

## Attachment 18

## FOSTER CARE SERVICE DESCRIPTION

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### Definition

Foster Care is "Care for children and young people aged 0-17 years which is provided on a short or long term basis by authorised carers in their own homes, or in a home owned or rented by Life Without Barriers. Such arrangements will usually be related to statutory intervention although some may be voluntary. Generally foster care offered by Life Without Barriers will involve the child or young person having a formal legal status as described in the relevant State's Child Protection legislation."

### Characteristics of Foster Care

- All carers receive an allowance to provide care
- All carers receive support and training to provide care services
- Wraparound supports are routinely provided; matched to the needs of the child or young person. These include Respite and Clinical Support from a range of therapeutic disciplines
- Special assistance is often provided to address Educational remediation and assist with integration into mainstream educational or employment programs where necessary
- All foster care placements receive case management and casework support to coordinate and deliver the different services involved in the placement (Note that arrangements vary between States as to which aspects of Casework and Case Management are held by the statutory authority)

### Life Without Barriers Philosophy of care

Life Without Barriers has a strong belief (supported by Research on Attachment and Resilience) that the key to providing good outcomes for children in care is the ability to provide safe, stable and nurturing relationships. Based on these beliefs Life Without Barriers has been at the forefront of extending foster care to include adolescents previously seen as unsuitable for fostering programs. It is in Foster Care that the opportunity to establish relationships is higher notwithstanding the difficult histories adolescents entering care bring with them. Life Without Barriers believes that carers who are strongly valued and supported through training, remuneration and access to professional staff can make the difference in the lives of many young people and provide the environment where they can learn to trust and develop to their potential.

#### Is it a family?

One of the major issues in the OOHC literature revolves around whether some young people are unsuitable for foster care and therefore require a Residential placement. Where young people are seen as unsuited to foster care it is usually postulated that this is because they cannot cope with the intimacy of a family-often because of many previous foster care failures.

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Life Without Barriers has recently established an organisational policy position on Residential Care that incorporates the use of several time-limited models however we also believe that the argument about unsuitability needs to separate whether it is the “family” or the “intimacy”(or both) of a foster placement which is the issue. Conversely Residential Care needs to be assessed for a young person in terms of their ability to cope with a much larger number of relationships even if they are not as intense.

Where the issue for a young person (and it is their perception which needs to be understood) is that they don't want to be placed in a family then foster care is not necessarily inappropriate. In Life Without Barriers view relationships are key and nurturing adult/child relationships can be developed without replicating a traditional family environment. Also skilled carers and LWB staff can assist the young person to negotiate the level of intimacy they can tolerate and respect their need for distance.

## Service delivery structures

Life Without Barriers has taken a specific approach to service provision in relation to its Foster Care service with the task of coordinating/case managing the case and supporting the child/young person being provided separately to support for the carer. Life Without Barriers believes that this approach properly recognises that carers need to be actively supported by someone who can concentrate on their needs. This approach has the added (critical) benefit of providing the child with someone outside the placement who can properly advocate for their needs. The roles of the various parties are set out below.

## Roles

### Carer

- Liaise with Supporter of Carers (SOC) and referring body (where appropriate) as part of the matching and entry into care process
- Develop an open and trusting relationship with the child or young person
- Provide daily care, supervision and guidance to ensure the child or young person's safety and development
- Provide a nurturing environment to promote the child or young person's self esteem and emotional wellbeing
- Facilitate activities that integrate the child or young person with their family, community and culture where appropriate
- Support the child or young person to participate in school, vocational training or employment
- Ensure the routine health and medical care of the child or young person
- Contribute to assessment of the child or young person
- Contribute to case planning
- Contribute to case reviews

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- Provide placement and critical incident reports
- Contribute to clinical support by providing up to date information and implementing interventions under the clinicians guidance
- Attend training
- Participation in supervision and various support activities

### **Supporter of Carers (SOC)**

- Provide care options for placement matching process
- Support carers through placement matching process
- Respond to crisis situations
- Assess and re-assess carers
- Contribute to case planning
- Support carers to participate in case planning
- Contribute to case reviews

### **Case Manager/Care Coordinator/Placement Coordinator**

- Undertake placement matching process in consultation with all relevant parties
- Visit the child or young person regularly to monitor their progress and ascertain their views
- Conduct Service Level Assessments and Reviews
- Undertake functions in relation to case planning
- Undertake functions in relation to Case Reviews
- Undertake Case Management
- Provide Casework
- Manage the individual child or young person's budget
- Provide reports as required including incident reports
- Maintain client files
- Ensure client information on the CIRTS is up to date
- Contribute to Clinical support
- Contribute to carer training, learning and support
- Contribute to carer supervision and support

### **Clinician**

- Provide direct clinical support to the child or young person as identified in the case plan
- Conduct clinical assessments as directed by the case plan
- Contribute to case planning
- Contribute to case reviews
- Provide reports as required
- Provide clinical intervention services to child/young person and carer

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- Contribute to carer training and development
- Contribute to carer supervision and support

### **Assessment of services required**

Upon referral to Life Without Barriers each child and young person will undergo a global assessment of their strengths and needs to ensure the placement can be tailored to each individual. In some States and Territories this will equate to the application of the Assessment of Service Level tool which is designed to identify the level of service required by an individual child or young person based on a comprehensive assessment of their needs. The assessment process will be revisited at regular intervals in conjunction with case plan reviews. In this way our case plans are always informed by the current needs and level of service required by the child or young person.

### **Wraparound support**

Wraparound is an approach to care defined as:

"a planning process involving the child and family that results in a unique set of community services and natural supports individualised for that child and family to achieve a positive set of outcomes"

Life Without Barriers believes that wraparound supports are critical to placement outcomes and has developed a number of Specialised programs that can be provided to an individual placement as part of our service. These include Respite, Special Educational input, Clinical Services (Psychology, Speech Therapy, Physiotherapy, or Occupational Therapy), Cultural planning, Leaving Care preparation and Family Contact. The overall level of support required will be determined through the Service Level Assessment process and the precise mix of supports through the case planning process.

### **Carer support**

As indicated above each carer will have assigned to them a "Supporter of Carers" who will be available to them for support and advice. This person will establish with the carer a regular schedule of visits and will also attend case planning meetings with the carer. This person will also be responsible for the recruitment and ongoing training of carers.

### **After hours support**

Carers will have access to After Hours support.

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### **Remuneration**

Carers will receive a set remuneration based on the service contract and intensity of need of the child or young person. This will be based on the service level where the level of service system is being utilised while in other services where it is not utilised, remuneration will be based on the contractual agreement with the relevant government department. It is Life Without Barriers Policy not to decrease the level of remuneration to carers even if the child or young persons needs decrease.

### **Contingencies**

The level of contingency funding available for each individual child or young person will be determined as part of the Service Level Assessment process in those States and Territories that utilise this system to deliver their service contract. For services that do not utilise this system, contingency funding will be based on the contractual arrangements with the relevant government department. Decisions about the services to be purchased with the available funds will be made as part of the case planning process and reviewed at each case planning meeting. Contingencies will be used to purchase the Specialised programs that collectively provide the Wraparound support in an individual case. The level of contingency support may be adjusted over time as the child/young person's needs change.

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## PROGRAM LOGIC DIAGRAM - FOSTER CARE

### Assumptions & External Factors

#### Assumptions:

- A focus on developing skills increases resilience, self-esteem & developmental outcomes.
- Permanency planning will be the basis of all case plans.
- Children & young people will always remain at the centre of the decision making process.
- Positive approaches are most effective in addressing issues of challenging behaviours.
- Supports are based on level of support needs as per assessment outcomes.
- Children & young people's support needs will change over time due to age, transition points, mental health, health issues etc.
- Foster Care models will change to suit the person's needs over time
- Program evaluation will illustrate areas for improvement.
- Personnel training & support will enable the provision of effective support to clients.
- Each child or young person has access to a primary carer as well as a key worker (Can be the one person)
- Children & young people will have access to Specialised programs e.g. Education.
- Programs will be well documented as to their target group, capacity, assessment processes, treatment approach, staffing & day to day operation.
- Evaluation will be built into all programs.
- Clinical advice to staff will be an integral part of any program in addition to direct clinical services provided to children & young people

#### External Factors:

- The young person's development will be limited by their biological make-up.
- Outcomes could be influenced by the availability of resources to Partner agencies.
- Death or illness of carers could affect stability
- Economic conditions could affect Educational/Employment outcomes.