

fostering Hope





From our CEO

Thank you for your interest in becoming a foster carer. At Centacare Catholic Country SA (Centacare), we recognise the special commitment that carers make to those children and young people who require foster care. There is a growing need for foster carers across Australia, and we are grateful that you are considering how you can help. At Centacare, we make a commitment to our carers too – that we will support you, work with you and assist to ensure the best possible outcomes for children and young people in care across our communities in country South Australia. We live and work in the communities where we provide foster care support. Like you, we know the needs of our communities and we understand the challenges of the people living in them, because they are our communities too.

This booklet will provide you with essential information regarding foster caring in our communities including:

- an overview of Centacare
- the type of care we provide
- what we can offer to support you, and
- details of how to become a foster carer.

As you read through, we hope that you will notice that Centacare offers a range of

opportunities to be involved in the care of children and young people, and that there are very many ways that you can do this, to suit your individual situation. We know for example, that it isn't always possible for a carer to open their home full time, but many of our carers become respite carers, which is a way to help out by providing short-term care, e.g. on weekends.

I hope you will find the information encouraging and useful in helping you decide whether becoming a carer is something you can offer in your community. I do hope you will choose to work with us, and I look forward to meeting you in our care journey together.

With sincere and grateful thanks,

Dr Jen Cleary
CEO Centacare Catholic Country SA



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ABOUT CENTACARE CATHOLIC COUNTRY SA

Centacare Catholic Country SA (Centacare) is a not-for-profit organisation working to:

- uphold the Christian belief in the dignity of each person, and
 - promote the wellbeing of people in our local communities through the delivery of professional social services.
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OUR HISTORY

Centacare was established in 1995 and provides services across regional, rural and remote South Australia, including the Yorke Peninsula and Lower North, Far North, Central Eyre Peninsula and West Coast regions.

Since 1997, Centacare has been providing Alternative Care Services in Whyalla, Ceduna and Port Lincoln.

OUR VISION

At Centacare, our vision is to strive to build:

- safe
- sustainable
- vibrant
- interactive, and
- engaged communities in the regions we serve.

OUR VALUES

At Centacare:

- we will meet our commitment to our diverse range of clients
- we acknowledge, value and respect the original inhabitants of this land
- we have a commitment to social justice
- we have a commitment to providing professional services
- we will not compromise on the safety and wellbeing of our staff and clients
- we value networking as a means of enhancing our ability to provide services to clients, and
- regional thinking enhances our community effectiveness.

WHAT DO FOSTER CARERS DO?

Foster carers provide a safe, nurturing and stable family environment for children and young people who cannot live with their own parents in the short- or long-term.

THE CHILDREN MAY INCLUDE:

- infants, some who may have special feeding and medical needs
- brothers and sisters who ideally need to stay together
- children and young people with developmental or physical disabilities
- children with emotional problems
- children who need families that are sensitive to and respectful of their culture and their birth family
- teenagers who have not experienced a positive family life and now need extra patience and commitment

All foster children are affected by the

separation from their family and show signs of stress, worry, and insecurity. Their anxiety and fears can be expressed in the form of difficult behaviours, such as tantrums, withdrawing, and running away. Some children have never learnt to live within the usual routines of family life and will need extra love, understanding and patience.

By providing a safe, nurturing and secure family environment, foster carers are able to contribute to the development and improvement of the lives of these children.

Links to the Foster Carers Charter, including rights and responsibilities, can be found on page 23.

A link to the Charter of Rights for Children and Young People in Care is also listed.





TYPES OF CARE

Children come into care for varying periods of time depending on their family situation and court outcomes.

The decision to remove a child or young person from their home environment is not an easy one. The Department for Child Protection (DCP) must have sufficient evidence to satisfy the Youth Court that it is necessary for the child's safety and development. The Youth Court always makes the final decision in accordance with child protection legislation (link on page 23). Foster carers can choose to provide respite, emergency, short-term, long-term, specific-child-only or specialist care for these children.

RESPITE CARE

Involves having a child in your care for short stays such as regular weekend, holiday, or one-off overnight stays.

EMERGENCY CARE

Requires carers who can be contacted at very short notice to provide short-term care for a child in an urgent situation. The child may stay overnight, or up to two weeks.

SHORT-TERM CARE

Children remain with the carer for anywhere between two weeks and two years. This type of care is designed to give the child's birth family time to manage a difficult issue and prepare for the child to be returned to their care.

LONG-TERM CARE

For some children, returning to their birth family will not be possible and long-term care is provided until the young person reaches 18 years of age. Long-term carers commit to nurturing a lifelong relationship with the child.

SPECIFIC CHILD ONLY (SCO) CARE

Specific Child Only carers are people who care for a specific child with whom they have a connection through either knowing the child, knowing the child's family or being a part of the child's community (examples include the same ethnic group or church congregation.) They are approved to care for a specific child and not General Foster Care.

SPECIALIST CARE

Children who have complex needs that require a higher level of support from both the foster carer and their support team can be placed in specialist care. Specialist foster carers are provided with additional training and more intensive support to help them meet the needs of the child in their care.

WHERE TO START?

It is important that individuals and families make a realistic decision about the amount of time they have available in their lives to devote to their caring role.

Many choose to start their caring journey as respite carers to ensure they can manage the emotional aspect of having children coming and going from their homes and lives.

CRITERIA FOR CARERS

Foster carers are ordinary people undertaking an extraordinary role in our society. They are people who enjoy parenting and are willing to share their homes, time, energy and lives with vulnerable children.

FOSTER CARERS NEED TO HAVE:

- warmth and sensitivity to reassure and care for children and young people
 - a commitment to promote the positive development of children and young people in foster care
 - a commitment to actively support the children or young person's connections with their birth family
 - a team spirit to work with other people from various organisations
 - the capacity to meet the changing needs of a child or young person
- safe, stable and adequate accommodation and relationships
 - flexibility to see things from another's point of view and an ability to adapt their own parenting style, daily program and expectations of others as required
 - a willingness to be involved in ongoing learning and development opportunities as well as compulsory training







AGE

There is no specific age requirement for foster carers, however they must be mature individuals who enjoy sufficient good health to allow them to cope with the demands of being a carer. They also need to have enough life experience to assist children and young people with their social, physical and emotional development.

It is important that carers choosing to provide long-term care realistically consider their age and their capacity to provide care for a child through to 18 years of age.

Typically, most foster carers are between 25 and 70 years of age.

RELATIONSHIP STATUS

Carers can be single, married, in a same sex or de facto relationship.

What's important is that foster carers can provide a safe nurturing environment for children who need care.

BIOLOGICAL CHILDREN

Carers may or may not have their own children, but if they do, it is very important that the children are involved in the decision-making and assessment processes in an age-appropriate way.

FERTILITY

As caring can be a demanding task, the issue of family planning is an important one and the timing of such should be considered as part of the decision to apply to become a carer.

This issue is as important for couples planning to have another child as it is for couples undergoing fertility treatment.

YOUR HOME

Carers need to have adequate, safe accommodation for a child. This does not mean that carers should necessarily own their own home as long as a bedroom is available for a foster child. In some situations, a

foster child can share a bedroom with another child, but this decision must be made in consultation with DCP. Carers homes must be maintained in a safe, tidy, clean and orderly manner.

HEALTH

An applicant must be well enough, both physically and mentally, to undertake the task of caring.

FINANCIAL RESOURCES

Carers do not need to be well off or have a large home, they just need to demonstrate that they are financially stable enough that providing care for a foster child will not place undue financial stress upon them.

There is a reimbursement paid to carers to cover the costs normally associated with raising a child. A link to the current payment schedule can be found on page 23.

CARE OF ABORIGINAL CHILDREN OR YOUNG PEOPLE

Centacare and DCP have a commitment to placing Aboriginal children and young people with carers who share their cultural background.

Centacare and DCP practices for Aboriginal children are based on the Aboriginal and Torres Strait Islander Child Placement Principle.

The purpose of the principle is to preserve and enhance Aboriginal and Torres Strait Islander children's sense of identity by ensuring they are maintained, where possible, within their own biological family, extended family, local communities and their culture.

If there are no Aboriginal placements available, then in consultation with relevant Aboriginal agencies, the child may be placed with a non-Aboriginal family on the assurance that the child's culture, language, identity and contact with their community is maintained.

All non-Aboriginal carers expressing a capacity to care for an Aboriginal child or young person are required to participate in Aboriginal Cultural Awareness training.

Further information is available at the link listed on page 23.

BIRTH FAMILY CONTACT

Carers must be able to demonstrate an understanding of the importance of the origin, culture and past experience of the child or young person in their care.

Children maintain a strong connection with their birth family, and carers must be willing to support and encourage ongoing contact between the child and their birth parents, with the assistance of Centacare and DCP.

DISCIPLINE OF CHILDREN OR YOUNG PEOPLE

Carers are expected to work closely with DCP and Centacare staff in developing appropriate discipline strategies for the particular child or young person in their care. Foster carers are not allowed to use any physical force or verbal abuse to discipline foster children.

A link to Standards of Care can be found on page 23.





SUPPORT

Centacare is committed to providing a quality support service for our carers. At any time of any day you will have someone to talk to if you are experiencing a stressful period.

CENTACARE WILL PROVIDE: REGULAR SUPPORT

Each carer is allocated a support person (Case Manager or Support Worker) whose role is to provide an avenue for debriefing and discussion of any issues that may arise. They can suggest strategies and answer questions as required.

Carers with a full-time placement will be contacted by telephone, email or in person each month. The timing of visits is flexible.

In situations where the child's needs are intensive (i.e. attachment issues, high physical or medical needs or behaviour support is required), the support person will make more regular contact. Carers may also be linked with other support services including medical and allied health professionals.

24-HOUR SUPPORT

Centacare provides each carer with on-call telephone support 24-hours a day,

seven-days-a-week. A support person will always be available to provide guidance or advice during times of high stress, during a critical incident or for duty-of-care issues.

LEARNING AND DEVELOPMENT

Centacare is committed to providing carers with regular ongoing learning and development opportunities.

Trainings focus on a range of topics including behaviour management, attachment and trauma-informed care. These trainings are sometimes facilitated in conjunction with DCP.

In addition, Centacare requires every carer to participate in a suite of mandatory training. This includes First Aid, Infant Safety, Circle of Security Parenting, and Safe Environments for Children and Young People training.

REGULAR NETWORKING

Centacare is committed to providing carers with a chance to network with other carers on a regular basis and provides opportunities for carers to

attend morning teas and support groups. Additionally, in conjunction with DCP, Centacare like to acknowledge the contribution carers make to the children in their care with a lunch during Carers Week and a Christmas party for carers and children at the end of each year.

CARER REIMBURSEMENTS

A non-taxable carer reimbursement is provided to help cover the costs of caring for a child. The amount is linked to the age and care needs of the child as well as the type of care provided. The reimbursement is designed to cover all costs normally associated with raising a child.

There is a significantly higher reimbursement for carers providing specialist care as it provides for partial income replacement for the adult who is unable to work outside the home in order to provide intensive support for the child.

A link to the current payment schedule can be found on page 23.

HOW TO BECOME A CARER

Becoming a carer involves a number of steps.

Firstly, please ensure you have read the contents of this booklet thoroughly, including ‘Matthew’s story’ in Appendix A.

If you are still interested in applying to be a carer after exploring and evaluating the concept and implications, please call your local Centacare office on 1800 759 865 or complete an enquiry form on our website at www.cccsa.org.au/services/foster-care-and-respite/

We will then arrange a time for an Information Exchange Session, to talk you through the process in more detail and give you an opportunity to seek answers to any questions you may have.

ASSESSMENT AND TRAINING

After this information exchange session you can decide whether you wish to continue the process of becoming a carer, which involves participating in an extensive 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 caring is a suitable option for you and your family at this time.

As being a foster carer is such an important role, you will be asked about many aspects of your life relevant to being a carer.

In particular, we will look at your:

- motivation to be a carer and personal/family readiness
- personal experiences relevant to the role of caring
- ability to provide good quality day-to-day care for children and young people
- ability to provide a safe and nurturing environment and behaviour management skills
- ability to work with other people, particularly Centacare and DCP staff, other agencies, and government departments.

It is also a requirement to do background checks on all household members over the age of 18, with their permission of course.

MATCHING

Approved carers are contacted when a child or young person is matched with the type of care they can provide.

There is then an opportunity to discuss any issues that may be raised for you and your family if you accept the placement of that child or young person to enable you to make a well-informed decision about whether to accept the placement or not.

We thank you for your interest in becoming a foster carer and encourage you to make contact if you have any further questions.





USEFUL LINKS

ABORIGINAL AND TORRES STRAIGHT ISLANDER CHILD PLACEMENT PRINCIPLE

<https://aifs.gov.au/cfca/publications/enhancing-implementation-aboriginal-and-torres-strait-islander-child/aboriginal-and>

CARER SUPPORT PAYMENTS

<https://www.childprotection.sa.gov.au/children-care/information-foster-and-kinship-carers/carer-support-payments>

CENTACARE CATHOLIC COUNTRY SA FOSTER CARE ENQUIRY FORM—SCROLL TO THE BOTTOM OF THE PAGE

<https://www.cccsa.org.au/services/foster-care-and-respite/>

CHARTER OF RIGHTS FOR CHILDREN AND YOUNG PEOPLE IN CARE

<http://www.gcyp.sa.gov.au/charter-of-rights-2/the-charter/>

CHILD PROTECTION LEGISLATION—CHILDREN AND YOUNG PEOPLE (SAFETY) ACT 2017

[https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20\(SAFETY\)%20ACT%202017/CURRENT/2017.25.AUTH.PDF](https://www.legislation.sa.gov.au/LZ/C/A/CHILDREN%20AND%20YOUNG%20PEOPLE%20(SAFETY)%20ACT%202017/CURRENT/2017.25.AUTH.PDF)

FOSTER CARERS CHARTER

<https://www.childprotection.sa.gov.au/children-care/foster-carers-charter>

NARRATED VERSION OF MATTHEW'S STORY (20 MINUTES)

www.vimeo.com/164792632

RESPONSIBILITIES OF FOSTER CARERS

<https://www.childprotection.sa.gov.au/children-care/responsibilities-relative-kinship-and-foster-carers>

RIGHTS OF FOSTER CARERS

<https://www.childprotection.sa.gov.au/children-care/your-rights-relative-kinship-or-foster-carer>

STANDARDS OF CARE

<https://www.childprotection.sa.gov.au/sites/g/files/net916/f/standards-of-alternative-care-booklet.pdf>

APENDIX A

Matthew's story ([link to narrated 20-minute version online on page 23](#))

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 Mathew'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 foetus. 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 carers and his birth parents, who he saw every couple of months. He rarely turned to his 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 Mathew 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 foster carers and at school. He finds it difficult to calm down once upset and he struggles to self reflect 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 carers are unavailable or, worse, if they argue or became 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 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 foster 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 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 carers remain attentive to him.

Belinda and Mike are Matthew's long-term 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 charm itself. 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.



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The Department for Child Protection has contributed funds toward this program.