The Department for Communities 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.
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## ROLES AND RESPONSIBILITIES IN MATCHING

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BACKGROUND

As with all relationships, not all children and foster care families fit well together. The importance of early and effective matching of a child with a carer who can meet their individual and permanency needs is crucial to lasting care arrangements that will lead to improved outcomes for that child. Poor matching can lead to multiple care arrangements and further trauma for a child.

The *Building a Better Future: Out-of-Home Care Reform in Western Australia* made the following recommendations:

13. Broaden the current role of the Central Referral Team to include a matching function of children with all available Carers.

14. Implement policy and information technology changes so that children can be better matched on their individual and permanency needs, including improved knowledge on community sector organisation real-time occupancy.

15. Explore technology options to assist in whole-of-system matching of children with care arrangements.

As part of the new model, once a child protection worker is unable to locate a suitable relative or foster carer in their own district, all remaining care arrangements in the Western Australian system will be considered via the Child and Carer Connection Hub. Improvements in information technology will allow real-time consideration of care arrangements in the community services sector and other Department district offices. This will improve the ability of the Department to provide early matches of children with carers who can meet their individual and permanency needs.

Importantly, this will improve the ability of the Department to link Aboriginal children with Aboriginal carers.

The purpose of having an established approach to *Care Arrangement Matching* is to provide clarity to how we match care arrangements, what criteria we use, the principles we employ and the responsibilities of all parties. The approach acknowledges and builds on existing processes and strategies already engaged by the Department and community sector organisations.
THE MATCHING APPROACH

A detailed care arrangement matching process will allow for;

- the identification of the type of care best suited to the child,
- the particular skills and abilities the carer will need to meet the child’s needs,
- and the supports and services required for the care arrangement.

With the introduction of the Needs Assessment Tool in December 2016, an overarching snapshot of a child is captured. This, along with additional information from the Care Arrangement Referral, allows a child’s care team the opportunity to focus on identifying those threads that will create lasting connections between children and carers. Alongside this, carer assessment and review processes offer opportunities to capture information, which will also identify those threads.

In choosing an out-of-home care arrangement it is vital that the safety and care needs of the child are able to be addressed by the carer or care arrangement option. Children entering care are likely to have experienced significant trauma which will be compounded by any disrupted care arrangements and care arrangement moves. When children experience two or more care arrangement breakdowns, there is a reported increase in the likelihood of the pattern continuing. In addition, any care arrangement changes in the first year of care can put children on a path towards further instability\(^1\), and can lead to more antisocial, anxious and depressed behaviours\(^2\).

Matching processes need to be grounded in a questioning approach, and centred on critical matching points where key information can be obtained about both children and carers. Guided by key considerations, workers are encouraged to explore the beliefs, values, thoughts and emotions that underpin the behaviour and attitudes of both carers and young people. By having a better understanding of what each party is bringing to a care arrangement, we are better able to match and plan towards stability.

GUIDING FRAMEWORKS AND POLICIES

The Department’s care arrangement matching is complementary to the Department’s care team approach, bringing together guidance on how we identify the right people to be part of a child or young person’s care team, and promote the linkages that create permanency and stability in care arrangements.


The approach is informed by the principles outlined in the *Children and Community Services Act 2004*, with particular focus on the best interests of the child, the principle of child participation, and the Aboriginal and Torres Strait Islander child placement principle. It is also strongly linked to the Department’s other frameworks and policies:

- Aboriginal Services & Practice Framework
- Care Team Approach Practice Framework
- WA Signs of Safety Child Protection Framework
- Residential Care (Sanctuary) Framework
- Permanency Planning Policy, and
- Care Planning Policy

**ACCEPTANCE, BELONGING AND CONNECTION**

**Acceptance**

How will the carers, with the support of other Care Team members, help the child to feel accepted into their foster family?

In order to restore or develop a child’s self-esteem, children need carers to accept them for who they are, for both their strengths and their difficulties, regardless of their differences or personalities. This level of acceptance allows carers to identify and support the child’s talents and interests, helping the child to fulfil potential, and feel good about themselves. A child’s safety is enhanced when their inner self is never at risk of rejection, ridicule or disappointment and when the adults caring for them can relate to them. Unconditional acceptance is at the core of a child’s sense of safety³.

Acceptance is supported by a carer’s ability to create cultural safety for children and young people. Cultural safety creates an environment that is spiritually, socially and emotionally safe, where there is no assault, challenge or denial of the child’s identity, of who they are and what they need⁴.

When assessing carers it is important that significant attention is given to the carer’s motivation, as well as views of their own capacity and willingness regarding the children they feel they can care for. It is essential that consideration is given to any reluctance the carer may have on the placement of a particular child.

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Belonging

How will the carer and others help the child to feel that they belong in the foster family?
How will we know that the child feels like they belong in their foster home?

Foster families are an important environment through which foster children can develop a sense of belonging and positive identity. A sense of belonging begins at birth with a connection to family and cultural membership, and includes the practical and emotional support of a child’s foster family. Carers therefore need to have the capacity to incorporate children as new family members, whose background and experiences are often very different to their own. They need the capacity to be thoughtful, reflective and open towards the child, and an ability to work with the child’s birth family.

The Department’s permanency planning policy outlines the importance of providing children in care with safe, continuous and stable living arrangements, lifetime relationships and a sense of belonging. The policy enables parallel planning for a child entering the care of the Department, with decisions about reunification grounded in the child or young person’s timeframe. The matching process needs to focus on and assist the child to establish and feel a sense of belonging within their care arrangement.

Connection

Who is the child connected to?
How will the carer support the child to maintain connections to those people that are important to them?

Relationships with people who care for and about children have been called the golden thread in children’s lives, and the quality of a child’s relationships is the lens through which we should view what we do and plan to do. Helping the child or young person to connect or stay connected in a day-to-day way with their communities is a significant aspect of cultural care. This involves working out how the child/young person can be supported in their participation and inclusion in their communities in practical and ongoing ways.

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6 Department of Communities, Child Safety and Disability Services (2015), Support needs and placement matching in out-of-home care: A literature review.
7 Libesman T (2011) Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care.
The Aboriginal Services and Practice Framework outlines the foundational elements that support effective outcomes for Aboriginal children, families and communities. A key element is understanding the person as living, and being in a relationship with the family, community, language group, land and spiritual beings. As such, any care arrangement of children must take an holistic approach that is inherently relational and inter-dependent, with a key emphasise on connection. Specifically section 80 of the Children and Community Services Act 2004 delivers an expectation that practice will preserve and enhance a child’s cultural, ethnic and religious identity.

How the child maintains their connection to their culture and continues important relationships in their lives shapes their ongoing and future identity. Carers need to have an understanding of the importance of this connection which also needs to inform our plans and actions for the child.

KEY CONSIDERATIONS WHEN MATCHING

Care arrangement stability and disruption are the most common research measures for children and young people in care. Despite the highly reported difficulties and challenges associated with achieving care arrangement stability, there is little research both nationally and internationally associated with care arrangement matching and decision-making. The matching considerations outlined below underpin the most common research findings that are significant to care arrangement matching and decision-making:

- matching as a process not an event;
- matching is grounded in the child’s best interest and need;
- all family connections need to be considered;
- valuing existing relationships;
- maintaining cultural connections;
- siblings should stay together;
- care arrangements need to be a place of healing;
- considering children’s views;
- and working together and sharing information.

These considerations are designed to guide the beliefs, values, knowledge and experience that shape and influence the way in which the Department works within a child’s Care Team, and to meet the individual care needs within the care arrangement.

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• **Matching as a process and not an event**

When there is a focus on the care arrangement being an event, the child's needs are often minimised or the capacity of the carer is exaggerated in order to gain the match. Working closely as a care team around the child over the life of the care arrangement helps to make sure that there is a range of means to engage and support children, young people, and carers along the journey.

The way in which a care arrangement is made will often influence its progress and success. Care arrangements are more likely to breakdown when they are made quickly and without adequate consultation with children or young people, and without adequate consultation with or the provision of full information to carers; or where carers’ preferences about the characteristics of children to be placed are ignored.

• **Matching is grounded in the child’s best interest and need**

It is critical when finding an out-of-home care arrangement that the needs of the child are fully assessed. Not all children are suitable for traditional family-based foster care, especially those who present with certain characteristics, such as mental health concerns or conduct disorders, where their needs may be more appropriately met in specialised foster group care models.

Matching is the process whereby aspects of a care arrangement options are filtered through the individual needs of a child requiring care in order to find the most appropriate option. As such, careful exploration and assessment is also required about the carer’s motivation and capacity. The separation of permanent and temporary carers is an important step in identifying the particular skills and expectations of a care arrangement.

The ability to match a care arrangement can sometimes be restricted due to an unexpected breakdown, changes in circumstances, or the limited availability of care arrangements. In these situations key matching considerations should continue to be followed as much as possible and practicable. Once the immediate care arrangement needs have been resolved, the matching process must continue to locate the best possible option based on the child’s care planning and level of care needs.

• **All family connections need to be considered**

When considering the potential care arrangement for a child, family options on both maternal and paternal sides should be considered. Where there is insufficient

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information available, and a care arrangement is required outside of the family system, efforts should continue to be made to identify a suitable family care arrangement option. Family care arrangements can often assist in reinforcing a child’s self-esteem, identity, and reduce the trauma that often accompanies children when they move into a care arrangement not familiar to them previously.

As detailed in the Permanency Planning Policy, permanency decisions need to be made for children within clear timeframes. Within these timeframes all family members should be explored as potential care arrangement options and/or continued connections for the child, using genograms to capture and record the information. Collecting and recording the names of the child or young person’s parents, family, kinship and ancestors is an important part of delivering cultural care, providing the child or young person with a personal history they can keep and refer to into adult life.

- **Valuing existing relationships**

Care arrangement decisions need to be guided by careful assessment of the child’s current relationships and maintaining these connections where possible. The most common way to maintain a child’s connection to existing relationships is achieved through contact. Contact can be either face-to-face, or through alternate avenues such as letters/emails/telephone calls and Skype. When making decisions about contact, the critical factors to consider are, what is the purpose of contact, and is the goal reunification or not? Contact should support the healing of the child and be in the child’s best interest.

When the primary permanency plan is reunification, a child’s contact with parents needs to be regular and purposeful to support and assess the likelihood of reunification. After the decision has been made that permanent care is in the child’s best interest, the contact arrangement must begin transitioning to the proposed permanent care contact arrangements. To assist in assessing and developing plans that promote meaningful and ongoing connections for the child with those that are most important to them, please refer to the Department’s Casework Practice Manual Related Resource: Guide to developing contact arrangements according to the case plan goal.

Foster carers also need to be open to discussions with the child about their relationship with their birth parents, and where possible, support and be involved in contact visits. It is an advantage to the child when the two families have some

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10 Libesman T (2011), Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care, Fitzroy, Melbourne: Secretariat of National Aboriginal and Islander Child Care (SNAICC).
connection with each other and the foster carers are not kept on the periphery of contact arrangements. Children and young people will do better in care arrangements that do not view their family negatively. The Department’s Permanency planning - building and maintaining positive connections between birth parents and foster carers outlines the importance of the child seeing the adults in their lives working together.

**Maintaining cultural connections**

It is critical that as much information as possible is gathered about the child or young person’s cultural identity, and should be an integral component of the assessment and matching process. Whilst section 80 of the Children and Community Services Act 2004 recognises the importance of children maintaining cultural, ethnic and religious connection, section 12 identifies the Aboriginal and Torres Strait Islander child placement principle. The objective of this principle is for Aboriginal and Torres Strait Islander children who are subject to placement arrangements (also known as care arrangements) to maintain a connection with family and culture. The principle states that any placement of a child be in accordance with the following order of priority:

a) Placement with a family member;
b) Placement with a person who is an Aboriginal person in the child’s community in accordance with the local customary practice;
c) Placement with a person who is an Aboriginal person; and
d) Placement with a person who is not Aboriginal person but who, in the opinion of the CEO is sensitive to the child’s needs and capable of promoting the child’s ongoing affiliation with the child’s culture, and where possible, the child’s family.

All carers need to demonstrate their commitment and capacity to promoting the child’s cultural identity. Importantly for Aboriginal children, this is facilitated through strengthening their connection to family, community, culture and country, and by carers learning ways to integrate Aboriginal culture into family life.

- **Siblings should stay together**

Siblings need to be considered when looking at the child’s connections and assessing care arrangement options. It is important when making a decision around care arrangements for siblings to assess each child’s needs, their relationships and attachments. It is necessary, wherever possible, to understand the child’s perspective in order to be able to grasp the importance of maintaining the sibling connections.

Placing siblings in a care arrangement is a complex matter with many factors to take into account. Many studies point to the benefits, such as siblings having the potential

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to offer support, reaffirm identity, maintain knowledge of family, and are generally valued by children and young people. Reasonable efforts should be made to place siblings in the same care arrangement, unless such a joint arrangement would be contrary to the safety or wellbeing of any of the siblings. If placement of siblings in the same care arrangement is not possible, or considered not appropriate, they should be supported to maintain ongoing contact.

- **Care arrangements need to be a place of healing**

Foster care can be a positive, life-changing experience for a child and a family. The aim for all foster care arrangements is to be a place of healing from the significant and complex trauma histories that impact on all levels of developmental functioning, and help the child or young person reach their full potential. Carers are the key agents for change in the life of a child.

Foster children who feel welcomed into a family environment, or who are invited to create family with foster carers, report that this sense of family is central to their experience of stability in the world. Foster families typically provide a safe environment in which healing from previous abuse can occur. For a care arrangement to be a place of healing it does not require carers to function as therapists, but rather provide purposeful and planned care to improve the child’s ability to relate and rely upon others, and to function effectively in the world.

Healing care is informed by research about how the damaged brain can “heal” within the context of a significant, safe and secure relationship. Healing care is when a healthy attachment cycle repeatedly occurs within the carer-child relationship. Through this healthy attachment process the child learns to relate and rely upon others and function effectively in relationships.

Carers need to have an understanding of why children in care behave the way they do and how they can best respond to, and interact with, the child moment-by-moment, to promote the child’s healing. Healing care requires more planning, attention to detail, self-control and prioritisation of the child’s needs than ordinary parenting. Carers need the ability and the support to self-reflect, identify and respond to the child’s underlying feelings and needs rather than their behaviours, and understand that overcoming the impact of abuse/neglect is a long term process and for the duration of the care arrangement.

- **Considering children’s views**

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It is important that children and young people are involved in decisions about where they live and where possible, these views and wishes taken into account. In addition, their fears and hopes should also be taken into consideration throughout the matching process. This should be done within the context of the child’s biological and developmental age, their ability to understand, level of maturity and their trauma history. It is important that children are supported and informed about care arrangement decisions.

*The Signs of Safety Child Protection Practice Framework* emphasises the importance of involving the child, highlighting that there is a considerable body of research that indicates that children and young people caught up in the child protection system feel like they are “pawns in big people’s games” and that they have little to say or contribute in what happens to them. Signs of Safety therefore developed tools and processes designed to involve children. The “Three Houses” and “Turtle Tool” can be utilised to ascertain the voice of the child when exploring care arrangement options.

- **Working together and sharing information**

The provision of full and accurate pre-care arrangement information is linked to enhanced stability and improved outcomes for children and young people. Research suggests that carers are able to deal with some very difficult behaviours, as long as they are well prepared. Providing ongoing learning opportunities for carers is essential in building capacity and increasing care arrangement stability.

Gathering and sharing of information at the point of referral, during the matching process and following the care arrangement is essential for understanding the child’s needs as well as providing information for the carer. Good quality information is a prerequisite for successful matching and it is important that this information is regularly updated, highlighting strengths whilst not minimising difficulties and concerns. Matching can only be as good as the information on which it is based.

Lack of information is a pervasive theme in the research surrounding care arrangement instability and breakdown, and this has significant implications for the success or failure of the care arrangement. Even when information is shared, workers need to check the carers understanding of the child’s history and experiences.

The Care Team have a shared responsibility for meeting the needs of the child on their care journey. The quality of the relationships between everyone in the team can

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have a significant impact on the outcomes for the child and understanding each other’s roles and perspectives during the process is essential. The Department’s *Signs of Safety Child Protection Practice Framework* identifies constructive working relationships between professionals and family members, and between professionals themselves, as being the heart and soul of effective practice in situations where children have suffered abuse and/or neglect\(^\text{15}\).

**CRITICAL MATCHING POINTS**

For children in provisional protection and care, and on a protection order (time limited), permanency planning is a parallel process identifying reunification with one or both parents as the primary permanency plan and permanent out-of-home care as the secondary permanency plan. Assessing the likelihood of reunification must begin when a child enters provisional protection and care. Decisions about whether a protection order application should proceed must be made within 12 months for children who enter provisional protection and care at less than three years of age and two years for all other children.

From the moment a child enters care the secondary permanency plan should be considered alongside the primary permanency plan of reunification, with a focus on what the care needs are for that child both now and in the future. Where possible, care arrangements should be sought that not only meet the primary permanency plan, but also have the ability to meet the secondary permanency plan.

Throughout this permanency planning process there is an ongoing opportunity to consider and progress good matching practice through the following stages:

1. Gathering information and making assessments.
2. Choosing the most appropriate care arrangement type.
3. Choosing the most appropriate care arrangement option.
4. Planning the care arrangement.
5. Supporting the care arrangement

**STAGE ONE: Gathering Information and making assessments**

**Carers**

The carer assessment and annual review process is an important starting point to the matching process and provides the opportunity to capture information that will assist in

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finding the common connections between carers and children. Information collected should include:

- Why do the carers want to “parent” and are their expectations realistic?
- Why do they want to care for Aboriginal children and/or children from another culture?
- What are their “buttons”, and sensitivities?
- What are the carer’s previous parenting experiences?
- Who are the significant others in their network who would support the care experience, and what are their attitudes towards foster care?
- What is their attitude to the types of harm suffered by children?
- What is their attitude to the child or young person’s family of origin?
- Would they feel an ownership over the child / what is their motivation?
- Are there lifestyle or time availability issues (for example working or not, need for day care or other issues)?
- How do they spend their time as a family?
- What is their ability to show empathy and be non-judgemental?
- What are the expectations of their roles as carers (level of involvement, permanent and/or temporary)?
- What types of behaviour management strategies do they use and their understanding of how this would impact on different children?
- What are their expectations on the role of the Department and the supports required?
- What is their culture / religion?
- What are their own childhood experiences and how will they impact on their care of children?
- Do they have insight into their own views and behaviours?

Appendix 1 provides a list of critical questions that should be used when assessing prospective carers that will assist the matching process. Carers should also be encouraged to complete the carer profile document which can then be used to introduce the child and their current networks to the proposed carers.

Child

Comprehensive information must be collected on the child in order to gain a full picture of their care arrangement needs, informing the Needs Assessment Tool and
Care Arrangement Referral. This information gathering needs to be collated from a variety of areas:

- The child, parents and significant others;
- The previous carer/s;
- A child’s care arrangement history, (including frequency of care arrangement changes, reasons for care arrangement breakdown);
- Social networks/services – including school teachers, medical specialists and other external agencies and specialist services involved with the child; and
- Departmental records, in particular NAT and Child Trauma Background and any other significant information including, but not exclusive to, genogram, care plan, file review, quarterly report, permanency planning documentation.

Additional information may be obtained through previous or current carers filling out the booklet, A Day in the Life Of. This document includes the child’s daily routines, what soothes them, what foods they like/dislike, and can be downloaded through the Casework Practice Manual.

Including the child’s view and wishes is imperative and can be done through their direct involvement in meetings, information obtained from Viewpoint, and utilising the Signs of Safety tools (Three Houses, Turtle Tool) when interviewing the child.

Parents

Including the parent’s views and wishes is also crucial; this can be done through their direct involvement in meetings or separate meetings if required. Parent’s participation throughout the entire process should occur wherever possible as they will have significant information on the child, such as their routines, relevant historical information, and up to date knowledge about the child’s extended family and connections.

Appendix 2 lays out the nine dimensions of wellbeing, and provides prompts for information that is relevant to obtain when assessing a child’s care arrangement needs.

STAGE TWO: Choosing the most appropriate care arrangement

Not all children and young people are suited to a family or foster care arrangement, older children may seek transitions to independence or significant trauma based
behaviours may require more specialised care. As such, there are a range of care arrangement options available. Careful consideration should be given to which type of care arrangement will best meet the child or young person’s needs.

Family Care
In the first instance all maternal and paternal family options must be explored. The child’s genogram is an important tool in providing a comprehensive picture of the child’s family tree and determining any suitable care arrangement options. The genogram should be a working document and reviewed at all stages of the permanency planning process. Prior to a permanent foster care arrangement being sought, all other family options must have been exhausted.

Foster Care
Foster care is an alternate care arrangement type provided either by the Department or by community sector organisations. This type of care can meet a wide variety of children and young people’s needs because of the level of commitment, experience and knowledge a carer brings to the care arrangement, and the supports already in place that can assist the carers to meet the particular needs of the child.

When considering matching a family or foster carer to a child’s care arrangement needs, comprehensive information gathering and assessment of the carer is required in order to gain a full picture about their capacity and willingness to care for the child. Carer information begins with the carer’s first contact with the Department and can also be collated from the following areas:-

- Carer Assessment Report
- Carer Assessment Review/s
- Carer profile document
- Carer viewpoint questionnaire
- Care Planning meetings, and
- Ongoing support/discussions.

Group Care
Whilst approximately 80% of children and young people in care are placed in either family or foster care, the Department also provides a number of group care arrangements to support children, young people and sibling groups who may present with more complex needs. These arrangements are provided by both the Department and community sector organisations, and can either be based on a foster care model or rostered care model. Group care arrangements provide therapeutic models of care,
with the Department investing significantly in the Sanctuary model of trauma informed care.

Complex Community Care
The Department also provides complex community care options for children and young people with exceptional high needs. These arrangements are provided through community sector organisations and provide intensive supports to meet the needs of young people. These arrangements, as well as most group care arrangements, are accessed through the Child and Carer Connection Hub, which will work alongside child protection workers to identify the most appropriate care model for a child or young person in care.

STAGE THREE – Choosing the most suitable care arrangement option

Once all the information has been considered and the most appropriate care arrangement type has been determined to meet the needs of the child, consideration needs to be given to the most suitable care arrangement option. This is done by considering which care arrangement option will best meet the child’s individual needs, and how best this care arrangement can be supported (see appendix 3).

As previously identified, the Aboriginal and Torres Strait Islander Child Placement Principle must be followed when assessing the most suitable care arrangement option for an Aboriginal or Torres Strait Islander child. An Aboriginal person or agency who has relevant knowledge of the child, the child’s family, or the child’s community must be consulted prior to any decision being made.

Undertaking a Signs of Safety mapping (refer Signs of Safety Child Protection Practice Framework), with the specific purpose of identifying the most suitable care arrangement option provides a comprehensive process for considering all of the child’s needs alongside any potential care arrangement option. The framework allows the case worker to identify the overall strengths and challenges of a care arrangement option and the necessary supports required to support the success of the care arrangement. Similar to considerations for reunification, workers should utilise section 8 of the Children and Community Services Act 2004 in determining the best interests of the child, and developing an action plan for supporting the care arrangement (see appendix 4).

Where there may be multiple options for the care of the child or young person, the mapping can provide opportunity to look at the impact of each care arrangement, their strengths and deficits, the level of natural supports the care arrangements provide,
and the level of support required by the Department and other service providers both now and in the future. It is important that this analysis also considers the impact a decision will have on the child’s current and ongoing relationships and cultural connections.

STAGE FOUR – Planning the care arrangement

Once the most suitable care arrangement option for a child has been identified it is important that full information is provided to the carers or relevant community sector organisation to assist them in making an informed decision on whether they can meet the care needs of that child, and to facilitate discussion about what additional supports/services might be required and available.

From the moment the carer agrees to the care arrangement, it is important the carers are incorporated as members of the child’s care team, with involvement in the planning, consultation, and negotiation that occurs to set up the care arrangement. These discussions and agreements should be captured in either the provisional care plan or care plan, and focus on a number of areas including:

- Education – including agreement of new school if required, transition process, any additional supports surrounding this, and developing an education plan.
- Health – including current and future health needs, transport requirements, involvement in services, and any referrals required to specialists.
- Contact – what contact requirements, frequency, cultural considerations and travel commitments etc.
- Roles & responsibilities of all parties.

The Care Plan and/or provisional care plan is the annual planning forum for each child that sets out the needs of the child or young person, and what steps and measures will be undertaken to meet these needs, including decisions about placement arrangements. Care plans should be reviewed, or modified to consider and include all significant changes in care arrangements.

Once the care arrangement is agreed then transition planning is essential to reduce the trauma for the child during the move. This provides more opportunity for a successful and positive care arrangement and supports preparation for everyone involved as well as an opportunity to form and establish relationships.
Every child’s care plan should include a component that notes the child’s background trauma, their current presentation/behaviours and what strategies and actions will be undertaken to address the trauma. These strategies should assist the carer to respond to those behaviours in a thoughtful manner that allows both the carer and child to make sense of the behaviour, deepen their relationship, and ultimately help the child to heal from this trauma.

STAGE FIVE – Supporting the care arrangement

Once the child has transitioned into their new care arrangement, it is important that ongoing support is provided to the carer as per the Provisional Care Plan or Care Plan. This support is provided predominantly by the child protection worker and assisted by other members of the child’s care team. Other Department staff that may assist in supporting the care arrangement include the team leader, senior child protection worker (placement services), psychologist, Aboriginal practice leader, and education officer.

In addition there are other supports that may be accessible to the carer including:

- Online resources relating to trauma, attachment, child-development, parenting strategies for carers; accessible online through the Learning and Development Centre, eBooks, DVD’s and articles.
- Carer training, including regular Departmental Foster Carer training.
- Carer networking.
- Specialist psychological support.

Often there will be challenges that present in the lifecycle of a care arrangement that may threaten stability and key relationships. This may relate to the impact of the care arrangement on the carers children, or as a result of a change in the child or young person’s behaviour and attitude. At these times case workers are encouraged to utilise the Signs of Safety Practice Framework to explore the care arrangement dynamics and seek to minimise the impact the issue may be having on the care arrangement.

The use of the Signs of Safety mapping process with all members of the care team (children, siblings, carers, and extended family) is a useful tool in these circumstances. The process should provide a safe environment for all parties to explore what they are worried about, what is working well, and what needs to happen in order to resolve issues and move forward.
ROLES AND RESPONSIBILITIES IN MATCHING

Parents, siblings and family
- Provides information about the child (routines, likes and dislikes, health and education history etc).
- Where possible or appropriate, provides support to the child during transitions.
- Provides support and re-assurance to the child.
- Participates in ongoing care team meetings to support the care arrangement and child’s stability.

Carer
- Creates an environment where children feel secure and safe.
- Provides support to the child during key transitions.
- Participates in the child’s care team and provides relevant feedback.
- Develops the skills and resources required to meet the child’s needs and seek assistance when required.
- Supports and facilitates the child’s healing.

Child protection worker
- Builds effective relationships and collects relevant information on the child and their networks.
- Seeks appropriate consultations to assist in the identification of a care arrangement that will be able to meet the child’s needs.
- Facilitates information sharing and brings the care team together.
- Works with the child, family, community members, and other Department staff to deliver the best care arrangement option.
- Supports ongoing learning and development of carers.

Senior child protection worker (placement services and/or assessment officers)
- Develops effective relationships with prospective carers and collects relevant information for matching.
- Undertakes assessments and reviews on Foster and Family carers.
- Works with the child’s allocated child protection worker to identify and facilitate matching with local carer options.
- Facilitates Signs of Safety meetings with children, carers, and professionals to support care arrangements for children.
- Works with carers to develop their skills, knowledge, and abilities to meet the care needs of children.
Aboriginal Practice Leader
- Develops and maintains effective links and relationships with relevant Aboriginal organisations, communities and individuals.
- Provides cultural advice to the case manager and care team members.
- Supports the child’s cultural connection to family and community.
- Facilitates Signs of Safety meetings with children, carers, and professionals to support care arrangements for children.
- Works with carers to develop their skills, knowledge, and abilities to meet the cultural care needs of children.

Referral, assessment & matching officer (Child & Carer Connection Hub)
- Maintains up to date information on the capacity of the care system.
- Responds to referrals and collects relevant information on children and young people seeking care arrangements outside of their District.
- Makes assessments on the best care arrangement type for a child or young person based on their known needs, and gives recommendations on the most appropriate care arrangement option.
- Liaises with Districts and Community Sector Organisations on care arrangement matching.
- Participates in and leads transition and planning processes where required.
## Appendix 1: Critical Questions for Assessing Carers.

<table>
<thead>
<tr>
<th>Assessment Areas</th>
<th>Questions/Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer type</td>
<td>Are the carers interested in permanent and/or temporary care? Are they willing to do both, or change depending on child’s needs?</td>
</tr>
<tr>
<td>Care needs</td>
<td>What is the carer’s approval/capacity for a child with additional care needs (low/medium or high needs)? Are the carers willing to support a child with additional care needs?</td>
</tr>
<tr>
<td>Location</td>
<td>Where do the carers live? How far will the carers be prepared to travel per week?</td>
</tr>
<tr>
<td>Home environment</td>
<td>What pets carers currently have? What preferences/requests surrounding matching a child in relation to pets? What is the home situation like/suitability— i.e. number of rooms, any safety issues etc?</td>
</tr>
<tr>
<td>Family dynamic</td>
<td>Who are the current children in the family? Are there any known safety needs/risks for children?</td>
</tr>
<tr>
<td>Cultural identity</td>
<td>What is the carers cultural identity? What is the carers capacity to care for a child from a different cultural background, and how will they value the child’s culture?</td>
</tr>
<tr>
<td>Religion</td>
<td>What is the carers religion? Will this impact on their care of the child? What is the carers capacity to care for a child from a different religious background, and how will they value and promote child’s religion?</td>
</tr>
<tr>
<td>Availability, lifestyle and hobbies</td>
<td>What is the carers availability? Do they work, and what hours? Will there be a need for day-care/after-school care etc.? What are the carers regular or known commitments? What is their inclusion and participation, what hobbies do they have?</td>
</tr>
<tr>
<td>Carer motivation</td>
<td>Why do the carers want to care for a foster child? What are their expectations about fostering and foster children, and are they realistic?</td>
</tr>
<tr>
<td>Past experiences and triggers</td>
<td>What are their past experiences? What are carers own childhood experiences? What are possible triggers for carers? What are their buttons, what don’t they like and why?</td>
</tr>
<tr>
<td>Experience/skills</td>
<td>What is the carers previous parenting experience and skills? What type of behavioural management strategies will/do carers use? What is the carers capacity to manage difficult behaviours? What is the carers attitude to types of harm suffered?</td>
</tr>
<tr>
<td>Support networks</td>
<td>What are the support networks like for carers? Who are they? What type of support will these people be able to provide (i.e. short term care, emotional support)</td>
</tr>
<tr>
<td>Family and social relationships</td>
<td>Do the carers value the importance of child’s connections to family, community and history? What is the carers capacity to accommodate and support a child’s contact plan? What are the carers able to realistically support the child with (i.e. frequency of contact, travel to contact)? What are the carers attitudes towards child’s family of origin? Are the carers willing to be present to support the child during contact (if assessed as appropriate)? Can carers support contact locally or in the country? What is the carers willingness and ability to travel?</td>
</tr>
<tr>
<td>Working together</td>
<td>What are the carers expectations on the role of the Department and the supports required?</td>
</tr>
<tr>
<td>Insight/reflective capacity</td>
<td>What are the carers strengths/weaknesses? What is the carers reflective capacity? What is the carers emotional intelligence? What is the carers ability to show empathy and be non-judgemental?</td>
</tr>
</tbody>
</table>
## APPENDIX 2: NINE DIMENSIONS OF WELLBEING: Prompts for Assessment

<table>
<thead>
<tr>
<th>Assessment Areas</th>
<th>Questions/Considerations</th>
</tr>
</thead>
</table>
| Safety           | - From the safety information collated what do the carers need to be aware of/have capacity to manage?  
- Contact - does this need to be supervised or not? Any particular safety considerations when considering care arrangement planning?  
- Location of carers – are there any safe or unsafe areas to consider?  
- Care arrangement requirements linked to safety (for example if the child has sexualised behaviour that place them or others at some/moderate/significant risk, detail surrounding “type” of care arrangement needed (ie. ages of other children in the home, carers contact with other children and supervision capacity/ability and such like.)  
- Does the child understand why they are in care (ie. has a ‘words and pictures’ been done?) |
| Care Arrangements| - Care arrangement type: Temporary and/or permanent care? And why? Timescales – when is the care arrangement needed, for how long? Carer requirements? (eg. skills in assisting with reunification, availability for the child, experience of carer etc.)?  
- Siblings – is this referral for one child or sibling group and reasons for this. Possibility of future sibling care arrangement?  
- Location of the child currently or area of familiarity?  
- Reason for referral: What is the child’s current care arrangements and what is the reason for a care arrangement move?  
- Care arrangement history of the child – including information on when came into care, reunification attempts, reason/s for care arrangement move/s.  
- Family options considered: Detail around family options that can be considered/explored as potential options.  
- Aboriginal children: Information around wider extended family and community care arrangement options that can be considered/explored. |
| Health           | - Health information obtained relating to past, current and ongoing/future health needs (including noting skills/experience of carers, availability of carers to be able to meet the child’s health needs, commitment to travel, ability to support through appointments, location of care arrangement etc.)  
- Additional information/summary on child’s experience in-utero if known and any important maternal/paternal and/or siblings health factors to be aware of. |
| Education        | - Education information obtained and any other relevant health information relating to current and ongoing/future educational needs.  
- What is the child’s school attendance like, grade levels, likes? Information on child’s relationship to school and school’s commitment to child currently, would a school transfer be supported if required?  
- Does the child attend child care/after school care? Information on this (Child’s views about school?) |
| Social and Family Relationships | - Social/family information obtained.  
- What are the family’s expectations surrounding care arrangements for the child?  
- Child’s key connections (including relationships through previous care arrangements).  
- What are the contact arrangements for the child with each family member (parents, siblings and extended family) both currently and in the future? What is the purpose, frequency, quality and “type” of each contact arrangement? |
| Recreation and Leisure | - Recreation/leisure obtained and any other relevant information, including what is the child’s likes for sports/activities?  
- What are the child’s hobbies and interests? Are they attending any clubs or other leisure activities on a regular basis? Where/how? |
| Emotional and Behavioural Development | - Emotional/behavioural Information obtained and any other relevant information, including right now what is needed to meet the child’s emotional state?  
- How many care arrangement moves has the child experienced and what is the impact on attachment or quality of attachment?  
- Behavioural issues to be aware of and context surrounding these.  
- Skills/experience of carers required to help child meet identified care needs and “heal” from trauma experiences and attachment disruption. |
| Identity and Culture | - Identity and cultural information obtained and any other information on child’s sense of belonging and connection. What is the child’s cultural and spiritual background?  
- Family expectations surrounding child’s exposure to culture – what’s important to them?  
- What family members provide ongoing connection to identity and culture?  
- What is a child’s self-esteem and sense of self like? Where does the child feel they have a sense of belonging?  
- Is the child moving out of Country and what is required to maintain continued cultural connection (i.e. travel etc.)?  
- Has life story work been undertaken?  
- Detailed information about religion/culture practices.  
- Refer to cultural plan and the type of care arrangement required to meet cultural needs of the child. |
| Legal and Financial | - What Orders the child has and when were they issued?  
- If permanent out of home care arrangement is required, what is the long-term goal for child (i.e. remain on Orders Until 18 years, SGO, Carer Adoption)?  
- Are there any other known legal or financial matters outstanding for this child? |
### Appendix 3: MATCHING CONSIDERATIONS FOR A CHILD AND POTENTIAL CARE ARRANGEMENT

<table>
<thead>
<tr>
<th>Matching Factors</th>
<th>Child Factors</th>
<th>Carer Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Care</strong></td>
<td>- Current primary goal of care arrangement (Temporary / Permanent)</td>
<td>- Ability of care arrangement to meet the safety needs of child &amp; community</td>
</tr>
<tr>
<td><strong>Arrangement</strong></td>
<td>- Current Needs Assessment Tool responses.</td>
<td>- Ability of care arrangement to manage the trauma and behaviours of the child.</td>
</tr>
<tr>
<td></td>
<td>- Trauma background and subsequent behaviours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Safety concerns for child and community</td>
<td></td>
</tr>
<tr>
<td><strong>Availability/ Location</strong></td>
<td>- Length of placement requirement</td>
<td>- Carer’s location, Distance to child’s school/community</td>
</tr>
<tr>
<td></td>
<td>- Location of child’s community and networks</td>
<td>- Current commitments and availability for required timeframe</td>
</tr>
<tr>
<td><strong>Safety Issues</strong></td>
<td>- Where the child presents a risk to self or others</td>
<td>- Age of carers (especially where a permanent placement is required)</td>
</tr>
<tr>
<td><strong>Relationships/Contact Needs</strong></td>
<td>- Identify important relationships and networks, (family, community, friends, school, child care services etc.)</td>
<td>- Carer’s capacity to supervise and manage the child’s behaviours</td>
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<tr>
<td></td>
<td>- Placement of siblings together if considered possible and appropriate</td>
<td>- Risks to other children in the placement</td>
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<td></td>
<td></td>
<td>- Contact with children outside of the family home</td>
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<tr>
<td><strong>Services</strong></td>
<td>- Existing or required services for the child (therapeutic, educational, health etc)</td>
<td>- Capacity to accommodate and support the contact plan</td>
</tr>
<tr>
<td><strong>Culture/Religion/ Ethnicity</strong></td>
<td>- Cultural identity, needs and linkages</td>
<td>- Capacity to support continuation of important relationships.</td>
</tr>
<tr>
<td></td>
<td>- Child’s religion - level of significance</td>
<td>- Capacity of carer to manage sibling placement if appropriate</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>- Child’s age</td>
<td></td>
</tr>
<tr>
<td><strong>Care Needs/Ability</strong></td>
<td>- Health and complexity of needs</td>
<td>- Match to other children in the home and to carer’s age, particularly if long term placement is required</td>
</tr>
<tr>
<td></td>
<td>- Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Behaviours and triggers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Emotional stability, developmental delays, disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Attachment needs, style</td>
<td></td>
</tr>
<tr>
<td><strong>Past Experiences</strong></td>
<td>- Trauma history</td>
<td>- Carer’s ability and capacity</td>
</tr>
<tr>
<td></td>
<td>- History of placement disruption</td>
<td>- Additional supports required</td>
</tr>
<tr>
<td></td>
<td>- Factors contributing to placement disruptions</td>
<td></td>
</tr>
<tr>
<td><strong>Transport and support needs</strong></td>
<td>- Contact and commitments</td>
<td>- Time and space availability</td>
</tr>
<tr>
<td></td>
<td>- Schools</td>
<td>- Involvement of carers own support system.</td>
</tr>
<tr>
<td><strong>Case Plan Goals</strong></td>
<td>- Assessment</td>
<td>- Placement type the carer can offer</td>
</tr>
<tr>
<td></td>
<td>- Reunification</td>
<td>- Flexibility to change when goals change</td>
</tr>
<tr>
<td></td>
<td>- Permanent stable care</td>
<td>- Age of carer, if long-term placement is required</td>
</tr>
<tr>
<td><strong>Lifestyle &amp; Personality</strong></td>
<td>- Child’s personality and interests (outgoing, activity level)</td>
<td>- Carer’s lifestyle and personality</td>
</tr>
<tr>
<td></td>
<td>- Sports and interests</td>
<td>- Ability to support child’s interests and hobbies.</td>
</tr>
</tbody>
</table>
Appendix 4: Identifying the strengths and challenges of a proposed care arrangement.

<table>
<thead>
<tr>
<th>POTENTIAL PERMANENT AND/OR TEMPORARY CARER</th>
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</table>
| **The need to protect the child from harm** | What is the carer's understanding of the likely effect of the trauma from the abuse and neglect the child has suffered now and in the future?  
What is the carer's capacity to manage the child’s trauma if the child re-enacts the harm caused to them on themselves?  
What is the carer's capacity to manage confidential information about the child?  
What risk, if any, would/could the child present to other children (birth and foster) in the care arrangement? |
| **Capacity to protect the child from harm** | How do the carers feel about the child’s parents?  
How will the carer not overcompensate for what has happened to the child and provide balanced and consistent care?  
How will the carer manage the embarrassment of the birth parents not being able to care for their child safely?  
How will the carer manage unresolved issues with the birth parents and not transfer these to the child? |
| **The capacity to provide for the child's needs** | What is the carer's motivation and understanding of temporary and permanent OOHC?  
If the carers have children, what are their views on temporary and permanent care? How will these be managed?  
What behaviours of the child do the carers find most challenging to manage? What are the carers ideas of how their skills could be developed?  
What is the carer's capacity and ability to meet the child's future needs?  
How have/will the carers develop coping skills and support in managing children (if they already have children/caregiver responsibilities) and additional responsibilities?  
How will the carers establish a parent/child relationship?  
How have/will the carers update and recall techniques and methods for caring for children?  
How have/will the carers learnt to discipline the child by not using any means of physical punishment?  
What supports or alternative plans do the carers have in place if the carer becomes ill?  
Who would care for the child if something happened to the carers?  
Children who reach adolescence often have to adapt to the physical and emotional angst of being teenagers and also with feelings about past separation and loss. How will the carers support the child through this and other difficult periods? |
| **The nature of the child’s relationships with parents, siblings, other family members and significant others** | How will the carers help and support the child to explain to others why they are living in care?  
How will the carers help the child to address their past experiences in preparation for permanency such as:  
- help the child understand why they are in care;  
- help the child explore feelings of loss, anger and confusion;  
- empower the child to be part of plans for the future; and  
- divided loyalties. |
| **Attitude to the child and to parental responsibility that has been demonstrated** | Why do the carers want to be the long term carer for the child?  
Ability of the carers to manage confidential information about the child? |
| **Any views expressed by the child** | How will the carers manage if the child has strong views that they want to live with their parents? |
| **The importance of continuity and stability in the child’s living** | How will the carers create a sense of belonging to their family?  
How will the carers explain to the child the reasons they are permanent carers?  
Children who reach adolescence often have to adapt to the physical and emotional angst of being teenagers and also with |
<table>
<thead>
<tr>
<th>POTENTIAL PERMANENT AND/OR TEMPORARY CARER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>arrangements or any other person significant to the child’s life</strong></td>
</tr>
<tr>
<td><strong>The need for the child to maintain contact with parents, siblings, other family members and significant others</strong></td>
</tr>
<tr>
<td><strong>The child’s age, maturity, sex, sexuality, background and language</strong></td>
</tr>
<tr>
<td><strong>The child’s cultural, ethnic and religious identity</strong></td>
</tr>
<tr>
<td><strong>The child’s physical, emotional, intellectual, spiritual, developmental and education needs</strong></td>
</tr>
<tr>
<td><strong>Any other relevant characteristics of the child</strong></td>
</tr>
<tr>
<td><strong>The likely effect on the child of any change in his/her circumstances</strong></td>
</tr>
</tbody>
</table>
Child Protection and Family Support
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