

Family Based Care – Kinship Model



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1. Introduction

1.1 Purpose

This document outlines the service delivery model of the Anglicare Southern Queensland's (Anglicare) Children, Youth and Families (CYF) Family Based Care Service (Kinship Care). It supports the provision of high-quality care to children and young people residing in kinship care as funded by the Department of Families, Seniors, Disability Services and Child Safety (hereinafter referred to as the Department). It provides information on the service delivery context, key components of the model, reporting requirements and the expected service outcomes. Use of the model may be (but is not limited to) a guide for reference and training to promote consistency and is to be read in conjunction with models for Family Based Care Service (Foster Care) model, the Improving Lives Framework, Care Documentation Practice Guide – Out of Home Care, Child Safety Practice Manual, and the Hope and Healing Framework.

1.2 Background

Anglicare Southern Queensland's Kinship Care Program is a care placement service funded by the Department. Family Based Care service provision is provided across two key programs:

1. Kinship Care
2. Foster Care (see Foster Care Model).

Care placement services provide physical, psychological and emotional care for young people when Departmental assessment indicates separation from their family is required to ensure the child or young person's safety or wellbeing. The critical difference between foster care and kinship care is that kinship carers are authorised to care for specific children and young people and that the carer is recognised as significant to the young person and/or family. The Department retains case management responsibility for young people, including care arrangement decisions and the approval, cancellation, or suspension decisions for carers (including provisionally approved kinship carers). Anglicare's Kinship Care Program engages with and provides support to prospective kinship carers, provisionally approved carers, and approved kinship

carer households in accordance with the assessment process, agreements and case plans. This can include assisting the Department in locating prospective kinship carer households and enhancing family connections for children and young people requiring family-based care.

Anglicare works with the Department as part of a young person's safety and support network, which includes their approved carers, to provide available supports and share information to meet young people's needs while in care. The views and wishes of the young person are essential considerations for the safety and support network. Anglicare's Kinship Care Program delivers services that connect, equip and support carers to:

- Obtain and maintain their carer approval, including fulfilling training and assessment requirements (including Blue Card approvals). See also Blue Card Practice Guide
- Respond to referrals from the Department for children and young people in need of protection and care arrangements
- Provide family-based care arrangements consistent with the Statement of Standards, legislation and policies, and understand their responsibilities and obligations when holding the authority to care for a child under the Act
- Make day-to-day care decisions aligned with the child/young person's case plan and supported by the carer's placement agreement
- Positively contribute to the outcomes of the child or young person's case plan, including permanency outcomes consistent with legislative principles for achieving permanency for a child or young person and the additional principles for Aboriginal and Torres Strait Islander children.

The Kinship Care Program caters for care arrangements for children who present with moderate to high needs. Moderate needs are those typical for most children and young people in care due to the harm and trauma they have experienced, and that can be managed through limit setting or other interventions. Supporting kin is a core feature of this program as it aims to create a safe therapeutic

environment for vulnerable children, where carers feel they can seek help, sustain the caring role, be supported to maintain their family relationships and promote the best outcomes for young people in their care. Where possible, children are reunited with their families.

Kin is the preferred care arrangement type, acknowledging the importance of relational permanence for children and its determinant in healing. Relational permanence is the opportunity to experience positive, loving, caring and stable relationships with significant others including extended family members (Australian Institute of Health and Welfare, 2023). Research and practice wisdom indicates that children in kinship care fare better than those in foster care: with greater stability, greater educational continuity, better health and mental health outcomes (Winokur et al., 2018).

The definition of kin, as per the Act (Child Protection Act, 1999):

Kin in relation to a child, means the following persons—

- a a member of the child's family group who is a person of significance to the child
- b. if the child is an Aboriginal child – a person who, under Aboriginal tradition, is regarded as kin of the child
- c. if the child is a Torres Strait Islander child – a person who, under Islander custom, is regarded as kin of the child
- d another person –
 - (i) who is recognised by the child, or the child's family group, as a person of significance to the child; and
 - (ii) if the child is an Aboriginal or Torres Strait Islander child – with whom the child has a cultural connection.

1.3 Governing Framework

The Child Protection Act

The Child Protection Act 1999 provides the overarching legislative framework for protecting children in Queensland, including reporting concerns. Anglicare's Kinship Care services comply with all relevant legislative requirements under the Act, including care service licensing provisions to ensure quality care consistent with the Charter of Rights of a Child in Care, the Statement of Standards and the Aboriginal and Torres Strait Islander Child Placement Principle. Anglicare's Kinship Care services also comply with relevant Departmental policies, procedures, program descriptions and related guidelines.

The Human Rights Act

The Human Rights Act 2019 protects the rights of everyone in Queensland. The Act requires organisations to provide services to the public on behalf of the Queensland Government to act and make decisions compatible with the rights it protects. Of the 23 human rights protected in the Act, the following are directly relevant to the delivery of placement services:

- Protection of families and children (s. 26)
- Cultural rights for Aboriginal and Torres Strait Islander peoples (s.28)
- Cultural rights, generally (s.27)
- Privacy and reputation (s. 25).

The National Framework for Protecting Australia's Children

The National Framework for Protecting Australia's Children 2009-2020 (COAG, 2009) consists of high-level and supporting outcomes and strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the National Framework. The National Framework also recognises the importance of promoting the wellbeing of Aboriginal and Torres Strait Islander young people and families across all outcome areas.

The National Standards for Out of Home Care

The National Standards focus on those children and young people whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the young person has been transferred to the Chief Executive. The Standards were designed to guide continuous improvement and consistent levels of care to provide young people in OOHC with the same opportunities as their peers.

Statement of Standards

The Statement of Standards provides a way to measure the quality of kinship care for children in care and forms a basis for assessing whether a care environment is appropriate. Section 122 of the Child Protection Act 1999 outlines the standards. Kinship carers are responsible for ensuring that young people are cared for in a safe, nurturing and predictable environment that meets the standards. If there are concerns with the Standards of Care provided, the Department is responsible for responding to ensure the young person's safety.

Standards of Care Matters

Anglicare works in partnership with the Department to provide quality care in a safe and stable living environment to meet young people's needs in accordance with the Statement of Standards and the Charter of Rights of the Child (Child Protection Act 1999). When worries are raised about the carer's willingness and ability to uphold the Standards of Care (SOC), these are managed in partnership with CYF, carers, and key stakeholders and led by the Department. The process balances the concern with consideration given to the protective factors of being with kin. The Department is responsible for adhering to specific timeframes for decision making, commencement and completion of SOC processes; CYF staff are responsible for following up and internally escalating SOC processes outside of the timeframe.

Human Services Quality Framework

The Human Services Quality Framework (HSQF) is the Department's quality framework. The HSQF was developed to safeguard the needs of clients. These six standards cover the core elements of quality service provision and provide a benchmark for measuring service delivery to promote consistency across the sector. Anglicare has a three-tier compliance approach to support services to monitor performance against policy, procedure and the HSQF standards, which support best practice and continuous improvement.

Anglicare's quality management system ensures the provision of safe quality care to clients. The 'Assess to Action' program supports staff to monitor performance against policy, procedure and relevant external standards, legislation, regulation, and contractual requirements and supports best practice. The first tier is self-assessment guided by an assessment tool. Findings may contribute to the continuous improvement plan. Advice, education, and support for services is available from the Quality Assurance and Improvement Team. The Quality Assurance and Improvement Team conduct internal audits as the second tier, and external audits are the third tier.

The Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle was created to reduce rates of child removal, enhance child-community connection and preserve cultural identity (Arney et al., 2015). The principle states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family:

1. The child's extended family (kin)
2. The child's Indigenous community (kith)
3. With Aboriginal and Torres Strait Islander carers
4. With non-Indigenous carers.

According to the principle, if no suitable Aboriginal and Torres Strait Islander carers can be found, as a last resort, children are placed with a non-Indigenous carer, if connection between the young person and their family, community and cultural identity can be maintained.

Acts and regulations:

- Child Protection Act 1999
- Child Protection Regulation 2011
- Child Protection (International Measures) Act 2003
- Childrens Court Act 1992
- Information Privacy Act 2009
- Working with Children (Risk Management and Screening) Act 2000
- Statement of Standards.

2. The Kinship Care Model

2.1 Practice Principles

2.1.1 Improving Lives Framework

All OOHC programs within Anglicare are committed to working within the practice principles of the Improving Lives Practice Framework. The framework has been co-developed between Anglicare and the Australian Childhood Foundation to ensure it meets the needs of the individuals and families that access OOHC programs, staff, and the organisation. The Improving Lives Practice Framework integrates the following principles:

- Being Child-Focused, Person-Centred, and Family-Oriented
- Being Trauma-Informed and Recovery-Oriented
- Strengthening and Empowering Practice
- Valuing Diversity and Cultural Responsiveness..

The framework is underpinned by trauma informed relationships whereby the therapeutic relationship formed between young people and carers is one of the most powerful determinants of outcomes (Siegel, 2010). The framework emphasises physical, psychological and emotional safety for both staff and clients, which builds on the strengths of the individual and community, creating an opportunity to rebuild a sense of control and empowerment.

2.1.2 Family Led Decision Making

This practice approach sees families supported to lead decision making and actioning plans to meet the safety, belonging and wellbeing needs of their children and young people.

Anglicare adopts the key principles and values of family led decision making:

- Families are the experts in their own lives, choice and self-determination is essential
- With support, families are capable of planning for and taking action towards safety, and meeting the care and protective needs of children and young people
- Participation, collaboration, and inclusion are essential to working positively with families
- Values such as cultural integrity, fairness and curiosity supports family-led decision making
- Strengths based and solution-focused approaches create better processes and outcomes for families and children.

In addition to the above principles, Anglicare advocates for the inclusion of the following principles when working with First Nations families:

- The process is facilitated by an Aboriginal or Torres Strait Islander person
- The facilitator is employed by an Aboriginal and Torres Strait Islander community-controlled organisation or is a private convenor
- The meeting is run in an Aboriginal or Torres Strait Islander way
- There is a focus on:
 - creating a culturally safe space; and
 - mapping kinship networks.

2.1.3 Kin Finder Model – Goals and Core Beliefs

Anglicare's kin finding activity (Kin Finder) is based on the Department's preferred approach, Family Finding Model developed by Kevin Campbell and the National Institute for Permanent Family Connectedness. The model proposes methods and strategies to locate and connect to other significant people in the young person and family's network.

The Family Finding Model Goals (Chalk, 2019):

- Support children and young people in OOHC to develop meaningful and enduring connections with family members who will support them throughout their lives
- Ensure safe and stable family-based living arrangements where possible, with the view to ensuring a timely and permanent exit from the formal service system through the development of a resilient network of supportive adults
- Support children and young people in developing a healthy sense of identity, regaining their dignity, and providing family members with the opportunity to meet the needs of those within their family system
- Enable young adults transitioning from care to live safely and productively within their communities
- Decrease dependence on the formal service system and enhance family-driven decision making
- For all individuals, reduce re-entry within and between formal service systems, including "graduation" of young people into the adult correctional systems.

Core Beliefs of the Kin Finder Model (Chalk, 2019):

- Every child has a family
- Loneliness can be devastating and particularly felt by children in OOHC
- Meaningful family connections help children develop a sense of identity, belonging and connection
- The most identified factor contributing to positive outcomes for children involves meaningful connections and lifelong relationships with family.

2.2 Service types

2.2.1 Connecting Kin/Kin Finding

Connecting kin services support young people who are subject to orders and are not yet in the care of family members as approved carers or who would benefit from enhanced family connections. Anglicare provides case management that supports searching and engagement of family members in the care of young people.

This includes:

- Identifying family members through various means, such as searching Departmental records or other family mapping activities and resources, e.g. Circles of Safety and Support Tool
- Engaging the young person and their family members to obtain information about family connections and future connections with the young person
- Locating family members and their proximity to the young person and other family networks
- Providing family members with information about the role and responsibilities of kin carer, the role of Anglicare
- Providing family members with information about the Department's role, processes concerning the young person entering care, growing the young person's safety and support network and future parental contact arrangements
- Supporting family members in making an informed decision about providing any level of kinship arrangement (primary, short break, emergency care, or enhanced family connection)
- Supporting family members considering applying to be kinship carers by providing universal practical support activities before commencing the formal family care assessment process, e.g. obtaining

identification documents, accessing income support, locating appropriate housing options, etc. practical support outcomes may be enhanced using brokerage funds.

Anglicare engages positively with family members and communicates in ways that recognise individual differences and are most appropriate for the sensitive topic. This includes when communicating with the young person's safety and support network. When necessary, Anglicare utilises brokerage to deliver support for family connections and identification of prospective kinship carer households in line with brokerage guidelines and the Queensland Care Services Outcomes Framework.

Anglicare recognises that caring for kin can raise issues of transgenerational, intergenerational or shared trauma and provides support to prospective carers. Support may also be provided to address the needs of biological children and extended family members.

2.2.2 Equipping Kin

Anglicare supports family members who have made an initial application to be assessed as kinship carers. Equipping kin services supports families in completing their initial carer assessment and assists in understanding statutory care. In addition, Anglicare conducts provisional assessments if requested by the Department while continuing to undertake the initial carer assessment. Provisional assessments are for a carer to care for a specific child for a time limited period, these usually occur in emergent circumstances. Carer assessments are conducted in line with the Carer Initial Assessment Report and the Kinship Carer Initial Assessment Report Guidelines and require the completion of a Household Safety Study (see Household Safety Study Practice Guide). Anglicare can provide support for initial and provisional carer applications through brokerage to facilitate the application process.

2.2.3 Supporting Kin

Anglicare identifies support needs and delivers wrap around supports to kinship carers and young people to maintain and monitor the quality of the kinship care arrangements. Brokerage is available to assist in meeting support needs. The service undertakes provisional and renewal assessments as necessary.

2.3 Core Model Elements

The core elements of the Kinship Care Model are entry, assessment and planning, delivery, transition, and exit.

2.3.1 Entry

Anglicare's Kinship Care services will uphold the best interests of children residing in kinship care arrangements. This element covers intake, finding, screening, induction and transfer in of carers.

Anglicare's intake and assessment of potential kinship carers is carried out consistently and in line with the Statement of Standards outlined in section 122 of the Child Protection Act 1999 and the Department Child Safety Practice Manual.

Child Safety may approach family members and subsequently approve kin carers to care for children whose primary carer(s) have been deemed unable to care for them safely. At times, the Department will make a referral for Anglicare's Kinship Care Service to complete or work collaboratively with the Department to complete the provisional assessment.

The Department may also request that Anglicare's Kinship Care Service identify appropriate options for kin care. In those circumstances, the Kin Finder model is applied. It's acknowledged that the philosophy of kin finding is an ongoing process and should be applied wherever possible in all OOHC services, as young people have the best outcomes when residing with and/or supported by kin.

2.3.1.1 Kin Finder

Anglicare's kin finding activity involves four steps

- Information gathering and discovery
- Engagement
- Commitment to permanency
- Commitment and support for maintaining connection.:.

Information gathering and discovery

During the information gathering and discovering phase, the Kin Finder Practitioner works with Child Safety to understand the young person's child protection history, care arrangements, orders, and existing family relationships, including contact. The young person is included where possible and appropriate, and their views are sought. If the young person identifies as First Nations, the Kin Finder Practitioner works collaboratively with the Department's Cultural Practice Advisor. Information

gathering occurs over several meetings, ideally within four weeks. During this time, a plan is established that articulates the roles and responsibilities of each worker, identifies the next steps for locating family and kin, and agreed timeframes.

Engagement

Following the discovery phase (ideally within two weeks), the Practitioner contacts the family members who have been identified. The Practitioner sensitively explains the reason for the contact and the young person's circumstances. They seek to understand the person's interest in being a part of the young person's life, with the view of building a supportive family network. Feedback from these discussions is shared with Child Safety. Relevant screening of family members commences.

Commitment to Permanency Meeting

A meeting is established once the Kin Finder Practitioner has identified and discussed family connections with Child Safety. The meeting is to facilitate family-led decision making to meet the short and long-term legal and emotional needs of the child/young person. The participants work as a team to find legal and emotional permanence for the child/young person and establish an action plan, including timeframes.

Commitment and support for maintaining connections

When family members are identified for respite, short or long-term care, the Kin Finder Practitioner will complete provisional and comprehensive assessments of the identified family member(s), including the completion of legislated checks. During this phase, the worker will also follow up with individuals who committed to participate in the circle of support for the young person to ensure they are following through with the agreed tasks, facilitate further family connections, offer practical and emotional support, and assist in the maintenance of sustainable relationships.

2.3.1.2 Transfer of Kin Carer

Kinship carers may transfer from another agency; Anglicare will provide a transfer process for carers that respects individual, and family rights and ensures that kinship carers continue to provide a safe, healthy, and nurturing environment for the young person during the transfer process. Anglicare's Kinship Care Services acknowledges that partner agencies may have their own processes and procedures

for transferring carers. Where this is the case, Anglicare will reasonably support the partner agencies' requests, undertaking parallel processes if necessary.

Anglicare actively facilitates the transfer of kin carers to Aboriginal Community Controlled Organisations (ACCO) where appropriate, recognising the evidence that when First Nations community organisations are empowered to build on traditional knowledge and culture, the services they deliver achieve more significant results than mainstream organisations (Cleary, 2019).

2.3.1.3 Assessment and Planning/Equipping Kin

The assessment of kinship carers is mandated under the Regulation of Care provisions in the Child Protection Act 1999 (Queensland). These provisions outline the process of approving carers who can provide a child with a safe and acceptable standard of care when Departmental intervention with a child and family requires that a child be placed away from their parent's care.

The purpose of regulating kinship carers, including provisionally approved carers, is to ensure that an individual who provides care for a child, arranged by the Department, is suitable to care for the child and continues to meet suitability requirements for the duration of their approval. Provisional assessments involve three elements:

- Suitability assessment of the carer and their adult household members, informed by checks of their criminal history, domestic violence and traffic history, and child protection history, completed by the Child Safety Central Screening Unit Manager
- Assessment of the mandatory safety requirements of the applicant's household, completed by Anglicare
- Assessment of the carer applicant's ability to meet the standards of care, completed by Anglicare.

Anglicare conducts thorough evidence informed Provisional and Renewal Assessments that are child-focused, family sensitive, and trauma-informed to determine the suitability of applicants to safely meet the needs of children in care in line with the Statement of Standards.

Anglicare submits all signed and finalised assessment documents to the Placement Support Unit (PSU) for progression and approval by CSSC Manager (this practice may vary across regions). The Department is responsible for determining the carer's status.

The Kinship Care Agreement is the document articulating the scope of care the kinship carer will provide. A Kinship Care Agreement is required for all approved kin carers and is completed at the commencement of any new care arrangement. The agreement aims to ensure that kin carers and Anglicare have access to relevant information about a child to provide adequate support for the care arrangement. The agreement is collaborative and is developed by the Department, Anglicare and the kin carer/s. It should also consider any recommendations made by the assessor during the initial or renewal of approval processes, including the household's training needs.

The renewal of approval for a kinship carer takes place after one year and then every three years after that, or sooner if required due to a change in circumstances. The Departmental mandated renewal of approval is the process of assessing the continued suitability of the carer and any adult household members, taking into consideration whether the care has met the standards of care of young people placed with them during the preceding three-year period and their continued commitment to meeting the suitability requirements set out in legislation and policy. Approved carers must apply for the renewal of their approval, ideally three months before the expiry of the current certificate of approval if they wish to continue as approved carers.

If an approved kinship carer indicates they would like to become a Foster Carer, they would follow the assessment process for a foster carer and complete the mandatory training.

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Approved carers must apply for the renewal of their approval, ideally three months before the expiry of the current certificate of approval if they wish to continue as approved carers.

If an approved kinship carer indicates they would like to become a Foster Carer, they would follow the assessment process for a foster carer and complete the mandatory training.

2.3.2 Delivery - Support and Monitoring/ Supporting Kin

Anglicare's Kinship Care service provides:

- Regular support for carers by way of face-to-face home visits, telephone and email contact as agreed between the practitioner and the carer;
- Additional support and services to carers during critical phases which may arise from issues relating to the child/young person in their care or from matters within their own family, including counselling, debriefing and crisis responses;
- Assist carers in identifying gaps in safety standards and support with a plan to assist in meeting standards;
- Support to carers through the process that occurs following standards of care matters, at the same time ensuring the well-being of the child or young person;
- Arrangements for the provision of specialist support and advice to carers to assist them in their role (e.g. help from a psychologist, speech pathologist, medical specialist);
- 24 hour on-call service for carers;
- Development and monitoring of individually tailored Carer Learning and Development Plan;
- One-on-one in-home psychosocial education to meet learning plan goals;
- Assistance to carers in developing peer support/ network groups through access to local support groups, Facebook page, and get-togethers with other carers;
- Opportunities to attend events, camps, holiday activities, and foster and kinship care conferences;
- Stakeholder engagement and follow up;
- Access to respite care;

- Support carers to provide culturally safe households; and
- Access to a Cultural Mentor and/or support that connect young people to their country, kin, and culture.

Levels of support required by a carer may change over time, depending on the experience and circumstances of young people in their care. Support levels may scale up or down depending on the needs of the kin carer and the young person at any point in time. Access to High Plus and Intensive Programs can be facilitated when the need increases (See Family Based Care (Foster Care) Appendix

A: Intensive Foster Care). Anglicare is constantly identifying, assessing, and responding to risk within an approved carer household as a part of their ongoing work with carers. Upon commencement of a new care arrangement, Anglicare will seek critical documents from the Department and schedule a Placement Agreement meeting with the Child Safety Officer (CSO).

Family support

Kinship carers have often been approved due to a crisis, and the process has happened quickly, with little warning. Whilst the approval and care arrangement may happen quickly, for the carer and young person, it's likely that they have been grappling with the challenges faced by the birth parents for some time. This can be an emotional and uncertain time for the carer, young person(s), their parents, and the wider family triggering unresolved, complicated (sometimes generational) issues (Machin, 2014). It's a unique situation as the kin carer often cares for/supports both the young person(s) and their parents. Carers report to Anglicare that the caring role impacts all relationships in their life.

Recognising this complexity, Anglicare offers support to all carer household members to sustain the care agreement. Anglicare delivers additional wrap around support to maintain the quality of the kinship care arrangement and ensure ongoing safety through the timely expenditure of brokerage funding consistent with family-based care brokerage guidelines.

Training and development

Carer training and development is an ongoing process informed by emergent issues and incidents, assessed needs and the ongoing needs of carers. Training and development of kin carers occur through ongoing support and monitoring and are more likely to occur through one-on-one psychosocial education sessions

in the home than through formal training. However, kin carers may join group training events with foster carers, should they wish. Kinship carers are not required to attend mandatory training; however, they may choose to attend. Anglicare staff are responsible for facilitating or referring to external training courses that will benefit and develop carers supported by the agency. This is best undertaken in partnership with the Department and, where appropriate, partner agencies. Anglicare offers carers a range of optional advanced training on various topics, and kin carers are invited, encouraged and supported to attend.

Safety planning

Safety planning occurs at any time when there is a greater need to manage risk. The Practitioner will work with the carer to identify triggers, explore safety options, and create a plan that includes reducing risks and accessing informal and formal support.

Transition to Adulthood

Transition to Adulthood commences around the age of 15.5 years, with the Department responsible for developing a Transition Plan. This is the opportunity for young people to identify their future goals and needs and to work towards these with the support of the Department and other key stakeholders, but most importantly, their kin carer. It's made up of numerous experiences, successes, attempts and challenges. A parallel planning approach will assist young people to meet both their immediate day-to-day needs and short and long-term goals. Carers are well positioned to assist and support the young people in their care to meet these challenges and prepare for adult life. From the time the young person turns 15.5 years, staff can support the carer and young person by:

- Advocating with the Department for a Transition Plan to be developed and a meeting held
- Providing information about transition support, including services like Next Step Plus
- Providing information about financial resources such as Youth Housing and Reintegration Service (YHARS) and Transition to Independent Living Allowance (TILA), and independent living skills development tools.

Young people exiting care can continue to reside with their carer after 18 years of age with the support of the Department, or they may choose to live independently. During this time, supporting the carer with any grief and loss issues can be essential.

2.3.3 Exit

A kinship carer may request to transfer out of an Anglicare Foster and Kinship Care service and be supported by another agency. If the request to transfer is due to dissatisfaction, the service should explore the issues and endeavour to resolve the issue. A carer may exit the service by moving to another catchment area. Anglicare would alert the Department about the transfer to organise support and monitoring for any children and young people in care, hold a transfer out meeting, and complete paperwork to facilitate transfer to the new organisation.

Kinship care arrangements may end for a variety of reasons, including:

- Young person is reunified with parent(s)
- Guardianship/Permanent Care Order/Long Term Guardianship Order may be granted
- Young person is no longer of a care age and chooses to live independently
- Carer resigns
- Care arrangement breakdown
- Department ends arrangement due to safety concerns
- Transfer to Aboriginal Controlled Community Organisation.

End of care arrangement support

It's normal and expected that a carer would experience grief and loss at the end of a placement agreement. Carer grief varies in form, duration, and in how it differs for everyone, and for each child regardless of how the placement agreement has ended. Farewell rituals and celebrations are important in supporting the carer with this experience.



3. Context for Delivering Kinship Care Services

3.1 Operating hours

Anglicare's office hours are generally 9am to 5pm on Monday to Friday. 24-hour on-call support for crises and emergencies is provided seven days a week, every day of the year. The service includes access to after-hours care arrangements for the Department, urgent support for carers and support with incident management. The on-call service is shared among the Foster and Kinship care team members, on-call workers have access to Departmental on-call and Anglicare management if escalation is required.

3.2 Staffing

The Service Manager oversees the service operations, ensuring the organisational strategic plan is enacted. They work with the Group Manager to provide leadership and support to the service in service delivery, client-centred culture development, human resources management, business performance and financial management, quality care governance, contractual compliance and risk management, innovation and best practice.

The Coordinator's role is to provide guidance, direction and supervision to a team of Foster and Kinship

Care Practitioners to ensure that the recruitment, training, assessment and ongoing support of carers are maintained per service agreements. This role also includes ensuring that the Kinship Care Program meets the standards set out to ensure ongoing licensing of the program.

The Practitioner's role is to map kin, train, assess, and support kinship carers within Anglicare. They are also responsible for ensuring appropriate care arrangements for children. Within the practitioner team are staff who provide intensive support to children and carers where required.

Kin Finder Practitioner's exists in some Anglicare locations, like the Practitioner's role (above) with a primary focus on connection with kin. The Kin Finder Practitioner is co-located at the Child Safety Service Centre for part of the week to facilitate collaborative work and sharing of information.

Youth Workers work with and support young people individually or in groups by developing and facilitating programs that address social, behavioural, welfare, developmental and protection needs. This role can include several different duties and is often tailored to meet the needs of the child/young person in the home.

3.3 Diversity and Cultural Inclusion

Anglicare has an organisation wide Diversity, Equity, Inclusion and Belonging Strategy. Staff receive Diversity, Equity, Inclusion and Belonging (DEIB) training led by instructors with lived experience, which has been co-designed by Anglicare, specifically for the context of our practice in the child protection sector, including a specific module for leaders to ensure the concepts are embedded in our workplace cultures and foundational concepts around bias, power, privilege, language, intersectionality and positionality which can be applied across all elements of diversity.

Staff also receive Cultural Capability and Awareness training led by a respected First Nations community member, with mandatory refresher requirements. Staff consider all information relevant to the individual needs of carers during referral, intake, assessment and planning, delivery and review, and exit processes, focusing on the unique lived experience of each carer and their intersectional identity. Service delivery governance responsible for guiding frontline practice (specifically Care Arrangement Matching Procedure, Assessment and Planning, and Care Planning) requires staff to consider elements of diversity in collaboration with the carer and children and young people's care team, including those who identify as Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse (CALD), diverse gender and sexual orientation, immigrant or refugee, living with disability and/or mental health.

Anglicare acknowledges that Aboriginal and Torres Strait Islander families and communities have endured significant human rights violations, which continue to impact their daily lives. Anglicare acknowledges the profound grief, suffering and loss caused by the removal of Aboriginal and Torres Strait Islander children from their families, their community and their culture, and Anglicare continues to be committed to ensuring Aboriginal and Torres Strait Islander children's cultural identity and relationships with their families and communities are maintained. Anglicare adheres to the Child Placement Principle when placing Aboriginal and/or Torres Strait Islander children.

Cultural Mentors support non-Indigenous carers and staff to better understand the needs of Aboriginal and/or Torres Strait Islander children in care and respond holistically to consider family, spiritual, community

and individual needs. They work closely with Child Safety service centers to achieve the young person's cultural plans in consultation with the Department's Cultural Practice Advisor. They also assist other team members to better understand Aboriginal and Torres Strait Islander children and families and support them toward the best outcomes for safe care and connection. Carers can request a worker who identifies as Aboriginal or Torres Strait Islander. If Anglicare cannot provide an identified worker, access to additional culturally appropriate services or other local Aboriginal and Torres Strait Islander Community Services will be facilitated.

Anglicare supports self-determination for Aboriginal and Torres Strait Islander young people by partnering with Aboriginal Community Controlled Organisations proactively collaborating with service users and ACCO partners to transition First Nations families to ACCO's. The Cultural Practice Lead implements a cultural protocol practice tool connected to the Improving Lives Framework for practice to better equip staff to enable more meaningful self-determination for First Nations young people, their families, and their communities.

3.4 Participation of carers, children, young people and families

In ensuring the participation of carers, children and young people, and their families, Anglicare:

- conducts genuine, ongoing consultation and facilitates the participation of carers, children, young people, and their families in the making of decisions that affect them;
- provides carers, children, young people and their families with information (in a manner and language that they can understand) that facilitates their participation; and
- conducts genuine, ongoing consultation and facilitates the participation of carers in decision-making processes.

Anglicare creates opportunities to hear the voices of kin carers. Current methods of seeking feedback include, but are not limited to, evaluations following training and events, reflections from training, compliments and complaints process, and Client Voice surveys.

3.5 Workforce capability – staff development, support and supervision

Anglicare supports staff to meet the requirements of their role successfully. This occurs through induction, internal and external training, professional development plans, and professional supervision.

Communities of Practice

The Anglicare Children, Youth and Families Practice Development team facilitates a Community of Practice (COP) focused on carer recruitment and another for Coordinators. COP's focus on sharing practice wisdom, better practice and new knowledge on a specific topic. The COP occurs once every eight weeks.

Anglicare provides a space for staff to engage in safe, supportive supervision for critical reflection and practice improvement; self-care and professional safety planning; incident debriefing; and post crisis

support. In keeping with the Improving Lives Practice Framework, it's expected that supervision is provided through a trauma informed lens. Supervisors are provided with a day of Improving Lives training focusing on the supervision relationship and are supported by Staff Supervision and Support Practice Guide.

Complex Case Panels

Anglicare established Complex Case Panels to promote internal reflection and planning for employees working alongside clients with complex support needs. The process seeks to leverage the knowledge, skills and expertise of the panel members and the referring care team to support contemporary, high quality, evidence-based service delivery. Panel members work collaboratively with the team to develop and implement a risk management/action plan that provides clear direction, a fresh and creative perspective, decision making and recommendations for the next steps to support practice and encourage the development of best practice.



4. Data Collection and Reporting

4.1 Performance Management Framework and Performance Measures

The Department's Performance Management Framework for funded service providers sets out how the Department will monitor and assess all the outsourced service delivery contracts.

4.2 Queensland Care Services Outcomes Framework

The Queensland Out of Home Care (OOHC) Outcomes Framework is the Queensland Government's commitment to operationalising the National Framework discussed above. The OOHC Outcomes Framework provides domains, applications, outcomes,

critical success indicators and measures of success for young people in OOHC. The framework states the following vision:

Children and young people in out of home care are safe and healthy, have a sense of belonging and wellbeing, and achieve their potential. It also provides a principle of cultural integrity in care.

Secretariat of National Aboriginal and Islander Child Care (SNAICC 2011, as cited in Queensland Government, 2021) have stated that culturally responsive and safe care is about being part of a family, community and extended network and knowing where you belong. Culture and identity as a concept are dynamic and must be prioritised as part of every child's daily life.

5. Family Based Care (Kinship) Program Logic

Objective/s: To provide a safe, culturally responsive and stable family-based living environment for young people requiring OOHC where they receive nurturing caregiving that meets their broad range of needs, supports them in reaching their full potential, and keeps young people connected to kin.

Needs Statement: There is a high and growing demand for family-based care in Queensland, as more children and young people are entering the child protection system due to abuse, neglect or other reasons. As of 30/6/23, there were 12,911 young people subject to a child protection order in Queensland (Queensland Government, 2023). 48% of these children and young people were living with kinship carers, ensuring young people remain connected to country, culture and community. This is an increase compared to the previous year (46.4 per cent) which is congruent with the Government's policy direction of reducing residential care and increasing family-based care arrangements with an emphasis on 70% kin by 2025 *Breaking Cycles: An action plan for Aboriginal and Torres Strait Islander children and families 2023–2025*.

Overall, there is a shortage of available and suitable foster carers who can provide safe, stable and nurturing care for these children and young people, especially for those with complex or special needs, such as Aboriginal and Torres Strait Islander children, children with disabilities, sibling groups, or older children. This shortage and the recognition that children and young people have better life outcomes and experiences when living with kin has resulted in a greater focus on kinship specific service. Children and young people in care may experience multiple care arrangement disruptions, reduced access to education, health and social services, loss of connection to their family, culture and community, and increased risk of harm or abuse. Carers may experience stress, burnout, isolation, lack of support and recognition, and difficulties meeting the children and young people's needs.

Inputs	Activities	Outputs	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> • Funding • Qualified and experienced staff and managers • Partnerships with organisations and stakeholders • Office infrastructure • Cars • Technology 	<ul style="list-style-type: none"> • Kinship mapping activities • Carer enquirers • Pre-service, standard and advanced training • Initial and renewal assessments • Home visits • After hours on-call • Placement agreements • Standards of Care matters • Kin transfers • Kin resignations • Support groups • Events • Referrals • Advocacy • Care planning. 	<p>P2I reporting requirements.</p>	<p>Kin have increased knowledge and skills about:</p> <ul style="list-style-type: none"> • child development ages and stages and impacts of trauma • positive parenting styles and strategies • managing challenging behaviours • coping with challenging situations. <p>Provision of safe and nurturing care arrangements to children and young people.</p> <p>Kin carers have increased confidence and motivation to continue their role as a carer.</p> <p>Kin carers support and nurture connections to extended family, social and professional supports.</p> <p>Children and young people are supported to:</p> <ul style="list-style-type: none"> • be reunified to family • transition to semi/independent living. 	<p>Safe and Nurtured</p> <ul style="list-style-type: none"> • Young people feel safe in their care arrangement • Young people's physical, emotional, and psychological needs continue to be met • Young people continue to have nurturing relationships with their caregivers • Young people have care arrangement stability, with reduced number of moves <p>Connected</p> <ul style="list-style-type: none"> • Carers have increased connectedness to personal, social and professional supports to help them sustain high quality caregiving practices • Young people and their carers have improved relationships with each other • Young people are positively connected to family, culture, and community • Young people feel a sense of identity and belonging <p>Achieving</p> <ul style="list-style-type: none"> • Attend and engage in education • Meeting developmental milestones • Engage in, and benefit from, recreational activities • Developing independence and life skills <p>Healthy</p> <ul style="list-style-type: none"> • Physically, emotionally and psychologically healthy • Leading an active and healthy lifestyle • Young people have an opportunity to receive support that helps them to manage the impacts of past traumas <p>Resilient</p> <ul style="list-style-type: none"> • Feel confident and have social skills • Possess coping skills and an ability to manage adversity • Display positive and appropriate behaviours • Carers have increased skills, knowledge, and confidence to provide high quality care to young people <p>Satisfaction</p> <ul style="list-style-type: none"> • Young people, carers and stakeholders have high levels of satisfaction with the service, feel it is a quality service, feel that client's needs have been met • Carers report satisfaction i.e. they can seek help, sustain caring role and promote best outcomes for young people. 	<p>Children and young people in and/or transitioning from Kin Care have improved:</p> <ul style="list-style-type: none"> • personal safety • quality of life • family and carer relationships • reunification opportunities • cultural identity and connections • social and community connections • life skills • stable and secure living arrangements • education and employment opportunities • access to services • prospects and reduced involvement with the justice system • connection to extended family. <p>Kin Carers continue to improve skills, knowledge, and confidence to provide high quality care to young people (self-report).</p> <p>Kin Carers continue to support and nurture connections to extended family, social and professional supports.</p> <p>Carers' retention rate is sustained or continues to improve (data records, actual number and %).</p> <p>Satisfaction</p> <ul style="list-style-type: none"> • Young person, carers and stakeholders have high levels of satisfaction with the service, feel it is a quality service, feel that client's needs have been met • Carers report satisfaction i.e. they can seek help, sustain caring role and promote best outcomes for young people.

5.1 Theory of Change Statement

Underpinning the activities of the Family Based Care Program is a foundation of core principles and assumptions that are drawn from practice experience, the OOHC literature and the Child Protection Act (1999) – Queensland.

To deliver quality services, Anglicare believes that:

- The welfare and best interests of young people residing in family-based care is paramount
- Family-based care and care management practices are child-centred, trauma-informed and family-focused. Kin carers will be supported through tailored learning and development opportunities to meet the needs of young people in their care
- Actions taken, whilst in the best interest of young people, seek to maintain family relationships and cultural connections
- Quality kin care services respect and recognise the importance of the ethnic and cultural heritage, religious beliefs, and language of young people and their families. Where possible the support of kin carers is transferred to Aboriginal Community Controlled Organisations as best practice
- Quality family-based care is needs-based, trauma sensitive and attachment focused
- Carers and staff clearly identify, emphatically understand and respond to the needs of each young person, are sensitive to the effects of the trauma they have experienced, recognise the issues and impacts of intergenerational trauma, and seek to develop caring and nurturing relationships to facilitate the healing process
- Young people in family-based care arrangements are supported to feel safe and be protected from further harm. It's in the context of this caring and nurturing family environment that emotional and psychological healing occurs, and the skills required for a successful transition to adult living are developed
- Young people need to be cared for within a healthy family environment that is characterised by positive parenting practices, including:
 - Structure and routine
 - Reasonable rules
 - Expectations and age-appropriate limits
 - Guidance, support and encouragement
 - Positive reinforcement
 - Fair, consistent and reasonable boundaries
 - Demonstrating tolerance for typical and/or symptomatic behaviour.
- Regardless of the extent of the young person's unacceptable behaviours, they're entitled to be listened to and treated with respect. Young people need to receive appropriate positive guidance to help them develop self-regulation techniques. Behaviour management and parenting strategies are consistent with the Statement of Standards s122 of the Child Protection Act 1999) and the Department's Positive Behaviour Support Policy and Procedures
- Young people are given age and developmentally appropriate opportunities to grow in identity, intimacy and independence. They should be able to engage in the full range of acceptable activities available to their peers in the general community
- Positive experiences and participation in activities are essential for the young person's wellbeing. Opportunities to participate in critically important 'therapeutically based activities' are unconditional
- Continuity in the lives of young people in family-based care is critical for psychological wellbeing. All efforts are taken to maintain continuity of relationships with family, friends, schools and communities to which the young person has previous links
- Family-based care is a partnership embracing parents and young people, carers and their families, Department staff, other stakeholders and Anglicare OOHC staff – all planning and working in the child's best interest
- Respect for carers as partners together with other professionals in the Family Based Care Team is critical, as is the provision of ongoing information, training, support and supervision.

6. Conclusion

The Anglicare Children, Youth and Families Kinship Care Program has a long history of delivering family-based care in Queensland. The program strongly emphasises and responds to the unique needs of children and young people in OOHC and those that care for them. Anglicare Children, Youth and Families recognises the challenges that currently face OOHC but continues to be successful in being able to Kin

Connect, Kin Equip and Kin Support to maintain family-based care arrangements with kin.

This Service Model aims to guide and direct staff in their work with kinship carers, their families and young people in Kinship Care arrangements. Staff should be able to draw on the Service Model to strengthen their role with kin carers, young people and stakeholders.

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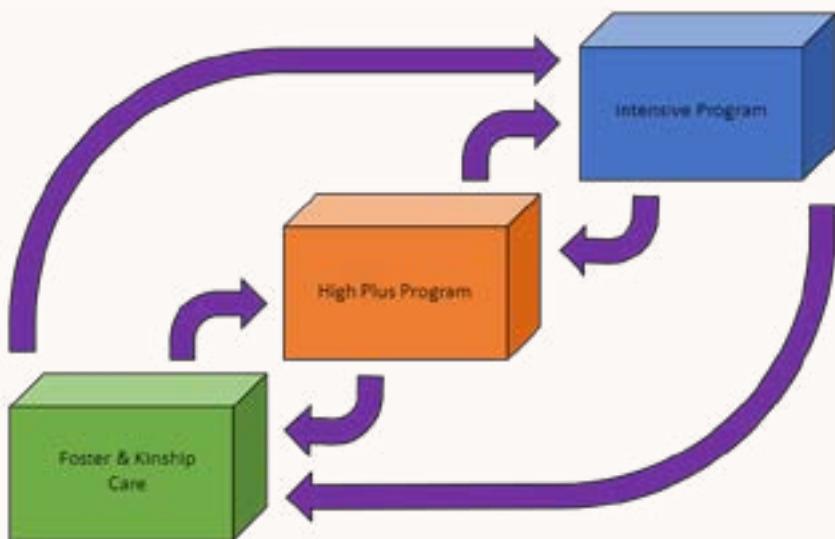
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Appendix A: Intensive and High Plus Program



The High Plus and Intensive Programs provide a flexible, step up/step down model of support for Anglicare's foster and kinship carers.

This Appendix to the Family Based Care Models provides staff with information about the delivery of two complimentary sub-programs that meet the additional needs of children, young people and carers during times of high stress and care arrangement instability and those caring for young people with higher needs. The High Plus and Intensive programs include practical and therapeutic interventions to assist practitioners in supporting carers to manage challenging behaviour, build stronger relationships and promote emotional regulation in young people in care arrangements.

The work undertaken by the staff in the High Plus and Intensive Programs is underpinned by the Improving Lives Practice Framework. The Improving Lives Practice Framework is a 'bespoke' framework that reflects the mission and values of Anglicare and the specific needs of the young people in the Intensive and High Plus Programs. The framework is strengths-based, trauma-informed, and relationship-focussed.

High Plus

For Anglicare Southern Queensland's (Anglicare) High Plus Program, a separate High Plus support range was introduced by the Department to enable services to provide additional and practical 'wrap-around' support for the care of a discrete number of young people to achieve one or more of the following core outcomes:

- Improve care arrangement stability
- Improve wellbeing outcomes for children and young people
- Supporting transition plans, including transitions to kin and/or positive connection with family.

The High Plus support can also be implemented where a carer's stress has the potential to impact the primary care arrangement, e.g., carer injury/hospitalisation, unexpected changes in employment, or having to care for an unwell relative temporarily.

The focus of the intervention is always the wellbeing of the child/ren, including facilitating their inclusion and participation (where appropriate) throughout the intervention period. A child-centred and family focused approach ensures the child remains at the forefront while balancing the needs and support of the carer household. By building the carer's capacity and empowering them to continue to be successful once the intervention is complete, the child will feel and experience greater security, stability and safety.

Intensive Foster Care

The Anglicare Intensive Foster Care Program provides therapeutic support for children, young people and carers in foster and kinship care arrangements who are under stress, at risk of breakdown or require support to deal with the complexity of needs presented by the young person being cared for. The

Intensive Foster Care Program provides the following activities:

- Carer education and training;
- Behaviour management and care arrangement support;
- In-home support;
- Practical and financial assistance;
- Youth worker support; and
- Access to therapeutic and allied health services.

Carers and young people receive tailored trauma-informed intervention, which supports carers in understanding and responding appropriately to the young person's often complex attachment needs. The provision of specialised intervention to young people and their carers supports more sustainable care arrangements and, ultimately, better outcomes for young people in OOHC.

The Intensive Foster Care Program is part of Anglicare's continuum of care. It provides intensive intervention for foster and kinship families who are caring for young people with higher and complex needs or where the care arrangement is under stress, at risk of breakdown and/or a Standard of Care notification has been raised. Intervention is tailored to meet the individual needs of the young person by enhancing the carer family's capacity to meet those needs. Anglicare aims to maintain the stability of the care arrangement through education, information, and support in areas such as attachment and the effects of trauma on a young person, as well as through strategies to address related behaviours.

Core model elements

The core elements of the High Plus and Intensive programs are entry, assessment and planning, service delivery and exit.

Entry

Anglicare's High Plus and Intensive programs uphold the best interests of children within foster and kinship care arrangements by providing an avenue for flexible "step up, step down" support. The support is tailored to the individual needs of the child and/or carer family, leading to increased stability and improved outcomes for children and young people in care.

Referrals to the High Plus and Intensive programs are received via three pathways:

1. Identified from existing primary care arrangements within the foster and kinship care program
2. Request from the Department for additional support

3. Placement Services Unit (PSU)/Placement Support Service (PSS) request to transfer a carer family into the service with a recommendation for High Plus or intensive support to be implemented.

The primary source of referrals is from existing care arrangements within the Foster and Kinship Care program. It may become evident through the course of the Foster and Kinship Care Practitioner's support of a carer family that there is a need for additional support to be implemented. This may be due to a range of factors, including:

- Complexity of need for the child in care
- Care arrangement in jeopardy
- Additional child being placed in the carer's home
- Need for psychoeducation for the carer
- Carer's personal situation
- Multiple complex factors impacting care arrangement stability.

The Foster and Kinship Care Practitioner is responsible for completing the referral to the High Plus or Intensive program. For Intensive, the child's Child Safety Team Leader must approve the referral.

Referrals are reviewed and triaged to determine priority for allocation. If a referral cannot be allocated due to service capacity, it's placed on a waitlist. The waitlist and capacity are reviewed at regular intervals. If the program does not have the capacity for a PSU/PSS referral, the Coordinator advises the PSU/PSS of the approximate wait time for the High Plus/Intensive program, allowing for the PSU/PSS to determine if they will proceed with the carer transfer.

An entry meeting is held with the Anglicare care team, Child Safety Officer (CSO) (recommended, but not required for High Plus intake meetings), carer and the child/young person (if appropriate). The meeting is an opportunity to:

- Introduce the carer and child to the High Plus/Intensive program and Practitioner
- Ensure all stakeholders are clear on the purpose of the referral
- Discuss care arrangement strengths and worries
- Explore goals and proposed interventions/supports.

The High Plus care plan is developed during this meeting; however, for Intensive, the care plan is developed after an assessment period.

Assessment and planning

High Plus

The initial care plan is developed in consultation with the child/young person, the carer, the CSO and other key stakeholders. Using the Queensland Care Services Outcomes Framework domains, the plan will specify the support that is being provided. Support is goal-driven and is measured against definable and measurable improvements in strengths, attitudes, behaviour, values, skills, knowledge, and ability.

During the intervention, the care team will meet on a six weekly basis to review the High Plus Care Plan and make updates as necessary. The carer can share their worries and identify the support they need to reduce the stress or pressure within the home. The High Plus program may provide support in the following areas:

- Child focused therapeutic case work
 - Trauma-informed direct support, which may be in-home, in-school or other community-based settings
 - Supporting access to child-specific services, health and/or therapeutic services
 - Increased levels of in-home support, for example, work with the carer to develop and implement individualised and sustainable routines for children
 - Providing and/or facilitating access to specified training to meet the care needs of children in care arrangement
 - Care arrangement specific services (e.g. transportation, access to counselling for carers)
 - Participation in casework processes for children and young people in care to successfully manage transitions through their care journey
 - Improving stability
 - Working with the carer to improve their ability to provide skilled therapeutic parenting
 - Working with children and carer to improve children's self-efficacy, self-esteem and self-concept, which will then have a positive impact on social and emotional adjustment and behaviour.

The Practitioner reviews care plans six weekly (at a minimum). At each stage, feedback is sought from stakeholders, and progress towards goals is reviewed. At the twelve-week review, a decision is made whether to close the High Plus support or if further support is needed, e.g., referral to the intensive program. On some occasions, all the High Plus goals may not be met in the 12-week intervention, and an extension may

be considered.

Intensive

The Practitioner undertakes a comprehensive assessment phase (usually four to six weeks), focusing on building rapport with the young person and completing activities to assess how the child is progressing against the Queensland Care Services Outcomes Framework domains. Activities are focused on exploring a child's:

- Ability to form and maintain relationships
- Emotional wellbeing
- Ability to identify emotions
- Learning styles
- Strengths and challenges
- Self-concept
- Social skills
- Life skills
- Support network.

Tools used during the assessment phase may include:

- Three Houses
- The Future House
- Strengths and Difficulties Questionnaire.

The information gathered during this phase is used to develop the Intensive Care Plan. Plans usually have a maximum of four goals, with at least one goal focused on increasing the carer's skills and capacity to care for the child. The goals are established through a Care Plan meeting with all key stakeholders, including the child or young person.

The Intensive Practitioner reviews care plans on a six-weekly basis (at minimum). This is usually an internal process drawing on the child and carer's feedback on progress towards goals. Twelve weeks after the care plan was first developed, a full review is completed with the care team. The review evaluates the child and carer's progress towards goals and identifies goals that have been met and goals that have been unable to be achieved or need to be refined. The care team will decide whether the child will remain in the program for a further care plan period or begin the child's transition from the program.

If a decision is made for the child to continue in the program, the care team will develop a new care plan, building on the outcomes of the previous care plan.

Delivery - support and monitoring

High Plus

Anglicare's High Plus Program provides:

- A twelve-week intervention period that can be extended once, but with the aim of being able to exit the program or, if further support is needed, step up into the Intensive Program
- Fortnightly visits with capacity to increase this as needed
- Focus on providing wrap around support for the carer, carer household or child during times of increased stress
- A range of carer supports, including:
 - Psychoeducation on trauma, attachment, child development, pain-based behaviours, or topics specific to the needs of the child, e.g., self-harm, foetal alcohol spectrum disorder
 - Advanced training (Circle of Security, Therapeutic Crisis Intervention for Families, PACE)
 - Getting Ready to Start Training for kinship carers
 - Carer self-care, building resilience, building a support system,
 - Practical support for the carer household, e.g., cleaning, meals, transport, babysitting etc.
- Supports for the child, including building community connections (e.g., sporting groups), cultural connections, life skills and social skills.

High Plus Child Related Costs and Brokerage of Services to Third Parties

Within this program, brokerage may be used to support stability, to achieve documented High Plus goals or to respond to one-off or emergent needs, including:

- Provision of specialist assessment, therapeutic and/or health services
- Engagement of youth workers to meet High Plus goals, e.g., transportation assistance, access to recreational activities
- Providing children and/or carers with equipment and resources to meet specific developmental needs of children. In some circumstances, this may be the only support required by the carer family
- Provide practical support to help with stability and continuity (e.g., cleaning service while a carer recovers from illness, transport to/from school to support an emergency care arrangement). In some circumstances, this may be the only support required by the carer family
- Other activities and resources as required.

Intensive

Anglicare's Intensive Program is a short-term intervention designed to provide weekly support to children and young people through one-on-one sessions. Intensive Practitioners hold small caseloads to allow them the capacity to develop a thorough and detailed understanding of the needs of each child. The Intensive Practitioner will complete specific goal-oriented work with the children, young people and carers. The program provides:

- A twelve-week intervention period that can be extended as needed but with the aim of being able to exit the program or step down into High Plus
- Weekly sessions with the child and/or carer
- Focus on building the carer's capacity to respond and support the child
- Flexible support that adapts to the needs of the carer and child
- Flexibility with goals: they may evolve as the relationship with the child progresses
- A range of carer supports, including:
 - Psychoeducation on trauma, attachment, child development, positive behaviour support or topics specific to the needs of the child, e.g., self-harm, foetal alcohol spectrum disorder, mental health diagnoses.
 - Advanced training (Circle of Security, Therapeutic Crisis Intervention for Families, PACE)
 - Development of self-care and/or safety plans
 - Support the carer's capacity to learn and develop new skills
 - Support to work through blocked care and blocked trust
 - In-home support, e.g., support during transition times or times of high activity, role modelling how to support a child through an emotional/behavioural escalation, validation of a child's feelings, etc
 - Transport support appointments
 - Relationship building/strengthening between the child and carer family
- Support for the child, including
 - Emotional regulation
 - Protective behaviour education
 - Social skills
 - Education in healthy relationships
 - Self esteem
 - Grief and loss
 - Life story work

- School support (including in school support, transitioning back to school following suspension/ period of disengagement)
- Improve sibling connection (i.e., through joint sessions with sibling(s))
- Positive behaviour support
- Transition to independence
- Community connection
- Cultural connection
- A range of therapeutic programs, including
 - Camps and school holiday programs focused on skill development, building connections
 - Partnerships to support attendance at external camps and programs
 - Cultural education, events, and activities
 - Program to improve self-worth, self-esteem, and resilience,
 - Program to support healthy relationships.

Regular communication with stakeholders is essential to the success of the Intensive Program. This ensures that all parties are aware of the child's progress, challenges, and achievements and ensures consistency in approach.

Exit

High plus

The High Plus Program is intended to continue for twelve weeks with an option for one extension. The Practitioner will facilitate a closure meeting with the carer and CSO. During this meeting, the Practitioner works through the closure summary, reflecting on whether progress towards goals has been made over the intervention period. This includes feedback from all stakeholders. A closure report is shared with the care team.

If a higher level of support is needed than what can be provided in the High Plus Program, consideration is given to stepping up to the Intensive program.

Intensive

The decision to exit a child from the Intensive Program is made collaboratively with the child and the care team. At either review point, it may be discussed and agreed that the child is ready to begin their transition from the program. This is based on a range of factors, including:

- The reason for the referral is no longer relevant or present
- The child and carer have met all or most of the care plan goals

- The child and carer's willingness to continue with the program
- The program's ability to provide meaningful and purposeful support (i.e., referral to another service may be more appropriate).

Following the decision to transition the child from the program, the Intensive Practitioner will develop a transition plan to support the child through the exit process. This may involve:

- Providing the child with a transition calendar so they're aware of the time when the service ceases
- Gradual reduction in support (e.g., reducing visits from weekly to fortnightly)
- Reviewing with the child their support network, safe people, and community supports/connections
- Facilitating referrals to other services, including Anglicare's High Plus Program
- Gathering the child's feedback on their experience in the program
- Celebrating with the child when they 'graduate' from the program. The child may be provided with a scrapbook/journal detailing their journey with the program (photos, updates on their progress, goals they achieved, etc.) and a graduation certificate.

The Intensive Practitioner completes an exit report summarising the program's goals, progress, and recommendations and shares it with all members of the care team. If a gradual reduction in support is needed before returning to the Foster and Kinship Care Program, stepping down to the High Plus Program is considered.

Data Collection and Reporting

Performance Management Framework and Performance Measures

The Department's Performance Management Framework for funded service providers sets out how the Department will monitor and assess all the outsourced service delivery contracts.



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Anglicare Southern Queensland acknowledges the Traditional Owners of the lands on which our services now stand. We pay our respect to Elders – past, present and emerging – and acknowledge the important role of Aboriginal and Torres Strait Islander people in caring for their own communities.