



# Care Team Approach Practice Framework



Working together  
to support children in  
out-of-home care to  
improve their future  
life outcomes



## **Acknowledgement of Country and Peoples**

The Department for Child Protection and Family Support acknowledges the Aboriginal and Torres Strait Islander peoples as traditional custodians of this land. It pays respect to their Elders past, present, and future.

It recognises the long history of Aboriginal and Torres Strait Islander peoples on this land and acknowledges that the past is not just the past. The past, the present and the future are, as they always are, part of each other – bound together.

The term Aboriginal is used throughout the Framework and is inclusive of Aboriginal and Torres Strait Islander peoples.



*The Care Team Approach Practice Framework was endorsed in December 2016.*

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## BACKGROUND

In March 2009, the Department for Child Protection and Family Support (the Department) adopted the *Foster Care Partnership Practice Framework* (the Partnership), which provided the basis for working in partnership with carers in order to meet the needs of children<sup>1</sup> in out-of-home care (OOHC).

A joint working group between the Department and the Foster Care Association of Western Australia undertook a review of the Partnership in late 2011, and the second edition of the Partnership was released in February 2012.

Since its implementation, the Partnership has been instrumental in underlining the importance of carers, as well as the shared role of carers and Department staff working together in a 'care team' to improve the lives of children in OOHC.

While the importance of the relationship between carers and the Department as they work together to support a child in care is undoubtedly fundamental, the Partnership excludes other important people in a child's life as care team members (such as the child's family, safety network and professionals) who also contribute to the wellbeing of a child. As importantly, participation of a child in their care team was also absent.

As outlined in *Building a Better Future: Out-of-Home Care Reform in Western Australia*<sup>2</sup> (April 2016), evaluation of the Partnership as well as feedback from carers demonstrated the need to strengthen the Partnership to better meet the needs of children in OOHC. In recognition that carers and Department staff on their own cannot meet all of a child's needs, the recommended action was to review the Partnership and develop it into a 'care team approach' that included others in a child's naturally occurring networks.

This recommendation is supported by substantial research that highlights having important people (including a child, their parents, extended family, carers, caseworkers and others) working together and focussing on a child's needs delivers better outcomes for the child. Further, this aligns with care team models being used by many community sector organisation (CSO) OOHC providers and child protection agencies in Australia to enable children to receive high-quality therapeutic care and have improved life outcomes.

## EVOLUTION OF THE PARTNERSHIP INTO A CARE TEAM APPROACH

Every child in OOHC will have a 'care team' comprising of a group of people important to a child and carer. The care team maintains and supports a child's care arrangement and their continued connection to parents, siblings, their wider family, network, community and culture. The emphasis is to create stability and reduce the disruption to lifetime connections that a child has when they enter OOHC, and maintain and increase the naturally occurring networks they belonged to before coming into care.

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<sup>1</sup> Child means a person who is under 18 years of age, and in the absence of positive evidence as to age, means a person who is apparently under 18 years of age.

<sup>2</sup> [Online] Available: <https://www.dcp.wa.gov.au/ChildrenInCare/Documents/Building%20a%20Better%20Future.pdf>.

Having other people in a child’s care team does not diminish the role of carers in any way but seeks to enhance support to a child and their carer by extending the partnership to include important people in a child’s life. It is acknowledged that carers provide the primary care to a child and, as such, will generally have a more stable relationship with a child than with child protection workers, who may change during the time a child is in OOHC. Foster carers (both temporary and permanent<sup>3</sup>) and family carers<sup>4</sup> are the cornerstone of the care team. They are the main ‘agent of change’ in a child’s life.

## GUIDING FRAMEWORKS AND POLICIES

The care team approach is not an ‘add on’ task but a core and integrated element of how Department staff works together with children, parents, carers and their families, and other stakeholders. This approach is linked to the Department’s other frameworks and policies, as outlined in Figure 1.

Figure 1: Guiding frameworks and policies



There are a range of other Department frameworks and publications that complement how Department staff work together with all stakeholders to support children in OOHC to have improved life outcomes. These include:

<sup>3</sup> Temporary care means the phase of OOHC where no final court decision has been made for the long term legal care of a child (the child is in temporary foster care). Permanent care means the phase of OOHC where a final court decision has been made for a child to remain in the long term or permanent legal care of the Department, or people other than the child’s biological parents (the child is in permanent foster care).

<sup>4</sup> The term ‘family care’ is an OOHC arrangement with a person(s) who is a ‘relative’ as defined in the *Children and Community Services Act 2004*. Family care has replaced the term ‘relative care’ and family carer has replaced ‘relative carer’.

- Culturally and Linguistically Diverse (CaLD) Services Framework;
- Charter of Rights for Children and Young People in Care;
- Better Care, Better Services – Standards for children and young people in protection and care.

## THE CARE TEAM

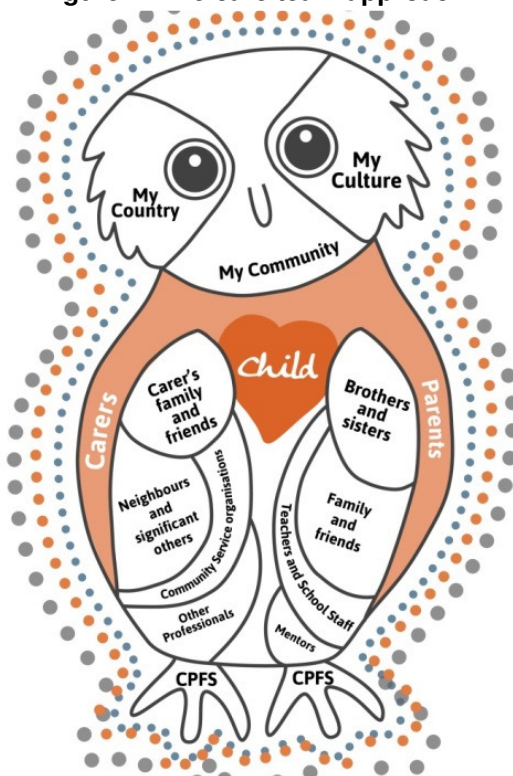
Care team members have a shared responsibility for meeting the needs of the child in their care journey. This includes celebrating strengths and successes, supporting them to heal from past trauma, sustaining the care arrangement, maintaining existing positive attachments and relationships, and building new, safe relationships. Importantly, strengthening the connection to family, culture and country is important for Aboriginal children's identity.

This care team approach promotes proactive rather than reactive responses to the child, which in turn helps to provide predictability and stability for the child – whether the permanency plan is for reunification or long term OOHC.

The care team will be guided by the question, “what do I need to do to support the child's development, learning, stability and growth, as well as healing<sup>5</sup>?” This way of working places the child's best interests and needs as the central focus.

Following consultation with the Department's Aboriginal Engagement and Coordination Unit and feedback from carers, the Foster Care Association, CSO OOHC providers and CREATE Foundation WA, the Department developed 'Brud the Owl' (Figure 2) and the Care Team Tree (see Attachment One) to help explain the care team approach, including the purpose of a care team.

Figure 2: The care team approach



<sup>5</sup> This is new terminology arising from the Department's OOHC reform and previously known as a placement.

*The care team approach highlights the importance of all members working together with the child in the centre of their thinking and interactions with each other. Each care team member provides invaluable support and participates in meeting the needs of the child to keep them strong, connected and secure.*

### **Establishing the care team**

A child's care team needs to be identified and established as soon as possible after they enter OOHC. This is facilitated by exploring and maintaining (wherever possible) their positive connections, including peer relationships, which they already have prior to entering care.

In the majority of cases, the Department has been working with the family for some time before a decision is made that a child needs to enter care. As far as possible, the safety network that supported the child and parents should be maintained and extended to include any additional people who can support the child in their new care arrangement.

A child's care team should be mostly people who are part of their family or community, working together to meet the child's needs across the nine dimensions of care. Individuals may have differing roles in the care team. To promote lifetime connections for the child, most members should be from a child's natural support network, while others such as professionals may have a more time-limited involvement.

The Family Finding model<sup>6</sup>, developed by Kevin Campbell, offers methods and strategies to locate and engage family members of children. Where a child's care team is mostly professionals, Family Finding tools can help professionals locate or develop natural support networks. Using this model early can prevent unnecessary loss of important connections for a child. People identified through this process may become part of the child's care team.

Opportunities where care team members can be identified include:

- at the monthly Signs of Safety case planning review meetings for reunification or other meetings that occur for long term OOHC planning;
- during the development of an ecomap with the child and their parents;
- during the development of a Words and Pictures with the child;
- Viewpoint responses;
- when reviewing the provisional care plan or care plan for the child; and
- other meetings with the child, their parents and carers (for example, the quarterly care meetings and contact).

Refer to Attachment Three – Integration of Existing Processes and Role of Care Team Members.

Not all care team members will need to be involved in the care planning process. The team leader in consultation with the child, their parents and carer will decide who in the care team has a direct and significant interest in the child's wellbeing and therefore need to be involved in the care planning process. Refer to the Care Planning Policy<sup>7</sup>.

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<sup>6</sup> [Online] - <http://www.familyfinding.org/>

<sup>7</sup> [Online] - <https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/CarePlanningPolicy.pdf>

## **Who could be in a care team**

Care team members will vary depending on the child's needs, pre-existing family and community relationships and their individual circumstances, and will evolve over time as the child's needs change. For example, the care team will have different members and a different focus when the child is 2 years old and has just entered OOHC compared to the care team for a 15 year old preparing to leave care.

The care team can include:

- the child, age and capacity permitting (where the child is not an active member due to age or capacity, then the care team has an additional responsibility to find ways to keep the voice of the child at the centre of their work);
- parents and family members;
- the carer and their family members;
- safety network members;
- members of the child's community;
- the child protection worker (case manager) and other Department staff, such as the team leader, senior child protection worker placement services (SCPWPS), co-worker at another district, Aboriginal Practice Leader, psychologist or education officer;
- CSO caseworker and/or other CSO staff – where the child is in a CSO OOHC placement;
- residential care staff – where the child is in a residential care facility;
- a cultural representative as appropriate (family member, Elder, community member, or community organisation representative);
- professionals and service providers involved with the child; and
- any other person deemed important in the child's life, such as a close friend.

Where possible, the care team for an Aboriginal child must include at least one person from their extended family or community who has an important role in the child's life.

Where a child is from a CaLD background, links with their specific community and wider family are important to maintain.

## **Role of care team members**

The care team will coordinate and undertake the tasks and activities necessary to meet the child's needs.

### *The child's parents*

Parents continue to have a significant role in their child's life, particularly when reunification is the primary permanency plan. Parents will hold information about their child that is important for others in the care team to know. It is essential that parents share as much information as they can about the child and relevant family history, particularly with the carer. This includes the child's likes and dislikes, medical needs, any school issues, fears etc. This will help ease the child's transition into care and enables the carer to be more responsive to his or her care needs (for example, knowing that a child has a particular health condition such as asthma will help the carer manage the condition and respond quickly when required).

When the plan for the child is long term OOHC, a parent's role will change from being the primary caregiver to one of lifelong connection to the child. Parents will need support from members of the care team in understanding and adjusting to this change in their role.

### *Carers and their family*

As outlined in the carer competencies (r.4 of the *Children and Community Services Regulations 2006*), carers must be able to work cooperatively with a child's family, Department officers and other members of the care team when providing care for a child. One of their essential roles is to support the child's family and interpersonal relationships. Carers are expected to have contact with the child's parents; only in rare circumstances would this not be the case.

The role of the carer will be intrinsically linked to where the child is in their permanency journey. If the child is in temporary care, the carer will play a central role in supporting the reunification process and provide day-to-day care and emotional support to the child.

Where the child is in permanent care, the carer will continue to support the child to develop and maintain their connection with their family, friends, community and culture. Carers and parents will need to work together to enable the child to belong to both their birth family and their long term carer family. This task is especially sensitive when a child and their siblings are in a long term care arrangement with a family carer.

Communication between parents and carers is essential to help parents feel they continue to be an important part of their child's life and help the child develop a strong sense of identity and emotional safety. Effective relationships with parents are promoted when carers share information about the child including their progress.

The carer's family will provide support to the carer and child, including short-break support to the carer which is mutually beneficial for both the child and their carer.

### *Network*

A child who enters care already belongs to a family and community who provide social and emotional support. The parents will have also established a safety network prior to their child entering care. People in the safety network, friends and identified community members can provide practical support to the child and their carer. A key role of the network is to be there for important and naturally occurring events for the child, such as school concerts, sporting events, assemblies and graduations (refer to Attachment Two – Joey's December Calendar). They also offer a network of safe and reliable people that can provide short-break supports to the carer while growing the relationship with the child.

### *Department staff*

Child protection workers must use their statutory authority skilfully, encouraging and listening to those who know the child best. Their role includes:

- overall case management of the child and coordination of the care team;
- facilitating and supporting the natural connections in a child's life;
- helping care team members navigate any steps that are necessary to complete agreed tasks to support the child;

- supporting the child in their care arrangement;
- building a relationship with the child;
- listening to the child's views; and
- assessing how the child is progressing in care.

The focus is on overall planning for the child rather than meeting the day-to-day care needs of the child. The importance of a trusting and strong relationship with case managers is often emphasised by children in care. Therefore, speaking and meeting regularly with the child is essential.

The SCPWPS provides advice and expertise about care arrangement planning to the case manager, supports the child in their care arrangement, and provides support to the carer (in particular around child trauma).

The child protection worker (child's case manager) together with the SCPWPS will consult with parents, the child and carers to identify care team members, facilitate meetings and consult with other care team members as required. As Robbie Gilligan (2006, p.41) states:

*“The professional helper needs to be there, but not necessarily in the foreground. Often, effective work is done unobtrusively, in the background, valuing and affirming what others are doing.”*

The views of the child, his or her biological family, and carers and their family need to be sought and considered in planning and decision making. If this is not possible, the reasons for this need to be recorded.

The child's case manager, together with the SCPWPS, will provide carers with as much information as possible about the child and their family at the commencement of the care arrangement so they are able to provide good care. If full information is not available, the carer must be told all that is known to equip them in their caring role and further information provided as it becomes available. The case manager and SCPWPS should discuss with the carer their preferred means of receiving information and keeping in touch, such as face-to-face, by telephone or email. In the case of a CSO carer, contact will be via relevant CSO staff (or directly with the carer when negotiated and agreed with the CSO).

It is important that the case manager and SCPWPS begin building the relationship between the child's parents and carer from the first meeting. The case manager and/or SCPWPS should explain to the parents and carer that it takes more than one person to meet a child's many needs, and they are likely to:

- have shared goals to do what is best for the child;
- have their own unique knowledge, abilities and role for helping the child; and
- both participate in decision making and working together in order to help the child.

The case manager, together with the SCPWPS, has a responsibility to work together with the Department's residential care staff or CSOs and their carers when a child is living in these care arrangements, as set out in the care plan (or provisional care plan).

The case support officer will provide support to the care team (such as facilitate the completion of Viewpoint), attend key meetings to record information, and attend visits with the child and carer (as required).

Specialist staff (for example, psychologists and education officers) will provide advice and consultation as required. Where the child is Aboriginal, the care team must consult with an Aboriginal Practice Leader (or another Aboriginal officer) in the planning and decision making processes<sup>8</sup>. When possible, they should be a member of the child's care team.

In certain cases, such as a child at high-risk or in crisis and/or the care arrangement is becoming unstable, Department staff in the child's care team (in particular, the case manager and SCPWPS) will need to work closely with the child and his or her carer throughout this period and take action as needed to support them. In the case of a CSO carer, Department staff will liaise directly with CSO staff (or as negotiated and agreed).

Refer to Attachment Three – Integration of Existing Processes and Role of Care Team Members.

### **Care team meetings**

Once the care team is established, an initial meeting will occur to enable members to be introduced, discuss the purpose of care team meetings, and set the ground rules to build trust, connection and respect.

The care team approach is underpinned by the following behaviours:

- speak openly and honestly using simple language that everyone understands;
- respect each other's point of view, even when they do not agree;
- acknowledge each other's skills, strengths and areas of expertise;
- do what they say they will do;
- understand that everyone makes mistakes (no one is perfect);
- respect each other's culture and beliefs;
- keep each other informed about what is happening;
- maintain confidentiality and not disclose information that is not relevant to the provision of good care to the child; and
- maintain and support the child's connection to culture, family and other people important to them.

Members will meet regularly (not just in times of crisis) to discuss and plan what services and supports are required for the child and carer, for example, planning for major transitions such as changing schools, care arrangements and leaving care, and to enable the child to attend major family events including return to country.

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<sup>8</sup> As per section 81 of the *Children and Community Services Act 2004* (Consultation before placement of Aboriginal and Torres Strait Islander child), before making a care arrangement for an Aboriginal child, the CEO must consult with at least one of the following:

- an officer who is an Aboriginal person or Torres Strait Islander;
- an Aboriginal person or a Torres Strait Islander who, in the opinion of the CEO, has relevant knowledge of the child, the child's family or the child's community;
- an Aboriginal or Torres Strait Islander agency that, in the opinion of the CEO, has relevant knowledge of the child, the child's family or the child's community.

The Care Team Tree (see Attachment One) can be used at meetings to focus the discussion on what is working well, what needs to happen, and agree to the tasks that care team members need to action (including who will complete them).

Opportunities when meetings could occur are outlined in Attachment Three – Integration of Existing Processes and Role of Care Team Members. Regular meetings facilitate the exchange of information so that members are well informed of any changing needs. Any member of the care team can request a meeting, including the child.

In instances where someone is not able to participate in care team discussions in person, child protection workers will assist them to participate by other means – such as telephone, video conference or email. For parents, this may involve an advocate.

Once the care team is established and working well, frequency of meetings to check on progress will be decided on a case-by-case basis (in principle at a minimum every six months). Discussions to progress work could occur via telephone or email etc. However, while email and other technologies are convenient, they are also open to misinterpretation. The value of face-to-face contact should not be underestimated: A good thing to hold in mind is what children have said to CREATE, “Nothing about me without me.”

Child protection workers should advise everyone in the care team when a new person becomes a member, and a meeting may need to be convened to introduce the new member and discuss the plan, including their role and responsibilities.

The child protection worker must discuss with the child how they would like to have a record of care team meetings and the agreed actions. The Care Team Tree or Joey’s December Calendar can be used to document the agreed tasks and activities of care team members – refer to Attachment One and Two.

### **A child’s participation in their care team**

Having the child actively participate in their care team is essential as it gives them the opportunity to have a say about issues and decisions that affect them, develop important relationships with others involved, and builds their self-confidence and skills. The child’s involvement in the care team will vary depending on his or her age and level of understanding.

A child’s involvement in their care team is in accordance with s.10 of the *Children and Community Services Act 2004* (the Act - Principle of child participation) and Article 12 of the United Nations Convention on the Rights of the Child (respect for the views of the child).

Wherever possible, care team meetings should be held in a place where the child is comfortable. The care team must seek the child’s views and opinions (age and capacity permitting), and involve them in an age appropriate manner in the decision making process. Learning how to listen, empathise and communicate appropriately is vital to understanding, supporting and encouraging a child to explore their emotions and talk about their thoughts and feelings.

If the child is not able to participate in care team meetings, alternative measures should be taken to make sure that the child's voice is heard. This could include a member of the care team discussing the issues being considered with the child to gather their views, and then following up after the meeting to explain the outcome and check that they understand and, where possible, have input into any actions. Various tools may also be used to gather the child's views and wishes as outlined under 'Resources and Tools' (see page 18 - Child engagement tools).

There may be times when the care team will have to make a decision (in the child's best interests) that the child may not like or disagree with. In this instance, the care team will need to discuss who is best placed to speak with the child to help them understand why the decision was made.

Care team members should support children in care to take on more responsibility for making their own decisions as they get older, to help them in transitioning to independence. As children work towards leaving care, they should be given the option of (and support to) chair their care team meetings.

If the care team approach is working well and members are supporting the child in their everyday life events (as shown in Attachment Two – Joey's December Calendar), the child's experiences are more likely to be positive and they would feel closely connected with all their care team members.

## **SUPPORT OPPORTUNITIES FOR THE CARE TEAM**

### **Support during transitions**

Major transitions can include when a child enters care, commences day care or school, changes school, is reunified, changes placement or is leaving care. Some transitions may be unplanned – for example, bringing a child into care or an unplanned move to another care arrangement. Transitions can produce grief reactions for the child, their carer, parents and extended family.

Having a care team means the child will have a stable group of people around them during transitions. The care team promotes relationships, stability and connections for the child. They will recognise the child's positive existing social and recreational networks and support the child to maintain them while new opportunities are explored with the child (tailored to their current interests and abilities).

During reunification, the care team provides continuity for the child when the child returns home and important supports to carers and parents during this transition period. A strong partnership within the care team, including between carers and parents, will help a child feel that they do not have divided loyalties to two families and they can enjoy a positive relationship with their carer after they have returned home.

Key messages given to the child in conversations and the behaviour of those in the team towards each other during these times are important ways to show support for the child.

## **Support during legal processes**

Children in care may be involved in legal processes, such as talking to their lawyer or attendance in court and the child's past trauma might be 'stirred up' at these times. Care team members need to anticipate and plan appropriate responses to support the child<sup>9</sup>.

## **Support to carers and their families at difficult times**

The role of the carer and their family can be demanding and challenging. Specific members of the care team can provide vital support to the carer and their family during these challenging times.

Child protection workers (including the SCPWPS) will facilitate access to any necessary additional supports and services necessary so the carer and their family are able to provide a stable and nurturing care arrangement for the child. Supports may include:

- debriefing and/or counselling with the child protection worker or other Department staff (for example, with the district psychologist or SCPWPS);
- additional learning and development specific to the issues the carer is managing;
- utilising natural support networks to provide the carer with a short break from their caring role, which also provides the child with the opportunity to form closer relationships with people significant in their life; and
- providing advice about the Davidson Trahaire Corpsych counselling service<sup>10</sup> (which is available to the carer and their family free of charge by self-referral).

A range of Department staff are available to help the carer understand the child's behaviours, their underlying emotional and physical needs, and how best to respond to promote his or her healing and development.

A timely response to carer enquiries and requests for assistance is vital. Regular contact between the child protection worker and/or the SCPWPS and the child's carer are fundamental to addressing any difficulties the carer and their family may be facing.

## **WHEN WORKING TOGETHER IS CHALLENGED**

Working together is not always easy; care team members will not always agree. It is recognised that there are matters that will challenge this way of working, such as:

- mediating family and other relationships;
- managing contact;
- differences in opinion regarding the child's behaviour and management; and
- permanency planning including the reunification process.

Partnership is not to be set aside when conflict arises, rather it should be the vehicle for resolving matters. It is important that child protection workers and the SCPWPS remind everyone in the care team of the reason they are working together. The child's best interests must be the overriding consideration (s.7 of the *Children and Community Services Act 2004*).

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<sup>9</sup> Fostering Hope: Foster Care Training Worker Resource (p18).

<sup>10</sup> Contact details for this service can be found online at <http://www.davcorp.com.au/contact-us.aspx>

Many disputes can be avoided through having clear goals, respecting professional boundaries, role clarity, and open, honest and transparent communication. Often conflict can arise because people in the care team have not been given all the information they require and/or they are working from a different set of assumptions. Child protection workers (including the SCPWPS) will need to communicate with all care team members in simple language that everyone can understand and provide consistent information to everyone in a timely manner.

## **CONSIDERATIONS**

### **Community and culture**

Literature, in Australia and overseas, highlights that developing a sense of identity is one of the most important elements in achieving good outcomes for children in OOHC (Moss, 2009, pp. 311-321). Having a strong sense of a child's own cultural history and the traditions associated with it helps them to build a positive cultural identity for themselves, which in turn can provide healing for the child. This also supports the child's sense of belonging and, by extension, their mental health and wellbeing.

Additionally, a positive sense of belonging and identity is supported through ongoing connection to a child's community and community groups. It is therefore essential that the care team assist the child to maintain or develop a connection to their community and culture.

Where a child has a diverse cultural background, it is important that all aspects of cultural identity be supported and explored, and not just one element (for example, a child with Italian and Aboriginal heritage).

### **Aboriginal children**

Aboriginal children have rights of identity that can only be enjoyed in connection with their family, communities and cultures. In accordance with the Aboriginal and Torres Strait Islander Child Placement Principle, their rights to stay connected with family and community must be upheld, and the child, their families and communities enabled to participate in decision-making regarding their care<sup>11</sup>.

The care team supports participation by family members and connections for Aboriginal children in care to their family, community and culture, which aligns with the Aboriginal and Torres Strait Islander Child Placement Principle and its five inter-related elements (prevention, partnership, placement, participation and connection). The development of a strong and secure cultural identity is integral to an Aboriginal child's wellbeing, and the care team must promote and support this. An Aboriginal Practice Leader must be consulted when identifying care team members for an Aboriginal child, and where possible the majority of people in the child's care team should be Aboriginal.

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<sup>11</sup> Achieving Stability for Aboriginal and Torres Strait Islander Children in Out of Home Care SNAICC Policy Position Statement (July 2016). [Online] - <http://www.snaicc.org.au/achieving-stability-aboriginal-torres-strait-islander-children-home-care-snaicc-policy-position-statement-july-2016/> p14.

## **Siblings<sup>12</sup>**

Where brothers and/or sisters live in the same care arrangement, the people in each child's care team may be the same, except for certain professionals that may be working with a particular child in the sibling group. The care team is required to focus on each child separately so their particular care needs are identified and plans put in place to address those needs.

If brothers and sisters cannot be placed together, facilitating frequent, meaningful and emotionally safe contact is critical to maintaining the children's relationship with each other and to minimise the trauma of separation. This is particularly important where children are placed a significant distance apart and/or case managed by different districts. An older sibling may be part of another sibling's care team.

Each child's care team should explore with the children how their relationship with their siblings can be maintained and enhanced. In instances where children live a significant distance apart, options can include phone calls and text messages, emails, Skype/Facetime, letters, and visits during school holidays.

## **Children with disability**

A child with disability should be given the opportunity to participate in their care team at whatever level is appropriate for them. Thought needs to be given to the child's method of communication. Some practical steps on how to engage a child with disability to participate in the decision making process can be found in the UNICEF guidelines *TAKE US SERIOUSLY! Engaging Children with Disabilities in Decisions Affecting their Lives*<sup>13</sup>.

When establishing the care team for a child with disability, child protection workers need to be mindful there can be many agencies involved in providing, organising and managing specialist disability services for the child. These may include an allocated Disability Services Commission (DSC) or WA National Disability Insurance Scheme (WA NDIS) Local Coordinator (LC) or National Disability Insurance Agency (NDIA) Plan Support Coordinator (PSC). Therefore, the care team should be kept as small as possible to be most effective and to not overwhelm the child and their carer. The care team should include the DSC or WA NDIS LC or NDIA PSC (where relevant).

The Senior Intensive Support Officer (the Child and Carer Connection Hub) can be consulted, and is available to assist child protection workers and provide ongoing advice to the care team.

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<sup>12</sup> Sibling usually means each of two or more children or offspring having one or both parents in common. However, sibling relationships can differ depending on a child's culture or legal status. The relationship may be established or traced through consanguinity, marriage, a de facto relationship, written law, or a natural relationship.

<sup>13</sup> [Online] Available: [http://www.unicef.org/disabilities/files/Take\\_Us\\_Seriously.pdf](http://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf)

## **Children in residential or secure care**

As a result of their trauma history, some children do not thrive in family or foster care arrangements and a therapeutic care arrangement in residential care best meets these children's care needs. The care team approach is crucial to these children, and important connections and relationships must not be lost when children move into or out of a therapeutic residential care arrangement.

The Department uses the trauma-informed Sanctuary model<sup>14</sup> of care in its residential homes. This model emphasises the importance of children and staff working together in a safe and supportive way. Any person living or working in a residential home can call a red flag meeting to discuss a difficulty. This approach provides a safe and supportive way for children to develop strong, safe and positive relationships with residential care workers/carers, and with one another.

When a child is placed in residential or secure care, the care team will have a vital role to plan and support his or her transition to an appropriate care arrangement. For a child in secure care, this will involve identifying strategies to reduce the likelihood of re-admission to secure care.

For some children, residential care staff may provide important relationships beyond their transition from the residential care arrangement.

## **Children on remand or in detention**

Specific attention is required when a child is placed on remand or in detention. It is important that the child's case manager maintain the relationship and continue to work and plan with the child. Where the child was previously not engaging with their case manager, a period in detention provides the opportunity to re-engage with them in anticipation of their release.

Clear planning for the child's release is paramount and includes planning for a stable placement, contact with family, and their return to education or other learning pathways/options. These are key tasks for the care team.

## **Working with family carers**

There can be complexities and challenges to establishing a good care team relationship between family carers, the child's parents and extended family members. In addition, many Aboriginal family carers see themselves as raising family members and the family sees the child's status (as being in the CEO's care) as secondary.

When family members take on an additional and new role as a family carer, this may affect their existing relationship with the child's parents as well as other extended family members and the community. Family carers will also need to manage any family conflict and tensions, and have to answer to many people, both in the family network as well as in the community. This is especially the case for Aboriginal families, and more so if they live in regional and remote areas.

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<sup>14</sup>The Department's Residential Care (Sanctuary) Framework is largely based on the principles of the Sanctuary Model developed by Sandra Bloom and a study into residential care conducted by James Anglin (2004).

Child protection workers (including the SCPWPS) should support family carers to be actively involved in the care team – they may need extra support to establish and maintain boundaries in the working relationship. Their role in the care team must be made explicit to the child’s parents and any other family members in the team, including responsibilities and rules on ‘who does what’. Family structures, dynamics, roles and cultural obligations need to be understood. In the case of an Aboriginal child, an Aboriginal Practice Leader or other Aboriginal officer should be consulted or be a member of the care team to support the discussions and decisions being made. Where a care arrangement is being considered, consultation must occur as per s.81 of the *Children and Community Services Act 2004* (consultation before placement of Aboriginal and Torres Strait Islander child).

## **RESOURCES AND TOOLS**

### **Identifying important people to the child**

There are various tools available to assist child protection workers to think about who should be involved in the child’s care team. The *Family Map (Ecomap)* is a useful tool as it is interactive and involves all household members. It can give important information about key relationships and the agencies involved with the child and their family.

Additionally, developing a social network map with an Aboriginal child and their family is similar to the ecomap but it can provide more information. Consultation with an Aboriginal Practice Leader, another Aboriginal worker, or Aboriginal community controlled organisation should occur when undertaking social network maps with Aboriginal families.

Those who are not biologically related to the child but have been a part of his or her family or life for a substantial period should also be explored. These people may have valuable knowledge and insight into the child’s life and could be important members of the care team.

The *Family Map (Ecomap)*, *Developing Social Network Maps with Aboriginal People* and other helpful resources can be found in the Casework Practice Manual (CPM) – refer to Permanency Planning.

*Culturally Sensitive Practice in Out of Home Care* can be a useful resource when working with a child in OOHC from a CaLD background including mapping the child’s connections (see Permanency Planning in the CPM).

### **Explaining the care team**

‘Brud the Owl’ and the ‘Care Team Tree’ have been developed to help child protection workers explain to the child, their parents, carers and their family, and other stakeholders what is meant by the care team including who may be involved and their role in supporting the child.

The Care Team Tree can be used in care team meetings and prior to or at care plan meetings to talk about the child’s needs and write what actions are required on the leaves under the related dimension of care, including who is responsible for completing the action. For example, under ‘Social and Family Relationships’, it has been identified

that the child is to keep in contact with family members who live in a country town and the child's grandmother has agreed to facilitate this on a monthly basis.

The Care Team Tree can also be used to talk with the child before the care plan meeting or at other times to gather their views and wishes.

These tools and an information sheet for child protection workers on explaining and using the tools can be found in the CPM (refer to Permanency Planning).

### **Child engagement tools**

Participation is of particular importance for children in OOHC. The first step in planning for a child should be explaining the care planning process, including how they can express their views and wishes. Participation should be an ongoing process of engagement and involvement, not an event.

Viewpoint is a useful tool that allows children in care aged 5 to 17 years to participate in the care planning process. This tool enables a child to share their experiences, views, worries or issues. The child's case manager or other Department staff can then explore these further with the child before the care plan meeting. Refer the CPM – Viewpoint and Care Plans.

Various other tools are available to help child protection workers engage with a child to find out about any worries they have and gather their views and wishes. These include:

- *The Three Houses;*
- *Fairy or Wizard tool; and*
- *Words and Pictures.*

Another option to use with Aboriginal children is the *Turtle tool*. This tool can be used in a similar way to the Three Houses. These tools can be accessed from the CPM under related resources (see Signs of Safety – Child Protection Practice Framework).

The *Care Planning Template – Using Signs of Safety* is a useful tool that child protection workers can use to talk with children about their care needs. The template can then be used at the care plan meeting to discuss and record the decisions and required actions (including who in the care team will complete the action). Refer to the CPM: Provisional Care Plans or Care Plans – Including Modification or Review.

### **Developing and maintaining parent and carer connections**

The following resources (available in the CPM – refer to Permanency Planning) can be useful in developing and maintaining positive working relationships between the child's parents and carer, which is an important element for a successful care team:

- *Permanency Planning – Birth parent grief process;*
- *Permanency Planning – Positive birth parent and carer connections;*
- *Permanency Planning – Building and maintaining positive connections between birth parents and general foster carers;*
- *Permanency Planning – Building and maintaining positive connections between birth parents and family carers;*
- *Permanency Planning – Sample introductory script;*

- *Permanency Planning – Foster family information sheet for birth parent; and*
- *Communication Book for Foster Families and Birth Parents*

### **Developing and building secure attachments**

The Circle of Security (COS) can assist parents and carers to understand what a child requires them to do to support the development of secure attachment while also allowing the child's self-esteem and confidence to develop.

Child protection workers and SCPWPS can use COS training to help caregivers develop their relationship capacities, improve their observational skills, and increase their empathy for the child – shifting the focus from managing the child's behaviour to responding to their emotional needs.

District psychologists and other staff have had training in COS and may be able to provide sessions for parents or carers. Training is also available at the Department's Enhanced Contact Centres and through other agencies or services such as local councils and health services.

### **Support to carers**

The Department is committed to supporting stable and healing care arrangements for children in OOHC. A range of Department staff will be available to work with, and provide support to, the carer and their family. Practice guidelines can be found in the CPM – refer to Supporting Carers.

### **Transition planning**

Child protection workers can use the following guides to help in the planning process when particular transitions occur:

- *Transition Guide – reunification process;*
- *Transition Guide – children with a planned placement change;*
- *Transition Guide – planning with young people for leaving care.*

These resources can be found in the CPM – refer to Permanency Planning and Leaving the CEO's Care.

## **RESOURCES USED TO INFORM THE CARE TEAM APPROACH**

Australian Childhood Foundation, Berry Street Victoria Incorporated and the Department of Human Services (on behalf of the State of Victoria) – Fostering Hope: Foster Care Training Worker Resource (2013)

Carnell, R and Buchanan, J (2009) Effective Practice in Health, Social Care and Criminal Justice: A Partnership Approach – ‘The concepts of partnership and collaboration’

CREATE Foundation (2016) ‘Participation: Working Together’ flyer

Department for Child Protection and Family Support, Western Australian Government:

- Aboriginal Services and Practice Framework 2016 – 2018
- Building a Better Future: Out-of-Home Care Reform in Western Australia (2016)
- Casework Practice Manual
- Foster Care Partnership Survey Findings Report (2014)
- Foster Carer Support at Difficult Times Policy (2011)
- Residential Care (Sanctuary) Framework (2012)
- The Foster Care Partnership Practice Framework (2012, 2<sup>nd</sup> Ed.)
- The Signs of Safety Child Protection Practice Framework (2011, 2<sup>nd</sup> Ed.)

Department of Communities, Child Safety and Disability Services, Queensland Government: Child Safety Practice Manual: Chapter 9, Standards of Care – 2.1 Develop a teamwork approach (May 2015)

Department of Health and Human Services – Child and Family Services, Tasmanian Government. New Directions for Child Protection in Tasmania: An Integrated Strategic Framework (2008)

Department of Human Services, Disability Services Division, Victorian Government: Looking After Children framework for children and young people living in out-of-home care arrangements – A guide for disability service providers (2012)

Department of Human Services, Victorian Government: Child Protection Manual – Policies and Procedures, Out-of-home care, Care teams (29 February 2016)

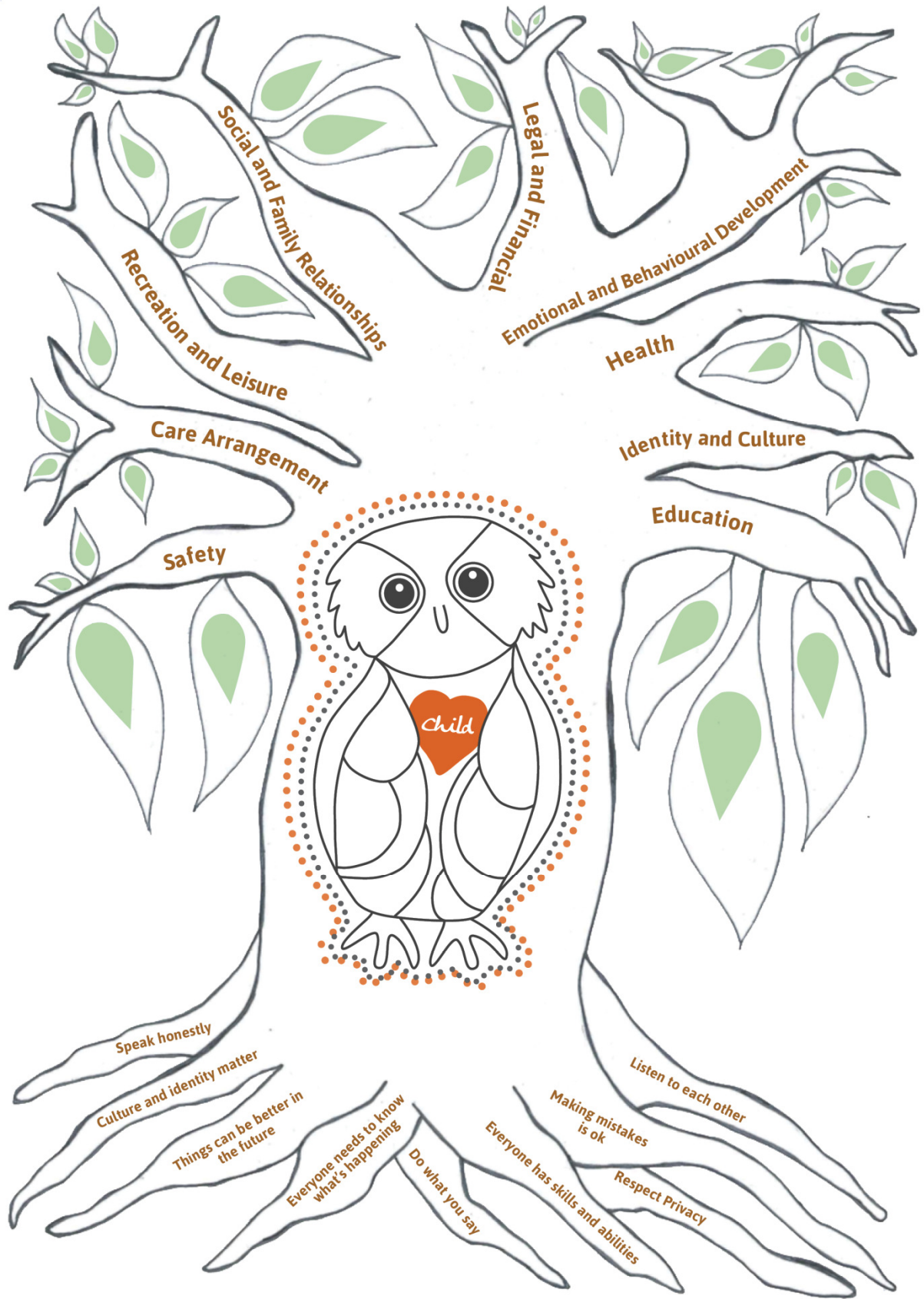
Gilligan, R (2006) ‘Creating a Warm Place where Children can Blossom’, Social Policy Journal of New Zealand (Issue 28)

Miller, C (2012) ‘The Care Team Approach to Helping Troubled Children’. Australian Psychological Society

Moss, M (2009) ‘Broken circles to a different identity: an exploration of identity for children in out-of-home care in Queensland, Australia’, Child and Family Social Work (Vol 14, Issue 3)

Wentz, R., Beck K., ‘Maintaining Family Relationships for Children in the Child Welfare System’, ABA Child Law Practice Journal Article (July 2012, Vol 31, no 7)

# ATTACHMENT ONE - THE CARE TEAM TREE



# JOEY'S DECEMBER CALENDAR

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1 David to take Joey to basketball training	2	3	4 Basketball match
5 Robert to take Joey to his doctor's appointment	6	7	8 David to take Joey to basketball training	9 Alice and Mum to watch Joey's school concert	10 Joey to stay at Nan's tonight	11 Last basketball match - Nan to come 😊
12	13	14	15 David to take Joey to the park	16 CPFS Christmas party with Joey, Alice and Naomi	17	18
19 Jill and Isla visit, and then Joey will have ice cream with Jill at McDonald's	20 	21	22 David to take Joey swimming	23	24 Joey to have Christmas eve dinner with Alice and all her extended family	25 Lunch (picnic) in the park with Alice, Joey, Mum, Clancy and her carer (Josie), and Nan
26 Robert to visit and take Joey to the movies	27	28	29 David to take Joey swimming	30	31	

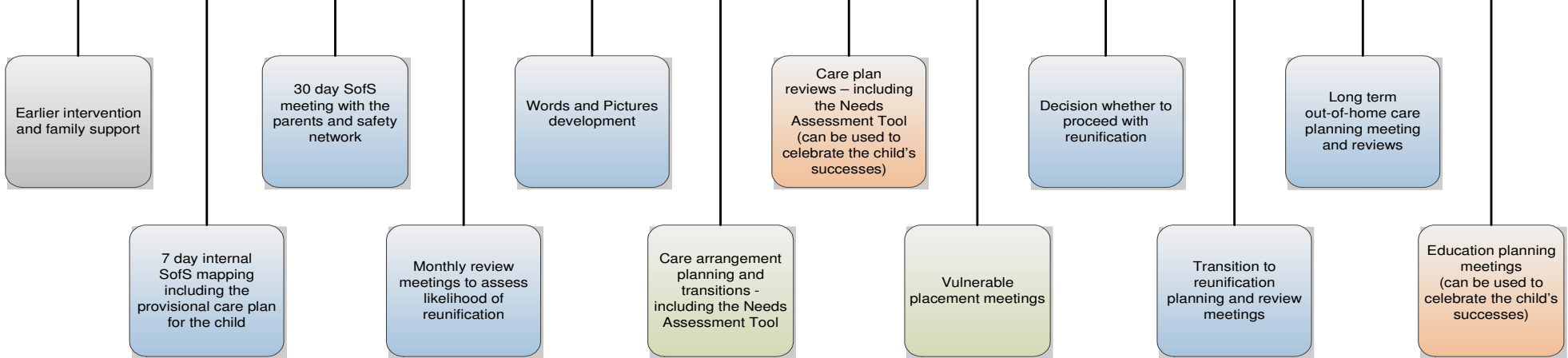
## Joey's Calendar and naturally occurring events when the Care Team Approach is working well together to best meet Joey's needs

Barb – Joey's Mum; Alice – Joey's carer; Naomi – Alice's granddaughter; David – Previous family neighbour; Diane – Joey's paternal Nana (Nan); Clancy – Joey's brother; Robert – Joey's paternal uncle; Josie – Clancy's carer; Jill – CPFS case manager; and Isla – CPFS senior child protection worker placement services.

## INTEGRATION OF EXISTING PROCESSES AND ROLE OF CARE TEAM MEMBERS

**LEGEND: FRAMEWORKS AND POLICIES**  
 Grey – Earlier Intervention and Family Support  
 Blue – Signs of Safety and Permanency Planning  
 Orange – Care planning  
 Green – Placement support

### Opportunities where the care team approach can best support the child



### Role of care team members

