



UNGOOROO
ABORIGINAL CORPORATION

PERMANENCY
SUPPORT PROGRAM

**FOSTER CARER
HANDBOOK**

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Welcome

We would like to extend a warm welcome to you as a new UAC foster carer. We would also like to thank you for your interest in becoming a foster carer. For very good reasons it is a long and involved process, so congratulations on making it through!

Your development as a foster carer is ongoing and you will be provided with support and training on a regular basis. This handbook has been developed by for all UAC foster carers. It is intended to complement your training and be a support and resource for you when you have placements. The handbook provides practical information and reference material for new foster carers and up-to-date information for foster carers who are old hands at caring for children and young people.

UAC is mindful of the needs of foster carers in caring for children and young people, especially in light of the requirements of the Children and Young Persons (Care and Protection) Act 1998. While every care has been taken to provide a comprehensive handbook for UAC foster carers, you are encouraged to contact your Case Worker, or the after hours contact if you are unsure of what to do in a given situation.

We hope you will find this handbook helpful in the very important role you play in the lives of children and young people placed in your care.

About UAC

UAC is an Aboriginal Controlled Health Organization in the Upper Hunter on the lands of the Wanaruah people. It provides a range of services including GP, Allied Health, NDIS, SHS, Barranggirra, Muruna Karuna, Suicide Prevention, and Aboriginal Business Advisory services and Permanency Support Program (PSP) which you are part of.

UAC's goal is to make a difference in the lives of children and young people by helping them to overcome adversity and to achieve their full potential in a safe and caring environment.

The aim of the PSP Program is:

- to provide children and young people with a safe and nurturing environment until their permanency options can be finalised. This may include Restoration, Guardianship or Open adoption or in less common situations long term foster care.
- to help children in care to become capable, well-adjusted adults. A foster home is a safe and nurturing environment and foster carers are an extremely valuable resource in PSP.
- to ensure each child or young person is supported in an environment that is culturally safe and sensitive.

Principles of suitable Care

The following principles guide the service we provide and form the basis of the decisions we make regarding suitable care for the child or young person:

- the child is our primary focus
- children and young people in our care are encouraged to be part of the decision making process
- the child's name, identity, language, cultural and religious ties are to be preserved
- Aboriginal children are placed according to the Aboriginal Placement Principles
- the child is entitled to maintain close relationships with people significant to them, including parents, siblings, extended family, peers, family friends and community, unless it is contrary to their best interests
- provision of quality foster care, in a "wrap around model" that is inclusive of the child

A child in care

Children and young people come into care for a variety of reasons. Their stay can range from a single night to permanent care. Whatever the reasons for, and the anticipated duration of care, the child or young person will undoubtedly feel confused and distressed. This is a difficult time for them.

As the foster carer, you will need to welcome the child/young person into your borne and family, while keeping their links to their own family alive, welcoming their belongings and respecting their likes and dislikes (within reason!).

Accepting a placement

A request to place a child in your care will come from the UAC PSP Manager. You have the right not to accept a placement if you prefer. Do not accept placements from anyone other than UAC Case Worker or Managers A UAC Case Worker will manage all aspects of the placement. This person will usually remain the Case Worker for the child throughout the placement or will inform you if they will be passing the case to another worker.

A Case Worker will:

- give you information about the name, age and sex of the child/ren or young person/s, and some information around the circumstances surrounding their coming into care, their diet and familiar routines
- agree with you the 'estimated' length of time of the placement
- arrange to meet with you and the child/ren or young person/s before the placement, or as soon as possible after their arrival in your home
- give you information which will help you care for the child/ren, including things like health issues, the child's routine, special needs, schooling and Medicare number. The Case Worker will ask for your assistance in continuing to gather this kind of information
- explain anything else relevant to being able to care for the child/ren

If it is a crisis placement, the Case Worker may not have a great deal of information, but they will tell you as much as they know. If a child has been removed from their family in difficult circumstances, it is often not possible to get this kind of information at the time, however the Case Worker will still give you information, even if it is not complete.

First days

The child will begin to settle into your home and routine within a couple of days. If you have any concerns about the behaviour of the child/young person, or things you have noticed that your Case Worker did not inform you about, call the Case Worker or another member of the foster care team.

If the child asks about seeing their parents, tell the child of any planned contact visits that the Case Worker has told you about. If there are not to be any visits, or if you do not know of any, tell the child that their Case Worker is talking to their parent(s) to sort things out but, for now, you don't know when they will see their parents. If they become distressed, be honest with the child. Depending on the age of the child you may want the Case Worker to facilitate all conversations about parental contact.

What happens when I am allocated a placement?

When UAC receives a referral, we think would match with your family, we will contact you and provide you with some basic information about the placement, the child/ren ages and needs etc. If you agree to the placement UAC will liaise with the child's Family and Community Services office and inform you of when the child will be placed in your care.

Upon initial placement you are entitled to an initial payment to assist you with purchasing anything which the child/ren requires immediately, e.g. nappies or formula.

Within the first 48 hours of a child being placed in your care the allocated Case Worker will conduct a home visit. Your Case Worker will also provide you with the placement letter which you then take to Centrelink to register the child for the Family Tax Benefit.

For up to four placements per year, after 14 days of the child/ren being in your care the temporary establishment payment is directly paid into your account. This money is to be used for buying items which the child/ren require. For example, clothes, toys, school resources, bedding etc.

The Case Worker will conduct once a month home visits, which can be more regular if you or the child/ren in your care require.

The child's contact with birth parents will usually commence within the first week of the child being in care. Contact is often court ordered. Although you are not usually required to provide transport for contact, there may be occasions where you may be requested to assist but this will be negotiated with you at the time.

UAC will hold a case review every 3 months to discuss the case plan and to review the child's time in care.

Note: If the temporary establishment payment is made and a child/ren in your care starts a new school, the establishment payment should be used to purchase the uniform.



Important things a Foster Carer needs to know

Safety

It is expected that all children within the program will be provided with a safe living environment and relationships free from violence, exploitation, neglect or any form of abuse. It is expected that carers will provide a safe and child friendly environment This includes adequate fencing to protect the child from any potentially dangerous areas such as roads, dams, swimming pools or places from which they could fall and access to any place containing hazardous materials. Children and young people who make allegations are believed and are given support in making the allegation during any investigations and debriefing following the conclusion of the investigation.

Privacy and confidentiality

As a foster carer you will receive information concerning your foster child and their family. You need this information in order to provide the best possible care for your foster child. However, the information should be held in confidence by all concerned. Written material should be stored in a locked drawer or cabinet. It is illegal to make such information available inappropriately. While it may be appropriate to discuss such details in a foster parent support group or training group, to do so at a dinner party, with a friend, or with extended family is NOT acceptable.

Information and details about the child's family background and difficulties are to be held in confidence. In some circumstances some of these details will need to be shared with people who are involved with the child such as doctors or teachers. As a general rule, only give out as much information as they need to know to deal with the issues at hand. Sometimes people will be curious to know more than is necessary, or they may ask the child inappropriate questions.

Limit what you tell people including other foster carers. Foster children are not to be placed in situations where they may be identified as foster children, nor any information concerning them be made available through the media-printed press, TV or internet, including social media such as Facebook, without the written permission of UAC. If a situation arises and, as the foster carer, you are unsure of what to do, contact your Case Worker immediately.

Birth family

Many new carers are concerned about how much contact they will have with the child's birth family. Usually at the beginning of the placement there is very little direct contact between carers and the birth family, although the family will be given some information about you, your family and home. This information doesn't contain anything which will identify you or where you live and usually you will work out what is in it with your Case Worker.

This information will be updated regularly at the child's annual reviews and may increase as you and UAC know the family better but identifying information such as your address and phone number will not be exchanged without your written consent. At first the only face to face contact you will have with the child's birth family will be at case reviews, where the focus is on planning for the child's future and how his/her needs will be met. These meetings are in a controlled environment and if there is any risk to anyone in the meeting they are addressed well in advance. Most children in the PSP will have ongoing contact with their family but this is normally arranged by your Case Worker and supervised by them or a contact worker, who will pick them up and return them to your home.

In permanent placements it is not unusual for a positive relationship to develop between the child's foster family and their birth family. This is in the child's best interests as it gives them permission to love both families and to feel that they do not need to choose between them.

Family restoration

This term is used to signify that the aim of a placement of a child or young person is to restore them to their own family. This term is used where a care plan has been developed for a child or young person in temporary care.

Foster carers are expected to support the restoration of the child to their natural family where this is the aim of the care plan. Foster carers must not undermine family links, including cultural and religious beliefs and practices.

The child's behaviour

The child's behaviour is a subject that will probably be discussed whenever your Carer Engagement Officer visits. As the carer, you live with the child 24 hours a day. It is almost certain that you will find some of their behaviour difficult to manage. It is your Carer Engagement Officer role to try to assist you with this and you are urged to discuss your concerns with them.

This is not "telling tales" or an indication that you are unable to cope. It is a strength displayed by the best of carers. Concerns discussed early are much easier to deal with than ones which have escalated into ongoing problems. Further expert advice on intervention strategies will be organised, as required, through the child's Case Worker or your Carer Engagement Officer.

Health

Any concerns you have about the child's health should be discussed as soon as possible with your Carer Engagement Officer. Generally, you will be expected to ensure the child receives medical and dental treatment as necessary and to follow the advice of the child's medical practitioner. If the child is admitted to hospital, you must contact your Carer Engagement Officer, or after hours, as soon as possible (at least within 24 hours). As an authorised carer you may give consent to medical and dental treatment (not involving surgery), for the child or young person on the advice of a medical practitioner or dentist. You may also consent to medical or dental treatment, including surgery, that a medical practitioner or dentist certifies in writing needs to be carried out as a matter of urgency in the best interests of the child or young person (s157 (one) of the Children and Young Persons (Care and Protection) Act 1998).

Psychotropic (mood and behaviour altering) drugs, which may only be administered as part of the child or young person's medical treatment, must be accompanied by a behaviour support plan and the person administering them must have the consent of the child's legal guardian. Foster carers cannot authorise the use of psychotropic medication or any other restricted practice. Please discuss the matter with your Carer Engagement Officer if you feel this is required.



Education

Research has shown that children in PSP who remain in mainstream schooling and complete their education have better permanent outcomes than those who do not. If the child in your care is having difficulty in the school setting, discuss the situation with your Carer Engagement Officer. They may be able to help you work with the school or get additional support for your child. Once again, the earlier this support is available, the more likely it is to be successful.

If the child in your care is expelled or suspended from school, you must immediately notify your Case Worker.

Foster carers are expected to support the child in their care to have a positive and successful educational experience by:

- enrolling the child under their legal name i.e. the name on their Birth Certificate.
- ensuring the child attends school regularly.
- being supportive of the child's school experience.
- advocating for the child when necessary.
- reading to or with the child on a regular basis.
- providing an environment which supports the child's ability to study and do homework.
- attending parent/teacher interviews.
- informing UAC of any difficulty the child may be experiencing educationally.

It is UAC's expectation that children and young people in our programs will attend schools within the NSW Public Education system where they can be supported for transitional support, school counsellor assessments for learning difficulties and the provision of Individual Learning Plans.

Attendance at private schools should be the exception and only when it is demonstrably in the child's best interests as opposed to the public school system. If carers request that a child attend a private school for any other reason, there is an expectation that they will be responsible for the costs involved and may be asked to pay for this.



UAC also provides additional education support for children in our care in the following ways:

- advocating for educational assistance at case conferences and school meetings
- taking referrals from Case Workers for "at risk" students to receive additional supports and educational mentoring
- providing educational mentoring to those students in most need





Babysitting

Casual babysitting or childcare arrangements are left to your discretion and any payments arranged are met by you. Generally, arrangements you would make for your own children will be acceptable.

In the temporary program, all overnight stays need prior approval by your Carer Engagement Officer, as DCJ must be informed.

Current laws on child restraints in motor vehicles?

Children under six months must be restrained in an approved rearward-facing restraint. The restraint is held in place by the seatbelt and the top tether strap. These restraints have an inbuilt harness system. There are some convertible forward-facing restraints that combine the features of rearward-facing and forward-facing restraints in one child restraint. These restraints accommodate babies from birth in rearward facing mode and can then be converted to forward-facing when the child is around six to 12 months of age. All have an inbuilt six-point harness system. Children aged between six months and four years must be restrained in an approved rearward or forward-facing restraint. Once your child has outgrown their rearward-facing restraint (this usually happens from around six to 12 months of age) they can be moved into a forward-facing restraint.

There are some restraints that combine the features of forward-facing restraints for young children and booster seats for older children. These restraints come with an inbuilt harness and a top tether strap. The harness is used until the child outgrows the harness. This is when the harness straps are too tight and do not fit over the shoulders correctly. Once the child has outgrown the inbuilt harness, it **MUST** be removed and the restraint is used as a booster seat with an adult lap-sash seatbelt. You will know that your child has outgrown their child seat when their shoulders no longer fit comfortably within the child seat, when their eye-level is higher than the back of the child seat or when the top insertion slots for the shoulder straps are below the level of the child's shoulders.

Children aged between four and seven years must be restrained in an approved forward-facing restraint or booster seat. Booster seats are used with an adult lap-sash seatbelt and feature high backs and sides which provide protection for children in side impact crashes as well as providing support when a child is sleeping. Children should travel in a booster seat that is secured by an adult lap-sash seatbelt, never in a lap-only belt. A booster seat should be used until your child's shoulders no longer comfortably fits within the booster seat or when their eye level is higher than the back of the booster seat.

Children aged seven years and over are strongly recommended to stay in their booster seats until they are too big for the booster seat. Adult lap-sash seatbelts are designed for people with a minimum height of 1.45m. Lap-sash seat belts offer greater protection to passengers than lap-only seatbelts, but they must fit correctly. This means that the lap belt is positioned low over the hip and the sash belt sits in the middle of the shoulder and does not touch the neck. If you are unsure if you have the correct restraint, or are unsure about how to install it, it is best to have it professionally installed.

Note: Respite care must always be arranged through your Carer Engagement Officer.

What if . . . ? Dealing with urgent situations

A child arrives with no clothes

If the child arrives in a dirty nappy and singlet, use any clothes that you have that will fit the child. If you don't have any, purchase whatever you consider to be basic necessities. These clothes will then go with the child when they leave. An Initial Placement Payment is paid for emergency placement to cover the cost of such items.

If you are a carer who is approved to care for babies, it is a good idea to keep some disposable nappies on hand in case a crisis placement needs to be made with you late in the day. The Carer Engagement Officer will try to get more for the child from the parents as soon as possible. This is not always easy, so you should be prepared for the child to have limited clothes and shoes etc.

A child is distressed

A child may show distress in many ways i.e. withdrawal, acting out, crying, refusing to speak, defiance, refusing to eat, regressing etc. Don't feel this is abnormal or your fault- remember you may be excited about having the child to stay, but the child may not really want to be with you and may want to be back home. It is natural for the child to be confused and anxious.



The following may help:

- if the child is old enough, the Case Worker should have explained the situation.
- reassure them as best you can without being overbearing and without making things up to answer their questions.
- try to make the child feel welcome and comfortable, give them something to eat and show them where the bathroom is, perhaps show them a teddy or toy that can be their special thing while staying in your home.
- try to get them involved in an activity- something fun.
- if they have any belongings, help the child unpack without making negative comments about their belongings, show them their room and the things that are theirs while they are staying with you.
- if there are other people/children in your home, introduce the child and try to engage the child with these people.
- if you have other children, see if the child will join in a game with them.
- establish familiar routines and objects to comfort the child.
- if the child is extremely distressed sit with them somewhere quiet and comfort them.
- often night-time can be the time when children become most upset. They may have been fine through the day but may become upset around bedtime. Read the child a story, or offer to leave a lamp on.
- let them know they can come and get you if they need something and again be reassuring and comforting.

A child runs away

If a child runs away, notify your Carer Engagement Officer as soon as possible. If it occurs after hours, call on call. They will work with you to develop an initial search plan. The choice of action will depend on the circumstances- for example, the age of the child, time of day, the child's history etc. If the search is unsuccessful, the Case Worker will contact the Helpline to inform them, and you will be asked to notify the police as you have the detailed information they will require.

If you wish, UAC will provide critical incident counselling and support for you and your family. Do not try to deal with the situation on your own.

A child has an accident or becomes ill

If the child has an accident and sustains injuries, or becomes ill, you should treat the injury/illness with basic home first aid. Inform the child's Case Worker as soon as is practical. If it is a serious injury/illness, notify UAC, if possible the child's Case Worker, if not another member of the foster care team, or call after hours. Take the child to a doctor or hospital as appropriate.

Under the 1998 Act " the authorised carer has the authority. :• (a) to consent to medical and dental treatment, not involving surgery, for the child or young person on the advice of a medical practitioner or dentist, (b) to consent to medical and dental treatment involving surgery that a medical practitioner or dentist certifies in writing needs to be carried out as a matter of urgency in the best interests of the child or young person. You should refer any doctors or dentists who are unsure of your right to consent to treatment to this statement.

In the case of an emergency request a letter from the doctor stating that the medical procedure/surgery is urgent. This document must be provided to UAC at the first available opportunity.

In the case of routine surgery where a child has Parental Responsibility Allocated to the Minister or is under the care of the Director General, UAC will arrange for consent to routine surgery from DCJ.



A child in my care needs to see a doctor and I don't have a Medicare card?

Children often come into care without a Medicare card and it can take some time for UAC to acquire one. If this happens, all you need to do is take the child to your family doctor, with the placement letter. The doctor may be able to look the child up on the system. If this is not possible and you are required to pay for the appointment, keep your receipt and UAC will reimburse you.

When should I keep a child home from school?

A child who has a fever of 38°C should be kept home from school. It is advised that the child stay home, fever free, for at least 24 hours. Their activity level and appetite should be back to normal before returning to school. The school should be notified if you are keeping the child home.

A child dies in care

While rare, death can occur as a result of ill health, accident or injury. If a child in your care dies, notify your Carer Engagement Officer or the child's Case Worker or, if after hours, on call immediately.

DCJ will conduct an investigation into the death of the child or young person. DCJ will also notify the child or young person's natural family. UAC will provide critical incident counselling and support for the foster carer and their family.

The Case Worker, in conjunction with UAC management, will:

- if applicable, notify a doctor to certify the death of the child or young person.
- notify DCJ.
- notify the Police.
- notify the Office of the Children's Guardian.

A parent asks for the return of a child

Generally, birth parents will not contact you directly but will contact UAC or your Case Worker. It is UAC's policy to keep your address and phone number confidential except in agreed circumstances, so the likelihood of a parent asking you to return their child is slight. However, it is best to know what to do if it should happen.

If the child is the subject of a court order and DCJ is involved the children should not be released to the parent without permission from DCJ. Suggest that they call UAC or DCJ to discuss their request and explain that you can't hand the child over without DCJ ' permission.

The Police should be called if necessary. However, at no time put yourself, the child or your family at risk.

A parent contacts me directly and asks me to care for their child

If this happens you are advised not to make any commitment to the parent but to encourage them to contact UAC. UAC is unable to support you in any private arrangement and by accepting an informal arrangement you could be placing yourself in a difficult situation.

Providing ongoing support for your foster child

Supporting the child's identity and self esteem

UAC is committed to ensuring that children and young people in care maintain a sense of who they are, their background and history. This sense of self contributes to the development of the child/young person's confidence.

Child's name

Child protection legislation guarantees a child in care's right to maintain their name and culture, so your foster child will keep their own name, and this must be used on all official forms, for enrolling at school etc. Their name cannot be legally changed without court approval and no unofficial change of name is encouraged. A child's name is an essential part of their identity, which must be maintained while they are in care. If the child/young person requests a change of name, please discuss this with your Case Worker.

Cultural background and religious upbringing

It is important that the foster child or young person maintains contact with their family, cultural practices, language and religious beliefs.

This can be supported by:

- maintaining contact with family, friends and communities, for example indigenous foster children should be placed with an indigenous foster family or, alternatively, regular contact should be maintained through other family members such as grandmothers and aunts
- involving the child in decisions regarding religious and cultural practices, bearing in mind their age and capacity to understand the significance of their choices
- being respectful of the child's culture and of their family. The nature of the support of cultural and religious beliefs will be documented in the case plan. Where a foster carer is in doubt about appropriate supports or proposes to provide religious instruction or activities that may be contrary to the child/young person's religious and cultural background, the foster carer is to contact their Case Worker to seek approval from the Principal Officer, out-of-Home Care

Maintaining connections

No matter how much the child learns to love you they need to know about their family of origin. Maintaining this relationship, while in your care, will make the transition much easier for them if it becomes possible for them to return to their family.

You may find your foster child's parents hard to accept, especially if the child has been removed because of abuse, but if you criticise the child's parents, the child may see this as criticism of him or herself. If the parents are never mentioned, children may believe that their history is too awful to speak about. Remember that your history is part of you and who you are, and this is true for the child in care too.

The involvement of the natural parent in the life of the child helps the development of self-esteem and a greater sense of identity for the child in care.

Research on family contact for children in permanent placements indicates that when contact with parents and/or birth families is regular, children are:

- more settled.
- better able to confront and deal with the reality of separation from their families, by allowing them to confront issues of grief and loss. This may have far reaching implications for the child's immediate and future behaviour.
- more likely to develop a positive sense of identity, greater self-respect, self-worth and personal history.

The child's natural parents have a legal right to be kept up to date on what is happening in their child's placement, especially information about their health and education. Just as you would if the child were yours, they want to know their child is happy and healthy, what is happening for them, and to have photos, especially of special events such as birthdays and starting school. These can be forwarded via your Carer Engagement Officer. You may consider keeping a diary for the child of special events in his/her life that he/she can then talk about with his/her natural parents during contact visits. The feelings of everyone, foster family, natural family and the children, are complex and can be confusing and disturbing. It is helpful to discuss these feelings openly and honestly with your Carer Engagement Officer to decide on the best way to maintain this complicated three-way relationship so that it will be supportive and positive for everyone involved.

Children need their families- they need knowledge of them and contact if possible. It is essential that carers, with the support of their Case Worker, co-operate with birth family contact and restoration (i.e. children returning home) if that is possible.

UAC encourages birth parents to:

- remain involved in the child's life
- attend and participate in regular positive contact with the child
- actively participate in the child/young person's Case Review, at which UAC will formally update them on their child's placement, while ensuring your family's safety and privacy
- contribute to the development of the child's Case Plan and support it
- assist in preparing the child for the child's return home, where this is appropriate
- work with the appropriate agencies to make the necessary changes so that family restoration can be achieved as quickly as possible

Carers bear significant responsibility for the success of contact visits. Always be encouraging, polite and positive if speaking about a child's mum or dad. If you do have concerns, talk to your Carer Engagement Officer and don't let the child see any negative feelings. Normally you will not be involved in contact unless it is part of the child's Case Plan. A worker who facilitates contact or the child's Case Worker will contact you to arrange to pick the child up at a certain time and then will return the child home later. Contact between the child and their family will not occur at your home, but in a neutral space organised by the Case Worker. Although some carers would like to be present as a support for the child, this is usually counterproductive as it can be threatening for the birth parent and cause emotional conflict within the child. Usually contact is best supervised by workers who are not emotionally involved with the child and able to maintain a professional distance from the interaction while ensuring the child's safety.

After contact, children may experience a range of emotions. They might feel confused, sad, frustrated, angry, worried, scared, happy, anxious or relieved. They may act out these emotions by being tearful, hyperactive, aggressive, withdrawn, fretful, loud or cheerful. It is important to understand that this is something that children cannot control. Be patient, supportive and positive, because some emotional reaction is very normal. If you have any concerns about contact, speak to your Carer Engagement Officer.

Life Story Work

For children who grow up with their parents, a sense of who they are, their history and sense of belonging builds up over the years. For children who are in the PSP this history can become fragmented as they move from placement to placement. As a result, they may fail to develop a clear picture of who they are and where they come from, and they often have no one to ask.



It is a policy that all children in PSP will have Life Story Books. It is the responsibility of the child's Case Worker to help you compile this book for the child. A Life Story Book will help the child to stay in touch with their history, and all carers are encouraged to work with the child to include this chapter in their life.

Sometimes the child's history before they came into care is hard to trace, but information can be added to the book as it comes to light. Even if the child is only with you for a short time and making a full Life Story Book is not possible, you're encouraged to keep a record of what happened while the child is in your care. This will help the child remember what happened at this point in their life. Photographs are also vital to a Life Story Book. It is important to remember that, when they grow up, there may not be anyone to answer their questions. Life Story Books are designed to provide the child/young person in care with an ongoing picture of their history.

Life Story work is an account of a child's life in words, pictures, photos and documents. It is a unique record of the child's life from birth to the present. Life Story work is more than just creating a photo album- it is about giving a child in care an identity and helping them understand more fully what has happened in their past. As the child's carer you are the best person to help build this history by recording what happens while they are with you.

The Case Worker may be able to retrieve information and photos of the child's life before they came into care from their birth family as this provides an essential part of their life history. Remember that, although there are probably aspects of their history which were unpleasant, there were good times as well. Don't be afraid of talking about the past as long as you do it with sensitivity. It is part of who the child is, and rejection of their history is rejection of part of who they are.

A Life Story Book:

- provides access to a child's own history, which may clarify misconceptions.
- helps the child understand the reasons for separation from their birth family.
- helps the child be able to answer questions about their personal history like other children. Allows children to see themselves as unique individuals.
- provides children with a concrete tool to show others "this is who I am".
- increases a child's sense of self-worth. A good time to do Life Story work is during the child's infancy or primary school years. It is easier when memorabilia, photos and information about important events have been gathered and kept safe from the beginning of the child's time in care.

If you are providing short term or respite care it is still very important to provide the child with some record of the time they spent with you, however brief that may be. This does not have to be anything major; a photo of your family and a short note about the child's stay is often enough. Don't let the time they have spent with you be the missing link in their life.

Photos/memorabilia

Many carers take photos of the children in their care. Carers often like to keep a record of all the children that have been placed with them and photos are a great way to keep memories alive. We all enjoy looking back on photos of ourselves as children, but children in PSP may have lengthy periods without photos. Research has shown that adults who were in care as children have fewer photos of their early years than those who grew up with their own family. If you are taking photos of children in your care, get double copies so that you can keep a set and the other set can go to the Case Worker to be put on the child's file, or to be sent on to the child's parent/s.

Case Workers can also scan photos for you, to produce copies for birth families at no expense to you. Photos are also important if a child enters permanent PSP and will be a significant part of Life Story book work. In addition to photos, memorabilia such as school awards, baby teeth, movie tickets etc are useful things to keep.



Case Management

UAC's Case Management is designed to ensure that children in PSP have a comprehensive record of their development and progress while they are in care.

There are seven areas, which are considered of primary importance in a child's development:

- placement and permanency.
- identity and culture.
- family and significant contact and relationships.
- mental and physical health.
- education.
- emotional and social development.
- living skills and peer relationships.
- legal, care matters and VOC.

The careful documentation of what happens for the child in these areas is essential and drives the assessment and planning which ensures that they are given the opportunity to have their needs met and their personal talents developed.

Information and support

The completion and control of these records is the responsibility of your Case Worker. However, you will have input into the records and planning so it is critical that open communication occurs and the provision to UAC of any documentation you may receive about the child, such as school reports and medical information, is vital if the record is to be complete. The child's record or file also includes information about the child's family and history, comprehensive placement and Case Plans.

This documentation is reviewed and overseen by the Office of the Children's Guardian as part of UAC's accreditation as a designated Out-of-Home Care agency.

Guidelines for Foster Carers

Behaviour Support

According to the Children and Young Persons (Care and Protection) Regulation 2000, authorised carers have the authority to correct and manage the behaviour of a child or young person in their care. They cannot use physical punishment or coercion and can only use behaviour support practices approved by their designated agency.

UAC's approved behaviour support strategies are designed to provide children and young people in care with strategies that will enhance their problem-solving and coping skills, social interactions and emotional regulation.

UAC behaviour support strategies and plans respect the human rights of children and young people by ensuring they are:

- age appropriate.
- evidence based positive practices.
- supportive and educative of the child or young person, encouraging social and emotional growth.
- informed by a comprehensive assessment of the child or young person and their environment.
- excluding negative reinforcement.
- notify the Office of the Children's Guardian .

a) Assessment

Helping children gain control over their behaviour has to start with an assessment of the cause of the problem behaviour. The assessment may be instantaneous, or very detailed and comprehensive. It will determine how you respond. If you believe a child is in need of a professional assessment, please talk to your Carer Engagement Officer. UAC provides assessment and monitoring of the emotional, social and behavioural needs of the child in your care.

b) Behaviour Support Plans and strategies

The development of a Behaviour Support Plan (IBSP) is necessary when a child has challenging behaviours and longer-term strategies are required. It will also be required if the child or young person is on Psychotropic Medication. If this is necessary, the Case Worker will engage the assistance of clinicians which will develop the plan and assist you in implementing it.

If external psychological support is required by you, it must be discussed with your Carer Engagement Officer and approved by the PSP Manager.

All behaviour management practices are to:

- focus on the welfare and safety of the child
- include as appropriate a range of Behaviour Support strategies that may include rewarding good behaviour, positive role modelling, redirecting, distraction, assistance and negotiation
- include strengths-based strategies and techniques which promote resilience, positive reinforcement, education and participation of the child or young person in the resolution of a situation/event

The following measures are examples of Prohibited Practices and are **NOT** to be considered as options for positive behaviour support:

- physical punishment
- immobilisation or force feeding
- humiliating and frightening punishments
- denial of contact to family
- denial of basic necessities, such as food and sleep
- administration of any substance or chemical as means of punishment or pacification
- exposure of the child or young person to physical suffering





“ ensuring each child or young person is supported in an environment that is culturally safe and sensitive ”

If a Behaviour Support Plan involves the use of any restricted practices such as psychotropic medication, the Case Worker will obtain the consent and authorisation required for its use. The participation of the child in the choice of strategies should be encouraged.

Positive approaches to behaviour management are to be applied consistently and are to include a focus on:

- ⦿ building the child's self esteem
- ⦿ acknowledging good behaviour
- ⦿ being fair and consistent when applying rules
- ⦿ handling conflict calmly
- ⦿ Showing care - Directing A child is told their behaviour is unacceptable firmly and clearly at the time it is displayed and directed to an alternative activity. This may be followed up later with a calm discussion of what occurred
- ⦿ Acknowledging desirable behaviour - We all respond better to praise than to criticism. It is important to acknowledge the child's gains in self-control and positive problem-solving behaviour
- ⦿ Role modelling - Children pick up on what you do as well as what you say, so it is important that your behaviour is consistent with how you want the child to behave. You may also practice with the child how to respond in particular situations that are triggering problematic behaviour
- ⦿ Distraction - when you do not want to draw attention to the behaviour at the time it is displayed, you can distract the child by leading them to an alternative activity. This may be followed up later with a calm discussion of what occurred
- ⦿ Assistance - when the behaviour is caused by frustration at being unable to complete a task, you may provide assistance with the task, or with thinking through how to solve the problem
- ⦿ Coming alongside Sitting quietly with the child until he/she regains his/her composure may help him/her feel safe, supported and cared for
- ⦿ Environmental changes - Problems can be caused or exacerbated by the environment e.g. too much noise or intrusion into private space or belongings. Changes to the environment can minimise the problem behaviour

Restraint is a "restricted practice" and cannot be used without training and a Behaviour support Plan written by a qualified person. Carers should avoid the use of restraint unless they have been given training in its use, as attempting restraint can escalate situations and lead to injury of either the child or carer. UAC encourages carers to remove themselves early from escalating situations rather than attempting to restrain the child/young person.

Physical restraint may only be used if it is necessary to prevent a child or young person from seriously injuring themselves or others. In this circumstance only 'reasonable' force may be used and for no longer than is necessary to prevent harm or contain the situation. It may also be used to remove any weapons, alcohol or illicit substance to prevent injury. If you are forced to restrain a child or young person you should contact your Case Worker immediately for debriefing and support for you and the child.

Psychotropic medication Psychotropic (mood and behaviour altering) drugs such as Ritalin and Dexamphetamine are often prescribed for Attention Deficit and Hyperactivity Disorder (ADHD). These drugs may only be administered to a child in care as part of the child or young person's medical treatment. The use of any psychotropic drugs to manage a child's or young person's behaviour outside of a medical treatment plan is not permitted. Authorised carers cannot consent to any special medical treatment including the administration of psychotropic drugs for the purpose of controlling a child's behaviour.

The treatment must be accompanied by an individual Behaviour Support Plan. Such a plan must be drawn up by suitably qualified people, be reviewed by them regularly and have the consent of the child's guardian. UAC will appoint a suitably qualified person to help with behaviour management plans when these are needed.

If a carer uses inappropriate or non-approved behaviour management techniques, a notification of "Reportable Conduct" will be made to the NSW Office of the Children Guardian, and to the Helpline if the child is thought to be at risk of significant harm.

An investigation then follows. If the finding of the investigation is that the allegation is "sustained" the Commission for Children and Young People will be notified of the particulars of the carer and the outcome of the proceedings.

If the approved behaviour management practices outlined above are regarded as inadequate to manage a child, the carer must let their Carer Engagement Officer know, as soon as possible, and further expert assistance will be arranged.

c) Disclosure of abuse

Children may take you by surprise when they talk for the first time about incidents of abuse. The child in your care may decide that you are someone they can trust enough to disclose incidents of physical or sexual abuse. This can be a disturbing situation for a foster carer and is to be reported to your Case Worker as soon as possible. It can be hard to listen to a child you feel attached to telling you about bad experiences they have had. Nevertheless, it is important to let them talk, without pressuring them to tell you more than they are ready to say. There are ways that you can help the child:

DO:

- ⦿ stay calm
- ⦿ create a safe place for the child to talk
- ⦿ believe the child
- ⦿ listen and respond to the child's feelings
- ⦿ reassure the child that telling you was the right thing to do
- ⦿ tell them what will happen next, that you will contact their Case Worker

DON'T:

- ⦿ ask questions
- ⦿ make promises you can't keep
- ⦿ try to make it all better

When the child has finished talking, record what they have said as accurately as possible and contact your Case Worker. Remember that your role is to support the child not to investigate the event.

Although foster carers are not legally mandatory reporters of children at risk of serious harm, if you notice any injuries on a child that do not fit with normal bumps and scrapes or a child displays behaviour, which might be an indicator of possible abuse or neglect then you must advise your Carer Engagement Officer who will pass on the information to UAC.



When abuse is disclosed, you must:

- ⦿ ensure the immediate safety of the child or young person if you possibly can
- ⦿ provide a report immediately upon receipt of such information
- ⦿ notify your Case Worker, as soon as possible or contact the On-call number; and
- ⦿ keep a record of significant events and diarise the events surrounding the disclosure of abuse (be objective and use quotes from the child's conversation)
- ⦿ keep documentation in a secure place that is not accessible to others, including family members
- ⦿ talk about the experience with your Carer Engagement Officer or Case Worker
- ⦿ create a safe place for the child to talk
- ⦿ believe the child and listen and respond to the child's feelings
- ⦿ reassure the child that telling you was the right thing to do
- ⦿ tell them what will happen next and that you will contact their Case Worker
- ⦿ keep calm
- ⦿ the Carer Engagement Officer may think it is beneficial for you to receive debriefing, that is talk to someone about how this has affected you

d) expenses and allowances

This section is to be considered as a guide only and if you have any questions about the Care Allowance or other foster care payments, please talk to your Carer Engagement Officer or a member of the Foster Care Team.

Foster Care allowances

For each child placed, you will be paid a carer allowance. This is in line with the allowance paid to DCJ foster carers and is indexed to the CPI. The carer allowance is to assist you in the provision of the child's needs. It is not designed as a payment to you, like a wage, and is therefore not taxable income. Some children who have been assessed with very special needs will attract a higher allowance. Care + 1 is calculated at one and a half times the normal allowance and Care + 2 at twice the normal allowance.

Payment of some common expenses

Requests are dealt with on a case-by-case basis, and this means that you discuss it with your Carer Engagement Officer, and he/ she will make a submission to the PSP Manager for approval. You should not assume that something will be paid by UAC until this approval is obtained.

- (i) Medical General medical expenses are the responsibility of the carers, and all carers are encouraged to hold private medical cover. UAC will reimburse carers for the gap for specialist appointments and other exceptional medical costs on a case-by-case basis.
- (ii) Carers are responsible for general dental care including annual dental check-ups. However, UAC may contribute to the cost in exceptional circumstances, and these will be dealt with on a case-by-case basis. If orthodontic work is required, payment must be approved in advance based on submission to the PSP manager which includes at least two quotes and estimate of carer contribution.

- (iii) Therapy should, if possible, be obtained via the public health system. If the child's needs require more urgent attention talk to your Carer Engagement Officer about priority. If the wait-time is still too long the carers are encouraged to obtain a referral from their GP for the sessions available under the allied health scheme. All children and young people who are Aboriginal or Torres Strait Islander will be eligible for a 157 Medical which will then provide free access as part of their plan. When these options have been exhausted private therapy may be considered. Approval for the payment for these must be obtained in advance based on submission to the PSP manager, including carer contribution to the outlay.
- (iv) UAC has a psychologist employed who is there to offer psychological assistance. Before you seek outside help discuss the problem with your Carer Engagement Officer, who will make a referral. If outside help is required, he/she will write a submission for the PSP manager's approval. Do not arrange psychological support without consultation and approval from UAC.
- (v) Educational support/tutoring is generally obtained from UAC's educational linkages. However, if this is not possible UAC will contribute to the cost of tutoring where required, based on submission to the PSP manager, including demonstrated need, set objectives and evaluation process.
- (vi) UAC's general expectation is that children in our programs will attend public schools and that educational expenses are the responsibility of carers. If you wish the child to attend a private school this needs to be discussed with your Carer Engagement Officer and, unless there are exceptional circumstances, UAC's expectation would be that you would bear any financial costs. If you choose to enrol a permanently placed child in your care in a non-public school, we may also ask you to demonstrate a capacity to meet the ongoing school costs prior to enrolment. This is to minimise any possible school changes in the future, as research show such changes impact significantly on children and their learning.
- (vii) Childcare/pre-school - As children who come into care frequently have histories which have impacted on their ability to form healthy attachments, they require more consistency in their relationships with their carers than other children. UAC recommends:
 - i. children under two years of age do not attend childcare
 - ii. children over two years of age attend no more than one day for every year of age (i.e. three days for a three-year-old). Pre-school attendance is encouraged in the year prior to the child commencing school as preparation for entry in school education.UAC includes a supplementary payment in the Care Allowance for all children two to five years inclusive which is intended to contribute to childcare/ pre-school costs. Any additional childcare needs to be part of the child's approved Case Plan and based upon their needs before UAC would consider supporting any additional costs. Where a child is over five and still attending pre-school UAC will review costs on an individual basis.
- (viii) UAC expects that all children and young people engage in at least one hobby or extra-curricular activity and payment for these activities are covered by the Care Allowance. UAC will contribute to the cost in exceptional circumstances based on the demonstrated, specific needs of the child. This expenditure must be approved in advance, should be part of the child's case and financial plans and be supported by written submission including demonstrable outcomes and evaluation strategies.
- (ix) Camps are generally covered by the guidelines above and therefore the responsibility of the carers. However, in some circumstances camps may fulfill the purpose of respite for the child's carers. This must be part of the child's case and financial plan and would generally take the place of regular weekend respite.

- (x) An Initial placement payment is made for all new placements. The payment can be paid either in cash or into your bank account. This payment is designed to help you pay for any immediate cost such as nappies or formula when the child arrives.
- (xi) Establishment costs are paid for the first four temporary placements you have in a one-year period if the placement last for more than fourteen nights. This can be used for clothing or for anything else you need to provide for the child such as a pram or car seat. If the child is in a permanent placement with your family UAC can help you with the provision of items such as furniture for the child's room but this is done by you obtaining quotes and your Carer Engagement Officer getting the PSP manager's approval. These purchases can total up to about \$1400 in the first two years, but it is important that you discuss them before you outlay any money because not all claims will be accepted.
- (xii) Insurance - Section 147 of the Act states that 'an authorised carer is entitled to be indemnified by the Minister for any loss or damage suffered by the authorised carer.' UAC does not carry insurance for foster carers and foster carers should carry home and contents insurance in case there is damage or loss to your home. We suggest you check the terms of your home contents insurance to see if it provides cover for damage caused by foster children. Many different situations may arise while caring for children. UAC has taken every precaution, through assessment and training, to minimise the likelihood of loss, damage or negligence. If you should suffer loss or damage to your home caused by a child in your care you should firstly claim under your insurance and if there are additional costs, contact your Carer Engagement Officer who may be able to negotiate additional support on a case-by-case basis.
- (xiii) Pocket money- You need to give pocket money to children in your care as it helps children to learn how to manage money. (A general rule of thumb is \$1 per year of age e.g. a 5-year-old would get \$5, and a 12-year-old would get \$12). The earning of additional pocket money can also be a positive behaviour support strategy. This will come out of the allowance provided to you.
- (xiv) Centrelink payments - As a foster carer you are entitled to the same supports for you and your foster child as any other parent in the community. You apply for these benefits in the same way as if you were applying for your own child. Foster carers do not have to comply with return-to-work provisions, but you will need to get a letter from your Carer Engagement Officer stating that you are an approved carer with UAC.
When a child is placed with you for a period of four weeks or more you are entitled to claim the family tax benefit for that child. Within the first week of a child being placed with you the UAC Case Worker will provide you with a placement letter which states that the child is now in your care, and this provides you with the necessary proof to qualify for the family tax benefit. If you already receive the family tax benefit for a child (even if it is your biological child), all you are required to do is provide Centrelink with the placement letter. If you do not already receive the family tax benefit, you are required to apply for this.
- (xv) Health Care card - All children in PSP are entitled to a Health Care card and no means test is applied. In order to organise a Health Care card, you need to complete the "Apply for a Health Care Card" form which is available online at www.centrelink.gov.au . To speak with a Centrelink representative call 13 24 90.

Working as part of the UAC foster care team

Carer Support

The wellbeing of the foster carer is of prime concern to UAC; our foster families provide a very valuable resource as we strive to provide PSP.

As part of our appreciation, we are committed to providing adequate foster parent support If you feel supported. You are better able to work towards providing quality care for your foster child Without support, you may feel as if you are struggling, alone and sometimes feel unsure about what to do and whom to turn.

Support is provided in a number of ways including:

- the 24-hour on call number.
- the provision of critical incident counselling and support.
- planned respite care for permanent foster carers. Respite is provided as a support to placement stability normally for no more than one weekend per month. In exceptional circumstances Program Managers can approve up to seven days. More than seven days must be approved by the Principal Officer or their delegate.
- initial and ongoing training for foster carer.
- access to UAC's Clinical Support and Education Support Teams.
- consultations with experts in the management of difficult behaviours or other issues.
- opportunities for networking with other foster carers.

Becoming a Foster Carer

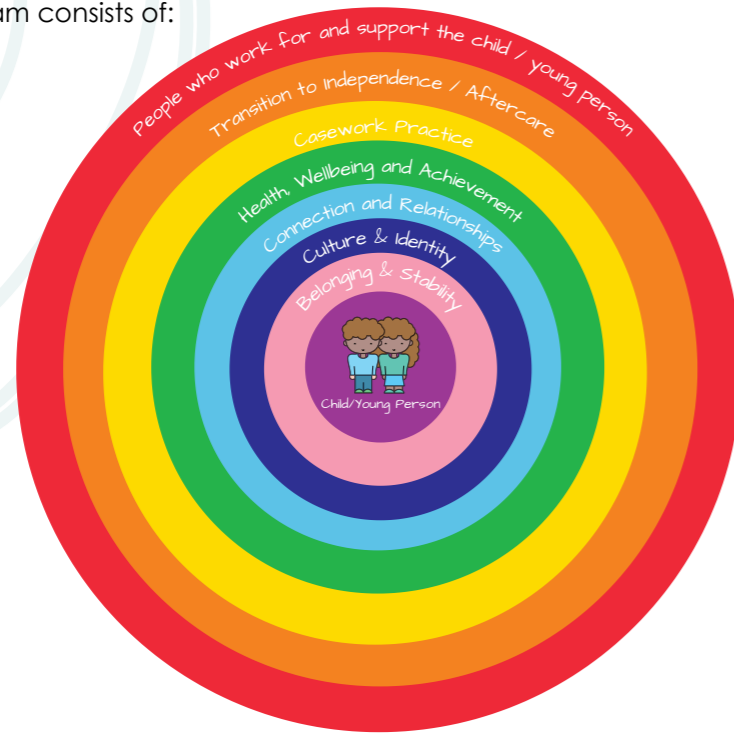
When you joined the foster care team you were assessed with a particular program and age group of children in mind- your authorisation will be expressed in those terms. UAC will send a letter of authorisation to you. The letter details the number of children, and age group of the children you are authorised to care for and in what program (temporary, permanent, etc). If you want to change these categories, ask your Carer Engagement Officer and a new assessment will be conducted. During the process of the assessment and training, a Carer Engagement Officer will have discussed with you, in general terms, what is expected.

You will be given a copy of the Statement of Responsibilities of foster carers, and you will be asked to sign a Code of Conduct as required under the legislation.

Expectations of Carers and Case Workers

UAC foster care is based on teamwork. Communication, relationships and support are the essentials of this approach. The best permanent outcomes for a child in PSP are most likely to be achieved when the Foster Care Team works together to provide united and consistent support for the child and the carers.

The care team consists of:



Each member of the team has roles and responsibilities as we work together for the benefit of the child and the support of their placement.



Expectations of Foster Carers

The child's carer is an essential and highly valued team member, and your skills and insights are respected, appreciated and acknowledged by UAC.

The expectation of you, as a foster carer, are to:

- ⦿ provide a safe and caring living environment for the child or young person
- ⦿ take responsibility for day-to-day care and control matters.
- ⦿ support the child's relationship and contact with their natural family through positive co-operation with contact arrangements, working towards family restoration as identified in the Care Plan, and supporting the child's retention of their personal, cultural and religious identity
- ⦿ respect the child and their birth family's right to privacy and confidentiality by not disclosing information about the child or their family to third parties
- ⦿ be sensitive to the child's needs and problems
- ⦿ comply with and support the child's Case Plan
- ⦿ help the child to maintain a Life Story Book
- ⦿ provide information up-dates and any medical or school reports on the child to the Case Worker so these can be provided to the natural family and included in the child's records
- ⦿ consult, advise and inform the PSP Team about significant changes or events in your family
- ⦿ maintain communication with the child's support team by being open and honest with workers; resolving any differences as they arise; listening to what each worker has to say and carefully considering their professional input; and accepting that workers need to visit on a regular basis, and to see the child on their own
- ⦿ attend ongoing training





Responsibilities of Foster Carers

Responsible to the PSP Manager through the Carer Engagement Officer. The responsibilities of the carers are to:

- provide a positive and consistent family environment in order to meet the physical, emotional and spiritual needs of the child
- work as part of the foster care team, and will commit him/herself to openly communicating with workers at all times
- constantly assess the impact of foster care on themselves and their family and will alert the worker to any changes
- be prepared to co-operate with other agencies where appropriate e.g. DCJ In permanent care this will require attendance at review meetings
- actively support contact arrangements for children in their care and will co-operate to ensure that this happens
- be aware of the need for confidentiality in all aspects relating to children in care, and will ensure that this is adhered to at all times
- inform UAC if they intend to foster with any other agency
- commit to a continuing process of skills enhancement through attending ongoing training as well as those functions designed to build up relationships between workers and carers
- acknowledge and accept the terms of the Code of Conduct specified by the Children and Young Persons (Care and Protection) Regulation 2000

Skills of Foster Carers

UAC expects foster carers to demonstrate the following abilities:

- draw on and apply their own experiences appropriately in dealing with the tasks of fostering.
- provide good quality day-to-day care for children in accordance with the Code of Conduct for Authorised Carers.
- provide a safe environment that is free from abuse.
- work effectively as part of a team.
- promote the positive development of children and young people in foster care.
- support the child's need for a positive ongoing relationship with his/her natural family and sense of identity by supporting their cultural practices.

The Carer Engagement Officer

A Carer Engagement Officer will visit you on a regular (at least monthly) basis and will be interested to know how you and the child in your care are getting along. They will help you with difficulties that may arise during the child's stay with you. The Carer Engagement Officer and the Case Worker is the child's link with their family and your link with UAC and other agencies, including DCJ, schools and other professionals.

The Carer Engagement Officer has professional qualifications either in social work, psychology or the social sciences. At UAC we also provide Carer Engagement Officers and Case Workers with ongoing training and attendance at various seminars because we recognise the need for constant updating of our knowledge and skills. Regular supervision is also provided.

UAC Carer Engagement Officer is to act as an advocate for the child, ensuring their welfare. This will include developing a relationship with the child in your care by spending some time with them on their own. In conjunction with the Case Worker, they are responsible for the overall supervision of the child and the placement by:

- visiting you at least once a month when you have a placement, and being contactable by phone during office hour
- developing a supervision and support plan with you
- phoning you to give support during a placement
- conducting quarterly reviews of your experience and needs as a foster carer
- assisting with the processing of financial claims
- providing debriefing and support after a critical incident
- support the natural children of the foster family
- develop the Case Plan in conjunction with natural parents, foster carers, the child and significant others
- set up appropriate supports, resources, counselling etc for the child
- provide liaison between the child, natural parents, foster parents, DCJ and significant others involved in the child's care
- support the carer in their work with the child and be available in crisis situations
- provide information to carers on the child's situation and help them develop an understanding of the child's issues
- provide documentary records of, and reports on, the placement
- assist with problems as they arise and organise relevant training for carers
- provide initial assessment and training to applicants
- be honest with you, treat you with respect and listen to you, offer suggestions, advice and referral to experts when needed
- respect your family's privacy and ensure your details are not disclosed to irrelevant parties
- be an advocate with regard to anything to do with the placement that is not running as it should

With any foster placement it is really important that the carers, the Carer Engagement Officer and the Case Worker establish a comfortable working relationship where they can communicate openly and share information to ensure that the foster care experience is as positive as possible for all concerned.

During the course of a placement regular contact with you and the child in your care will be maintained by phone and visits to the home. There will be a minimum of one home visit per fortnight in the first two months of your placement and once per month from then on. However, the frequency; timing and duration of visits and calls may vary according to the situation. For example, they are more frequent at the beginning of a placement or when difficulties are being experienced. You are encouraged to discuss with your Carer Engagement Officer the times that work best for you but generally these would be within normal working hours. You can make the best use of these visits by taking time to prepare for them by thinking about what has happened since the last visit, issues and concerns that may have arisen, training you may like to undertake, positive or negative situations that you would like to discuss.

Building a positive relationship with your Carer Engagement Officer is essential but remember that this is a professional relationship and make use of their professional expertise. Your Carer Engagement Officer primary responsibility is to support you and the child in your care so we encourage you to ask for a visit or phone your Carer Engagement Officer whenever you feel that talking to them would be of help. It does not have to be an emergency.

Keeping UAC informed

Effective communication between the UAC PSP team and our foster carers helps ensure successful placements. Communication is a two-way process, and it is your responsibility to keep us informed about what is happening in a placement and of any changes to your circumstances.

Please let a worker from the fostering team know as soon as possible if any of the following should occur:

- there are changes to the members in your household, i.e. new persons coming to live with you, or others leaving home. This is especially important if the person is over 16 or may have a parental role as UAC needs to conduct a Working with Children check and an assessment, if they are to become involved in the care of your foster children
- you move house or change phone numbers, including at work
- you are going to be unavailable to care for a child for a period of time, regardless of whether you currently have one with you
- there are any problems/ concerns relating to the placement
- there is any contact from the child's birth family
- children from a previous placement contact you
- the child has an accident, sustains any injuries, becomes ill, or dies while in your care
- child makes any disclosures i.e. makes statements of any concern to you or has any signs of unexplained bruising or marks
- you are charged with or convicted of an offence for which a penalty of imprisonment may be imposed
- your probity check status changes
- any member of your household has been charged or convicted of such an offence

Debriefing

It is important that you call and talk to someone from the PSP Team if you need to debrief. You can ask to speak to the PSP Manager if your Carer Engagement Officer is not available.

Carers' files

When you applied to become a foster carer with UAC, we opened a file on you and your family. This includes assessment details, reports and records of placements. You will have received a copy of the Assessment Report to read before you were approved as a carer. These foster carer files are an essential part of keeping us in touch with your situation and of the progress, over time, of children in your care.

UAC maintains confidential records such as foster carer files in accordance with the Privacy Act. This includes ensuring:

- the files are kept with the PSP team
- they are kept in a secure and lockable cabinet
- only UAC staff (on a need-to-know basis) have access to these files
- you may request to access and review your file at any time negotiated between you and the Carer Engagement Officer

Your personal information is not given to other agencies or government departments unless we have your permission to do so. The only exception is in situations covered by Child Protection legislation, under this legislation DCJ has the right to access any information concerning a child who is in care or may be at risk of harm. Other agencies may request information that relates to a child's or young person's safety, welfare or wellbeing.

The following are some of the reasons why it is important that UAC maintains files on children, families and foster carers:

- to jog the memory of the Case Worker
- to ensure accountability to management and funding bodies
- to satisfy legal/statutory requirements
- to pass information on to the next carer if a placement should change
- in case you decide to become a Guardianship carer

Carer reviews

Carers' circumstances are evaluated at least once a year. You will receive a letter from the Carer Engagement Officer offering a review interview with the PSP Manager and asking you to complete a form. If neither you nor the PSP manager require a review meeting, the review will most likely be conducted by your Carer Engagement Officer. The review is a very simple process whereby you meet with the Carer Engagement Officer and talk about how you have found fostering over the past 12 months.

It is an opportunity to talk about the ages of the children that best fit your circumstances and discuss any other relevant issues or changes. This may include discussing about Guardianship as an alternative way forward. A review will take place regardless of how many or how few placements you have had in the past year and will be followed by a letter from the PSP Manager restating your authorisation.

Carer Support Plans

Each year you will be given the opportunity to meet with the Carer Engagement Officer who will help you review your caring experience and your relationship with UAC. During this discussion you and he/she will complete a Carer Support Plan for the following year. This will include any changes you may wish to make to your authorisation, level of support, your ongoing training needs and any other issue you may wish to raise. You will be asked to sign off on it and discuss with you how it will be implemented.

Foster Carers moving or leaving the program or changing of address or circumstances

You should notify your Carer Engagement Officer of any change of address, and they will arrange to do a new safety check on your new premises.

Moving within the foster care programs Occasionally, carers will decide that they would like to change from one care type to another. In this case, UAC will conduct another, shorter assessment of your family for the new role. This is necessary because each care type calls for different strengths in the foster family. Being successful in one capacity does not necessarily mean that it would be in the best interests of your family to move to a different one.

Withdrawal from the program Foster carers may, at any stage, decide to discontinue fostering, either temporarily or permanently. There are a number of reasons for doing this, such as economic and health problems, or geographic factors. It is helpful if you give UAC advance warning if possible so that your Carer Engagement Officer can arrange for the transition of the child to be as smooth as possible, and to conduct a final interview and debriefing with you and your family.

A letter confirming you are no longer authorised to care for UAC will be sent to you from the Principal Officer or UAC PSP Manager or his/her delegate.



Complaints and suggestions

If carers have a complaint or suggestion to make about any aspect of our services, they are advised firstly to address their concern to the person involved or to their Carer Engagement Officer. If this is not seen as an option or no satisfactory resolution can be found, carers are to contact the PSP Manager.

Training for Foster Carers

In the provision of quality care for all children UAC recognises that:

- support of foster parents is vital
- education is essential for all foster parents
- training in specific areas is also essential. UAC expects that all carers will engage in at least two sessions of ongoing training per year. Foster parent training provides skills necessary to enhance the placement and the coping skills of the foster parent. Another important role of training is team building and providing a sense of belonging so that a carer feels part of the team. Carers report that they feel supported, and value the opportunity to exchange experiences and ideas with other carers

You will have attended and participated in Shared Stories Shared Lives and Behaviour Support training. These initial training programs are being used by most providers of PSP, including UAC. These programs are designed to help you make an informed decision about whether or not you could be a foster carer, and to help you get started.

As part of UAC's commitment to providing quality support to foster carers and to ensure that a quality service is being provided to children and young people in care additional training has been recommended as essential for all foster carers.

This includes:

- managing challenging behaviour, including aggression
- understanding the impact of trauma
- child protection and many other topics which will assist you in your day-to-day work with the child in your care including Managing Incidents and Complaints

When your Carer Support Plan is developed each year part of the process will be to identify your personal on-going training needs and UAC expects you to take advantage of the training opportunities provided. Ongoing Training also includes issues raised by carers and Case Workers, such as adolescence, and attachment issues.

The training may be run by UAC and DCJ other foster care agencies or The Foster Parents Support Network and may involve attendance at seminars provided by Centre for Community Welfare Training (CCWT) or other training providers, at the expense of the carers. We encourage our foster parents to participate in our Ongoing Training Program. We will keep you informed about the dates, times and venues.

A record of attendance is kept for you and all courses are acknowledged with a certificate.

Support networks for Foster Carers

UAC will keep you informed and engaged by providing:

- a regular newsletter
- meetings with your Carer Engagement Officer
- an annual appraisal of your experience with UAC networking besides getting support from your Carer Engagement Officer
- meeting with other foster parents in a group situation. In a group, foster parents can give and receive reassurance from each other, and also learn new ways of looking at and dealing with situations
- foster parent support group
- running regular social activities for carers and their families



On-Call

If anything of a serious nature occurs after hours, this is the number to call. It is staffed from 5 pm - 9 am weekdays, and 24 hours a day on the weekend and on public holidays. The service is staffed by senior personnel from across UAC. Because your call has been forwarded to their mobile number and the call back system won't work, if the person is on another call or temporarily unavailable, it is important that you leave a message and your phone number so the person on-call can phone back as soon as possible.

Examples of times to call On-call include:

- if a child runs away
- if a child is attempting serious self-harm
- if a child is phoning their parent/sand giving out your address
- when you are at your wits' end and need some support The Foster Parents Support Network

The Foster Parents Support Network is a service run by volunteers to provide:

- support for foster carers and retired foster carers
- information sessions, related to day-to-day care of children, for carers, workers and the general public
- training for foster carers
- telephone support for carers is required

Code of Conduct for Authorised Carers (Clause 23) ¹

An authorised carer must ensure that the home is kept safe, clean and in good repair and is properly ventilated, lit and heated with appropriate and safe furniture, furnishings and equipment.

The home must have:

- ⦿ adequate furniture, furnishings and equipment for use by the children or young persons who reside at the home, having regard to their ages and physical and intellectual development
- ⦿ appropriate space for private conversations
- ⦿ adequate facilities for the preparation, refrigeration and hygienic storage of food and refreshments, and
- ⦿ adequate facilities for the storage of equipment and bedding and for the safe keeping of the children's outdoor clothes and other personal belongings, and
- ⦿ sufficient equipment suitable for the indoor and outdoor recreational needs of the children, having regard to their ages and physical and intellectual development, and
- ⦿ contact to a telephone
- ⦿ the swimming pool at the home must be adequately fenced in accordance with the Swimming Pools Act 1992 and have a Certificate of Compliance from local council



Care of children and young persons

The authorised carer must, in relation to each child or young person in PSP, ensure that:

- ⦿ the health, education, safety, welfare, well-being and progress of the child or young person are promoted
- ⦿ the child or young person is encouraged to participate, as far as is reasonably practicable, in the ordinary life of the community
- ⦿ the observance by the child or young person of his or her religion (if any) and the preservation of the child's or young person's cultural identity is maintained
- ⦿ the same standards of care and discipline are applied to all children and young people residing in the home
- ⦿ the child or young person is encouraged to maintain a connection with birth and extended family members and other significant people, as far as it is reasonably practicable and safe to do so

In regard to bedrooms the authorised carer must:

- ⦿ provide adequate sleeping accommodation for each child or young person
- ⦿ ensure that sleeping accommodation that is provided for a child or young person in PSP is appropriate for the age of the child or young person and takes into account the child's or young person's requirements for privacy
- ⦿ ensure each child or young person is provided with a separate bed or cot, equipped with a clean and comfortable mattress and bed clothing that is appropriate to the climate, and
- ⦿ ensure adequate facilities are provided for storage of each child's or young person's clothing and personal belongings
- ⦿ ensure linen on each child's or young person's bed or cot is changed weekly (or more frequently if necessary)

In regard to medical care the authorised carer must ensure each child or young person in PSP is supplied with such medical and dental treatment as is necessary. The authorised carer must, as soon as practicable (and, in any case, within 24 hours) after a child or young person who is in PSP is admitted to hospital notify UAC. If a medical practitioner recommends to the authorised carer that the care or treatment of a child or young person in PSP should be varied for reasons of health, the carer must use his or her best endeavours to give effect to the medical practitioner's recommendation.

An authorised carer must not physically coerce or physically punish a child or young person, and must, in any event, comply with the behaviour support policy of UAC.

Discharge of children and young people - An authorised carer in whose care a child or young person has been placed must not discharge the child or young person into the care of any other person, otherwise than:

- ⦿ into the care of a member of staff of the designated agency having supervisory responsibility for the child or young person, or
- ⦿ a person who has parental responsibility for the child or young person, or
- ⦿ with the written consent of the Director-General or the principal officer of UAC who has supervisory responsibility for the child or young person
- ⦿ pursuant to an order of a court having jurisdiction to make orders with respect to parental responsibility for children or young people



Overview of the PSP system in NSW

Section 1: Key Agencies

UAC as a designated agency

- ⦿ authorises carers and revokes authorisations
- ⦿ arranges placements of children with authorised carers
- ⦿ supervises placements
- ⦿ draws up Care Plans and organises Case Reviews
- ⦿ investigates allegations of Reportable Conduct against carers
- ⦿ supervises and makes decisions relating to the safety, welfare and wellbeing of the child that are not encompassed in the care responsibility
- ⦿ gives directions to the authorised carer about how they should exercise their care responsibility

Department of Communities and Justice and the Minister for Communities and Justice

- ⦿ receives reports of children at significant risk or significant harm and investigates them takes matters to Children's Court
- ⦿ funds, supervises and works in collaboration with the PSP of designated agencies
- ⦿ has parental responsibility for children in Out-of-Home Care delegated from the Minister of Community Services
- ⦿ authorise the removal of the child from NSW
- ⦿ apply for a passport for the child
- ⦿ consent, or decline to consent to certain kinds of medical treatment, generally those that are considered particularly intrusive such as elective surgery
- ⦿ consent to the marriage of a young person
- ⦿ consent to the use of Restricted Practices involved in Behaviour support plans

Office of the Children's Guardian

- ⦿ issues Standards for Out-of-Home Care services in NSW
- ⦿ checks that agencies are operating according to those standards and, if they are, accredits them, which gives them permission to operate as a "designated agency" in Out-of-Home Care
- ⦿ conducts file audits to ensure compliance with the Standards for Out-of-Home Care NSW
- ⦿ investigates complaints about designated agencies
- ⦿ ensures that allegations of reportable conduct are properly investigated by designated agencies, and that the rights of carers are protected in this process
- ⦿ operates the 'Working with Children Checks' system
- ⦿ supports the rights of children and Foster Carers through the Administrative Decisions Tribunal. Some decisions affecting carers may be referred to the ADT for review or appeal. These include decisions to authorise carers or withdraw authorisation, and the decision to grant or withdraw the care and control of a child to a carer

CREATE Foundation

- ⦿ peak body for children and young people involved in the care system
- ⦿ supports and empowers children and young people

Association of Children's Welfare Agencies (ACWA)

- ⦿ peak body for agencies operating Out-of-Home Care Programs

As you work together with UAC and gain experience in the PSP system you will become aware of many more agencies.

Section 2: Types of Care Orders

Types of care orders

Under the Children and Young Persons (Care and Protection) Act 1998, the Children's Court can make a variety of orders to ensure a child is protected and restored to his/her family where possible as the priority option. DCJ staff make a case to the court when care orders are needed to protect a child.

Following are the orders you are most likely to come across.

- ⦿ emergency care and protection orders Fourteen days maximum, with one possible extension of 14 days
- ⦿ temporary care orders Generally run for three months, renewable for a further three months. Interim orders Run while the Children's Court determines whether the child is to return home, or a permanent care order should be made
- ⦿ final orders Usually allocates parental responsibility to the Minister until the age of 18 years. Sometimes there is a concurrent restoration order. A variation to this order can be sought This order can also be appealed to the District Court
- ⦿ restoration orders
- ⦿ guardianship orders
- ⦿ open adoption

Contact orders

Specifies arrangements for contact between the child and his/her birth family and can be attached to any other order.

Types of placements

Children come into care because their families are temporarily or permanently unable to care for them. The type of placement UAC provides is partly defined by the length of the placement and partly by the intention of the Care Plan.

1. Voluntary placements means that the child's legal guardian, usually the parent/s, need someone to care for a child for a particular reason and don't have a family support network to call on. For example, the parent needs hospitalisation, or a break due to mental illness, etc. Placements like this should have a clear beginning and end. They are usually quite short. Court-ordered placements
2. A court-ordered placement may be needed because the child was at risk of harm and has had to be removed from their parents' care (as outlined in the NSW Child Protection legislation) for that reason. Thus, concerns existed for the safety, welfare or wellbeing of the child for one or more of the following reasons:
 - i. basic physical or psychological needs were not met
 - ii. the child did not receive necessary medical care
 - iii. the child was at risk of or had been physically or sexually abused
 - iv. the child was exposed to domestic violence
 - v. the behaviour of the parent towards the child resulted in or placed the child at risk of psychological harm
 - vi. the child was not engaging with education Placements such as these may not have a clear end point although you should be given an estimated timeframe. These cases usually involve Court proceedings and so time frames can be unpredictable.
 - vii. temporary care is usually foster care which is expected to be for a limited period of time, usually while the Court decides what will be the long-term permanency plan for the child, e.g. restoration or permanent care This includes crisis or emergency care and may have an interim court order
 - viii. restoration
 - ix. guardianship
 - x. open adoption - A child over 12 years of age may give sole consent to their adoption if they have been in the care of the proposed adoptive parents for two years or more. (Adoption Act. s54 (2))
 - xi. permanent care will usually be until the child reaches adulthood and will have a Care Plan for permanent placement with a final court order stating that the child is under the parental responsibility of the Minister
 - xii. children's need for stability the 1998 Act (s149) has introduced a new provision - authorised carers who have had the care of a child for two years or more may apply to the court for an order awarding them sole parental responsibility. The consent of the natural parents is required before an application can be made

This is the Charter of Rights for children and young people in Out-of-Home Care (summarised) and UAC expects all foster carers to respect these rights.

Section 3: Charter of Rights for children and young people in Out-of-Home Care.

Children and young people have the right to:

- ⦿ feel good about themselves
- ⦿ live in a place where they are safe and cared for
- ⦿ get the help they want or need
- ⦿ understand and have a say in the decisions that affect them.
- ⦿ feel good about themselves by:
 - ⦿ being treated like other children and young people who do not live-in care
 - ⦿ knowing who they are and their history
 - ⦿ knowing that people care about them
 - ⦿ understanding where their family is
- ⦿ if they are Aboriginal or Torres Strait Islander, knowing about their cultural and spiritual identity
- ⦿ things kept safe-like photographs, school reports and special belongings
- ⦿ develop their talents and interests, like sport or art
- ⦿ keep in contact with the people who help them feel good about themselves
- ⦿ not be hurt or made to feel bad
- ⦿ have someone to talk to
- ⦿ get treated with respect
- ⦿ be treated fairly
- ⦿ give your thoughts and opinions
- ⦿ get nutritious food
- ⦿ get decent clothes
- ⦿ have your own bed
- ⦿ have your own 'space' or a place where they can have some time on their own if they want it
- ⦿ not have to move too much
- ⦿ know who to go to if they have a problem or want to complain about something and have the right to get help when wanted or needed





UNGOOROO

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