POLICY STATEMENT
The Foster Care Partnership Framework guides the Department for Child Protection’s (the Department) work with general foster carers and relative foster carers, including respite carers. The essence of partnership is department staff, and foster carers and their families working together in the best interests of the child.

PURPOSE OF THE POLICY
The purpose of this policy is to ensure the Foster Care Partnership is integrated throughout the Department’s work with foster carers.

BACKGROUND
In March 2009, in partnership with the Foster Care Association (FCA) and after extensive consultation, the Department launched the Foster Care Partnership. This set out a new model for the Department’s child protection workers to work in partnership with foster carers as part of a team, including participation in decision making and care planning for the child.

The Foster Care Partnership is defined as the way we work together, which means:

- Department staff and foster families will work together in the best interests of the child.
- The partnership rests on the commitment of all parties to listen and give weight to what other parties say.
- Differences of views and opinions regarding the child’s best interests are resolved through respectful communication.

All child protection workers within the Department play a role in supporting and sustaining placements. This is not a responsibility confined to specialist placement and care support workers. All department staff involved in recruiting and assessing foster carers, bringing children into foster care, supporting children in foster care and assisting children to leave care have a responsibility to work in partnership with foster carers.

The Foster Care Partnership recognises that department staff and foster carers have mutual but different responsibilities. The Department has the legislative responsibility and authority to make significant decisions considered to be in the child’s best interests. This responsibility and authority must be used skilfully and respectfully by child protection workers to promote and maintain constructive working relationships with foster carers and their families. Authority for decision making for children under a protection order must not be used as a reason for bypassing partnership.

KEY ASPECTS OF THE FOSTER CARE PARTNERSHIP
1. Respectful working relationships: Constructive working relationships between child protection workers and foster carers and their families, and between child protection workers themselves, are the heart and soul of effective practice in placements for children who have suffered abuse and/ or neglect. Respect for the foster carer and their family’s skills, their experience and their willingness to fulfil the foster parent and sibling role is universally identified as the essential ingredient to successful foster care partnerships.
2. The importance of team work and of the care team: The care team includes the foster carer and their family, and child protection workers - including case managers and specialist support staff - working together to sustain the foster care placement as a place of healing for a child. The foster carer is the most critical component of the care team, supported by a range of department staff to understand the child’s behaviours, the child’s underlying emotional and physical needs, and how best to respond to promote the child’s healing and development.

3. Valuing foster carers: Foster carers are in a unique position to gain invaluable knowledge and understanding of the child’s needs in care. This vital perspective is fundamental to planning and responding in the child’s best interests and workers should retain openness to sharing responsibility for care planning decisions with the foster carer.

4. Open Communication: Effective working relationships depend on honest, open communication. Open communication involves sharing information, listening, clarifying, and understanding. Open communication allows disagreements to be discussed and conflicts to be resolved. It also requires preparedness to listen and to change an opinion or decision.

5. Support to foster carers: Implementation of a system of teamwork and support for foster carers and their families is an essential ingredient of successful foster care partnership. Both department staff and foster carers need to have an understanding of partnership in practice, especially when it is challenged.

FOSTER CARE PARTNERSHIP MODEL
Three elements make up the Foster Care Partnership:
- The child;
- The foster family;
- The supporting department staff.
The child: The needs and best interests of the child will be the central focus of the foster family and child protection workers working together as the care team.

The foster family: The foster family are the people living with, caring for and nurturing the foster child every day and every week the child is in the placement. The foster family consists of the primary carer(s), the carers’ children and significant extended family members. The primary carers will need to be permanent residents of Australia and domiciled in Western Australia.

The supporting department staff: Surrounding, encompassing and supporting the child and the family are department staff. This includes child protection workers, Team Leaders, senior child protection workers Placement Services, Aboriginal Practice Leaders, Family Resource Employees, Education Officers and other staff.

STRENGTHENING PRACTICE
Strengthening practice in the Foster Care Partnership will be achieved through:
- leadership from District Directors and their management teams;
- developing the expertise, skills and knowledge of Team Leaders and child protection workers;
- integrating Foster Care Partnership training in both generic and district based learning activities;
- individual child protection workers engaging in self-directed learning and reflective practice to enhance their expertise, skills and knowledge in applying the Foster Care Partnership in working with children in care; and
- ensuring opportunities to enhance practice depth are identified and implemented through the Reaching Forward and supervision process.

LEGISLATIVE MANDATE AND PRINCIPLES
The Foster Care Partnership is consistent with the principles under the Children and Community Services Act 2004 (the Act).

The Act is the legislative basis that underpins the Department’s mandate to safeguard or promote the wellbeing of children, individuals, families and communities, and to provide for the protection and care of children in circumstances where their parents have not provided, or are unlikely or unable to provide, that protection and care.

The Department complies with the principle that the best interests of the child are paramount (s.7 of the Act). The Department’s child protection practices are guided by other sections in the Act.

RELATED POLICIES AND DOCUMENTS
- Foster Care Partnership Practice Framework (2012)
- Foster Care Partnership Practice Guidelines (see appendix)
- Resource for Foster Carer File: Foster Care Placement Partnership Agreement; Foster Care Handbook (for staff and foster carers); My Life Story Book; Communication Booklet (for foster carers and biological parents)
- Foster Carer Support at Difficult Times Policy (2011)
- Casework Practice Manual - Chapter 7.7 Supporting Foster Carers
- Permanency Planning Policy (2011)
- Better Care, Better Services - Standards for Children and Young People in Protection and Care.
IMPLEMENTATION
Refer to the Foster Care Partnership: *Review and Implementation Plan 2011-12*.

GUIDELINES
Foster Care Partnership tools and practice guidance can be found in the Casework Practice Manual.

EFFECTIVE DATE
30 March 2012

REVIEW DATE
30 March 2014

OWNER
Executive Director, Accommodation and Care Services
APPENDIX: FOSTER CARE PARTNERSHIP PRACTICE GUIDELINES

Assessment, planning and review

Purpose: The foster carer is supported to participate formally as a team member in assessment, planning and review of the child’s needs, and to participate in other child centred decision making that occurs outside of the Department’s formal planning and review processes.

- The foster carer is to be supported to be present and participate in the placement assessment, planning and review processes. Foster carers are to be given at least two weeks’ notice prior to formal planning and decision making forums (care plan or care plan review) with courteous consideration in setting the time and venue.

- The foster carer is to be afforded the opportunity to provide a ‘Carer Report’ to planning and review meetings. The reports of the other team members are to be provided to the foster carer at least three days in advance. The final care plan is to be provided to the foster carer and the child.

- Care plan reviews will be undertaken at the request of the foster carer if they are experiencing significant problems or positive outcomes are being achieved that affect the child’s care plan.

- Elements of care plans changed as a result of a review or modification will be discussed with the foster carer within one week if he or she has not been present at the meeting. A copy of the review or modification will be provided to the foster carer within 14 working days.

- When there is a difference of opinion between the foster carer and the child protection worker (or other department staff) regarding the behavioural management of a child, the Senior Child Protection Worker Placement Services (SCPW-PS) may mediate the issue and facilitate any necessary professional specialist input.

- The annual foster carer review is best undertaken as a joint process with the child protection worker or SCPW-PS using the Signs of Safety three column tool (what is working well, what are we worried about and what needs to happen). Foster carers should also have the option of developing an individual learning plan at this time.

Provision of information

Purpose: The foster carer is provided with full information about the foster child and their family to enable them to protect the child, their own children, other children in their care and themselves.

- The initial placement plan and Child Information Form (CIF) is to be given to the foster carer at the time of placement, overseen by the District Director.

- At the time of placement, the foster carer is to be provided with as full a description as possible of the health needs of the child and clear procedures governing consent for the child to receive medical treatment. If full details of the child’s health needs are not available at the time of the placement, a high priority is given to ensuring
that the information is obtained and provided to the foster carer as soon as possible after the placement is made.

- A Child Health Passport (Passport) will be provided for each child in care, and given to the foster carer to hold. If the child changes placement, the Passport will move with the child. The Passport will provide the foster carer with information to assist in meeting the child’s day-to-day health needs. The Case Manager will update the Passport during the placement as required.

- The foster carer is to be provided with a copy of the Department’s written education plan for each child placed in their care; this is updated during the placement and moves with the child.

- Any additional information in relation to the child or the biological family that will potentially impact on the placement and/or assist in the care of the child is to be provided to the foster carer.

Foster care placement and support

Purpose: The foster carer is supported to raise children with a view to a stable and secure environment where their social, emotional, psychological and developmental needs are met.

- A home visit is to be undertaken within one week of a placement, with the child protection worker having familiarised themselves with the case file before undertaking the visit.

- The child protection worker and other department staff are to work with the foster family as a family unit. This includes acknowledging and interacting with other children in the home as appropriate, and ensuring gifts (including cards) provided by the Department to the child in care are discussed prior with the foster carer so that children are not treated differently.

- When there is a change in child protection worker, the new worker is to be introduced to the foster carer within one week.

- The child protection worker is to have at least monthly contact with each foster carer, either face-to-face or by telephone.

- District Directors are to provide a range of opportunities for foster carers to be introduced to the Department’s work and processes, be engaged with the staff and management of districts, provide input to the district, and access formalised peer support. These opportunities are to be outlined in the district’s annual operational plan.

- The Department will coordinate access to other support and mentoring activities for foster families (including both biological children and children in care), and opportunities for formalised peer support in which more experienced foster carers are linked with less experienced carers.
• The foster carer is to be provided with opportunities to debrief when required (ideally with a SCPW-PS, departmental psychologist or by referral to an external agency).

• Each foster carer is to be provided with the Department’s Foster Care Handbook; this is for foster carers and department staff.

• The foster carer is to be provided with a My Life Story Book to assist the child in their care to keep information about themselves.

Contact visits

Purpose: Contact visits between the child and their biological family will be managed in such a manner as to support the foster placement and the fostering partnership.

• The child protection worker is to negotiate with the foster carer any variations in contact visit arrangements at least 24 hours in advance.

• The SCPW-PS is to support the foster carer in dealing with any difficult contact issues that arise, including undertaking a formal process with regard to any serious concerns (for example, neglect or abuse) raised by the foster carer in relation to biological family members.

• The Department appreciates the involvement of the foster carer in contact visits. When a foster carer requests that they undertake the contact visit/s, assessment of their capacity to do this is to be undertaken. Based on the outcomes of the assessment, support is to be provided to the foster carer to undertake this role.

Diversity and equality

Purpose: The foster carer is provided with the support and resources they require to assist them to meet the needs of the child in their care with regard to gender, religion, ethnic origin, language, culture, disability and sexuality.

• A non-Aboriginal foster carer is to be provided with the support, information and resources required to meet the cultural needs of an Aboriginal child in their care, including linking the foster carer with an Aboriginal Practice Leader.

• The foster carer is to be provided with information on the services provided by the Telephone Information Service and linked with culturally and linguistically diverse (CaLD) community groups and agencies when they have a child in their care from a CaLD background.

The Department’s policies and services

Purpose: Development of the Department’s policies and services for children in care and foster families, at a district and organisational level, will involve input from foster carers and/or the Foster Care Association (FCA).

• Each district is to provide opportunities for foster carers to input into the district’s systems and processes for children in care and carer support.
• Representative foster carers are to be invited to attend each district’s conference and/or other key planning forums when addressing children in care issues.

• The FCA will meet regularly with the Director General and relevant Executive Directors to enhance strategic implementation of foster care related policies and services.