Foster Care In Context** (including why children need care, statutory processes, myths and realities of fostering);
- 2) **Bonding and Attachment** (including attachment problems, strategies for helping children with attachment problems, hearing the child’s voice, confidentiality);
- 3) **Grief and Loss** (including grief process, life story work, understanding);
- 4) **Maintaining Connections** (including experiences of the parent, importance of contact, mixed feelings around contact, ongoing tasks in foster care);
- 5) **Experience of Abuse** (including what is child abuse, why does abuse happen, effects of abuse, background to child sexual abuse, responding to disclosures, indicators of abuse);
- 6) **Responding to Challenging Behaviours** (including inappropriate behaviours, reasons for difference, understanding challenging behaviour, managing challenging behaviours, allegations against foster carers, safe house rules);
- 7) **Team Work** (including working as a team, impact on family and friends, relationship with organisations); and
- 8) **Moving On** (including saying goodbye, stresses and rewards for carers, evaluation).



Components of Shared Stories, Shared Lives

Kinship carers do not have to complete the *Shared Stories, Shared Lives* training program, but are encouraged to participate in any relevant modules.

“Why is it so important that carers study this module?”

All modules use real case studies to highlight issues which may arise in care, and aim to prepare potential carers with the knowledge and understanding they will require to provide quality care for children and young people.

The Pre-Placement Period

When selecting a suitable family for a particular child, the team leader looks for a home that is most likely to serve the child's particular needs. The child's best interests are foremost in all decision making, as is required by the *Children, Young Persons and Their Families Act*. A placement with the extended family of the child is usually the first preference.

If the child or young person is Aboriginal, their worker must consider the importance of preserving his or her cultural identity, which is part of the child's best interests as recognised by the Act. Whenever possible, the worker will arrange a pre-placement visit by the child to the carer's home, especially if the child is being placed with a foster family for the first time.

“What background information can I expect to receive prior to a placement?”

When a child is placed in your home, you are entitled to background information about him or her and his or her family to the extent that it is relevant to the care of the child. However, since the circumstances which bring a child into out of home care can vary enormously, the amount of information available for the worker to provide you with will depend upon whether or not it has been a planned placement, the urgency in which a child requires a placement, the amount of prior involvement Disability, Child, Youth and Family Services have had with the child's natural family, the projected amount of time in which the child will be in your care, and so forth.

Child protection workers will endeavour to supply all essential information at the time of placement or beforehand. This includes, but is not limited to:

- the child's name;
- whether the child has been placed in care before;
- whether the child has any siblings, and if so, whether they will also require placements in out of home care;
- the reason why the child has entered out of home care;
- important medical information: any known conditions, the child's Medicare number, the child's doctor's contact details;
- level of education and details of current school attending; and
- the legal status of the child.

It is essential that the confidentiality of information given to you about the child and their family be respected and protected. If you have any doubt about what information is confidential, please speak to your worker.

**Confidentiality
Issues**

The Case and Care Planning System

Case and Care Planning describes the thinking, decision-making and actions involved in providing care to children with whom Disability, Child, Youth and Family Services are involved.

Care planning and management is a responsibility shared by the child, the child's case manager, the carer, the child's family as appropriate, and other relevant persons. Within the partnership, the case manager can be considered the lead partner in planning, decision-making and action that affects care planning and management.

At the time of placement the case manager will endeavour to provide the carer with comprehensive information, as appropriate to providing care, regarding a child. In the case of an emergency placement, the case manager will provide the carer with an outline of the goal of the placement, including expected length of stay and any immediate concerns and needs which must be addressed. If the placement has been planned, the case manager will have previously met with the carer to discuss and start documenting matters of care planning and management.

All children in care must have a Case and Care Plan. The case manager is responsible for developing these plans in collaboration with the child, the carer, the child's family as appropriate, and other relevant persons.

These Case and Care Plans are provided to the carer and other persons as appropriate. They detail both overall goals of care as well as more detailed actions required to meet the particular needs and interests of the child. The Case and Care Plan describes what care is required, how it will be provided, who will provide it, any applicable timeframes and how care objectives may be evaluated as care outcomes.



*The Case and
Care Plan
Partnership*

*“What happens at the
time of placement”*

*“What is the Case and
Care Plan?”*

The Case and Care Planning System

The Case and Care Plan is a 'living' document that is reviewed at planning meetings between the relevant parties. These meetings provide an opportunity for discussion about how the needs of a child are being met or not being met, what is working well and what may need a change of plan. Over time the needs and interests of a child are likely to change and so planning meetings are critical to ensuring that the care being provided matches the care that is required.

“What happens at planning meetings?”

Planning meetings do not necessarily involve all parties all the time. There will be occasions where it is appropriate for the case manager to meet with just the child, with just the carer, and with just the child's family. The particular focus of the meeting will determine who is involved, as will relations between the parties. The case manager will ensure that planning processes are a collaboration between parties as much as this is possible, even when parties may not actually meet together to discuss care matters.

The Input of Carers

The experience, information and growing knowledge of the carer with regard to the child are critical to good care planning and management. As the person providing daily care of the child, the carer's ongoing participation in care planning and management is vital to ensuring the success of care.

The Decision-making Process

While the case manager is responsible for development and implementation of the Case and Care Plan, and for making final decisions about the child's care, the knowledge and views of all parties are important and should be respectfully received and considered. The case manager will discuss with all relevant parties the decisions that are made regarding the care that is required, how it will be provided and who will provide it. The case manager will also explain the reasons for decisions so that even where one or more parties may not necessarily agree with the decision, they will at least have an understanding of why the decision has been made.

Pathways for Resolving Disputes



*Resolving Disputes
between the Child &
a DCYFS worker*

A child in care may have a complaint or grievance with regard to their care. In such situations a carer should encourage and support the child to make a complaint to Child Protection Services. If the child chooses to do so, then the carer may act as their advocate. The child may wish to refer to the Charter of Rights for the Children and Young People in Out of Home Care, which clearly states that children in care have a right to hold meetings alone with their case worker and to complain if they are unhappy about the way they are treated.

*Resolving Disputes
between the Child
& the Carer*

Alternatively, the CREATE Foundation is a non-government organisation who aim to empower children and young people in care. The child may wish to contact their Hobart office and discuss advocacy options with a CREATE worker.

If a child seeks to make a complaint against their carer, the carer is not expected to provide advocacy for this, as it would pose a conflict of interest. In such situations it is advisable that the carer inform the child's case manager of the child's stated intention to make a complaint against the carer. This gives responsibility for management of the complaint to Child Protection Services.

Details on what to do if a child makes an allegation against you can be found in Section 4.

SECTION 3: THE LIFESPAN OF A PLACEMENT IN YOUR HOME



Bringing a Child into Your Family

A child coming into care, or entering a new placement, is likely to be anxious and nervous, and possibly upset. They may be quiet or withdrawn, appear indifferent, or seem eager to please or 'not put a foot wrong' or, indeed, feel hostile. The first task is to help the child settle in with as little stress as possible. A warm, calm and gentle welcome will help to reassure them. They need to get to know the carer a little and learn a little about how things are going to be in their new surroundings.

The carer should orient the child to their new environment - the physical layout of the home and yard, where their room is and where they can put their belongings. They should meet other members of the household (including pets) as soon as this is possible. It is a good idea to talk about just a few household routines and rituals (e.g. bath time and dinner time), without overwhelming the child with too many things to remember. Over the next few days the carer can introduce more routines and rituals and explain such things as the sharing of household chores and household rules to be observed.

Until the child is completely familiar with the operation of the household, keep them informed of what activities are taking place and when. A calendar in the kitchen is a useful resource for them to refer to - and this will save them from worrying, again, about having to 'remember everything.'

The child should be given both attention and 'space' as appropriate to their situation. A little quiet time alone in their room to arrange their belongings (teddy on the bed, photos on the dressing table, clothes in the wardrobe, etc) could be followed by an activity done together such as playing with toys or watching television.

If the neighbourhood is new to the child, the carer should take some time to familiarise them with local services and amenities. For a younger child, the great park down the road could be a pleasant but low-key first outing.

Getting to know each other will take some time, but warmth, openness and a message that 'we are in this new experience together' is likely to comfort a child who may be fearful of making 'mistakes' or not 'fitting in' or just plain fearful of the newness and uncertainty of their care experience.

Talk with the case manager and your support worker about how you can all help a child to settle in. Ask for materials and resources to help with this sensitive time.

Bringing a Child into your Family

We know that children removed from their homes go through aspects of the grieving process, though as individuals each will show the effects of this differently. In reality, a child showing ambivalence and grieving in your home is normal and is not an indication that you are not doing a good job.

Another significant difference is seen when a child has been subject to physical, emotional or sexual abuse. Some children in care have experienced abuse, and a small number have abused other children as well. Because of their painful experiences, abused children often do not interpret family routines and traditions, gestures, comments or the ways of communicating in the same way other children do, or the way you might expect. What might seem innocent and normal to a child brought up in a secure, loving environment- such as a hug or a joke- might be frightening and full of emotional significance to a child who has been abused.

This does not mean that you shouldn't include the child in normal family activities. It means that you must be aware of the child's background as much as possible, and be sensitive to any signs of discomfort or fear. If these signals are ignored or missed, they can have serious consequences for the child, the carer's family and the child's continued stay in your home. For example, a child might suddenly show discomfort in your home, or loss of confidence in themselves or in you as a carer. This might also show up as anger or behaviour that seems out of proportion to the situation at hand. The child might interpret some action of yours as a repeat of adult behaviour they have experienced before, which might lead to allegations of inappropriate behaviour or sexual abuse.

Your support worker can help you plan your care in a way that takes these issues into account. They should be discussed in developing the Case and Care Plan.

For more information on the difficulties associated with a child's behavioural issues, please see the chapter 'Addressing Behaviour Issues' in this section of the handbook.

Addressing the Health Needs of the Child

Every child has the right to enjoy good health and have health complaints and conditions managed in such a way that enables best possible quality of life.

Attending to the health of a child in care is a responsibility shared by the child, the case manager, the carer, the child's family as appropriate, and other relevant persons.

At the time of placement, the case manager will endeavour to provide the carer with comprehensive information regarding the child's health, including any special needs, and any health conditions requiring management.

The case manager will provide the carer with the child's Medicare number or seek a temporary number from Medicare. A child in longer-term care may be issued with their own card after application by the case manager to Medicare. The cardholder in this situation will be the Department of Health and Human Services but Medicare will also be provided with the carer's details so that processing of payments is streamlined.

The carer should keep in their possession a Medicare card for a child, but it may be appropriate that a Medicare card for a young person be kept by the young person. In this case, the carer should first note details of the card (cardholder, young person's name, card number) for further reference such as in the case of a lost card.

The case manager will discuss with the carer the acquisition of a Health Care Card for a child. When a child first comes into care it is usual that the case manager can supply the carer with the number of the Health Care Card held by the child's parents. If a child is to continue in care, the Department can make application for a Health Care Card to be issued for a child.

As for any child, a child in care should have routine medical and dental checkups to maintain health and ensure detection of any conditions needing treatment. Where possible and appropriate, it is preferable for a child in care to continue to see their usual general practitioner and dentist. They are likely to be familiar with their health history, and such continuity is likely to be a comfort to a child who may otherwise be surrounded by unfamiliar people and environments. The carer should advise the case manager of the outcome of routine checkups.



The Partnership

“How do I obtain the child's Medicare card and number?”



Health Care Card

“What is the procedure for routine checkups?”

Addressing the Health Needs of the Child

Illnesses

A carer can take a child in care to the doctor or present to a hospital if the child becomes ill. Permission for these actions is not required from either the case manager or the child's family. However, as soon as possible afterwards the carer should inform the case manager of the visit and any outcome including any need for medication or further treatment.

In Tasmania, a patient under 18 years of age may consent to medical treatment provided that he or she has developed the adequate intellectual capacity to understand the consequences of the treatment. The maturity and understanding of the child must be taken into consideration when deciding whether a child has the capacity to consent. In instances where there is a conflict between a parent or guardian or anyone else with delegated authority to consent on behalf of the minor, the wishes of a capable, informed minor must prevail.

Laws relating to Consent for Treatment

The case manager will advise the carer of the people who are authorised to provide consent. A carer who is not a guardian cannot give consent as, or on behalf of, the child's guardian. In the event of a child requiring such medical treatment, the carer should contact the case manager to arrange for consent. In an emergency situation a doctor can treat a child without consent. Again, at such a time the carer should make contact with the case manager as a matter of urgency to advise of the situation.

“What should I do when a child requires hospitalisation?”

Should a child require hospitalisation, the carer should advise the case manager immediately. Depending on the circumstances of the child, their age and their developmental stage, it may be in their best interests for the carer to stay in the hospital as well. In this situation Disability, Child, Youth and Family Services would make payment of hospital fees associated with the carer's stay.

Administration of medication

A carer may administer medications to a child as prescribed by a doctor but must do so in accordance with the doctor's directions. Non-prescription or over the counter medications can also be administered (e.g. analgesics, cough and cold mixtures, topical creams, etc) but should be done so after full consideration of the child's health, including consideration of any known allergies. If a child enters care with medications to treat health needs, the case manager will provide full instructions to the carer regarding how, when and for how long such medications are to be administered. Carers are encouraged to ask case workers for a copy of the Department's medication management policy.

Addressing the Health Needs of the Child

A carer may find it useful to keep a brief note of medications they administer to a child. Such tracking is helpful in gaining a picture of the child's health needs, and can also alert the carer to any negative reactions the child may have to a medication. Medications required by a child should be safely stored, as should all medications in the household.

The document *Policy and Guidelines: Expenditure on Children and Young People in Out Of Home Care* describes how health costs are approved and met for a child in care. Carers should seek a copy of this document from the case manager or their support worker.

It is important that carers keep a file of all receipts related to medical, dental and pharmaceutical costs. Where these are out-of-pocket expenses for carers and claimable in part or in full from the Department, receipts are essential for reimbursement.

Children in care are covered for medical, dental and other health treatment within the universal public health care system in Australia. However, if a carer should so choose, a child in long-term care can be included on the carer's private health cover. If a claim is made regarding the child, the carer is expected to pay the difference between the refund and the account, as well as any other expenses associated with the private health cover. If a carer already has family private health cover, a child in care will generally be insured under this package for no extra cost.

DCYFS will pay private health costs only where private medical treatment is determined to be in the child's best interests, where equivalent treatment cannot be obtained through public health facilities, and where the agreement of DCYFS has been sought and obtained prior to treatment.

The case manager should be consulted prior to the purchase or hire of any health aids (e.g. nebuliser, wheelchair, etc) and the Case and Care Plan should detail who is financially responsible for such items.

Where the immunisation status of a child is unknown or incomplete, the case manager will seek details of this from the Australian Childhood Immunisation Register. A copy of the child's immunisation record will be held on file by DCYFS and noted in the Case and Care Planning materials. Carers should consult with the case manager prior to having a child immunised.



Health Costs

If a child has an ongoing or chronic health condition the management of this and the financial responsibility for this should be detailed in the Care Plan.



Health Aids

Addressing the Health Needs of the Child


Allergic reactions to food, bites and stings, pollens, etc can range from barely noticeable irritations to life-threatening conditions. The case manager will advise the carer of any known allergies a child may have, and any management these allergies may require.



Allergies and Intolerances

Allergies and intolerances to foods or food additives can cause behavioural changes in a person, even when no physical change is evident. Where a child may be exhibiting behavioural changes for the worse, it may be worth considering the possibility of dietary causes with the child's doctor and the case manager.

Passive smoking is a health hazard. Exposure to passive smoking can cause children to contract middle ear infections, bronchitis, pneumonia, asthma and other chest infections. It has also been linked to Sudden Infant Death Syndrome (SIDS).



Alcohol, Cigarettes and Illegal Substances

A carer is not permitted to smoke in the presence of a child in care, in close proximity to the child's sleeping area or in a car with the child present. It is illegal for persons under 18 years of age to purchase or sell alcohol and it is illegal for persons under 18 years of age to purchase, sell or use cigarettes. It is also illegal for any persons to supply cigarettes to persons less than 18 years of age. The possession and usage of illegal substances such as illicit drugs is also potentially a criminal offence.

In the interests of protecting and promoting the wellbeing of children, a carer who knows or suspects that a child in their care is a consumer of alcohol, cigarettes or illegal substances should discuss this with the case manager.

Sex education is an accepted part of the curriculum in most schools, and it may be useful for a carer to seek information regarding the program used in the child's school. If appropriate, the carer may seek to follow up the school-based learning with discussions at home regarding reproduction, sexual health and protective practices (as may be appropriate to the age and developmental stage of the child). The advice of the case manager should be sought regarding this.

It is reasonable for a child to have knowledge of sexual behaviour. However, this knowledge should be appropriate to their age and level of maturity and should be factually understood.

The case manager should also be informed if a child seems to have knowledge of sexual behaviour that exceeds that which could be reasonably expected, or if this knowledge is factually incorrect or otherwise cause for concern. Any plan regarding the provision of information and support to a child regarding sex education and sexual health should be contained in the Case and Care Planning materials.

Addressing the Health Needs of the Child



Protective clothing
and equipment

*“How can the fostering
family promote healthy
living for the child?”*

A child should wear protective clothing when participating in sports and other activities where there exists a significant risk of injury (e.g. skateboarding, hockey, horse riding, rock climbing, etc). An approved safety helmet should always be worn for cycling. A carer should discuss the need for, and financing of, protective clothing and equipment with the case manager.

A nutritious diet and regular exercise are key elements for healthy living. A carer can encourage the development of lifelong habits of eating well and keeping fit by providing opportunities for a child to prepare and consume food that tastes good and is nutritious and by providing opportunities to engage in physical activity that the child finds enjoyable and challenging.

The health status of a child, and any plan of action to maintain or improve her health, should be detailed in the Case and Care Planning materials, with this information regularly reviewed and updated in the Case and Care Plan and management processes. This process should be conducted by the case manager and involve the child, the carer, the child's family as appropriate and other relevant persons.

Addressing the Education Needs of the Child

Education is a vital part of a child or young person's life. For many children and young people in out of home care, their education has been disrupted. Carers will need to give extra attention to educational needs to ensure that the child or young person remains engaged with school, has a positive educational experience and that any barriers to learning are addressed.

Attending to the education of a child in care is a responsibility shared by the child, the case manager, the carer, the child's family as appropriate, the school or educational provider, and other relevant persons. Good communication with the school or educational provider is very important. Offering encouragement to complete tasks well can have a significant positive impact upon a child's learning and achievements.

“What educational information is supplied to carers at time of placement?”

At the time of placement, the case manager will endeavour to provide the carer with comprehensive information regarding a child's education, including any special needs requiring management.

Unless otherwise exempted, all children are required by law to attend school between the ages of five and sixteen years, though some parents choose to enrol their children in kindergarten, or other early learning programs, at a younger age.

Issues relating to school attendance

Under new legislation, called Guaranteeing Futures, young people are required to continue their education until they are seventeen, unless they are exempted to start full-time employment or other training. Information is available from schools and through the internet about options beyond high school, colleges, polytechnics, and academies. In exceptional circumstances some children and young people may be enrolled in Distance Education (either part-time or full-time) or home-schooled.

School records

It is preferable, where possible and appropriate, that a child remain at their usual school after entering care. This is so disruptions to their studies and their schooling life are minimised and they remain in a familiar environment, surrounded by familiar people and familiar routines. However, there may be reasons why this is not possible or appropriate and so a change of school is necessary. In this situation, the case manager will work with the carer and both the 'old' and 'new' schools to ensure that changing schools is as stress free as possible for the child. The case manager will work with the carer to complete enrolment processes.

Addressing the Education Needs of the Child



Changing Schools

If a carer considers that a change of school is in the best interests of a child this should be discussed first with the case manager. A child should not change schools without prior approval being obtained from DCYFS.

Where a child is transferring school, the case manager will seek the transfer of personal records from the previous school to the new school. Educational records are transferred automatically when a new enrolment is arranged between public schools. The case manager will provide the school with relevant documentation and information regarding a child's status with Child Protection Services. Issues of privacy and confidentiality will need to be observed, with the school being provided with information in a 'need to know' basis to ensure the safety, care and protection of the child while at school.



Consenting to School Activities

A number of activities at school are likely to require the consent of the child's guardian, e.g. school excursions, camps, health assessments, permission to use student work and photographs in newsletters and on websites, etc. The case manager will advise the carer of the people who are authorised to provide consent. A carer cannot usually give consent as a child's guardian. The case manager will advise the carer of school-based activities to which the carer may agree and those requiring consent. Most schools provide weekly or fortnightly newsletters, and additional notices, to inform carers and parents of forthcoming activities, excursions, or events. Schools welcome input, when appropriate, and community support. There are often opportunities for carers to become involved in many positive ways in school activities.

A child in care may have experienced disruption to their schooling, and may be affected by poor attendance, low achievement, inability to concentrate, or behavioural difficulties. With the removal of safety and care risks, the point at which a child enters care may be an opportunity to start a course of action intended to help them to re-engage with their schooling. By taking an active interest in the child's schooling, a carer can signal its importance and their commitment to helping the child to make the most of their education. A carer should discuss any planned action for optimising the child's academic performance with the case manager. It is highly likely that collaborations with school personnel (teachers, counsellors, etc) are the most effective way to aid a child's commitment to school duties.

A carer is expected to organise a child's transportation from home to the school. This may be via car, bus, bicycle, walking, etc. A carer should discuss with the case manager any difficulties arising from this, as well as any significant additional costs which may be associated with transport.

Addressing the Education Needs of the Child

The Department will not usually meet the expenses of a child attending a private school unless this is considered in the best interests of the child and similar provision is not available within the public education system.

When a student enters out of home care or changes placement, every effort should be made to ensure continuity of school enrolment to minimise disruption to the young person's education. Where it is in the child's best interests to do so, school enrolment should be/remain in the neighbourhood school.

Dealing with School Enrolment Problems

In cases where this is not possible the case manager in consultation with the parent, guardian or caregiver should contact the relevant Learning Services School Support Manager as to the most appropriate placement. In circumstances where agreement still cannot be reached the case will be referred to the General Manager of the relevant Learning Service.

When a change of schools is necessary, the previous school will undertake, with the support of Learning Services where necessary, to provide all the necessary information regarding the students learning and support needs to the new school, including the current Individual Education Plan (IEP).

“What happens if the child has to change schools?”

To ensure particular attention is paid to the needs of these students, there is a requirement for schools to ensure that each out of home care student, on child protection orders for a period of more than twelve months, has an IEP developed, and regularly updated.

An individual education plan will be developed by the school in collaboration with the child, the Carer, the case manager and the child's family. Such a plan will outline goals, actions, special provision and people involved in facilitating the child's education.

There may be circumstances where a student in out of home care with significant additional needs is placed on orders for a period of less than twelve months. In these circumstances an IEP may be considered appropriate.

The contents of the IEP will form part of the Case and Care Plan that is a requirement for all children in out of home care. Arrangements for transport should form part of the planning process for the IEP and the case and care plan. The case manager will be part the discussions with the school staff around the formulation of the IEP.

In preparing IEP's consideration may need to be given for the need for contingency planning around the particulars of a child's circumstances such as trauma, illness during the day or suspension.

Addressing the Education Needs of the Child

Dealing with school refusal problems

If a child refuses to attend school, or if a carer suspects that frequent absenteeism from school indicates there may be a problem, this should be discussed with the case manager. The case manager will then liaise with the school or the Department of Education to plan the support required to re-engage the child or provide programs that meet their educational needs. Planned action by the carer, the case manager and school personnel may be effective in encouraging a child's learning at school. In extreme instances of school refusal where attendance is clearly not a positive option, it may be that alternative schooling methods should be explored.

A child in care will come home with reports from school at regular intervals. In public schools, at least two detailed reports are provided annually, as well as formal opportunities to meet with teachers. These reports provide an opportunity to celebrate a child's progress as well as to identify any concerns.

School Reports

School reports remain in the possession of the child, although copies of reports are maintained by Disability, Child, Youth and Family Services. Copies may also be made for the child's family. The child is free to store their school reports as they see fit, with one possible place being the 'Life Story Book'. Many children are also very interested in having a computer-based record of their achievements, including photographs, scanned copies of certificates, and other documents and examples of their work. Older children in public schools have access to Pathway Planners (career and educational advisors) to assist them with goal setting and recording their progress.

Managing parent / teacher interviews

The case manager will discuss with the carer who will attend parent/teacher interviews. It may be appropriate that the child's parents attend, or the carer attends, or the case manager attends. Whatever may be the case, parent/teacher interviews again provide an additional opportunity to celebrate a child's progress and development as well as an additional opportunity to identify any concerns which may be emerging. Outcomes of parent/teacher interviews should be noted within the Case and Care Plan materials.

Promoting Positive Behaviour

Carers play a major role in promoting positive behaviour for children and young people in care.

Many children and young people in care have not received consistent parenting and at times may exhibit difficult or challenging behaviour. Understanding and managing a child or young person's behaviour is one of the most important skills that carers need to have. As a carer, it is important that you think carefully about possible issues that may arise so that you are more prepared to deal with behaviours as they occur.

To help the child improve aspects of their behaviour it may be useful to follow these principles:

How to Promote Positive Behaviour

- build a positive relationship with them by demonstrating and acknowledging respect and trust;
- reward acceptable behaviour – offer incentives and privileges for responsible behaviour;
- ignore unwanted behaviour where possible by focusing on the child's strengths;
- model desirable behaviour – be a good role model;
- set realistic limits, but avoid power struggles and domestic battles;
- provide positive instruction on new ways to behave; and
- do not reject the child or young person because of their behaviour.

Physical Punishment

Children in care need secure, stable and loving environments. Those who have been abused tend to regard physical punishment as a sign of rejection. Research indicates that physical punishment of children is related to their later aggression toward others. The *Charter of Rights for Tasmanian Children and Young People in Out of Home Care* explicitly forbids the use of physical punishment and verbal abuse towards any child in care. Corporal punishment means using physical force that may inflict pain, such as spanking, slapping or hitting.

Remember that you are not on your own – professional help is available from the case manager. You can also discuss behavioural issues with a professional at one of the services listed in the 'Handy Contacts' section at the end of this Handbook.

Tips for Promoting Positive Behaviour

Listening to children tells children they are important. Spend time with children listening to their point of view.

Sometimes children do not speak because they are not given the opportunity. Try to make sure there is space in your family for everyone to be heard.

Listening means not only hearing the words but working out the feelings behind the words.

Listen to the things that are not said. For many, behaviour speaks louder than words. What is the child trying to tell you?

Be a patient listener. Allow the child time to tell his or her story. Don't jump in before the story is finished. Don't finish children's sentences.

Be an enthusiastic listener. Share in the child's excitement.

Help children to express their thoughts and feelings by helping them to find the words or other ways to communicate with you.

Things to avoid:

Ignoring children.

Negative labels to describe the child or name calling. For example, 'Stupid' or 'You're a bad boy'.

Blaming a child unfairly. For example, 'you must have done it - your sister would never do something like that' or 'you are the reason mum and dad fight all the time'.

Withdrawing your love from a child. For example, 'I wish you were never born'.

Frowning or sighing when they want to talk to you.

Comparing one child with another.

Talking about children negatively in front of others - they can hear.

For more information, please visit <http://raisingchildren.net.au> or <http://www.childhood.org.au>

These tips were sourced from The Every Child is Important Program, which has been developed by the Australian Childhood Foundation

Addressing Behaviour Issues

A carer should discuss strategies for responding to poor behaviour with the case manager, and with the child if this is considered appropriate. It can be particularly useful to sit down with an older child and talk about how best their carer can help them, as well as preserve the safety, care and rights of others, when things go wrong. Having a plan of sorts in advance can help to stop things going wrong and escalating to a crisis.

“How do I identify events that trigger unacceptable behaviour?”

A carer should try to be aware of any ‘triggers’ which may prompt unacceptable behaviour (e.g. after a contact visit with family; special occasions such as Christmas or birthdays; overtiredness, etc). Some ‘triggers’ are unavoidable, but by being aware a carer can prepare an appropriate response for these triggers when they occur. Discussing ‘triggers’ with an older child can also help them to predict when their behaviour may deteriorate. This self-awareness is a key first step in encouraging them to better manage their feelings and actions.

A carer should try to note the strengths of a child and think how these may be used to promote responsible behaviour.

“I know you feel really angry. But I also know that you are good at sitting down and trying to work things out. Let’s try and do that now.”

“Sam, you’re great at organising things. Can you take charge of the family calendar, writing down all our appointments and activities? The household will definitely run more smoothly with you coordinating things.”

A carer should **consider the age of the child**, remembering that developmental age sometimes does not ‘match’ chronological age. Also for consideration should be any disabilities or other particular needs of the child.

A carer should **be clear**, making sure that their body language, facial expressions and tone of voice complement the words they use. For example, laughing at a child’s mischievous behaviour while saying ‘no’ may leave the child confused as to whether or not their behaviour is okay.

A carer should try to **explain** why certain types of behaviour are not acceptable. If a child has no understanding of why these behaviours are ‘wrong’ they are likely to repeat these behaviours, either immediately or in the future.

A carer should try to **provide the right amount of information** – too much may be confusing and the child may not remember the key points; too little and the child may not be able to gain a sufficient understanding to know what they should do.

Addressing Behaviour Issues

For a consequence to be meaningful, a carer should try to link it to the original unacceptable behaviour:

‘If you choose to make a mess, then it is also your responsibility to clean it up.’

‘If you make noise and throw objects at the cinema, we will not be able to enjoy future outings to the cinema until this behaviour changes.’

‘If you are bossy with your friends, they will probably stop coming to play with you.’



Give Consequences

A carer should try to **avoid ‘crossed wires’** by being precise with their information so that the child shares the same understanding. For example, a carer should explain what they mean when they say that we should ‘be polite’ to others. Does being polite mean greeting someone in a friendly way...saying please and thank you...waiting for someone to finish speaking before we start speaking...waiting our turn for playing with toys or being served in a café...offering someone a drink and then getting one for ourselves...answering a question...having a disagreement without swearing or raising our voices...?

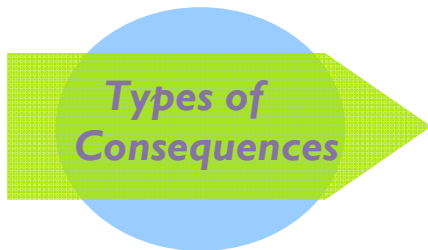
Sometimes it is useful to disrupt a child’s focus on poor behaviour by diverting them – perhaps to another activity or another physical space. This may help to defuse an angry incident and prevent it from escalating. Later, it may be appropriate to discuss the situation when everyone has had a chance to calm down.

A carer should try to **reiterate rules and responsibilities**, specifically regarding people and places as appropriate to the situation of poor behaviour (e.g. how we behave with family members and visitors within the household; how we behave with fellow students and teachers within the school). It is also useful to discuss how poor behaviour makes others feel sad or angry or frustrated or helpless, too. This may help lower the heat and intensity of the behaviour, encourage the child to be empathic (put themselves in another person’s place) and so help them to focus more broadly than just on how they are feeling in a difficult situation.

A carer should take care not to present options if what is really desired or required is just one course of action. For example, after tracking down a ‘missing’ child it may be best to avoid saying ‘do you want to come home with me?’ If the answer is ‘no’, what will you do next? It may be better to say, ‘Let’s go home, sit down and try to work this out.’

By providing clear consequences, a child knows what to expect and can predict the outcomes of the choices he makes with regard to how he will behave. ‘If I do *this*, then I know *that* will happen.’

Addressing Behaviour Issues



Consequences should be:

- communicated clearly to a child
- time-limited
- fair and safe
- relevant
- achievable for a child (if a task is unrealistic or too hard a child may 'fail' or give up, and the carer may also feel disappointed or angry)
- designed to educate, **not** humiliate, ridicule or embarrass a child
- followed through (a carer should mean what they say - if not, a child may be likely to repeat the poor behaviour or disobedience immediately or in the future).

A carer should use discretion in deciding upon a consequence, remembering that the consequence should always be fair in relation to the poor behaviour. It could be useful to engage the child in a discussion of what they think would be a fair consequence. Such a discussion could help to build mutual respect between the child and their carer, and also provide an opportunity to talk through the poor behaviour from all points of view, helping the child to build empathy for the feelings of others.

Consequences (in no order of preference) may include:

- **verbal reprimand** – telling a child that their behaviour is unacceptable, explaining why this is so, and requesting that they stop the behaviour.
- **'time-out'** – removing the child from the situation of poor behaviour in order for them to cease the behaviour and to have the space to reflect upon it.

Time-out is generally considered to be useful for children over three years of age. A general guide is to have one minute of time out for every year of the child's age. Time-out also gives the carer some space to gather their thoughts and map a more effective further response to the behaviour. During time-out the carer should remain in proximity to the child in order to respond if they should need assistance.

The time-out 'space' should be safe and not diminish the dignity of the child. For example, it is acceptable for a child to leave the living room if this was the site of the poor behaviour, and perhaps go to their bedroom, or the kitchen, or the garden.

Understanding Attachment and Brain Development

“How do attachment issues affect us?”

For more information on attachment issues, please refer to module 2 of the *Shared Stories Shared Lives* training program.

Attachment is an emotional connection between a parent/carer and a child. It is a two way process that develops over time. The experience of a secure attachment provides the basis for a child to explore the world with confidence. This includes the capacity to form positive relationships throughout their lives.

Children in out of home care are likely to have attachment problems stemming from their experiences that resulted in the need for them to be placed in care. Any changes in placement while in care can contribute to attachment problems.

We have known for many years that children with attachment problems are likely to display behaviours such as being aggressive or withdrawn. They may be over-affectionate with strangers or excessively clingy with their carers.

We now know that the experience of trauma during early childhood impacts on brain development and can undermine the child's capacity to form an attachment with his or her parent/carer. The child's experience of physical abuse or witnessing violence in the home is likely to be a traumatic incident for the child. Such traumas can result in traumatic stress that has an impact on how the brain functions.

Young brains are very sensitive to the experiences gained through their eyes, ears, nose, tongue and skin (their sensory organs). Their experiences not only shape their view of the world but also the neural pathways in the brain. These pathways are the 'roads' by which the brain transfers the information about experiences that in turn inform the body's response. Children who have been traumatised can lose their ability to be receptive to others and to form attachments.

Children are not born with the capacity for emotional and cognitive functioning. These functions are usually developed between the ages of six months and four years. The emotional functioning, including the ability to regulate emotions, is learned through the experience of an attachment with a primary carer.

Understanding Trauma

The experience of violence and neglect can result in traumatic stress for a child.

Impact of Trauma

The reality for children affected by trauma is that the external world is often bewildering and threatening. They often feel unable to trust that others can provide for their needs and keep them safe. They can also experience difficulties in processing information. For traumatised children the perception of a threat overrides the reality of the moment. All they sense is a threat and the perceived threat dominates their response. They can therefore become stuck in 'survival mode'. This results in two main responses:

The 'Fight' Response

One response is a 'fight' response to a perceived threat. This is where the child remains on high alert looking for threats in their environment. These children are usually edgy and it is likely that because they are so preoccupied with looking out for a threat they find it difficult to hear what their carers are saying.

The 'Flight' Response

The other response is a 'flight' response where the child withdraws in order to avoid the threat. They are seeking to block out the stress they are experiencing and trying to protect themselves from the pain of overwhelming stress. An extremely compliant child may be applying the flight response to extreme stress.

Helping Children Recover

Children who are in the basic 'fight' or 'flight' response to a perceived threat are not able to rationally think about the threat or to manage their emotions. Their response can quickly escalate into rage or terror.

The good news is that children who have suffered trauma can 'recover' and they can learn how to form positive attachments. Their journey to recovery is likely to be difficult. You, as the child's carer, have an important role to play in supporting the child on this journey. However, because there are complex issues involved you need to work closely with the child's worker and any specialist services that are working with the child.

Addressing Attachment Issues

Some of the things you can do to help children in your care who have trauma and attachment problems are outlined below:

Don't be afraid to talk about the traumatic event. Children do not benefit from 'not thinking about it' or 'putting it out of their minds'. If a child senses that his/her caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child's recovery more difficult. Don't bring it up on your own, but when the child brings it up, don't avoid discussion, listen to the child, answer questions, provide comfort and support. We often have no good verbal explanations, but listening and not avoiding or over-reacting to the subject and then comforting the child will have a critical and long-lasting positive effect.

Provide a consistent, predictable pattern for the day. Make sure the child has a structure to the day and knows the pattern. Try to have consistent times for meals, school, homework, quiet time, playtime, dinner and chores. When the day includes new or different activities, tell the child beforehand and explain why this day's pattern is different. Don't underestimate how important it is



for children to know that their caretakers are 'in control.' It is frightening for traumatised children (who are sensitive to control) to sense that the people caring for them are, themselves, disorganised, confused and anxious. There is no expectation of perfection; caretakers themselves have often been affected by the trauma and may be overwhelmed, irritable or anxious. If you find yourself being this way, simply help the child understand why, and that these reactions are normal and will pass.

Discuss your expectations for behaviour and your style of 'discipline' with the child. Make sure that there are clear 'rules' and consequences for breaking the rules. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviours. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilise positive reinforcement and rewards. Don't use physical discipline.

Addressing Attachment Issues



Ideas for Dealing with Attachment

Be nurturing, comforting and affectionate, but be sure that this is in an appropriate 'context.' For children traumatised by physical or sexual abuse, intimacy is often associated with confusion, pain, fear and abandonment. Providing 'hugs', kisses and other physical comfort to younger children is very important. A good working principle for this is to be physically affectionate when the child seeks it. When the child walks over and touches you, return in kind. On the other hand, try not to interrupt the child's play or other free activities by grabbing them and holding them. Further, be aware that many children from chronically distressed settings may have what we call attachment problems. They will have unusual and often inappropriate styles of interacting. Do not tell or command them to 'give me a kiss' or 'give me a hug.' Abused children often take commands very seriously. It reinforces a very malignant association linking intimacy/physical comfort with power (which is inherent in a caregiving adult's command to 'hug me').

Talk with the child. Give them age appropriate information. The more the child knows about who, what, where, why and how the adult world works, the easier it is to 'make sense' of it. Unpredictability and the unknown are two things that will make a traumatised child more anxious and fearful. They may be more hyperactive, impulsive, anxious, aggressive and have more sleep and mood problems. Without factual information, children (and adults) 'speculate' and fill in the empty spaces to make a complete story or explanation. In most cases, the child's fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth, even when it is emotionally difficult. If you don't know the answer yourself, tell the child. Honesty and openness will help the child develop trust.

Watch closely for signs of children repeating some of the experiences of their abuse or neglect in their play, drawing and activities; **avoidance** (e.g. being withdrawn, daydreaming, avoiding other children) **and periods of over-arousal** when children find it difficult to calm down or change the way they feel (e.g. anxiety, sleep problems). All traumatised children exhibit some combination of these symptoms in the acute post-traumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child's emotional and behavioural problems. These symptoms will wax and wane - sometimes for no apparent reason. The best thing you can do is to keep some record of the behaviours and emotions you observe (keep a diary) and try to observe patterns in the behaviour.

Addressing Attachment Issues

Always keep the child safe. Do not hesitate to cut short or stop activities that are upsetting or re-traumatising for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies, activities and so forth, avoid these activities. Try to restructure or limit activities that cause escalation of symptoms in the traumatised child.

Give the child 'choices' and some sense of control. When a child, particularly a traumatised child, feels that they do not have control of a situation, they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel more safe, comfortable and will be able to feel, think and act in a more 'mature' fashion. When a child is having difficulty with compliance, frame the 'consequence' as a choice for them – 'you have a choice- you can choose to do what I have asked or you can choose.....' Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control and therefore, anxious.

If you have questions, ask for help. These brief guidelines can only give you a broad framework for working with a traumatised child. Knowledge is power; the more informed you are, the more you understand the child, the better you can provide them with the support, nurturing and guidance they need. Take advantage of resources in your community.

(Reference: Perry, B. 'Principles of Working with Traumatised Children', Scholastic, Houston 2008)



Looking After Yourself

Carers who are looking after a traumatised child face the risk of suffering secondary traumatic stress as a result of their close link to the child's trauma. To be an effective carer, you need to be aware of any changes in how you are managing your role, whilst working as part of a team, and taking note of feedback on how you are coping.

Decision-Making: Family Group Conferences

“What is a family group conference?”

A family group conference is a formal meeting for family members to talk about what can be done to make sure their child or young person is safe. The family is asked to be involved in making plans for the child and to consider the issues raised by Child Protection Services.

Family group conferencing was introduced to Tasmania through [The Children, Young Persons and Their Families Act 1997 \(The Act\)](#). *The Act* is the key piece of legislation covering child protection issues in Tasmania. *The Act* states that there are certain circumstances under which a family group conference **must** be convened.

“What is the purpose of a family group conference?”

Family group conferencing is a way of planning for a child’s future and reviewing past decisions. Family group conferences allow families to have their say and to meet in private to develop their plan. Family members, and professionals who have participated in family group conferences before, say that they are a good way of working together in the best interests of children and young people.



The Facilitator

The facilitator is responsible for making sure that everyone at the conference works in the best interests of the child or young person. The facilitator ensures that the family are provided with enough information to make decisions about their child’s future. The facilitator will give everyone a chance to speak and does not take sides.

The facilitator has no power over Child Protection Services or their resources. The facilitator is required to work in cooperation with Child Protection Services, the child/young person (if old/mature enough), their family and anyone else who attends the conference.

The facilitator does a lot of work before the conference, talking to the child and/or their family about the circumstances that have led to the conference being called, and about the particular difficulties they have encountered. It is important that the facilitator has a good understanding of all issues that may affect the family group conference process. It is also the facilitator’s role to help the child and their family prepare for the conference and to find out what the family might need in order to feel comfortable at the conference.

Contact with the Child's Family

A primary goal of a care placement is the restoration of a child to their family where this is considered in the best interests of the child. In this case, family contact will be a vital part of a child's life while they are in care. In cases where restoration is deemed to not be in the best interests of a child, some form of regular or ongoing family contact may still be pursued as being important to their healthy development.



Types of Contact

Depending on the circumstances under which a child entered care, and depending on court orders that prescribe their care, it is likely that a child will have contact with their family while they are in care. This contact may take many forms - by telephone, letter and email writing, and visits. The case manager will discuss with the carer the details of contact, whether it is supervised or unsupervised, transport of a child to a family visit, the allocation of a support worker to facilitate contact, etc. The case manager will also advise the carer of any prohibitions to contact, such as restraint orders, which may be in place.

Contact arrangements should be written in the Case and Care Plan and should be observed by all parties. While there may need to be some flexibility from time to time (e.g. the child's parents call on occasion to say they are running late), any changes, including unscheduled and unauthorised contact, should be reported to the case manager.



Supporting Family Contact

A carer has a critical role in supporting a child in contact with their family - helping them to prepare for contact, providing encouragement, and supporting them after family contact. If a support worker has been allocated to a child, it is good practice for the support worker and the case manager to discuss aspects of family visits with the carer in regard to how these may affect the child.

The information these workers provide then enables the carer to adjust their care according to the child's changing needs and circumstances. A carer needs to know when to celebrate a happy visit, when to reinforce positive progress within the family, and also when to provide sensitive encouragement to a child if a family visit has not gone so well.

Contact with the Child's Family

While a carer may be concerned to know how family contact is going for a child, it may be best to seek an understanding of this from the case manager rather than question the child. A child is entitled to privacy as much as this is possible and so a carer must respect the wishes of a child who may not want to discuss visits with their family. They may consider this a private affair, and it may also be one that gives them considerable anguish as well as pleasure. They may also simply want to keep a separation between this part of their life and the other part of their life which is lived with their carer. In these instances it is probably sufficient for a carer to be sensitively aware, available and supportive if a child should wish to discuss their family visits.



Some situations of family contact may be strained, or may prove unsettling or damaging for a child, and there may be some contact arrangements that a carer does not agree with. While the carer should discuss their concerns with the case manager, it is important that they always maintain a positive and respectful approach to the child's family and to the child's contact with their family.

Whatever the prescribed contact arrangements, the carer's continuing support and encouragement of the child is critical. However, this does not mean that a carer should ignore indicators of distress or trauma to a child. Not all family contact arrangements work out as we all may hope and so if a child discloses, or you reasonably suspect, anything worrying about a family visit (e.g. violence or other abuse, the presence of a prohibited person, the child returns upset, etc) this must be reported to the case manager. Any other concerns, such as deterioration in a child's behaviour after family visits, should also be discussed with the case manager.

Family contact, like every other aspect of a care placement, should not compromise a child's safety and care, but should rather contribute to their healthy development and sense of wellbeing.

If the child refuses to attend a contact visit with family members, you should discuss the contact arrangements with the child's case manager as a matter of urgency.

Who to Contact When

| Decision/Issue Type | Decision to be made by Foster Carer | Carer consults with Out of Home Care Support Worker | Carer consults with Child's Case Manager |
|--|-------------------------------------|---|--|
| There is a medical emergency (i.e. surgery) | | | ✓ |
| There is a legal emergency (i.e. bail required) | | | ✓ |
| You want to take a child on a holiday in Tasmania | ✓ | | ✓ |
| You want to take a child on holiday interstate or overseas | | | ✓ |
| You have not received a scheduled payment | | | ✓ |
| You require reimbursement for out of pocket expenses | | | ✓ |
| You need to make an insurance claim as a result of damage or injury incurred through your care provision | | ✓ | ✓ |
| There are general difficulties with the child | | ✓ | ✓ |
| The child is encountering school related problems | | | ✓ |
| The family contact arrangements are not working well | | | ✓ |
| You need further background info on the child | | | ✓ |
| There has not been contact with the case manager for some time | | ✓ | ✓ |
| You require support in your role as a carer | | ✓ | |
| You have need for further training | | ✓ | |
| You require respite | | ✓ | ✓ |
| Enrolling a young person in an apprenticeship | | | ✓ |
| Enrolling a young person into college | | | ✓ |
| The child wishes to have a friend over after school or stay overnight | ✓ | | ✓ |
| The child absconds from a placement | | ✓ | ✓ |

In all emergency cases where this an immediate need for urgent intervention by police officers or medical practitioners to prevent harm being done to a child or young person in out of home care, this assistance should be contacted as a priority before contacting your appropriate child protection worker.

Who to Contact When... Cont.

| Decision/Issue Type | Decision to be made by Foster Carer | Carer consults with Out of Home Care Support Worker | Carer consults with Child's Case Manager |
|--|-------------------------------------|---|--|
| You have ideas regarding how caring can be improved | ✓ | ✓ | ✓ |
| You are available and/or unavailable to provide care | | ✓ | |
| You move address | | ✓ | ✓ |
| There are changes in your household / family circumstances | | ✓ | |
| The child requires a routine trip to a GP or dentist | ✓ | | |
| The child wishes to have an overnight stay at a peer's house for the first time | | | ✓ |
| The child requires a babysitter for the first time | ✓ | | |
| You need to sign a permission form for a school day trip | ✓ | | |
| A young person in your care wishes to marry | | | ✓ |
| There is an administration of over-the-counter medication required | ✓ | | |
| There is an administration of psychotropic medication required (in consultation with GP or medical specialist) | | | ✓ |
| The child wishes to apply for a passport | | | ✓ |
| There is a need for the child to change school | | | ✓ |
| There has been a request for a media or public appearance where the out of home care status of a child is revealed | | | ✓ |
| There has been a request for a media or public appearance where the out of home care status of a child is not revealed | ✓ | | |
| You have a new partner or there is another adult who stays regularly at your home | | ✓ | ✓ |
| You are unable to continue providing care | ✓ | ✓ | ✓ |

In all emergency cases where this an immediate need for urgent intervention by police officers or medical practitioners to prevent harm being done to a child or young person in out of home care, this assistance should be contacted as a priority before contacting your appropriate child protection worker.

Maintaining a Diary

During a care placement the carer may find it useful to keep a diary. The diary could contain information such as the date the placement started and dates for medical appointments, family contact visits, special occasions, school activities and other events.



It is not necessary, or appropriate, for a diary to contain all information about a child – this is what the Case and Care Planning process is for. Rather a brief note each day or every few days, perhaps just recording progress or a special experience, or any changes in behaviour is all that is needed (e.g. ‘Kate is settling in well, she no longer wants the light left on at night;’ ‘today we went shopping – bright red shoes and a raincoat for winter!’ ‘Kate seems to be a little down. She didn’t eat dinner and her lunchbox came home from school untouched. I’ll keep an eye on this over the next few days’). The diary will be useful, though, when it is time to complete the Case and Care Plan materials as the carer will not have to rely just on memory to detail how the care placement is working.

Diary keeping can also be a useful aid for a carer in reviewing and reflecting upon the experience and progress of caring. It can help a carer to remember the highs of caring, the lows of troubled times and the contentedness and satisfaction of the simple, average, ordinary days. It can also help a carer to identify their strengths in providing care and areas that they may wish to improve through, perhaps, further skills development and training.

Further information

Ask the case manager or your support worker for information, ideas and any guidelines, particularly regarding confidentiality and access, if you would like to keep a diary of a care placement.

Developing a Life Story Book

Children and young people in out of home care often experience many abrupt changes in their life. These children can become puzzled about who they are, what has happened to them and where they have come from. Making a 'Life Story Book' can be a reflective, therapeutic and imaginative means of collecting information about the significant people and events in the child's life.

A Life Story Book can also be used to record the child's personal development and help them develop a sense of self in relation to their life experiences. It provides the child with an informal chronological record that can promote a sense of personal history and continuity to their lives. The Life Story Book belongs to the child, so when the child returns home or moves to a future placement, they will be able to take it with them.

If a child in your care does not already have a Life Story Book, it is recommended that the carer, or another member of the carer's family who has a meaningful relationship with the child, assist him or her in starting one at an opportune occasion in the near future.

The person assisting with the Life Story Book may wish to explore whether the child would like to collect or compile some of these items for the Life Story Book work they do together:

- souvenirs from memorable occasions;
- photographs of people or places that are important to the child;
- photographs of the child at events that have been exciting or important to them personally;
- letters from friends and family;
- contact details of their relatives and close friends;
- educational documents, such as report cards, or examples of their school projects that they are proud of;
- certificates of achievement;
- descriptive lists of the child's heroes: musicians, sports players, actors and actresses, personal mentors, etc.; and
- descriptive lists of the child's likes and dislikes.

Travel, Transport and Holidays



It is important that the case manager is aware of any travel plans for a child in care. Some travel, such as interstate and overseas, requires permission from Disability, Child, Youth and Family Services and perhaps from a child's family. Some travel plans may also require financial consideration by Disability, Child, Youth and Family Services.

A carer is responsible for facilitating a child's transportation from home to the school. This may be via car, bus, bicycle, walking, etc. A carer should discuss with the case manager the intended mode of transport, as well as any additional costs which may be associated with transport.

Further information

Discuss all travel related issues with the case manager.

Emergencies



If A Child Goes Missing

Ensuring the safety and care of a child is the fundamental responsibility of a carer in partnership with the case manager. On a day-to-day basis, the carer should know the whereabouts of a child whether they are at school, visiting friends, on contact visits with family, and when and where they are engaged in leisure pursuits.

This is really no more or less than is reasonable in the parental care of any child, and should be considered to be caring for, rather than controlling of, a child. A child has the right to pursue planned and agreed activities on an independent and semi-independent basis as appropriate to their age, but a carer also has a right to be free from worry and concern with regard to the safety and well-being of a child for whom they are responsible on a day-to-day basis.

A family calendar or whiteboard can help everyone to keep track of the household's movements, as can provide an understanding that a child will telephone their carer if they are going to be late home. This is a common courtesy that the whole household should consider observing. Mobile telephones can also be useful for keeping in contact, as are reverse charge telephone services. Carrying some form of identification, perhaps just a card in a wallet that records the name of the child and an emergency contact, may also help out if a child falls ill, is injured and unable to communicate with helpers.

A preventative measure is to teach a child protective practices such as an awareness of 'stranger danger', not getting into a car with someone they don't know, awareness of safety houses en route to school and shops and a plan of action to seek safety and protection from adults. While this is a good idea for all children, it may be especially important for children in care who may be subject to additional risk. For example, some families may feel aggrieved at their child's removal from their care and it can happen that such families do not comply with contact arrangements or seek unauthorised contact with their child. There is always a risk as well, that such families may seek the unauthorised return of their child. A child may also take actions to return to their family by themselves without letting you, or the out of home care worker, know.



Protective Practices

If you are concerned that a child may be missing, you must attempt to make contact with the last known person to have seen them such as a teacher or friends at the end of the school day. If they cannot locate the child within a short time then contact should be made with the case manager or the After Hours service who will advise the most appropriate course of action. This may include contacting Tasmania Police for assistance.

Preparations for Leaving Care

There are many reasons for a care placement coming to an end. These include:

- safety and care risks within a child's family environment being resolved permitting their return to the family;
- the carer's circumstances changing whereby continuing the placement is not possible;
- the goals of the placement being achieved;
- the placement may have been short-term and so the child is moving to a longer-term care situation;
- a young person may become independent; or
- there may be difficulties within the placement that make its continuation impossible.

Children and young people who remain in out of home care for extended periods of time require additional support to assist their successful transition to independence. Additional support is required during preparation for leaving care, the transition from care and immediately after care.



Working through
issues

In the event of difficulties within the placement, the carer is encouraged to discuss these with the case manager and the worker from Out of Home Care Services as soon as possible. It may be that a placement breakdown is preventable if additional supports can be provided or a change to care planning and management can be made. Where such measures are not possible or are declined, or where they do not improve the placement experience for the child and for the carer, the case manager and worker from Out of Home Care Services will seek an alternative care situation for the child.

Whatever the circumstances for a placement ending, a range of emotions may be experienced by the child and by the carer. A relationship of great significance is coming to a close, or at least changing considerably, and so it is natural for grief to be part of everyone's response. The case manager and the support worker are responsible for supporting the child and the carer through the process of ending the placement and seeking closure. Supports for the carer can include counselling and further training and professional development.

Preparations for Leaving Care



Where circumstances permit, it is preferable that planning precedes the end of a placement. This planning should involve the child, the carer, the case manager, your support worker from Out of Home Care Services, the child's family as appropriate, and other relevant persons.

At a time that is calm and reflective, the child and the carer may like to plan for the departure from the placement. It could be that the end of the placement is a milestone to be marked in the Life Story Book or that together they plan for a meeting some time in the future. They could also include an item of special note in the child's treasure chest as a memento of their time together or participate in an activity that may have special meaning for both child and carer.

The end of a placement can require as much adjustment as the beginning of a placement. The carer should talk about the placement experience with their family and consider the whole family's desire and capacity to continue to offer care, either immediately or in the future. Your support worker can offer assistance as can the Foster Carers' Association of Tasmania.

Ask the worker from Out of Home Care Services about documentation that may need to be finalised and the return of information, such as the Case and Care Plan materials, that relate to a child.

Ask the case manager about leaving care material to assist young people who are moving to independent living.

*Further
information*

The Young Person's Money Management

Young people should be supported to manage their clothing allowance. If the young person does not have skills in managing money and purchasing clothing the plan should set clear goals in a Case and Care Plan.

Opening a Bank Account

Young people aged fifteen and older should have a bank account in their own name. Financial institutions vary in relation to the age at which they allow a child to open an account in their own name, though some institutions allow children aged twelve to seventeen years to open an account in their own name.

Youth Allowance

Young people who are receiving Youth Allowance or other pensions and benefits should receive the payments in their bank account. If the young person has extremely limited capacity to manage money because of an intellectual disability, the Case and Care Plan must detail the arrangements for managing the young person's income.

ABSTUDY

Young people 16 years and older who are in state care are eligible for Youth Allowance at the dependent rate. Young people should be assisted to apply for Youth Allowance before they turn sixteen by lodging an *Intent to Claim with Centrelink* form. Young people under the guardianship of the Secretary can only receive the higher independent rate of payments if Child Protection Services does not provide financial support towards "necessities of life" such as accommodation, food and transport.

ABSTUDY (managed by Centrelink) helps indigenous students aged fourteen or over at 1 January in the year of study through income support payments and supplementary benefits.

A young person aged sixteen may be eligible for a Disability Support Pension if the level of impairment means that the young person is unable work full-time for at least two years.

Transition to Independent Living Allowance

The Transition to Independent Living Allowance (TILA) assists young people moving to independence. TILA provides one-off support up to the value of \$1,500 for young people aged fifteen to twenty-five years. It complements other support services provided by Child Protection Services. TILA funds may be approved to cover costs associated with skills development or establishing accommodation. TILA does not involve a direct payment to the young person. Further information is available at www.tila.org.au

Secondary students may apply for a tax file number via the secondary school's tax file number program. Under this program the school verifies the young person's identity.

Dealing with Court Processes

The Magistrate's Court (Children's Division) makes decisions about child protection matters, such as whether or not a child or young person should be removed from the care of their parents; the type of order a child or young person should be placed on; and the conditions and length of that order.

The court process can be complex and time consuming. Lawyers act on behalf of the Department of Health and Human Services to put its case to the magistrate or judge; a lawyer representing a child or young person seven years or over puts their case to the magistrate or judge and another lawyer may represent the family or each parent. The magistrate then decides on the most appropriate course of action.

Court processes can be unsettling and stressful for all involved. Children and young people involved in court hearings will often be upset and will need the support of their carers.

Carers are not normally required to give evidence at a court hearing; however, if they are, Child protection workers will support them during this process.

Although the Magistrate's Court is a public court, carers are usually not allowed to attend court hearings in the Children's Division, as this may not be in their best interests of the child or young person they care for. Carers need to consider this carefully and discuss the issue of attendance at court with their worker.

In preparation for a court hearing, DHHS prepares a court report. Carers and workers have a vital role to play in informing this report.

Children and young people generally have to attend court hearings. Children who, in the opinion of the court, are mature enough to give instructions must be legally represented in most proceedings. The general rule of thumb is that a child under seven years of age is normally not considered mature enough to give instructions. Although younger children are generally not represented, from time to time the court may ask for a lawyer to speak with them, or the court may appoint a representative for the child.



*Working through the
Court Process*



*Considerations to
make regarding
your Attendance*



*Representation of
Children in Court*

Confidentiality and Disclosures



Observing Confidentiality

While good communication and appropriate sharing of information is critical to quality care of a child, an important consideration for everyone involved in a child's life is confidentiality.

Observing confidentiality is a responsibility shared by the child, the case manager, the carer, the child's family as appropriate, and other relevant persons. Within the partnership, the case manager ensures all parties are aware of how private information must be managed.

A carer needs to know as much about a child's life as is necessary to provide quality care. Such information relates to a child's family background, cultural and ethnic identity, legal status and court-ordered care (including any conditions and prohibitions), previous placement history, health, education and any special needs. Similarly, other persons involved in the care of a child should be provided with information on a 'need to know' basis. That is, they should be advised of details of a child's life only as appropriate and relevant to the service or care they need to provide to the child.

For example, a school principal may need to have enough information to be able to provide a safe and nurturing environment in which a child may learn and develop. Child Protection Services advises the school when a student is placed in out of home care, however, they will not necessarily have extensive knowledge of a child's family situation and the circumstances under which they have come into care.

In much the same way a doctor may need to know about a child's past experience of physical abuse in order that the doctor may proceed to examine them with particular sensitivity, and avoiding any communication, gestures or handling that may make them fearful or anxious. The manager of a childcare centre may need to know of a child's inclination towards aggressive behaviour and likely triggers for this (e.g. raised voices, sudden movement, etc.) in order for the manager to create a safe and protective environment for them and for other children.

The carer's own family will need to know some details of the child's life in order that the household may function well. Some experiences of distress for a child can be avoided if the family 'knows enough' about them and their past experiences.



Getting Support

The Foster care Advocacy and Support Team (FAST) is a team of trained foster carers that have volunteered to provide support, advice and advocate on the behalf of other carers. Please note that if you seek advice or advocacy on caring issues with these officers, this will not breach departmental confidentiality protocols.

Confidentiality and Disclosures

In the interests of assisting a child in care to lead a 'normal' life, in most instances publication of photographs and names, or filming of a child, is likely to be appropriate, unless to do so would present a risk to their safety or well-being.

However, the carer should always check with the case manager prior to any such identification of a child in print or electronic media, or in other public materials such as a school website or newsletter. It could be that authorisation is required from Child Protection Services or the child's family. **What is not permitted at any time is the public identification of a child as being in care.**

Both the child and their family have a right to strict confidentiality of information about their background and circumstances. Maintaining confidentiality is a serious undertaking for all persons involved in the care of a child. It is an abuse of trust and respect to discuss any details of a child's life with persons other than those directly responsible for some aspect of their care. A breach of confidentiality by a carer could result in deregistration of the carer and is also potentially an offence at law.

Whenever a carer is uncertain about what information they can discuss with other persons regarding a child or young person in their care, it is always best to discuss this in advance with the case manager.

Confidentiality and Disclosures



Handling Disclosures

There may be times when a carer becomes aware of information that should be shared with others. The case manager is always the first contact in such situations and will be able to guide and support the carer in the proper management of this information.

It is possible that a child may disclose information to their carer that has an impact on the child's well-being or that of other people. Such a disclosure may happen because a child and their carer are sharing a home, sharing lives, getting to know each other well, and because a child may trust their carer.

It is important that a child is aware - from the start of placement - of their carer's obligation to report disclosures of a concerning nature to the case manager. The child will then know what to expect if they tell their carer of a 'secret'. They will know that their carer will listen to their information with care and respect, their carer will make no moral judgement about it, their carer will support them, and their carer *must* tell the case manager about the information they have been given. By knowing this in advance, a child is less likely to feel guilty, confused, angry or betrayed when a carer passes on information of a concerning nature to the case manager.

An example could be that a child has been placed in care due to experiences of physical abuse and at some point in time they tell their carer that they have also suffered sexual abuse. While their carer's initial response may be to feel shocked, it is important that the child does not witness any reactions of fear or disgust or, critically, of disbelief. Such a disclosure should be listened to calmly and the child reassured that the abuse is not their fault and that they are supported by the carer.

If a child discloses to a carer any information regarding personal experiences of neglect or abuse, or knowledge of such experiences in the lives of others (e.g. younger siblings), this information must be reported to the case manager as soon as possible.



Involving the Case Manager

The case manager will make an assessment of the information and may talk with the child to gain a fuller understanding. The case manager will decide what happens next. This could be a decision that takes any number of pathways including that no further action is required; that the child requires counselling or other special care and consideration. Depending on the type of order that the child is on and the nature of the information, the case manager may need to make a formal report to Intake Services.

As a general guide, anything a child may say which causes a carer concern and which a carer considers has impacted, or may impact, the child's well-being or that of others should be reported to the case manager as soon as possible.

SECTION 4: CARING FOR CARERS: Support and Entitlements



The Importance of Taking Care of Yourself and Your Family

Taking care of a child in your home can be a demanding job. No matter what joys or stresses it brings to you and your household, it will certainly change your day-to-day routines and experiences. We want children in out of home care to live in healthy, functional families. You must make sure that you take care of yourself and your family's needs as well as those of the children placed with you.

What does taking care of your own and your family's needs mean? It means having the ability to care for and be inclusive of the child living in your home, whilst still:

- knowing your own and your family's limits;
- taking advantage of the supports that are offered to you;
- making use of the informal supports available to you (family, friends and so forth);
- linking with other foster parents in your community to share support;
- knowing what you and your family need in order to keep on an even keel;
- sharing accomplishments, satisfactions and responsibilities with other family members; and
- working constructively and cooperatively with the child protection worker, the child's family, your support worker and other involved professionals.

If you are concerned that the care you are providing a child or young person is taking its toll on the well-being of your family, talk to your support worker about the issues, or alternatively, you should contact the Foster Carers' Association of Tasmania 24 hour support and assistance line on 0437 006 876.

Disability, Child, Youth and Family Services has established a quarterly newsletter to maintain on-going communication with the out of home care community of Tasmania. This newsletter gives details about services to support your family's needs while you are supporting children and young people in your care. You are invited to contribute your own ideas to the newsletter.

Reporting of Placement Problems to Child Protection



Resolving Disputes between the Carer & a DCYFS Worker

If you disagree with a decision or action made by a child protection worker, it is recommended that you first discuss it directly with the worker themselves. Remember, the aim of out of home care is to work in the child's best interests. You and the worker should be cooperating together towards the realisation of that goal. Alternatively you can raise the issue in question with your support worker.

When agreement cannot be reached about what is in the best interest of the child, you may then choose to refer the matter to a team leader in Out of Home Care Services or a team leader in Case Management Services. Unresolved matters may be further referred onto the Manager of Child Protection in your area.

The Foster Carers' Association of Tasmania may also be able to play a role in assisting a Carer to make a complaint to Child Protection Services.

A carer is also entitled to lodge a complaint with the Ombudsman at any stage.

Carers cannot however appeal court orders through any of these systems.

Explanation of Financial Entitlements for Carers

The Commonwealth Government provides a range of benefits to the wider community via the Family Assistance Office and Centrelink. The following list outlines some of the benefits that you are possibly eligible to receive from either of these agencies:

Health Care Card

“In addition to these benefits, a young person in your care may themselves be entitled to receive benefits from Centrelink, such as Youth Allowance, ABSTUDY and Mobility Allowance.”

Child Care Benefit

Double Orphan Pension

- A Health Care Card is available for all children and young people in out of home care and provides concessions for prescription medicines, GP bulk billing and other services such as TAFE courses.
- A carer and their family may also be entitled to a Health Care Card if they receive Centrelink income support, or receive the Family Tax Benefit A.
- The Medicare Safety Net provides a substantial rebate on hospital services up to a pre-determined threshold. Each child in your care should automatically have a Health Care Card, making them eligible for the concession threshold for the Medicare Safety Net.
- As a carer you may be eligible for Family Tax Benefit A and/or B. Benefit A is the most common payment to help families with the cost of raising children. Benefit B provides extra financial assistance for single income or sole parent families. The amount paid is based on both income and the age of the youngest child.
- If a carer uses child care services whilst working, studying or attending training, they may be able to claim the Child Care Benefit.
- The Carer Payment (child) is made to people who provide ‘constant care’ for a ‘profoundly disabled’ child less than sixteen years. The Carer Allowance (child) is a supplementary payment for those providing care at home for a child with a disability.
- Carers may be eligible for the Parenting Payment if they have at least one child aged under eight years in their care.

If a child in care is aged less than sixteen years and the carer’s family is eligible for the Family Tax Benefit, they may also be entitled to the Double Orphan Pension.

You may also be eligible to receive the Baby Bonus for a child who enters your care if you start caring for a newborn child within 26 weeks of the child's birth and are likely to continue to have care for no less than 26 weeks.

Explanation of Financial Reimbursement for Carers

All approved carers receive standard payments for the care of children in their care. The level of payment depends on the age of the child. The payment covers the day-to-day needs of the child including food, clothing, and leisure activities. The payments are adjusted annually to incorporate any changes in the Consumer Price Index (CPI).

How Carers are Paid by the Department

The Department deposits these payments directly into the carer's nominated bank account. Carers are advised in writing of the details of the care they have provided, such as the names of the children and the days that the child was placed with the carer, which are calculated to make up the total payments. Carers should refer to these details to the child's case manager if they believe they have not been paid the correct amount.

Carers receive additional payments of \$75 for each child in their care prior to Christmas and at the time of the child's birthday. These payments cover the cost of purchasing presents for the child at these times.

The child's Case and Care Plan outlines what additional payments will be required to meet the child's needs during the period of the Plan. The Plan also outlines how the payments are to be made. For instance, if the child requires professional counselling, the Plan should outline how many sessions the child will have and the cost of the sessions.

Additional Costs

The Plan should make provision for any additional costs that are not covered by the standard payments. For instance, if the Plan is that the child will be having an inter-state trip with the carers' family, the child's costs for the trip should be identified in the Plan. The carer is reimbursed the identified costs at the time of the trip.

Carers should discuss the potential for additional costs with the child's case manager before they incur such costs. Although the Department is able to reimburse carers for additional costs, these costs must be approved by a senior worker and carers should not presume that the Department will cover the cost.

Explanation of Financial Reimbursement for Carers



Some children in out of home care have intensive or complex needs that impact on the caring arrangement for the child. These needs are explored through the Case and Care Plan for the child and depending on the level of needs, additional payments to the carer to meet the child's needs may be approved.

In situations where the guardianship for the child has been transferred to the carer, the Department continues to make standard payments on a fortnightly basis to the carer/guardian of the child.

The Department has more detailed policies on reimbursement. If you have specific concerns about the level of reimbursement, you should discuss these with the child's case manager.

In addition to fortnightly reimbursement, carers are likely to be entitled to a range of benefits funded by the Commonwealth Government.

What to do if Someone makes a Complaint against You

Any carer may be subject of a complaint or allegation regarding the care provided to a child. This can be a very stressful experience for all concerned and requires a response from Child Protection Services that is timely, consistent, fair, and transparent. Child Protection Services has a clear and unambiguous duty of care to a child for whom it has statutory care and protection responsibility and so must act in order to secure their safety and care.

Abuse in care describes a risk of neglect or abuse or actual neglect or abuse suffered by a child as a result of behaviour by a carer, any member of the care household, or a regular visitor to the care household.

If a care concern has been identified (either through a regular placement visit or from information from another party), a child protection worker will make a determination about the seriousness of the concern in consultation with senior staff. It is likely that the majority of concerns will not be regarded as abuse or neglect, and will be best addressed through considered, supportive and active case management with no requirement for a formal notification to the Child Protection Intake Service. When intervening to resolve a care concern, the child's Case and Care Plan will be taken into account and adjusted as necessary according to required intervention, i.e. referral for ongoing counselling, specialist service, respite, change to parental contact arrangements, change of placement.

Child Protection Services also has a responsibility to respect the expectations that a carer is entitled to have concerning their access to information, their knowledge of investigative processes, and how complaints and allegations are managed, and their fair treatment in accordance with due processes. Child Protection Services also has an obligation to provide support to a carer throughout the process of investigation of a complaint or allegation. Your support worker is primarily responsible for providing this support. Additional support is also available from FCAT's Foster carers' Advocacy and Support Team (FAST).

FAST is a team of trained foster carers that have volunteered to provide support, advice and advocate on the behalf of other foster or kinship carers either on a group or individual basis.



Complaints
Processes

On-going Training Opportunities

All parents face challenges in raising a child. Children and young people in out of home care can often have complex needs and behavioural difficulties that go beyond the everyday parenting experience. To assist carers in providing quality care, the Foster Carers' Association of Tasmania and Disability, Child, Youth and Family Services provide training opportunities to help carers develop quality caring skills to accommodate for the demands that a child placement in their home may bring.

“How do I find out about on-going training courses?”

In addition to the mandatory *Shared Stories, Shared Lives* training module, supplementary training on a variety of issues relating to care provision is offered on a periodic basis. Carers will be notified of upcoming training opportunities via promotional literature that will be sent to them by mail. Carers may also wish to check the Disability, Child, Youth and Family Services and the Foster Carers' Association of Tasmania's respective webpages for notifications of such events from time to time.

It is highly recommended that you consider participating in these training opportunities when they occur.

There are also a number of foster care related events each year that include discussion sessions and seminars on issues relating to care provision. Some examples of these events are listed on the next page.

Celebrations for Carers and their Families

There are a number of state-based, national and international events that recognise the contributions of carers. They are often accompanied by award ceremonies, social celebrations, professional development seminars and media recognition. The following list contains some prominent examples of such events:

The **Big Day Out** is a fun day out for carers and their families from every part of Tasmania. It is held annually in northern Tasmania during March to coincide with **National Foster Care Day**. The Foster Carers' Association of Tasmania website provides details of upcoming event prior to the event.

National Volunteer Week is a series of celebrations that are held nationwide by Volunteering Australia during mid-May. There are a wide variety of themed events held in conjunction with National Volunteers Week every year.

National Child Protection Week is funded by Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) during mid-September. The Tasmanian Child Protection Awards Program is held during this week to recognise outstanding service provisions and leadership in improving the lives of Tasmania's vulnerable children, young people and their families.

National Foster Care Week is a commemorative event held during mid-September to celebrate and reward the efforts of carers. Recent years have seen activities for fostering families staged across different communities as well as award ceremonies for carers themselves. For more information, ask your support worker about related events in your area.

International Volunteer's Day was established by the United Nations General Assembly as a platform for worldwide celebrations as well as a range of initiatives including clean-up campaigns, conferences, exhibitions, morning teas and many other activities that are aimed at highlighting the role of volunteers in communities across the world. It is held annually on December 5.

Check the FCAT and CREATE Foundation websites to keep up to date with the latest out of home care events in Tasmania:
<http://www.fcatas.org.au>
<http://www.create.org.au>

Handy Contacts

| | | |
|--|--|--|
| Daytime and After Hours Child Protection Hotline | 1300 737 639 (24 hours) | |
| Tasmania Department of Health and Human Services | 1300 135 513 | http://www.dhhs.tas.gov.au |
| Emergency Hotline: Ambulance, Fire, Police | 000 | |
| Poisons Information Line | 13 11 26 | |
| Foster Carers' Association of Tasmania Office | 6224 9672 (Hobart) 6431 8975 (Burnie) | http://www.fcatas.org.au |
| Foster Carers' Association of Tasmania Assistance | 0437 006 876 (24 hours) | |
| Disability, Child, Youth and Family Services & Carer Recruitment | 1800 001 219 (Freecall) | |
| Child Health and Parenting Service Centres | 6233 2700 (Hobart) 6326 6188 (Launceston) 6434 6201 (Burnie) | |
| CREATE Foundation | 1800 655 105 (Freecall) | http://www.create.org.au |
| Family Assistance Office (Centrelink) | 13 61 50 | http://www.familyassist.gov.au |
| Mental Health Council of Tasmania | 1800 808 890 (Freecall) | http://www.mhct.org |
| Child Abuse Prevention Service National Hotline | 1800 688 009 (Freecall) | www.childabuseprevention.com.au |
| Tasmanian Commissioner for Children | 6233 4520 | http://www.childcomm.tas.gov.au |
| Relationships Australia | 1300 364 277 | http://www.relationships.com.au |
| Parenting Line Tas | 1300 808 178 | |
| National Association for Prevention of Child Abuse & Neglect | 02 9211 0224 (NSW) | http://www.napcan.org.au |
| Kids Help Line | 1800 55 1800 (Freecall) | http://www.kidshelp.com.au |
| Life Line | 13 11 14 | http://www.lifeline.org.au |
| Australian Childhood Foundation | (03) 9874 3922 | http://www.childhood.org.au |

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