



# Foster Care

## Information Pack

It is important that you read this information pack carefully. Anglicare foster care programs service a large geographical area and so it is recommended you contact the office nearest your home for the information appropriate for your area.

# Anglicare's Values

**COMPASSION** – In the spirit of loving service we offer care and understanding to those in need.

*(see Jesus' teaching in Luke 10:29-37)*

**INCLUSIVENESS** – We serve all people with a spirit of openness because we share a common humanity.

*(see Jesus' teaching Mark 2:15-17)*

**INTEGRITY** – We are committed to personal and corporate honesty, fairness and transparency.

*(see Jesus' teaching in Luke 16:10)*

**DIGNITY** – We respect the intrinsic value of all people and acknowledge their capacity for self-determination.

*(see Jesus' teaching in Mark 12:31)*

## What is Sanctuary

The Sanctuary Model is an evidence-supported care model that supports people who work in stressful human services and care delivery environment. The Model supports staff to provide mindful, safe and therapeutic practice in order to achieve positive growth and change for everyone in our Anglicare community.

Sanctuary is an 'everybody model': it benefits staff and clients alike by supporting the development of coping skills and resilience, in the face of stress and adversity.

## The Seven Sanctuary Commitments

The set of values that Sanctuary outlines as a way to lead Anglicare communities toward relationships and skills that build resiliency are called the Seven Sanctuary Commitments.

**Growth and Change:** Encouraging hope, meaning and purpose.

**Open Communication:** Enhancing self – correcting skills, teaching healthy boundaries.

**Commitment to Democracy:** Building a community where each person's opinion and voice is heard.

**Commitment to Nonviolence:** Building and modelling safety skills

**Commitment to Emotional Intelligence:** Recognising, respecting and managing feelings

**Commitment to Social Responsibility:** Building social connections, skills and healthy attachments.

**Commitment to Social Learning:** Building and modelling cognitive skills.



SANCTUARY INSTITUTE AUSTRALIA



# About Fostering

We want children to experience safe, continuous and stable living arrangements, lifetime relationships and a sense of belonging.

Sometimes this happens for children when they are restored to their families after a period in care during which they and their families were supported so that the child could return home safely. Other times it happens when foster families provide long term care; that builds on rather than competes with children's relationship with their own families.

## What types of foster care are there?

### Respite care

This involves care provided for regular short stays (e.g. one weekend a month). It gives families a break and provides a positive experience for the child.

### Emergency care

This is the care of a child for a very short period (no more than one month) while decisions are made about longer term care options for the child.

### Interim / restoration care

Interim care is limited in time, usually overnight to twelve months maximum (depending on the age of the child). At the end of interim care, the child may return to their family or be placed in long-term care.

Interim care may be needed because of

- An emergency e.g. illness or other family crisis
- Intervention by NSW Community Services, when a child is removed from their parents to ensure their safety and well-being.

During interim / restoration care, the carer has an important role in promoting the child's connection with their birth family.

### Therapeutic Home Based Care

Therapeutic Home Based Care (THBC) is a new care type that involves the provision of 1:1 home-based care to high needs children and young people. THBC differs from foster care as children and young people receive the therapeutic services determined by the Ten Essential Elements of the new Intensive Therapeutic care (ITC) system. Examples of why a child or young person may require THBC includes a range of complex behaviours related to significant experiences of harm or young people with high medical needs or having a diagnosed disability - or a combination of these.

### Long term foster care

This is care for children who cannot live with their families and need a family to grow up in until their family circumstances change or they turn 18 years. Children in long term care often have complex physical and/or emotional needs so their Authorised Carers and Anglicare work together in decision making about the child. Children in long-term care retain contact with their birth families as appropriately decided by the Courts.

### Fostering with a view to guardianship

After establishing a relationship with a child a foster carer can apply, if they wish, to become the child's guardian until the child turns 18 years. This is an arrangement that is made by the court if there is adequate evidence that the carer can meet the child's needs without support from our agency. Under guardianship, the child will still have contact with their birth family and an important role of the guardian is to promote such contact.



## **Fostering with a view to open adoption**

After establishing a relationship with a child a foster carer can apply, if they wish, to adopt the child. This is a permanent arrangement that is made by the court if it is in the best interests of the child and there is adequate evidence that the carer can meet the child's needs throughout their lifetime without support from Anglicare. After adoption, the child will still have contact with their birth family and an important role of adoptive parents is to promote such contact.

## **What is the criteria for being a carer?**

### **Age**

The minimum age of a carer is 21, other than that there are no set age requirements, though it is expected that Authorised Carers providing long-term care for a child will be able, if necessary, to continue care until the child is able to live independently.

### **Marital Status**

Single people: With or without children Married/de-facto couples:

Must have been living together in a domestic relationship and/or married for a minimum period of 12 months.

People in same sex relationships are welcome to apply.

### **Age of child of applicant**

If an applicant has a child, it is recommended that the age of the child placed with the applicants be at least two years less than the age of the youngest child of the applicants. (Research has shown this assists in ensuring that the foster care family can provide the necessary focus on the particular needs of the child in care.) For this reason, applicants will generally not be authorised if they have a child under two years old.

### **Fertility (where infertility is an issue)**

To be eligible to do long term care, an applicant must have finished their involvement with a fertility program for a period of not less than 12 months.

Applicants must demonstrate an acceptance of their infertility and an understanding of the impact of infertility upon each of them as an individual and as a family.

### **Health**

An applicant's health (both physical and mental) shall be such as to ensure he or she is able to undertake the task of fostering. For applicants for long-term care, this may involve raising the child to adulthood.

### **Religious beliefs**

Applicants from diverse backgrounds and beliefs are encouraged to become Authorised Carers. Efforts are made to "match" Authorised Carers and children based on particular needs, skills and characteristics. Anglicare does not require Authorised Carers to hold or practice particular religious beliefs to care for a child. However, applicants must be able to encourage and support the beliefs and practices of children and young people in their care.

### **Financial resources**

Applicants may be employed full or part-time if they are able to provide adequate time to the child or young person in their care. For example, it may be possible to work full or part-time and still care for a school aged child, but this may not be possible if the child has particular needs, or is under school age.

The type of care an Authorised Carer can provide, i.e. respite, temporary or long term is to some extent determined by the amount of available time an applicant is able to give to the child being

placed with them. Again, this is dependent on the foster child's needs. The type of care you are able to provide is discussed throughout the assessment process.

Authorised Carers are volunteers and therefore not entitled to employee benefits such as wages, holiday pay or long service leave. An allowance is paid to Authorised Carers to help support the child or young person. This allowance will help meet the day-to-day expenses of caring for a child or young person.

Day-to-day expenses might include:

- Food
- Clothing & footwear
- Holidays
- Household provisions
- Pocket money
- General educational costs
- Shelter
- Daily travel, including suitable car restraints
- General medical costs
- General hygiene needs
- Hobbies & sporting activities
- Gifts
- Haircuts
- General pharmaceutical costs

### **Accommodation**

Applicants should have adequate, safe accommodation for a child. This does not mean that applicants must own their own home. A separate bedroom must be available for a foster child.

### **Residence**

If you would like to provide long term or permanent care, one authorised carer must be a permanent resident of Australia

Anglicare South Coast & Snowy region covers the following areas: NSW South Coast - South of Batemans Bay to Eden; Cooma / Monaro; and Snowy Mountains.

Anglicare Riverina region covers approximately one and a half hours drive from our Wagga Wagga office and one and a half hours drive from our Albury office (but not across the NSW/ Victorian border). Care for children and young people from Aboriginal and Torres Strait Islander backgrounds is provided over the whole of Riverina/Western.

Anglicare Western NSW region covers approximately two hours' drive from our Orange office.

St Saviours (part of the Anglicare Regional Alliance) Nowra and Anglicare NSW Southern Tablelands region covers the radius about one and a half hours drive from the Nowra office.

St Saviours (part of the Anglicare Regional Alliance) Liverpool office covers Western and South Western metropolitan Sydney.

### **Caring skills**

Applicants must demonstrate an ability to undertake the special responsibilities involved in caring for a foster child. Authorised Carers must be able to

- provide an environment that is physically and emotionally safe for the child
- demonstrate attitudes and networks consistent with being a good carer
- demonstrate personal resilience
- provide child focused nurture
- work well with others

## **Involvement with Anglicare**

Applicants must be willing to participate in training and the assessment process. Applicants must demonstrate a capacity to work with Anglicare in order to meet the changing needs of a child or young person. This will involve a willingness and ability to communicate with Anglicare and participate in planning and reviewing of the child's care.

## **Birth family contact**

Applicants must demonstrate an understanding of the importance of the origins, culture and past experience of the child or young person in their care. Applicants must demonstrate a willingness to facilitate contact between a child in their care and their birth family.

## **Care of Aboriginal and Torres Strait Islander children and young people**

Anglicare supports Aboriginal Children being cared for by Aboriginal Carers within Aboriginal agencies, Anglicare has partnered with Aboriginal Agencies and recommends that Aboriginal applicants first approach Aboriginal Agencies.

If you would still like to care for Anglicare, we have a commitment to placing Aboriginal and Torres Strait Islander children and young people with Authorised Carers who share their cultural background.

- Authorised Carers who identify as being Aboriginal or Torres Strait Islander will be asked to provide a certificate of confirmation of Aboriginality outlining details of the community to which they belong in order to be authorised to provide care for Aboriginal and/or Torres Strait Islander child/ren.

## **Discipline of children or young people**

Authorised Carers are expected to work closely with Anglicare staff in developing trauma-informed responses to behaviours for the particular child or young person in their care. Authorised Carers are not allowed to use any physical force to discipline children in care.

Applicants must demonstrate an ability to effectively discipline children without the use of physical punishments e.g. hitting. It is very important that children in care are disciplined in a way that sends a strong message to them that they are cared for in spite of their behaviour. Experience has shown that hitting or other physical punishment is not effective in dealing with children in care because they have experienced abuse in the past and usually have not experienced consistent caring parenting.

Anglicare has therapeutic response plans which guides Authorised Carers on how they can provide trauma-informed responses to behaviours.

## **Health and hygiene standards**

Authorised Carers are expected to confirm to guidelines designed to ensure that children are being cared for in a healthy environment. Such guidelines include practicing of universal infection control and ensuring that there is no smoking within the home. Children under the age of three years will ideally not be placed in the home of carers who smoke. Training is provided to Authorised Carers about health and hygiene standards.

## **First Aid**

It is a requirement that authorised carers will have successfully completed the course HLTAID003 – Provide First Aid (previously known as Senior First Aid) and provide Anglicare with their Statement/s of Attainment. All applicants must meet this requirement before their authorisation can be finalised.

## **Application to other agencies**

Applicants must advise of previous applications to become a carer with other agencies in Australia and overseas and the outcomes of those applications.

Applicants will be asked for permission for this agency to contact others to whom you have previously applied.

## **What is the process of becoming a carer?**

Becoming a carer involves a number of steps. You have taken the first step in making your enquiry. If you have called us we have registered your enquiry.

We would like you to read this pack carefully. If you are still interested in applying to be a carer, send us the Registration of Interest form attached to the covering letter. When you do that we contact you to arrange an initial "Information Sharing Session".

The "Information Sharing Session" gives you and the people in your household an opportunity to meet with workers from Anglicare.

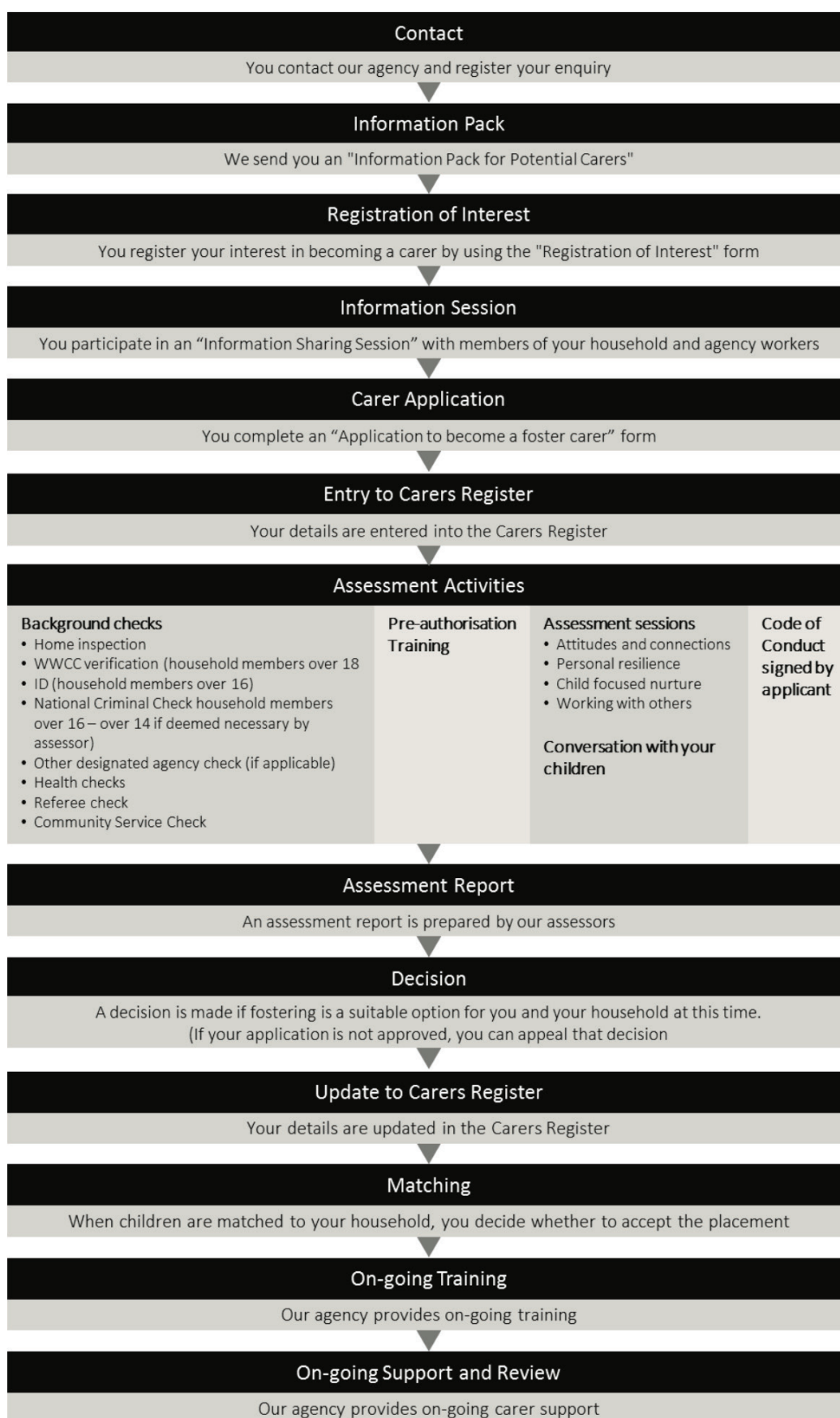
After this session you can decide whether you wish to continue the process of becoming a carer by participating in a training program and a series of assessment interviews. The assessment interviews are not something you pass or fail. We work with you to discover together whether fostering is a suitable option for you at this time.

Once you have been approved as an Authorised Carer, you will be approached when a child or young person is matched with the type of care you can provide. You will have the opportunity to discuss any issues that may be raised for you and your household if you accepted the placement of that child or young person. Sometimes it is possible for you to meet the child or young person before you make the decision about taking that placement.





## Flowchart of assessment activities



# Details of the assessment process

## Does the assessment process involve doing tests?

No, the assessment process is designed to enable Anglicare and you to make an informed decision together. At each stage in the process you will be given feedback. This may include identifying issues that may impact on your ability to provide foster care.

## What will the assessment sessions cover?

Because being a foster carer is such an important role, you will be asked about many aspects of your life relevant to being a foster carer. In particular, we will look at your ability to

- draw from and apply your own personal experiences to the tasks of fostering
- provide good quality day to day care for children and young people
- provide a safe and nurturing environment
- work with other people, particularly staff from Anglicare and other organisations and birth parents.

## What does the medical check involve?

During the assessment,

- you will be asked to complete a Health checklist
- your doctor will be asked to complete a Medical Questionnaire.

The purpose of these checks is to determine if you have the physical and psychological health to undertake the task of fostering. Questions are asked about your

- physical health
- emotional health
- current and past illnesses and medical problems
- use of drugs (prescribed and un-prescribed)
- smoking

If any medical issue arises that may affect your suitability to foster, it will be discussed with you fully to help us work out together its potential impact on children or young people in your care.

## What does the accommodation check involve?

This is a check to ensure that you are able to provide housing that is physically safe and suitable. The check is carried out by a member of the assessment team.

## What should our references cover?

You will be asked to provide the name of two unrelated people who have known you for at least two years and can comment on your experience and ability to care for children and your personal character. We may also speak to other people who have contact with you.

## What background and criminal checks are done?

When you have completed a formal application to become a foster carer (not just registered your interest) you need to provide a current Working with Children Check number for all members of your household 18 years and above. We will provide you with information about how to obtain this number. Identity checks will be conducted on all members of your household aged 16 and above.

With your permission, our agency will also check the criminal record of all people in your household 16 years or above. Having a criminal record does not automatically disqualify you or a family member from being a carer family. However, any criminal convictions that affect your ability to care safely for a child or young person will mean your application is not able to proceed.

Other background checks that will be conducted relate to

- Your contact, if any, with the Department of Community Services in child protection related matters
- Your contact with any other agencies where you, or members of your household, have previously applied or been authorised as Carers.

## Can I appeal if my application to be a foster care is not approved by your agency?

Yes. You are entitled to be given reasons why your application has been rejected and have the decision reviewed. You are entitled to see all the material collected in the process of assessment, except for personal references which may be treated as confidential.

## Authorised Carers have the right to:

- be given information about the child or young person in your care in order for you to decide whether you can accept the placement
- say “no” to a proposed placement
- participate in the decision making process, e.g. attend case conferences
- make certain decisions regarding the day-to-day care and control of the child or young person
- in some circumstances, be indemnified if the child or young person causes deliberate or accidental loss or damage to property or personal injury to you as a carer
- receive information about foster care services that can support you in your role as a carer
- receive help from your foster care agency caseworker to access community services or local supports so that you can better meet the needs of the child or young person
- be informed about how foster care agency decisions may be reviewed and how you can make a complaint
- be regularly visited by your caseworker or foster care worker to support you and your family during a placement
- be regularly reviewed after the first four months of providing care and annually thereafter, and
  - this review is to identify strengths and areas where skill development might be necessary to meet the needs of the child or young person in care
  - the review should take place regardless of how many or how few placements you have in the past year and when there are significant changes in your household

- be paid an allowance to help meet the needs of the child placed in your care
- to get information about applying to become the guardian or adoptive parent of a child in your care

## **Authorised Carers responsibilities**

### **Provide general care**

- provide a caring home and experiences that meet the child or young person's physical and emotional needs
- work as part of the team with your foster care agency and other professionals to ensure the safety, welfare and wellbeing of the child in your care
- attend care meetings when required and training sessions when offered
- seek guidance from your caseworker when you are not sure of the limitations of your role. Also seek guidance if you experience problems with the child or young person's behaviour or with other agencies that the child is involved with, for example, school and health services
- treat information about the child or young person's family as confidential
- allow Anglicare workers to visit and support you on a regular basis and to see the child or young person on their own
- help the child or young person understand why they are in care and express their feelings about their own family
- help the child or young person retain their own sense of identity and culture, including religious beliefs
- understand and respond to the child or young person's key developmental milestones
- promote a positive relationship between the child and their birth family about the child or young person's family

### **Rights and Responsibilities of Authorised Carers**

- actively encourage the child or young person to participate in recreational activities
- cooperate positively with contact arrangements with the child or young person's birth family
- participate in regular reviews of the case plan for the child or young person
- uphold the principles of the Charter of Rights for children and young people in care and ensure your foster child is also familiar with their rights.

### **Promote health care**

- consent to medical and dental treatment which doesn't involve surgery
- contact your Anglicare caseworker if the child or young person needs a general anaesthetic for any purpose
- contact your Anglicare caseworker if a medical practitioner recommends the administration of any drug of addiction or psychotropic medication.
- carers are not permitted to smoke inside their home or vehicle while providing care for children and young people. Children under 2 years of age will ideally not be placed in the home of a carer who smokes.



### **Promote life story work**

- maintain records, e.g. keep a diary or scrap book of key events, photos, school and health records on the child or young person's progress in your care record any relevant information about the child or young person while they are in your care, such as any injury the child may experience in your home, no matter how minor.

### **Anglicare involvement**

- give your caseworker clear information about the child's progress and behaviour
- inform the agency as soon as possible in the event of a critical event, e.g. the child or young person suffers a serious accident, injury or illness
- inform your caseworker if the child or young person makes any disclosures of abuse
- inform your caseworker if you or anyone in your household is charged or convicted of an offence for which a penalty of imprisonment for 12 months or more may be imposed
- inform your caseworker about any significant changes or events in your family including new people coming to live in your home
- inform your caseworker if you intend to travel or move interstate or overseas.

### **Personal responsibilities**

- attend ongoing training and talk to your caseworker about any seminars or courses that may assist you in your role as a carer
- work in the best interests of the child or young person. This will mean accepting that the child or young person has their own birth family as well as being a part of your household and family
- cooperate with the caseworker and discuss any areas where you disagree with a case plan and why
- accept that a different home may be more suitable for a child or young person who does not settle into your home.

# Rights and Responsibilities of Authorised Carers

## Working with Children Check Authorised Carers - Guidelines

If you already have a WWC clearance number and can't find where it is. You can call the customer service line on (02) 9286 7219 and a Customer Support Officer will provide it to you.

### Overview

The new Working with Children Check covers more people, is more comprehensive and provides better protection for children. The new model is also consistent with other state and territory checks.

A Working with Children Check involves a national criminal history check and review of reported workplace misconduct.

All Authorised Carers and Adults who share the home of an authorised carer need a Working with Children Check prior to commencing with Anglicare from 15 June 2013 onwards. Current Authorised Carers need to renew their Working with Children Check by end March, 2014

### General Information for people interested in becoming Authorised Carers with Anglicare

#### How can you apply for a Working with Children Check?

All processes for the new check are online and will be available from 15 June 2013.

#### How do I apply?

- Complete an online application form at <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>
- If you cannot access the online system, call the customer service line on (02) 9286 7219 and a Customer Support Officer will complete the form for you.
- When you have completed the application, you will get an application number.
- Verify your identity at a NSW motor registry or Government Access Centre. You will need your application number and proof of identity.

**There is no fee for volunteers, authorised carers, adults living in a carer's home, students on placement and prospective adoptive parents.**

#### Results of a Check

The result of the Check is either a clearance to work with children for five years, or a bar against working with children. If the outcome is a clearance, the Check can be used for any paid or unpaid child-related work in NSW.

If a bar is being considered, the Office of the Children's Guardian (OCG) will notify you and request you submit information which the OCG must consider in making its final decision.

If you receive a bar of any kind, you will be notified in writing and informed of how to apply for a review of the decision to the NSW Administrative Decisions Tribunal.

While a bar is in place it is an offence to engage in any child-related work, paid or unpaid.

Your Check will remain valid for five years (unless a new record triggers a risk assessment or bar against working with children) and may be used for any child-related work in NSW.

# Matthew's story

## Jenny and Olivia

Six-year-old Jenny lives in a loving home with her parents and younger sister Olivia. They are playing in the park one day when Jenny approaches a frightened dog which growls and then bites Jenny. Jenny needs three stitches in her arm.

This was a scary experience for both girls and months later they are showing signs of post-traumatic reaction. The girls have bad dreams that involve dogs. They are vigilant when out, looking to see if there is a dog nearby and they become upset if a dog approaches them. However, Mum and Dad are patient. They tell the story of the day Jenny's arm was bitten by a dog many times. They also notice that the girls act out what happened with their toys. They use this as an opportunity to show them how the parents and the doctors were on hand to help them, and that this kept them safe. Slowly and gradually they introduce the girls to a range of trusted dogs owned by friends. By the time Jenny is eight years old this incident is well behind them and the girls frequently pester for a dog of their own!

## Luka

Compare Jenny and Olivia's experience to that of Luka. As a young child Luka witnessed the destruction of his home city of Sarajevo. He became used to staying alert for snipers on his daily trip out to collect bread and water for his family. He witnessed the death of his uncle and cousin when a bomb landed on the block where the apartment was. Throughout this Luka experienced a sense of belonging within his family and community. His immediate family survived the siege but the experience left him troubled by his dreams even years later. Additionally, he never lost the vigilance to danger that he developed during those war years. Even a distant car backfiring would have him running for cover. Despite this Luka grew up to be a successful worker and father.

While Luka experienced multiple traumatic events in his childhood, the support of his family and community meant he recovered well enough to lead a full and productive adulthood.

A key factor in Luka, Jenny and Olivia's recovery was a close family within which they could recover from the trauma they experienced. The children were able to develop resilience because of the parenting they experienced.

## Matthew

Children in foster care rarely have this early parenting experience.

Let us reflect on Matthew's life. Even before he was born he was hearing the violent arguments between his parents. His mum could barely soothe herself, as she was alert for the next beating. She had no space to keep her developing baby in mind. Her high stress levels led to increased levels of stress hormones, which surrounded Matthew as a fetus. After he was born the arguments continued. Sometimes Matthew was held between his fighting parents. At least once he was snatched from his mum's arms and flung onto the bed by his dad. As a baby Matthew instinctively signalled his distress to his parents by crying and screaming. But when he did, at best he was met with no response from his parents. Worse they yelled at him, told him to shut up and even on occasion hit him. Matthew learned not to signal when he needed soothing, but with no capacity to soothe himself all he could do was sleep through his distress.

One night police were called by neighbours to Matthew's home. They found Matthew in physical danger while his parents fought. Matthew was removed in the middle of the night to a foster placement. He was found to be a 'good' baby, no trouble to care for, spending large amounts of time asleep. When he 'woke up' in his toddler years, he was highly active, prone to tempers and unusually self-reliant, with both his Authorised Carers and his birth parents, who he saw every couple of months. He rarely turned to his Authorised Carers for comfort, even when he experienced pain or distressing experiences.

Like Luka, Matthew experienced complex trauma which was chronic and prolonged and began before his birth. However, unlike Luka, Matthew did not have parents he could trust to love and care for him. He had no support that he could rely on during the worst part of his experience. Matthew had to learn to become self-reliant, an ability he clung to throughout his childhood. The trauma that Matthew experienced occurred within his family and this has had a major impact on him.

Matthew's brain is wired for danger and a lack of trust in others. He has learnt how to behave this way with his mum and dad and this impacts upon his behaviour with his Authorised Carers and at school. He finds it difficult to calm down once upset and he struggles to selfreflect and make sense of his experiences and relationships with others. He finds it hard to trust others.

Matthew also experiences emotions such as sadness, anger or worry more intensely when he thinks his Authorised Carers are unavailable or, worse, if they argue or become stressed. For Matthew these are a reminder of the more intense arguments and stress of his mum and dad. His carer telling him "no" or being displeased with him can cause sadness, anger or worry, which can lead to the triggering of a memory of his early childhood trauma experience. This reinforces Matthew's need to be self-reliant. It moves Matthew further away from being able to seek comfort from his Authorised Carers who he sees as both the source of the distress and unavailable as comforters.

Matthew is a difficult child to parent. How he learnt to cope with neglectful and frightening parenting early in his life and to cope with the subsequent separation and loss of these parents and his emergency Authorised Carers affects his ability to make good attachments. His need to stay in control means that he is not open to a reciprocal, loving relationship with his Authorised Carers. He works hard to be self-reliant; to hide his need for comfort. But when his stress reduces he continues to demonstrate coercive, attention-needing behaviours, demanding that his Authorised Carers remain attentive to him.

Belinda and Mike are Matthew's long-term Authorised Carers. They have an older birth child, Daniel, whom they have parented successfully. When parenting Daniel, his parents felt safe and competent. They enjoy being with him, but can also recover easily from times of conflict when Daniel is more oppositional. Belinda and Mike always make sure to repair their relationship with Daniel following such times, and so he experiences unconditional love. Belinda and Mike feel rewarded in the parenting task, want to approach and interact with their child and are able to tune into his needs and make sense of his behaviours and their responses to them. They are able to provide Daniel with warmth, openness and empathy as well as providing boundaries for his behaviour and sufficient structure to help him stay safe.

With Matthew, all of these parenting abilities are challenged. Whilst they offer the same unconditional love as for Daniel, Matthew does not trust this. Structure and boundaries can trigger his fears of being hurt or abandoned again and he responds with rage and terror. It is hard to enjoy being with Matthew as Belinda and Mike find themselves waiting for the next rage-filled episode. They try to attune to Matthew's needs, but his behaviour leaves them feeling confused and helpless. They try to give love and warmth, but it never feels like it is reciprocated. They offer nurture but Matthew rejects this in favour of his feelings of control.

They feel no pleasure in this relationship and find it hard to tune into his needs or to make sense of his behaviours. They experience a painful sense of failure as parents. They feel like withdrawing. They quickly become defensive as they shout, nag and plead with him.

Fortunately Belinda and Mike can think, plan and self-monitor even at their most stressed with Matthew. They are also able to seek and use the support of friends, family and professionals. This self-awareness and ability to draw upon support allows them to stick with Matthew, rather than rejecting him.

Belinda and Mike found some good professional support and this, combined with good friends and some supportive family members, helped them withstand the worst times. Belinda had the hardest time as Matthew feared her love the most, and rejected her attempts to connect with him. It was particularly tough in his early years when only she witnessed this side of him whilst to everyone else he was charming himself. At eight years of age, Matthew struggled to make sense of his



experience of being in care. He figured "I must be a bad kid!" and dreamed of parents who would not have rejected him. The increased stress that this brought meant his anger and rage became visible to everyone. Even the smallest of boundaries and the kindest of 'no's' led to a fear that he would be rejected and would lose this family too. Belinda and Mike worked with their professional supporters to understand this and to remain connected with Matthew even when he was fighting them. Most difficult for them was balancing Matthew's enormous needs with those of their older son, so that Daniel also got what he needed from his parents. With support and therapeutic help they managed and they had some calm years.

There were some good family times as Matthew began to believe in what was on offer. They could not be as spontaneous as they would have liked, change and transition would always be difficult, but there was laughter and fun. It was also good to see Matthew's developing friendship with Daniel, and to watch the two of them enjoying finding their feet in the wider world.

It was seat belt time as Matthew hit his teens. All the old doubts and fears seemed to resurface as Matthew again tried to figure out who he was and where he belonged. For a while the old Matthew was back with his need to control, reject and hate within the family. Luckily their professional support was on hand ready to mobilise and together they all figured out what was going on. Belinda and Mike revisited old strategies. At night they watched him sleeping and remembered the love they would always have for him. A therapist worked with all of them so that Matthew could experience his carer's acceptance and understanding of his biggest rages and worst fears.

Matthew left home when he was ready, which was in his mid-20s. He came back often, sharing with them his success as an engineer. As he approached 30 he found a steady partnership with Ruth. The proudest moment of Belinda and Mike's life was watching Matthew hold his small infant son. As they watched the two gaze at each other they knew that despite the ups and downs, they had got there and that Matthew no longer had to carry the legacy of his early days.

*Adapted from Matthew's Story in Golding, Kim S. (2013) "Why are you afraid of being parented?" in Howe, David (ed) & Alper, Joanne (ed) Assessing Adoptive and Foster Parents, Jessica Kingsley, pp. 19-36. Reproduced by permission of Jessica Kingsley Publishers.*

## Reflections

The experience of trauma is unfortunately common amongst children placed in foster care. It can have a devastating impact, and those children who need the most help to recover, have a range of difficulties that affect their ability to elicit or use 'parental' support. These children are difficult to parent and can be resistant to the support that Authorised Carers can offer.

Potential Authorised Carers need to be clear about the impact of trauma on children and on the adults that care for them. They will not only need to be able to understand the experience of the child and the impact of this on their behaviour, but also need to be prepared to adjust their parenting to take into account the impact of this early experience. Flexibility and adaptability in the face of challenges will be important attributes when parenting children who have experienced developmental trauma.

Authorised Carers need a particular resilience if they are to stay open and engaged in their parenting of a traumatised child like Matthew. Only then will they be able to avoid feelings of defensiveness in their parenting and continue to offer warm, nurturing care even in the face of rejecting and controlling behaviours. They will learn to understand and accept the child's inner life and to recognise and meet their hidden as well as his expressed needs. In this way, and with good support, they are able to remain receptive and open in their parenting.

The challenges that developmentally traumatised children display can be powerful reminders of past difficulties. Authorised Carers will need good self-awareness and resilience in light of these past difficulties if they are to stay present for the children. Dealing with a challenging relationship can place strain on anyone's resources. Living with two challenging relationships in one can overwhelm even the most secure of Authorised Carers.

This is why an exploration of past relationship history, including early attachment experience, is an important part of the assessment of potential Authorised Carers. It is not so much the quality of this past experience that is important, but how far the potential Authorised Carers have been able to process this experience. Are they able to reflect on this experience from a distance and reach an understanding of how it might have influenced the person that they have become? This means that the carer is able to function in the present without being taken back to old struggles. They will be able to respond to the child in an attuned and sensitive way.

Authorised Carers need the capacity to understand complex, challenging and often quite perplexing behaviours in foster children. They will need to be open to support from skilled professionals who can join with them in making sense of the children. They will additionally need the emotional resources to retain this understanding under stress, and the self-awareness to know when emotional resources are running dry so that they can look after themselves and maintain some emotional resilience.

Authorised Carers who are open to self-care and recognise the importance of this in order to remain open to the parenting challenge being presented are likely to be more resilient over the long term than parents who see themselves as at the bottom of the list when it comes to having support for themselves. Prioritising the children's needs is an important quality in a potential carer, but being able to prioritise their own needs is equally important. Getting the balance between self-care and the care of others is an important attribute for successful parenting.

Self-awareness is a key concept to understand as part of the assessment of potential Authorised Carers. It not only helps the potential Authorised Carers during the assessment process, but more importantly it will help prepare them to better recognise and understand the emotional impact of trauma in members of the carer's family.

Parenting developmentally traumatised children is a challenging task; it can take Authorised Carers to places that they did not know existed as they absorb the rage, hopelessness and fear of their young children, and experience their sense of inadequacy. It is also a rewarding task: watching a child gradually learn to trust and accept care; feeling their hand in yours for the first time; smiling when they tell you 'I love you' and mean it; watching them finally get invited to a birthday party and managing it without a meltdown! All of these small experiences can bring an exquisite satisfaction that can only be experienced when a carer has lived through the lows and hard times of caring for a child who lacks trust and rejects care. The journey is up and down, and adolescence has the Authorised Carers hanging on with their fingertips again, but the small moments of success make the journey worth it.

# Registration of Interest in being a Foster Carer

I/we have read the Information Pack for potential Authorised Carers, including "Matthew's story" and: *(mark one)*

- ☐ I/we would like to be contacted by a worker from your agency to arrange an Information Sharing Session.
- ☐ I/we have already arranged with your agency to attend an Information Sharing Session on: (date)

*Please provide the following information. If you are a couple, details of both people must be provided*

	Person 1	Person 2
1. Last name		
2. First name		
3. Home address		
4. Contact phone numbers:	H:  M:  W:	H:  M:  W:
5. Email addresses	1:  2:	

6. Please complete for all members of your household

*(Include adults, young people and children regularly living in your home or residing on your property on a regular or frequent basis, including in a caravan, vehicle or any other structure)*

Name (first, middle and last names)	Date of Birth	Male/ Female/ Unspecified	Relationship to Person 1	Relationship to Person 2
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		

7. What language(s) do you speak at home?

8. Are you of Aboriginal background?

*(mark one)* ☐ Yes ☐ No ☐ Both ☐ Prefer not to answer

9. Are you of Torres Strait Islander background?

*(mark one)* ☐ Yes ☐ No ☐ Both ☐ Prefer not to answer

10. Have you or any member of your household applied to, or been authorised to be a carer with any other agencies?

*(mark one)* ☐ Yes ☐ No

If yes, provide details of the name of the person(s) and the agency to which they applied or by which they were authorised.



11. What type of care are you interested in applying for? *(mark any you are interested in)*

- ☐ respite care
- ☐ emergency care
- ☐ interim/restoration care
- ☐ long-term fostering
- ☐ fostering with a view to undertaking guardianship (until 18 years)
- ☐ fostering with a view to open adoption

Signature of applicant 1

Signature of applicant 2

Date

Date

