Acknowledgement of Country and Peoples

The Department for Child Protection and Family Support acknowledges the Aboriginal and Torres Strait Islander peoples as traditional custodians of this land. It pays respect to their Elders past, present, and future.

It recognises the long history of Aboriginal and Torres Strait Islander peoples on this land and acknowledges that the past is not just the past. The past, the present and the future are, as they always are, part of each other – bound together.
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MINISTER’S FOREWORD

We all want to live in a community where every child has the opportunity to live in stable, nurturing families within a safe community.

Providing the right services at the right time can literally be a lifeline for Western Australia’s most vulnerable families.

The Department for Child Protection and Family Support has developed the *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* in partnership with the community services sector to enable the service system to be more responsive and effective for the most vulnerable families in our community.

The Strategy involves building new partnerships and strengthening coordination across Government agencies and the community services sector. It includes focusing the Department’s workforce and funding to where it is most needed, and incorporates a strengthened role for Aboriginal people and Aboriginal community controlled organisations in designing and providing targeted support for vulnerable Aboriginal families.

At the heart of the Strategy are commitments to action, innovation and collaboration for an aligned and integrated service system that meets the needs of these families and children into the future. By working together we can provide the best possible support for families, to give children the opportunities they need to thrive into adulthood.

Hon Andrea Mitchell MLA
Minister for Child Protection
The Department for Child Protection and Family Support’s Building Safe and Strong Families: Earlier Intervention and Family Support Strategy recognises that earlier and more intensive engagement and intervention, before problems become entrenched, provides the best opportunity to effectively support and benefit individuals and families. This type of intervention will also help to reduce the likelihood of more serious intervention with the child protection system.

Families who come into contact with the child protection system, almost without exception, share the belief that ‘safe and strong’ families are the best place to grow children who go on to achieve their desired life outcomes. Most of these families and their children have experienced profound trauma and, despite their resilience, are struggling with its ongoing impact on their day-to-day lives. They face frequent and significant personal challenges and have experienced disadvantage and hardship; often over many generations.

In Western Australia most Aboriginal families are thriving. However there is a significant number who are experiencing disadvantage and adverse consequences across a range of life outcomes. A critical measure of the success of earlier intervention and family support must be to establish improvement in the outcomes and life circumstances for Aboriginal children and families.

Recent research has confirmed that the primary drivers for child protection interventions in Western Australia are family and domestic violence, parental substance abuse, mental health and homelessness. These issues are often interrelated, co-occurring and have a lasting and adverse effect on families, and most profoundly on children who are the most vulnerable.

Providing intervention and support to families cannot be achieved by one service or approach alone. The multiple and complex range of issues demands a coordinated, targeted and flexible response between government departments that is designed and delivered in partnership with the community services sector and service users. Likewise, services delivered by the community services sector must be targeted, culturally competent and practical.

Mirroring our need to work together, I am pleased that there has been such a large and diverse group of contributors who have helped design and shape our strategy. We are in furious agreement that together through a united, coordinated, targeted and flexible response we can reduce the number of children coming into care, particularly Aboriginal children.

This strategy aims to deliver our shared aspiration, and I look forward to working with you to realise this.

Emma White
Director General
Department for Child Protection and Family Support
RE-DESIGNING WESTERN AUSTRALIA’S SERVICE SYSTEM TO MORE EFFECTIVELY DELIVER EARLIER INTERVENTION AND FAMILY SUPPORT SERVICES

The Western Australian Government provides social and family support to the whole community through the funding of universal services such as health, early childhood and education.

However, some families require additional support to live safe and productive lives. These families often struggle with multiple challenges such as family and domestic violence, homelessness, parental mental health problems and substance misuse. Many experience these issues over significant periods, with children born into situations of entrenched disadvantage.

These problems are complex and inter-generational and may lead to poor life outcomes, including involvement with the statutory child protection system and children needing to enter out-of-home care.

In Western Australia most Aboriginal families are thriving. However there is a significant number experiencing disadvantage and adverse consequences including over-representation across a range of negative education, housing, health, child protection and criminal justice outcomes.

Over-representation of Aboriginal children in the child protection system is particularly stark and getting worse. Over the past ten years the number of Aboriginal children in care has increased from 873 to 2480. Unacceptably, despite comprising only 6.7 percent of the child population, 53 percent of children in care are Aboriginal. This includes approximately one in ten Aboriginal children in the metropolitan area.

When children are exposed to the unthinkable in their families; abuse, violence, drug use, fear and...
uncertainty, their safety is, and must be, the first priority. Some children will need out-of-home care to keep them safe. However, a system shift, which involves a new and more focussed way of working, is required to achieve better outcomes for families with complex and multiple needs and to prevent children from needing out-of-home care wherever possible.

The Department for Child Protection and Family Support (the Department) has a critical role in providing and funding earlier intervention and family support services that aim to divert families from having contact with the child protection system, and ultimately prevent the need for children to enter out-of-home care.

There is no doubt that effective earlier intervention before problems become so entrenched that children have to be removed presents the best opportunity to make a positive difference. Given the significance of early intervention and family support services in the lives of vulnerable children and families, the focus, delivery and resources committed to this area need to be regularly and critically reviewed.

Consistent with improving service responses in this way and building on the capacity of Aboriginal families and communities, a thorough review of the Department provided and funded earlier intervention and family support service system has been undertaken. Results show that there has been some achievements in working with non-Aboriginal families with the rate of growth of non-Aboriginal children in care being below population growth for the past five years. However there has been considerably less success in working with Aboriginal families.

The need to create a service system that works for Aboriginal children and families is therefore critical, as is the need to consider a different way of providing these services: in partnership, with co-design as an underlying principle.

The Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (the Strategy) provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home care. Importantly it builds on the strategies and services that have been effective in meeting the needs of vulnerable families and sets out a plan to re-align those that need to be more targeted and effective.

The Strategy focuses on four key areas with a range of actions under each:

1. **Delivering shared outcomes through collective effort** – A system that is aligned and accountable to achieving shared outcomes for vulnerable families, with a focus on Aboriginal children and families.

2. **A culturally competent service system** – A system that is safe and responsive to the needs of Aboriginal families.

3. **Diverting families from the child protection system** – A system that identifies families that are vulnerable to involvement with the statutory child protection system, and provides early and intensive support.

4. **Preventing children entering out-of-home care** – A system that prioritises and aligns the Department’s workforce and resources to prevent the most vulnerable children from entering out-of-home care.

Where it is safe, children are best brought up in their families.
DEVELOPMENT OF THE STRATEGY

Over the last two years the Department has undertaken significant review, analysis and consultation to identify ways to prevent the need for children to enter out-of-home care; and to more effectively support the children who are in care to live positive and productive lives. The Department has consulted and engaged with children, parents, birth families, carers, the community services sector, Aboriginal organisations, Department staff, other government agencies and numerous other stakeholders.

These various consultation mechanisms have included:

Aboriginal Services and Practice Framework – this foundation framework sets out the commitment and way forward for all of the Department’s work in improving outcomes for Aboriginal children, families and communities.

Earlier Intervention and Family Support Strategy Discussion Paper – this provided a platform for community discussion and feedback on strategies to more effectively support families and prevent children entering out-of-home care.

Intensive Family Support Services Review – this independent consultation and review identified strategies to strengthen the Intensive Family Support Services system and made recommendations to inform future design and planning for the implementation of targeted family support services, with a particular focus on Aboriginal families.

Review of Community Services Sector Expenditure – this external consultative review identified strategies to better align the Department’s funding of the community services sector to meet the core priorities, as well as strategies to better enable the community services sector to deliver targeted and high quality services.

Organisational Review and Structural Re-alignment Project – this project analysed the degree to which the existing Department service delivery structures and functions support the delivery of a consistently high quality service. This has resulted in recommendations to better align the Department’s workforce and structures to achieve its strategic priorities.

Signs of Safety Research Program - the Signs of Safety Child Protection Practice Framework was implemented in 2008 to systematically improve outcomes for children, their families and the child protection workforce. The findings of an independent research program undertaken between 2013-2016 identified the need to further develop the framework and its practical application across the Department and strengthen the shared work with community sector partners to build safety in families.

Building a Better Future: Out-of-Home Care Reform in Western Australia – Significant feedback was provided on earlier intervention and family support through the development of this plan. Specific detailed input was received through the Relative Carer Review, Strategic Directions in Out-of-Home Care 2015-2020 Discussion Paper and Out-of-Home Care Reform Legislative Amendments Consultation Paper.

The actions from this strategy will also align, and build on the Government priorities of Regional Services Reforms and the Aboriginal Youth Services Investment Reforms.
The whole picture

In May 2016, the Minister for Child Protection released *Building a Better Future: Out-of-Home Care Reform in Western Australia* (OOHC Reform Plan). This OOHC Reform Plan outlined the series of policy, funding and workforce changes that will be implemented to create a system that more effectively and consistently delivers positive life outcomes for children in out-of-home care.

However, out-of-home care cannot and should not be considered in isolation. It is always the Department’s first priority to prevent children entering out-of-home care wherever possible. Where it is safe, it is in the best interests of children to be brought up with their parents and extended families in their own communities.

This Strategy is the essential precursor to the OOHC Reform Plan.

| **Building Safe and Strong Families:** Earlier Intervention and Family Support Strategy |
| **Building a Better Future:** Out-of-Home Care Reform in Western Australia |
| Diverting families from the statutory child protection system | Preventing children entering the out-of-home care system | Children thriving in the out-of-home care system |

This Strategy complements the Out-of-Home Care Reform in the delivery of comprehensive child protection reform in Western Australia.
FOCUS AREA ONE: DELIVERING SHARED OUTCOMES WITH COLLECTIVE EFFORT

A shared agreement between government agencies and the community services sector about the outcomes sought for vulnerable families.

Preventing children entering out-of-home care cannot be achieved by one government department or agency alone. The issues that lead to children needing to enter out-of-home care are multi-faceted and inter-related.

Human services programs delivered by government departments and contracted to the community service sector currently have a variety of different outcome indicators and measures. It is only with a shared focus and a collective effort that the resources of government and the community services sector can be used to full effect.

ACTIONS

Outcomes Framework

1.1 The Partnership Forum to develop an across sector joint outcomes framework, including data sharing and linkage, to maximise and support the impact of early intervention programs, services and policies in improving the lives of the most vulnerable Western Australians.

1 The Partnership Forum brings together leaders from State Government agencies and the not-for profit community sector, and consumer advocates, to improve the outcomes for all Western Australians.
FOCUS AREA TWO: A CULTURALLY COMPETENT SERVICE SYSTEM

A service system that is safe and responsive to the needs of Aboriginal families.

Aboriginal children and families are significantly over-represented in all areas of the child protection system and other tertiary services including health, mental health, criminal justice, and drug and alcohol services. A safe and effective service system must therefore be culturally responsive and competent. This includes all mainstream services being more responsive and accountable to their Aboriginal clients, including increasing the number and capacity of Aboriginal staff as well as developing strong, sustainable and effective Aboriginal community controlled organisations.

**ACTIONS**

2.1 Progress and implement the four priority areas outlined in the Aboriginal Services and Practice Framework:

- Capacity Building
- Community Engagement
- Practice Development
- People Development

2.2 Develop and implement a strategy to support the expansion of the Aboriginal community controlled organisation sector that will enable it to deliver significant proportions of family support services. Options for the development of a peak representative body will also be explored.

2.3 Work to strengthen the Signs of Safety Child Protection Practice Framework to more effectively meet the needs of Aboriginal families.

2.4 Develop and implement a five year Workforce Development Plan to better equip the Department to meet the evolving future needs of the community including:

- a cultural leadership and a cultural supervision program for both Aboriginal and non-Aboriginal employees;
- reviewing and setting targets for Aboriginal workforce development, including recruiting and retaining Aboriginal staff; and
- increasing the cultural competence of all staff to work with Aboriginal children and families.

2.5 Implement overarching service standards for all Department funded family support services to require demonstration of culturally competent services to Aboriginal children and families.

2.6 Undertake a review of contractual provisions to strengthen requirements and accountability of all funded services to deliver culturally responsive services and achieve positive outcomes for Aboriginal children and families.
FOCUS AREA THREE: DIVERTING FAMILIES FROM THE CHILD PROTECTION SYSTEM

A service system that identifies families vulnerable to involvement with the statutory child protection system and provides early and intensive support.

It is possible to identify the families most vulnerable to having contact with the statutory child protection system. Without earlier and targeted support to divert these families from involvement with the child protection system, the inter-generational cycle of child abuse and neglect will continue.

Government agencies have sophisticated data and information collection mechanisms across all areas of human services. It is therefore possible for these agencies to proactively share information to identify families that are most vulnerable to involvement with the child protection system, and collectively provide intensive and comprehensive services to support them to live safe, secure, positive and productive lives.

**ACTIONS**

**District Leadership Groups (Regional Managers Forums)**

3.1 District Leadership Groups to have a key role in identifying families most vulnerable to involvement with the statutory child protection system.

3.2 Develop and implement detailed processes and criteria to guide information sharing and data linking to support identifying and referring the families most in need.²

**Family Support Networks**

3.3 Re-focus lead agencies from being a coordination only mechanism to a case management and coordination service.

3.4 District Leadership Groups to provide targeted referrals for case management to the lead agency.

3.5 Strengthen contractual requirements and accountability of Family Support Networks and their partner agencies to deliver culturally responsive services and achieve positive outcomes for Aboriginal children and families.

3.6 Family Support Networks to be delivered by, or in partnership with, an Aboriginal community controlled organisation where possible.

3.7 Amend the governance structures of Family Support Networks to create formal links to District Leadership Groups, with reporting to the Child Safety Director’s Group.

3.8 Explore opportunities to co-locate enhanced contact centres with Family Support Network lead agencies to improve coordination of reunification and parenting services across the sector.

3.9 As funding becomes available, and contingent on further evaluation of successful outcomes, Family Support Networks to be implemented in other areas. Further consideration of models that are achievable and appropriate for regional locations will be required.

² The Children and Community Services Act 2004 enables information sharing and data linking.
FOCUS AREA FOUR: PREVENTING CHILDREN ENTERING OUT-OF-HOME CARE

The families most vulnerable to their children entering out-of-home care are identified early and prioritised for targeted and intensive service provision.

Structural change and system development in the Department is needed to support a workforce that is more effective in identifying and working with the families that most require early intervention. Services provided need to be practical, targeted, culturally responsive and coordinated to build safety for children, families and communities.

Realignment of the types of programs and the delivery of services by the community services sector is also required to support this change of approach and make a positive difference for the families most in need.

**ACTIONS**

**Department workforce**

4.1 Implement the ‘Signs of Safety Reloaded Project’ to further embed the framework and strengthen practice in line with the findings of the Australian Centre for Child Protection research report.

4.2 Consider implementation of a consistent, central point of intake for all child protection cases in the Perth metropolitan area.

4.3 Intake of child protection cases in country regions to be managed by a central point in each district.

4.4 Establish Intensive Family Support Teams in districts to focus on working to prevent the need for children to be removed from their families. These teams will include:

- Parent Support and Best Beginnings workers who will more clearly target delivery of their services to the families whose children are most at risk of entering out-of-home care; and

- Youth and Family Support Workers to continue to connect and engage with Aboriginal young people most vulnerable to entering out-of-home care and link them to appropriate services.

4.5 Undertake further review of the Strong Families program to consider how to maximise the resources to work most effectively within the Intensive Family Support Teams and better engage and support Aboriginal families most vulnerable to their children entering out-of-home care.

4.6 Develop and implement a specifically designed training package for Intensive Family Support Team members, with a focus on further development of skills to work effectively with Aboriginal families consistent with Signs of Safety practice guidance.

**Funded services**

4.7 Use a co-design approach to develop a culturally safe, intensive in-home support and parenting service for Aboriginal families.

4.8 Realign existing funding for intensive and other family support services to more clearly focus on preventing the need for children to enter out-of-home care.

4.9 Redirect existing funding for youth services where needed to focus on case management for young people. Priority to be given to those who have repeated contact with the child protection and youth justice systems, Aboriginal young people and their families, care leavers, young parents and homeless young people.
EVALUATION

An evaluation framework will be developed to measure the impact and overall effectiveness of the Strategy.
This form will assist us to progress your interest in fostering and/or adoption. If you have any queries about the completion of this form please contact the Fostering and/or Adoption Team on 1800 182 178.

You do not have to make a definite decision now but it would help us to know which of the following you are interested in: Please tick all that apply.

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Preferred age range of child/ren …………….

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Previous Name (Maiden etc.)

Any Alias Names (if applicable)

Postal Address:

Residential Address:

Occational Hours per week:

Telephone (H) (W)

Mobile

Email

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Any Alias Names (if applicable)

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Residential Address:

Occupational Hours per week:

Telephone (H) (W)

Mobile

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# APPLICANT(S) PERSONAL DETAILS

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<td>Are you married?</td>
<td>Yes ☐ No ☐</td>
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<td>If the marriage is less than 3 years and you have been in a de facto relationship prior to being married, please provide the date the de facto relationship commenced:</td>
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<td>If the marriage is less than 3 years and you have been in a de facto relationship prior to being married, please provide the date the de facto relationship commenced:</td>
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<td>Are you pregnant, trying to become pregnant, engaged in infertility treatment or a surrogacy arrangement?</td>
<td>Yes ☐ No ☐</td>
<td>Are you pregnant, trying to become pregnant, engaged in infertility treatment or a surrogacy arrangement?</td>
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<td>* Please note that the last cycle of treatment must have been completed at least 12 months before you can be assessed as a potential foster carer and/or prospective adoptive parent.</td>
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<td>Have you ever applied to foster or adopt before, including in other states or countries?</td>
<td>Yes ☐ No ☐</td>
<td>Have you ever applied to foster or adopt before, including in other states or countries?</td>
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<td>If Yes please provide details ..........................................................................................................................</td>
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# CHILDREN OF CURRENT AND PREVIOUS RELATIONSHIPS

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<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Applicant One</th>
<th>Relationship to Applicant Two</th>
<th>Currently Living with You?</th>
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*Please indicate whether adopted/biological/step child
Please list any other people living in your household – adults and other children
(Note: partner living in your home to be listed as applicant two)

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<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Applicant One*</th>
<th>Relationship to Applicant Two*</th>
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Some life events may have an impact on your application if they have occurred recently. We will talk to you more about this, but please look at the list below and tick any which have happened to you within the last two years. Please include the date.

- Birth of a child
- Marriage or new relationship
- Divorce or separation
- Bereavement – death of a significant person
- Medical treatment (including mental health)
- Moved house
- Change of employment
- Loss of job
- Additional caring responsibilities
- Pending legal matters [including past or current VROs]

1. Are you in good physical and emotional health, without any medical condition that may affect your ability to care for a child?
   Applicant One - Yes ☐ No ☐ 
   Applicant Two - Yes ☐ No ☐

2. Have you had any contact with the Department?
   Applicant One - Yes ☐ No ☐ 
   Applicant Two - Yes ☐ No ☐

3. Do you have a criminal record or any pending charges before any court?
   Applicant One - Yes ☐ No ☐ 
   Applicant Two - Yes ☐ No ☐

4. Is there a swimming pool and/or spa on your premises?
   Yes ☐ No ☐
   If yes, do you have isolation fencing in place? Yes ☐ No ☐

5. Are there dams or other large bodies of water on the property?
   Yes ☐ No ☐
   If yes, are they separated from the house by fencing? Yes ☐ No ☐
ADOPTION ONLY

I/We the undersigned state that we have read the information provided by the Department for Child Protection and Family Support (the Department) on the eligibility criteria for an application under the Adoption Act 1994 (s39) and that the information I/we have provided on this form is true and correct.

I/We agree to being contacted by the Department by email at the address(es) provided.

Applicant One (name) ............................................  Applicant Two (name) ............................................

Signature.............................................................  Signature.............................................................

Date: .................................................................  Date: .................................................................

FIRST ADOPTION APPLICANTS

Please note this form must be lodged within 12 weeks of attending the last relevant pre-adoption education seminar.

NB. NOT APPLICABLE FOR SUBSEQUENT ADOPTION APPLICATIONS.

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<tr>
<td>Preparation for Adoptive Parenting (PPP)</td>
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<td>Intercountry Adoption (ASFC)</td>
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Thank you very much for your interest in fostering and/or adoption.

Please return the completed form to:

Foster Carer and Adoption applications
Department for Child Protection and Family Support
PO Box 6334
EAST PERTH WA 6892
Phone: 1800 182 178
Fax: (08) 9222 2953

Email: Fostering@cpfs.wa.gov.au
Website: www.childprotection.wa.gov.au

facebook.com/fostercarewa
FOSTER CARE HANDBOOK
for Foster Families
Acknowledgement

The handbook has been developed in consultation with the Department for Child Protection and Family Support (the Department).

The Foster Carer Association of Western Australia (FCA) provides the information in this publication in good faith. The information is not legal advice and is provided on the basis that neither FCA nor the Department can be held liable for the misinterpretation of information provided. Every reasonable effort has been made to ensure the information is accurate at the time of publication.

January 2017 © Foster Care Association of Western Australia

Cover illustration by Martika Alford.
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1. Introduction

Welcome to the newest edition of the *Foster Care Handbook for Foster Families*.

The handbook is designed to assist carers in Western Australia (WA), both foster carers and family carers, in the important role they play in looking after children in the care of the Department for Child Protection and Family Support (the Department). The handbook is also a useful reference for Department and community services sector (CSS) staff.

The Foster Care Association of WA (FCA) has developed the handbook in consultation with the Department. It reflects the Department’s legislation, policies, practice and procedures.

Along with this handbook, all foster carers should receive key documents, which provide more detailed information on a variety of matters.

Department documents that support this handbook include:

- *Foster Care Placement Partnership Agreement*; and
- *Care Team Approach*.

These documents and the fostering information sheets are all available on the Department website at www.childprotection.wa.gov.au or you can request copies from the FCA or the Department’s district offices.

If you need information on any matter not covered in the handbook, or have any questions, speak with your child’s Department case manager or another worker at the Department district office.

Foster families with the CSS may also receive your organisation’s specific guidelines to complement the information provided in this handbook.

Foster carers provide an invaluable service in loving and caring for vulnerable children. As a carer, you are a member of a group of very special people. It is not always an easy role and the FCA is here to help you.

Fay Alford  
Director  
Foster Care Association of WA (Inc.)  
January 2017
2. Foster Care Association

The FCA aims to promote the interests of foster carers with all care agencies in WA. The FCA delivers services to carers and their families to enhance their ability to respond to the challenges of fostering.

2.1 Services provided

The FCA provides the following services:

• A 24-hour telephone support and advocacy service.
• Support to foster families at care planning and other meetings with the Department, and at a Care Plan Review Panel hearing if required.
• Representation of foster families at government, the Department and CSS level regarding policy and issues about children in care.
• Provision of learning and development opportunities, including workshops and conferences.
• A library which contains videos, books and articles.
• Social activities for members.
• Emergency packs of basic requirements when a child is initially placed in a foster care arrangement.

2.2 Membership

The FCA relies on the support of its membership, the majority of who are foster families.

Annual membership subscription rates are:

$ 10.00 for a single parent foster family.
$ 20.00 for a couple parent foster family.
$ 10.00 per person for those interested in foster care.
$ 20.00 per organisation.

Membership forms are available from the FCA.
3. Western Australia's child protection system

The child protection system in WA is governed by the *Children and Community Services Act 2004* (the Act). The Act gives child protection workers the authority to assess matters where it is believed a child is at risk of significant harm from abuse and/or neglect and, when necessary, to apply to the Children’s Court to remove children from the care of their parents.

Children in foster care are regarded as being in the care of the Chief Executive Officer (CEO). In WA, the CEO is the Director General of the Department. All children in the CEO’s care will have a child protection worker (Department case manager) who will act on behalf of the CEO.

Foster care describes family-based care for children. Foster carers are people who have been approved by the Department or a CSS organisation to provide day-to-day care for children in the CEO’s care.

It is important to know that a foster carer does not have parental responsibility for the child. If a child is in provisional protection and care, the CEO, subject to any interim order in respect of the child, has responsibility for the day-to-day care, well-being and development of the child. This includes responsibility for making decisions about any medical or dental examination, treatment or procedure. The CEO of the Department has full parental responsibility for a child under a protection order (time limited) or protection order (until 18).

### 3.1 Provisional protection and care

A child can be removed from their parents and taken into provisional protection and care by the Department before the case goes to the Children’s Court. For the child to be taken into provisional protection and care there must be sufficient grounds for believing the child is at immediate and substantial risk. The child may remain in provisional protection and care for some period before a protection order is granted. Many children in provisional protection and care are placed in foster care.

### 3.2 Protection orders

Where the court determines that a child is in need of protection, a protection order may be made. The different types of orders are outlined next page.
Protection Order (Time limited)
This order gives the Department parental responsibility for the child for the period specified in the order. A time limited order must not exceed two years (the order can be extended for a further two years) and must end before the child reaches 18 years of age.

Protection Order (Until 18)
This order gives the Department parental responsibility for the child until they reach 18 years of age. The Children’s Court does not make this type of order unless it is satisfied that permanent arrangements should be made for the wellbeing of the child.

Protection Order (Supervision)
This type of order is when a child stays with their parents and the parents continue to have responsibility for the child, with close supervision by the Department.

Protection Order (Special Guardianship)
A protection order (special guardianship) transfers parental responsibility to the child’s carer (special guardian) until the child reaches 18 years of age.

A Protection Order (Special Guardianship) [SGO] is intended to provide children in care with stable, long term placements whilst ensuring that the child is able to maintain links with their birth family and people important to them.

The decision for the Department to apply for, or support a carer’s application for a SGO will be made at a Care Plan meeting and will be informed by assessments of suitability. Discussion will take place with the proposed special guardian, birth family, and the child regarding the process, prior to a final decision being made by the Department to apply for, or support an application for a SGO.

The Court will only grant this type of order when it is satisfied that it is in the child’s best interests and the proposed special guardian is suitable, willing and able to provide permanent stable care. The Court may order that the Department pay a subsidy to the special guardian. This rate is in line with foster carers’ subsidy.

Once a SGO is granted there is no longer any case management provided by the Department or community services sector organisation. Special guardians will be encouraged to access community based services that support families in their parenting role. If required, special guardians will be able to approach the Department for support.
4. The Care Team Approach

Every child in care will have a ‘care team’, comprising of a group of people important to the child and their carer. The care team will maintain and support a child’s care arrangement and their continued connection to parents, siblings, their wider family, network, community and culture. The emphasis is to create stability and reduce the disruption to lifetime connections that a child has when they enter care, and maintain and increase the naturally occurring networks they belonged to before coming into care.

The care team will be guided by the question, “what do I need to do to support the child’s development, learning, stability and growth, as well as healing?” This way of working places the child’s best interests and needs as the central focus.

This approach allows workers to work with people important to the child, so they grow up to have improved life outcomes.

The care team supports participation by family members and connections for Aboriginal children in care to their family, community and culture, which aligns with the Aboriginal and Torres Strait Islander Child Placement Principle. The development of a strong and secure cultural identity is integral to an Aboriginal child’s wellbeing, and the care team must promote and support this.

Communication between birth parents and carers is essential to help birth parents feel they continue to be an important part of their child’s life and help the child develop a strong sense of identity and emotional safety. Effective relationships with birth parents are promoted when carers share information about the child including their progress.

It is acknowledged that at times child protection workers and foster carers may have different views on plans for a child. Partnership does not mean that there will always be agreement. The key is that it is managed in an open and respectful way.
Assessment, planning and review

Foster carers should be supported to formally participate as a team member in assessment, planning and review of the child’s needs, and to participate in other child-centred decision making that occurs outside of the Department’s formal planning and review processes.

Provision of information

Foster carers should be provided with full information about the foster child and their family to enable them to meet the child’s needs and protect the child, their own children, other children in their care and themselves. Where full information is not available, the foster carer is to be told all that is known, and further information should be provided as it becomes available. Information about health needs is of particular importance.

Foster carer support

Foster carers should be supported to raise children in their care in a stable and secure environment where their social, emotional, psychological and developmental needs are met.

Contact visits

Contact visits between the child and their birth family will be managed in a manner that supports the foster care arrangement and the care team approach.

Diversity and equity

Foster carers are provided with the support and resources they require to assist them to meet the needs of the child in their care with regard to gender, religion, ethnic origin, language, culture, disability and sexuality. In particular, non-Aboriginal foster carers must be provided with the support, information and resources required to meet the cultural needs of an Aboriginal child in their care.

Department policies and services

The development of the Department’s policies and services for children in care and foster families, at a district and organisational level, will involve input from foster carers and/or the FCA.
4.1 Key resources for foster families

Foster Care Placement Partnership Agreement

The Foster Care Placement Partnership Agreement (partnership agreement) is the statement of commitment between the child’s Department case manager and foster carer to work collaboratively in partnership.

The partnership agreement should be discussed at the commencement of each new care arrangement and signed by the child’s Department case manager and foster carer.

The agreement records how the Department worker and foster carer will work in partnership in the best interests of the child; it sets out what each expects of the other.

Communication Book

This book is used for communication between the foster carer and the child’s parents, and is given to the parents at contact visits. It aims to help foster carers and parents to develop and maintain a positive relationship while a child is in care.

Fostering Information Sheets

A range of information sheets on a variety of matters such as health, safety, self-care and confidentiality are available.
The Parent’s and Carer’s Helping Handbook
This handbook provides practical advice on how to help children protect themselves and stay safe.

A guide to Life Story Work DVD
This DVD provides foster carers with guidance on how to undertake Life Story Work with a child in care, to help them understand their past and keep information about their life while they are in care.
If you have access to the internet, you are encouraged to refer to the information sheets and other resources on the Department website for the most up-to-date information.

Following consultation with the Department’s Aboriginal Engagement and Coordination Unit and feedback from carers, the FCA, CCS organisations and CREATE Foundation WA, the Department developed ‘Brud the Owl’ to help explain the care team approach, including the purpose of a care team.
5. Your role and responsibilities

The role of the foster carer is broad and, at times, may be challenging. Outlined below are some things to keep in mind about your role and responsibilities when caring for a child in the CEO’s care.

<table>
<thead>
<tr>
<th>Parenting</th>
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</thead>
<tbody>
<tr>
<td>• Provide day-to-day care.</td>
</tr>
<tr>
<td>• Promote/encourage cultural identity.</td>
</tr>
<tr>
<td>• Provide a safe, stable and nurturing home for the child.</td>
</tr>
<tr>
<td>• Keep the child’s best interests (including cultural) in mind at all times.</td>
</tr>
<tr>
<td>• Keep the child’s experiences confidential – respect their privacy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working together</th>
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</thead>
<tbody>
<tr>
<td>• Keep in regular contact with the Department case manager, and work together to help the child.</td>
</tr>
<tr>
<td>• Share information with the Department that will help workers make the best possible decisions for the child’s safety and wellbeing.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Yourself</th>
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<tbody>
<tr>
<td>• Take care of yourself and your relationships.</td>
</tr>
<tr>
<td>• Seek support from the Department if you are having a difficult time, if things get tough, or you need assistance.</td>
</tr>
<tr>
<td>• Join in on learning opportunities offered to assist you to become a better carer, understand some of the challenges the child has experienced, and develop skills to help them heal.</td>
</tr>
</tbody>
</table>
6. Permanency planning

Permanency planning is what the Department does to achieve long term stability for children in care and to be connected to the people most important to them. This is because children need safe, continuous and stable care arrangements, lifelong relationships and a sense of belonging.

Permanency and stability are a priority from the moment the Department becomes involved in caring for a child, so there is a clear plan for their future. Permanency planning involves a parallel planning process. This means there will be a primary permanency plan for reunification of the child with one or both parents; while simultaneously preparing a secondary permanency plan for the child should they need to remain in permanent out-of-home care.

Part of the Department's role is to give family members and foster carers as much support as possible to help the parent’s make the changes needed to care for their child safely within the agreed timeframe or, where this is unlikely, to establish an alternative permanent out-of-home care option for the child.

Foster care may be considered as an option for permanent out-of-home care for a child. Other options include a special guardianship order and adoption from care. However, adoption is not part of Aboriginal culture, and therefore the adoption of a child in the CEO’s care who is Aboriginal must occur only in circumstances where there is no other appropriate alternative.

Refer to the Permanency Planning information sheet provided or download a copy from the Department’s website.

6.1 Developing connections between birth parents and foster carers

The trauma from the abuse and/or neglect as well as the effects of being separated from their birth family often affects children in care. To minimise the trauma of their care situation, it is best for children if birth parents and foster carers can create positive connections and place a child in care’s needs at the centre of their thinking. Harmonious relationships between carers and birth family can ease the trauma associated with separation from their family and other significant relationships.
If good relationships between birth parents and foster carers are established, maintained and prioritised when care arrangements change, this can serve to lessen the trauma and feelings of grief and loss for all parties - particularly the child. Prioritising this relationship will be as important for when a child may reunify with their birth family or change care arrangement, as it is when a child first enters care.

In some circumstances, a relationship between birth parents and foster carers will not be feasible or desirable, such as where the birth parent is deemed to pose a physical threat to the child or foster carer and/or has threatened violence. The Department case manager will assess on a case-by-case basis what type of relationship is appropriate.
7. Communication and information sharing

Clear, open and regular communication between foster carers and Department staff is important so that the child’s safety and care needs are supported. Foster carers and Department staff have a responsibility to share relevant information they have with each other and at the same time make sure that the child’s privacy is protected.

We encourage foster carers to ask the Department for as much detail as is known about the child such as his or her general health, and eating and sleeping habits. This will support the child to settle more readily if some things are familiar and predictable. In urgent situations, the Department worker might only have limited information to pass on, however in time further details can be provided to you. If available, the Department worker will give you a Care Arrangement Referral at the time the child is placed in your care, or soon after. This will outline the day-to-day safety issues and known needs of the child. You will also be given a copy of the child’s provisional care plan or care plan once it has been approved.

7.1 Confidentiality

As a foster carer you will be entrusted with confidential information to assist you in your caring role. The types of information you will receive include the reason the child is in care and the needs of the child. While the child remains in your care, you will continue to receive additional confidential information about the child and their family.

Foster carers have responsibilities under the Children and Community Services Act 2004 for handling information or material received about a child in care and their family. You should refer to the Confidentiality information sheet provided for guidelines that need to be adhered to.

If you are unsure about what information you can or cannot share, please talk to a Department worker.

7.2 Identification of children in care

The Department has a legal obligation not to publish information that identifies, or may lead to the identification of a child as being a child in care, except under the express permission of the Director General who can approve such publishing if it is in the child’s best interests.

Foster carers need to be aware of the legal requirement not to identify the child as being a child in care, particularly in the media. You should discuss this with the Department case manager.
However, children in care should not be excluded from beneficial social experiences associated with photographing, video recording and other published media. This includes, for example, school photographs and newsletters, and sports club articles.

Social networking websites, such as Facebook and Twitter, and mobile phones have become popular tools for children to socialise and share information. Children in care are a vulnerable group whose personal information should be safeguarded to prevent exposure to bullying, stalking or disclosure of their location. Children in care should be made aware of the importance of keeping their personal details private. More information regarding cyber safety can be found on the Department website under publications.

In the sharing of information, carers can expect to be provided with:

- The Care Arrangement Referral (CAR) and a copy of the most recent care plan or provisional care plan.
- As much information that is possible about the health needs of the child and clear procedures governing consent for the child to receive medical treatment. If full details of the child’s health needs are not available at the time, a high priority will be given to providing information to the carer as it becomes available.
- Any additional information about the child or their family that may potentially affect the placement and/or assist in the care of the child.

Carers cannot expect to be provided with:

- Personal background information about the child’s family that is not relevant to the care of the child. This information may be blacked out on the CAR provided by the Department.
- Copies of court reports.
- Information that is not available despite everyone’s best efforts.
8. Planning and decision making processes

8.1 Care planning

Under the *Children and Community Services Act 2004* (the Act), every child in the care of the CEO must have his or her own care plan (a child in provisional protection and care must have a provisional care plan).

The care plan (or provisional care plan) is a written document that outlines the steps or measures required to address the needs of an individual child and sets out decisions about the child’s care, including decisions about the care arrangements and contact between the child and his/her parents and other family members.

The care planning process should be an inclusive process where the views and wishes of the child, the child’s parents, carers, and any other person considered to have a direct and significant interest in the wellbeing of the child are gathered and documented by the Department. The care planning process provides all parties, including foster carers, with an opportunity to participate in significant decisions regarding the child’s care. Foster carers will be supported to be present and participate in the care planning meetings including prior notice when setting the time and date.

The child will also be supported and encouraged to participate in the planning and decision making process. Their inclusion needs to take into consideration their age and wellbeing. Even if they do not want to attend care planning meetings, their case manager will explore creative ways for the child’s voice to be heard, including using Viewpoint. Viewpoint is an interactive computer-based software program that promotes participation in planning for each child in care aged 5 to 17 years. An information sheet on Viewpoint is provided or you can download a copy from the Department’s website.

The day-to-day management, coordinating and monitoring of the child’s care plan is the responsibility of the child protection worker (Department case manager), and the Act requires that the care plan is reviewed at least once a year.

8.2 Case planning – permanency planning

Case plans are not a legislated requirement and generally relate to a family group not an individual child. The purpose of a case plan is to provide a clear explanation of why the Department is involved with the family, and identify the expectations and next steps in working with the family.
Case planning is an ongoing process throughout the duration of a case with a family. It involves assessing, planning, reviewing and evaluating case information. The case plan for a child in care will inform decisions in the child’s provisional care plan or care plan. For example, decisions about contact between the child and a birth parent, sibling or other relative.

Foster carers may be asked to attend case planning meetings.

**In assessment, planning and review processes, carers can expect:**

- That their views and opinions are important and will be treated respectfully.
- To be supported to be present and participate in the planning and review processes.
- That their knowledge of the foster child will inform the planning and review processes.
- To be given at least two weeks’ notice prior to formal planning or decision making forums (a care plan or care plan review) with courteous consideration in setting the time.
- To be given an opportunity to provide a ‘Carer Report’ to care planning and review meetings.
- To be provided with the reports of other team members at least three days in advance of the meeting.
- To be provided with a copy of the final care plan, along with a copy for the child.
- To be able to request that a care plan review be undertaken if they are experiencing significant problems or if positive outcomes are being achieved that affect the child’s care plan.
- That key elements of care plans changed during the formal review process are discussed with them within one week, if they have not been able to be present at the review meeting, and to be informed of any minor changes to a care plan within a similar timeframe.

**Carers cannot expect that:**

- Their recommendations will always be reflected in final decisions made in assessment, planning and review processes.
- There may be circumstances where you make recommendations that are not reflected in the decisions made because the Department takes into consideration information from multiple sources when making decisions that are in the child’s best interests.
9. Caring for Aboriginal children

The Children and Community Services Act 2004 outlines guiding principles about involving Aboriginal and Torres Strait Islander people in decision making processes that concern their children.

The Aboriginal and Torres Strait Islander Child Placement Principle aims to enhance and preserve the connections that an Aboriginal child has with their family, community and culture.

Despite a commitment by the Department to the Aboriginal and Torres Strait Islander Child Placement Principle, the reality is that a number of Aboriginal children are placed with non-Aboriginal carers who are not related to the child. This is due to the difficulty in locating family carers and a shortage of Aboriginal carers.

Non-Aboriginal carers and staff who are caring for an Aboriginal child have a responsibility to make sure that the child does not lose connection with their family, community and culture. The Department has Aboriginal practice leaders (APLs) located in each district office that provide advice to Department staff and foster carers to enable them to care effectively for Aboriginal children in care.

If a non-Aboriginal foster carer has an Aboriginal child placed in their care, the Department will provide support, information and resources to help meet the needs of the child, including their cultural needs. The foster family will also have a direct link with an APL. The foster carer will be included in the development of a cultural plan for the child. The plan is developed so that the child’s identity and connection with their birth family, community and culture are enhanced. The plan will also outline how the child will be involved in cultural activities and community events.
10. Caring for children from culturally and linguistically diverse communities

If a foster carer has a child from a culturally and linguistically diverse (CALD) background placed in their care, the Department will provide information on the services provided by the Translating and Interpreting Service and be linked with relevant CALD community groups and agencies.

Caring for a child from a CALD background can present particular challenges for foster carers and staff. It may take some time for the child to get used to a different environment, where people speak a different language, or eat different types of food.

Foster carers and staff need to be sensitive to the linguistic, cultural and religious diversity of the child, and acknowledge the importance of these factors in their life.

Wherever possible, relevant members of the child’s community or extended family will be involved in decision making processes and, where necessary, interpreters used. Assisting a child to maintain links with their culture is vital to their long-term development and wellbeing, and every effort needs to be made by carers and staff to encourage these links.
II. Contact with families

It is important that children in care maintain links with their birth family through regular contact wherever possible and appropriate. Contact allows the child to develop or maintain a sense of identity and connection with their birth family, community and culture, and helps the child better understand their situation. Contact is also important because it can minimise the impact of disrupted attachment and bonding, which is crucial for the child’s development.

Contact can take many forms such as telephone calls, letters and visits (referred to as contact visits). Most children have regular contact with their birth family while they are in care. Either the Children’s Court or the Department make decisions about the frequency of contact including the level of supervision required. Details about contact visits, including days and times agreed to, will be documented in the child’s care plan or provisional care plan.

Foster carers play a vital role in supporting a child before, after and sometimes during contact. Some ways that foster carers can support contact visits include encouraging the child to take their My Life Story Book along to share with their birth parents and family members or using the Communication Book to provide information to the parents about significant events that have occurred for the child, such as the child receiving a certificate at school.

Where possible, the Department aims to support direct contact and the development of positive relationships between foster carers and the child’s birth parents and family.

It is in the best interests of children in care for the significant adults in their life to share harmonious relationships, with a shared goal of meeting the child’s needs. The benefits of these relationships, and the consequent sharing of information and experiences, can be hugely significant to reducing stress and trauma for the child.

The Department child protection worker (case manager) is responsible for assessing the appropriate level of direct contact that should occur between the foster carer and the child’s parents and family. The case manager will consult with both the birth parents and foster carer regarding their expectations and support the early introductory meetings.

If the case manager has assessed that direct contact is not appropriate, foster carers are encouraged to use the Communication Book to assist in building a positive relationship. This book is provided to foster carers, or a copy can be obtained from the Department case manager.
With regard to contact with families, carers can expect:

- That dates, times and arrangements will be documented in the child's care plan and adhered to where possible (sometimes the Children’s Court may impose contact arrangements at short notice, which are not negotiable).
- To be provided with information on the details of the visit.
- To have their other commitments considered when contact is being arranged.
- That case managers will negotiate variations in contact visit arrangements as set out in the care plan with them at least 24 hours in advance.
- To always play a role in supporting a child before and after contact.
- They will be supported to deal with any difficult contact issues that arise.
- To be provided with feedback by the person supervising the contact (if it is supervised) about any issues arising from the contact that may affect the carer.
- To be informed if a child requires food, drinks and clothing during a visit.
12. Health

Full information about the child’s health may not be known when he or she is taken into care. All known information will be provided to the foster carer when the child is placed, and subsequent health information will be provided as it becomes available.

12.1 Health care planning

Health care planning includes:

- When a child enters care, they will have a general medical examination (unless an examination has already occurred upon entry to care); a doctor will usually undertake this.
- A school age child will be enrolled in school dental services and receive treatment as required.
- Each child will be referred for an age-appropriate health and developmental assessment as part of the care plan development and annual review process.
- If the child is four years of age or older, the Department case manager will arrange for a mental health screening once they have settled in their care arrangement (usually within six months); this will then be arranged on an annual basis.
- Each child in care will receive a Child Health Passport. This should be presented at all health appointments so information can be kept up to date.

The Department case manager will discuss the health assessments with the foster carer and the child, and may ask the carer to arrange the appointments with the medical practitioner or health provider. If the foster carer is able to, they may be asked to take the child to the appointment.

Reports and referrals from the health assessments will be discussed and acted upon as part of the child’s overall care plan (or provisional care plan).

More information can be found in the Health Care Planning information sheet or on the Department’s website.
12.2 Medical or Dental treatment, including consent

If a child in care requires a general anaesthetic for any dental or medical treatment, consent must be obtained from the Department. The Department case manager will advise the medical or dental practitioner of the child’s medical or dental history.

*Short-term illness, medical checks or emergency treatment*

Foster carers do not need consent from the Department if a child needs to visit a medical practitioner for a short-term illness (such as a cold, the flu, diarrhoea or vomiting), a medical check or for emergency treatment. However, foster carers should inform their Department case manager as soon as possible afterwards.

It is the responsibility of both the foster carer and the Department case manager to make sure that the dental and immunisation needs of the child are met while in care. Dental examination and treatment is generally an ongoing and routine process for a child. Dental fillings do not require anaesthetic consent from the Department if they are done under a local anaesthetic.

12.3 Medicare cards

All children for whom the CEO has parental responsibility will be issued with their own Medicare card. The Department case manager will apply to Medicare to obtain a card for the child when they enter care.

If a child is in care for less than one month, the Department case manager will provide the foster carer with the child’s Medicare number only (not a duplicate card). This will be obtained from the child’s parents where possible.

Once the Medicare card is received by the Department, the case manager will give the card to the foster carer to use on behalf of the child. The Medicare card must be returned to the Department if the child moves to another care arrangement or if the child returns to his or her parents’ care.

12.4 Medical Costs

The fortnightly subsidy paid to foster carers incorporates an amount to cover basic general medical treatment and pharmaceutical requirements (non-prescriptive) for a child in care. This includes costs incurred when a child needs to visit a medical practitioner for a short-term illness such as a cold. The Department case manager will give authority for you to sign the claim form where the doctor bulk bills.
Paying for medical costs not covered by the basic subsidy payment

The Department is responsible for all other medical and pharmaceutical costs and any dental costs for the child. However, foster carers must get approval for the costs beforehand. Foster carers need to keep all medical, dental and pharmaceutical receipts for reimbursement.

Health costs above normal requirements, such as a wheelchair or orthodontic treatment, should be included in the child’s care plan.

Health care planning assessments for children in care and ongoing medical treatment, diagnostic tests and specialist health services’ costs are not covered by the basic subsidy payment to foster carers. In these instances, the Department case manager will give authority to the foster carer to take the child to the health appointment and will provide consent for the service provider to conduct the assessment or provide treatment etc.

Some doctors will bulk bill for services provided to children. If they don’t, you can check if the service allows delayed payment. If they do, you should ask for a copy of the invoice, and give this together with a completed Medicare Claim Form to the Department case manager to arrange for payment.

If the health service needs immediate payment, you should pay the invoice and claim for reimbursement from the Department. Given that the receipt is in your name, you will first need to claim the Medicare rebate directly from Medicare. Then forward the rebate slip from Medicare to the Department case manager so they can arrange to pay you the gap amount.

If the medical treatment, diagnostic tests or specialist health services' costs are expected to be high and you are unable to pay upfront and get reimbursement, the Department case manager will arrange to pay these accounts.

12.5 Heath Care Cards

Having a Health Care Card or Foster Child Health Care Card will give you concessions on health-care costs. This means you can get cheaper prescription medicines through the Pharmaceutical Benefits Scheme (PBS) and medical services funded by the Commonwealth Government. The card can also give you access to concessions provided by State and Local Government agencies as well as some private businesses including household, education, and public transport costs. You can access A guide to concession cards from the Department of Human Services website or directly at a Customer Service Centre.
If you are receiving certain Centrelink payments or supplements, or get the maximum rate of Family Tax Benefit Part A, you will automatically receive a Health Care Card. The cardholder's partner and dependent children may be covered by the card and receive concessions.

If you already have a Health Care Card, the Department case manager will assist you in adding the child in care to your card.

**Foster Child Health Care Card**

If you are not eligible for a Health Care Card, you can claim a Foster Child Health Care Card through the Department of Human Services (Centrelink) on behalf of the child.

The card is not subject to an income or assets test. It will be issued in the name of the child, but you can access cheaper PBS medications and other concessions and services on behalf of the child. The card is automatically reissued when expired if you are still caring for the child.

The Department case manager will assist you to make the claim. They will give you a signed letter to the Centrelink Processing Team that outlines the child’s details and states that he or she is currently in your care. The case manager will also provide you with a copy of the child’s birth certificate and court order (or the application for the court order) to submit with the Centrelink claim form.

**12.6 Private health cover**

If a foster carer has private health cover for their own family, they can include a child in permanent care on their cover. Before claiming private health care cover for the child, foster carers need to seek approval via the Department case manager about whether the Department will cover the difference between the refund and the account.
With regard to health care, carers can expect:

- That at the time the child enters their care, they will be provided with all known information as possible about the health needs of the child and clear procedures governing consent for the child to receive medical treatment.
- That if full details of the child’s health needs are not available at the time, a high priority will be given to providing health information as it becomes available.
- To be provided with a Child Health Passport (the child’s health record).
- To be able to take the child to a doctor without the consent of the case manager or the Department for a short-term illness, medical check or emergency treatment.
- To be able to give consent for the child to receive dental treatment, including fillings that involves a local anaesthetic only.
- To be provided with a Medicare card for the child once it is received by the Department.

With regard to health care, carers cannot expect:

- To be able to give consent for operative procedures or for general or local anaesthetic, other than a local anaesthetic for dental treatment (including fillings).
- To be able to give consent for immunisations.
- To be able to sign as legal guardians or having parental responsibility for the child regarding any medical or dental procedures that may be required.
- To be reimbursed for medical, dental and pharmaceutical costs without presenting the receipts to the Department.
- To be able to claim the gap for private health cover for the child (if the child has been included in their family cover) if they have not discussed this with the Department case manager first.
13. Education

Education is a vital part of any child’s life. It also plays a significant role in a child’s ability to access future employment and life opportunities.

Children in care often have unique educational needs, and meeting those needs requires planning and support. Extra effort is required so that these children remain connected with school, have a positive educational experience and that barriers to learning are addressed.

Providing day-to-day care for a child means that foster carers are often in the best position to contribute to planning for a child’s education needs, and support the academic development of the child.

All children in care are required to have an education plan that is reviewed annually. Together with the Department and school staff, foster carers will be involved in an education case conference to inform the development of the child’s education plan, and carry out tasks in the home as a caregiver would normally do.

Foster carers can refer to the Documented Education Plans information sheet or download a copy from the Department’s website.

13.1 Achiever Awards

The Achiever Awards are a joint venture between the Department and the FCA. They are awarded annually to young people who have been placed in care by the Department for post high school education and training.

Any Department or CSS worker or foster carer can make nominations. Nomination enquiries need to be made early in the year to the Department case manager.

13.2 School excursions and activities

Foster carers can generally give consent for school excursions and activities.

Foster carers cannot provide consent for school excursions that involve high-risk activities which require a waiver of legal rights, such as horse riding.
With regard to education, carers can expect:

- That a child in their care will have an education plan developed and that this plan will be reviewed annually.
- To be involved in a case conference to discuss and plan for the child’s education needs, including the development or review of the education plan.
- To provide consent for school excursions and activities, except if they require a legal waiver.
14. Providing day-to-day care

As the person providing day-to-day care for the child, it is important to seek support from the Department (or your CSS provider where relevant) when you are experiencing difficulties or need assistance.

The Department provides different learning opportunities to assist foster carers in their caring role. Check the Department website or speak with the Department case manager.

14.1 Vehicle restraints

Motor vehicles accidents are one of the most common causes of transport related injury for children.

Whenever children in care are passengers in a vehicle, they should be seated in the most appropriate approved child restraint for their age and size. Foster carers should refer to the Kidsafe WA website for details on which restraint to use.

14.2 Diary keeping

It is good practice to keep a diary while the child is in your care. A diary will assist in keeping a record of the child’s progress, recording any fluctuations in behaviour, keeping all notes in one place, aiding memory of events when writing a report, giving accuracy when recalling important dates, validating times and sequences of events, and tracing progress as a foster carer.

14.3 My Life Story Book

When a child comes into care, the foster carer will receive a My Life Story Book to give to the child. The child will already have this book if they have been in care and changed care arrangement.

My Life Story Book is a record of a child’s life in words, pictures, photos and documents. The book is an account of the child’s history from the time he or she entered care and is maintained during their time in care. The book goes with the child if they leave the care arrangement or they return to their parents.

A DVD explaining life story work is available.
14.4 **Overnight stays and other activities**

In order to normalise a child’s experiences as much as possible, a foster carer can make decisions that relate to the day-to-day activities for a child in care placed with them. This includes providing consent for the child to obtain their driver’s licence.

The foster carer can sign permission slips for activities that do not involve a waiver of legal liability (such as horse riding or abseiling), and use their judgement for the child to have occasional sleepovers at a friend’s house or go on an outing with a friend and their family.

The foster carer must talk to their Department case manager if there are any concerns about an event (such as an overnight stay or activity), and whether it presents a risk to the safety of the child. Each situation needs to be considered on a case-by-case basis and, in all circumstances, the potential risk to the safety of the child needs to be considered.

If foster carers are unsure about a particular situation, they need to seek guidance from the Department case manager.

14.5 **Babysitting**

When choosing a babysitter, foster carers need to:

- Take into account the age, behaviours and development of the child, as well as their historical issues of abuse and/or neglect. For example, it may not be appropriate to leave a child with a male sitter if a male has sexually abused the child in the past.

- Check that the sitter is capable of responding appropriately to behaviour the child might present.

- Also check that the sitter is capable of responding appropriately in an emergency.

- If the person is a formal babysitter, staff member from a babysitting agency or a live-in or day nanny, they should have a Working with Children Card. Refer to the Working with Children Check website or talk with the Department case manager.

14.6 **Child Care**

If you need to enrol the child in child care, please discuss this with the Department case manager, as prior approval is required. If approved, the case manager will assist you with the enrolment process.
There is Commonwealth Government assistance available to carers to help with the cost of child care. The Department case manager will help you complete the necessary forms to access this assistance.

An information sheet is provided, which has full details about child care, or you can access a copy on the Department website.

14.7 Smoking

Foster carers need to be aware of the increasing evidence of the serious effects of second-hand smoke (also known as passive smoking), especially on babies and young children.

The Department policy on smoking requests that foster carers minimise the foster child’s exposure to second-hand smoke, both inside the home and in confined areas such as motor vehicles. Refer to the Guidelines on Smoking information sheet or access a copy on the Department’s website.

14.8 Swimming pools and other bodies of water

The Department has safety standards for all children in care regarding swimming pools and other bodies of water in and around the home. These include:

- never propping the pool gate open or leaving objects that could be climbed on near the fence;
- regularly checking the pool fence, gate (including locks) and surrounds to confirm the strength and integrity of the structure has not weakened over time or through exposure to the elements;
- swimming lessons and/or being familiar with water are not a substitute for adequate supervision;
- for a young child, supervision means being within arm’s reach of a suitable adult while the child is in or around water;
- an older child is not a suitable person to supervise a young child around water; and
- flotation devices on their own are not enough to ensure the safety of a child.

An information sheet is provided, which has full details about the Department guidelines. You can also access a copy on the Department’s website.
14.9 Travel - overseas, interstate or within Western Australia

Consent must be obtained to take children in care out of the State or country. This can be a lengthy process, so it is important that foster carers discuss any travel plans with the Department case manager well in advance. Overseas travel requires a valid passport with at least six months before expiry. If the child in care requires a passport, it can take up to four months for the application process.

Foster carers planning to travel with a child in care within the State must notify the case manager so that the Department is aware of the child’s whereabouts. If the travel is via plane, the foster carer may need a letter from the Department to provide as identification for the child upon check-in.

The Department will not normally provide consent for children in care to travel where travel warnings exist. Refer to the Smartraveller website.

14.10 Opening bank accounts

A child in the CEO’s care 15 years of age or over must have a personal bank account. Children under this age are permitted to have a bank account if they wish. You should speak with the Department case manager if the child would like an account opened.

The account will usually be opened in the child’s name as the sole signatory. If the financial institution requires an adult co-signatory or Department has assessed that this is necessary, a team leader has the delegated authority to be the co-signatory.

If the team leader changes, the Department will inform the bank of the incoming team leader and make the necessary changes so that the child’s access to their account is not affected.

14.11 If a child in care goes missing

If a child goes missing, the foster carer should conduct an initial search of the home and surrounds, and contact friends or family that may know the child’s whereabouts.

If the child cannot be located, the foster carer (including CSS carers) must report the child missing to the WA Police. In high-risk circumstances, for example, the child is young or particularly vulnerable, the foster carer must immediately lodge a missing person’s report with the WA Police. If the foster carer needs assistance to lodge a report, they should contact their district office, or Crisis Care Unit if after hours.
Once the report is made, the foster carer (or CSS service provider) must advise the Department as soon as possible. If the Department case manager or senior child protection worker placement services (SCPWPS) is not available, inform the duty officer during office hours or Crisis Care after hours.

In all circumstances, the Department case manager is responsible for checking that a report has been made to the WA Police once advised that the child is missing.

The police may speak with the foster carer about what happened prior to the child going missing and check what he or she may be wearing. It is handy for the carer to have a current photograph of the child to provide to the police. The Department case manager or SCPWPS is available to provide support to the foster carer and family at this time.
15. The review process with carers

15.1 Annual review meeting with foster carers

An annual review meeting is undertaken as a joint partnership process, usually with the SCPWPS or Department case manager, using the *Signs of Safety* three column tool (what is working well, what are we worried about and what needs to happen). The meeting is additionally informed by the continuing conversations that have been occurring throughout the year with Department workers.

The annual carer review meeting is an opportunity for the foster carer and the worker to look at what has gone well for the carer and any challenges that may have been encountered, as well as looking ahead to developing the partnership and learning.

The review process formally affirms that the foster carer is maintaining his or her competencies as a carer.

Most importantly, this is the foster carer’s time to reflect, ask questions or raise concerns, and highlight achievements.

The outcome of the review meeting may include identification of changes the foster carer may wish to make – for example, participating in particular learning or activity.

The meeting with the foster carer will also include a discussion about the status of their Working with Children Card and if there are any changes to the composition of the household.

15.2 Reassessment of foster carers

The reassessment of a foster carer is undertaken when:

- There is a change in the foster carer’s household, such as a new partner or adult person living in the home.
- A foster carer returns to caring after being unavailable for over six months.
15.3 Revocation of a foster carer’s approval

Reasons for the revocation of a foster carer’s approval can include:

• acts of violence, child maltreatment, exploitation, deprivation of liberty, unreasonable discipline and criminal charges against the carer and/or significant others within the foster carer’s family;

• the issuing of a Working with Children negative notice or interim negative notice against the foster carer;

• any reasonable grounds to believe that the approval to be a foster carer was obtained improperly;

• persistent actions that are contrary to and undermine quality care principles and case planning decisions.

In this instance, the foster carer will be advised and then given written notice of the proposed revocation. The foster carer will be given 28 days to provide a written response. If the foster carer’s approval is revoked, he/she will be informed in writing of the reasons why the decision was made.

Revocation means the person can no longer practice as a carer with any foster care agency in WA.
16. Money matters

16.1 Subsidies

All children in the CEO’s care living in an approved placement arrangement are eligible for a subsidy payment that is paid to the foster carer. The subsidy payment is provided fortnightly in arrears and is paid into the carer’s bank account.

The subsidy payment will be calculated from the first day the child was placed with the foster carer, and will cease if the child needs to move to another care arrangement or goes back home to live. The payment is to cover the day-to-day costs of maintaining the child, and is expected to cover the following:

- food and accommodation;
- heating, electricity and gas;
- local transport (20km return trips);
- outings and entertainment;
- haircuts;
- small toys for the child;
- general expenses related to personal hygiene items, basic general medical treatment and pharmaceutical requirements (non-prescription items); and
- incidental expenses for education, leisure and hobby activities which may be reasonably considered to be met by the standard age related subsidy.

The subsidy payment includes pocket money for all children up to 16 years of age (the amount is dependent on the child’s age). The child’s Department case manager can arrange for this to be paid into the child’s bank account.

A clothing allowance is also paid for all children in care up to 16 years of age. It is paid three times per year (January, May and September). The payment will be deposited into your bank account or it can be paid into the child’s account if you arrange this with the Department case manager. The payment ceases once children turn 16 years of age, as they are then eligible for Centrelink’s Youth Allowance.
16.2 Additional financial and other support

There are additional funds (case support costs) available to support children in care and their carers. These funds cover expenses that are above the general day-to-day costs covered by the subsidy payment, and may be one-off or recurrent. Some of these costs include educational expenses, such as school uniforms and tuition, medical and dental expenses, excursions and camps, counselling, and legal costs.

When a child is initially placed with a foster carer, there may be some essential items that need to be purchased (such as a bed, bedding, clothing, toys etc.). These requirements should be discussed with the Department case manager, who will need to get approval for the expenses before they can be purchased.

Foster carers are required to discuss the need for additional costs with the Department case manager. The case manager will arrange for the purchase of any additional items or payment of accounts, either directly with the supplier or by way of providing the foster carer with a pre-paid card. Foster carers are not reimbursed for purchases made outside of these arrangements unless the expense (up to a maximum of $50.00) is due to an emergency and prior approval cannot be obtained.

A Special Needs Loading subsidy may be paid in addition to the basic subsidy where the child has extra care needs. This payment recognises the extra care tasks needed to manage the special needs of the child. Requests for Special Needs Loading need to be discussed with the Department case manager.

16.3 Government allowances and benefits

Some children in the CEO’s care are entitled to assistance from other State and Commonwealth departments. This is especially relevant to children with disability and young people who are eligible for Youth Allowance. Discuss this with the child’s case manager.

Foster carers may also be eligible for Commonwealth Government assistance, as they are providing for the child. The following allowances or benefits will not affect the subsidy payment:

- Family Tax Benefit
- Child Care Benefit
- Parenting Payment
- Carer Payment
- Carer Allowance
You should contact the Department of Human Services to check your eligibility for any allowances or benefits you may be entitled to while caring for a child in care. You can contact the Department of Human Services on 13 24 68, check their website – www.humanservices.gov.au – or go to your local Centrelink Customer Service Centre. For carers who are also grandparents, can contact the Centrelink Grandparent Advisor on 1800 245 965.

Note: If you are on Newstart Allowance and intend to leave Australia temporarily, you should contact the Department of Human Services before travelling as it may affect your payments.

16.4 Foster carer insurance

All approved Department foster carers and voluntary CSS carers, and any person permanently living with the carers, has insurance covered by the Department with RiskCover. Cover is limited to events that result from specific incidents caused by the actions of a child in care placed by the Department. It also includes specific incidents caused by the actions of a natural relative of the child. General wear and tear cannot be claimed.

The cover includes property, general liability, personal accident, motor vehicles and professional liability.

If an incident occurs, it is the foster carer’s responsibility to inform the Department of the incident immediately. A CSS carer must inform the relevant CSS organisation.

The Department will view any damage and ascertain the facts of the incident.

When making an insurance claim through the Department, it is important that foster carers:

• Retain the receipts if immediate repair and/or replacement were necessary.

• Obtain a claim form from the Department case manager (note it must be lodged with the Department within 30 days).

• Arrange for three quotes for the damage and/or repairs and attach these with the claim.

• Check that the Department case manager states clearly on the claim form who should be paid for the damage.

RiskCover will assess the insurance claim and will deal directly with the foster carer. The time taken to assess the insurance claim will depend on the claim itself and RiskCover’s workload.
17. Managing a child’s behaviour

Foster families are in a prime position to help make positive changes in a child’s life. How a child’s behaviour is managed can have a lasting effect on them. A range of Department staff (for example, case manager, psychologist, education officer) are available to support foster families to understand a child’s behaviours, their underlying emotional and physical needs, and how best to respond to promote the child’s healing and development.

The majority of behavioural problems stem from previous experiences (such as experiences in their birth family or moving between several foster carers) and if these have been negative or traumatic, the child is likely to display behaviour that adults may find difficult to understand and manage.

Before reacting to the behaviour of a child in care, remember the following:

• The child’s developmental age may not necessarily equal their chronological age.
• Children model themselves on significant people in their lives.
• Punishments such as physical discipline reinforce negative beliefs the child may have about themselves.
• The behaviour may be a grief and loss reaction to being placed in care.
• The child may not understand the ‘rules’ of the foster family’s house and their behaviour may be related to uncertainty and confusion around this.
• The behaviour may be the result of past trauma and learned negative patterns.
• Broken attachments may affect the child’s behaviour.
• Children who enter care have often suffered trauma. They are emotionally fragile and have complex needs.

Foster carers must not use discipline such as physical punishment, restraint, deprivation of basic needs or anything else that may be detrimental to the foster child. It is the Department’s policy that no child in care is to be physically disciplined in any way. Refer to the information sheet – Use of Physical Punishment and Other Discipline.

For further advice, contact the FCA or your local Department district office (including the psychologist). The Department can provide learning and development opportunities on managing a child’s behaviour.
Sometimes Department or CSS workers are unaware that a child has been sexually abused prior to placing them with a foster family. A member of the foster family (including their own children) may be the first person to suspect or find out that the child has been sexually abused.

If this should happen, you should inform the child that you will support them to tell their account to the relevant people. Do not question the child about the information they have told you.

Even if a disclosure sounds unbelievable, it is important to listen to and believe the child. The child has chosen to entrust you with the information. The child usually has fears about what will happen if they disclose abuse.

As soon as possible after the conversation, record exactly what the child has said, using their words. You must then contact the Department case manager to report the alleged abuse. If it is after hours, contact Crisis Care.

**What to do if a child discloses sexual abuse:**

- Remain calm and listen.
- Accept what the child says.
- Allow the child to express their feelings.
- Don’t clarify words for the child, as it is important not to interfere with what they are saying.
- Do not question the child for detail, as this may have ramifications if legal proceedings occur.
- Thank the child for talking with you.
- Tell the child that they are not to blame.
- Do not promise the child that you will not tell anyone else.
- Record exactly what the child has said, using their words.
- Contact the case manager or Crisis Care as soon as possible.
19. Safety and Wellbeing Concerns related to Foster Carer Households

Foster carers need to be aware that in making the decision to take a child into their care, they expose themselves and their family to the possibility that a safety and wellbeing concern may be made against them.

The information in this section is provided at the recommendation of experienced foster carers and workers. They want foster families to know what to do to reduce the risk of an allegation being made against them or a member of their family.

The Department is required to investigate all safety and wellbeing concerns regarding a child in care, including cases where the child has left the foster family’s care.

The child, and other children in the family’s care, may be removed from the home while an investigation is being carried out. All decisions will be made in the best interests and safety of the child/ren.

If the foster family requires support while a safety and wellbeing concern is being investigated or they have further queries, they can contact the FCA.

19.1 Suggestions to protect foster families from safety and wellbeing concerns in care

There are a number of precautions a foster family can take to protect themselves and their family from an allegation being made against them. During preparation training carers will learn more about identifying stress factors and improving communication between each member of the foster family and the child in care, to assist in minimising the risk.

The following strategies may be implemented before the child is placed in your care to allow the foster family time to adjust:

- Establish clear household rules about acceptable behaviour, privacy, and discipline - such as knocking and seeking permission before entering a closed door.
• Establish a rule that everyone wears ‘dressing gowns’ when walking between the bathroom and bedroom or get dressed while in the bathroom. Nudity of adults and young people in front of a child in care is not appropriate.

• Establish a privacy rule for the bathroom, toilet and bedroom for the child and the foster family. Consider appropriate ways to attend to emergencies in the bathroom or bedroom that would not place the foster family in a risky situation.

• Establish an open door policy when children are playing in their bedroom or areas where they are not directly supervised.

Additionally, the following may be considered once the child is placed in your care:

• Inform the Department case manager of any significant events regarding the child such as illnesses, injuries or violent temper tantrums.

• Record when, where and why significant events occurred including the actions taken. While it may not be evident ‘why’ certain behaviours have occurred, it will be helpful to note what was happening immediately prior to the incident. Be objective in recording this.

• Keep a diary of observations and events about the child and, as mentioned above, remain objective in the diary keeping and recording.

• It is preferable for the female carer to attend to personal care.

• Be mindful when engaging in physical contact games with children. Assess the child’s reaction and proceed cautiously.

• It is not advisable to allow the child into the foster carer’s bed or for members of the foster family to share the child’s bed. Foster carers should also consider whether it is appropriate to share their bed with their own children while the foster child is in the home.

• Encourage your children and the foster child to report any behaviour that makes them feel uncomfortable. Speak to the Department case manager or SCPWPS about age appropriate ways of talking to your own children and the child about protective behaviours. You should refer to the protective behaviours book provided.
• If the child has experienced abuse or neglect, check they are not left in the care of other people or exposed to other people without appropriate supervision until the foster family knows the child well.

• Some children, particularly those who have been sexually abused, may demonstrate inappropriate sexualised behaviours towards a foster carer or another family member. Be aware of your own reactions to this behaviour. Remind yourself that this behaviour arises out of the child’s experience and your job is to provide safety. The child should be gently, yet firmly dissuaded from inappropriate behaviours of this nature. This behaviour must be discussed with the child’s case manager including appropriate management strategies to use.

• All children need positive displays of affection but it is important to assess the child’s reaction to determine what level of physical contact they are comfortable with.
When a safety and wellbeing concern in care is made, foster families can expect:

- That the safety and wellbeing concern will be treated seriously as the Department has a duty to investigate all safety and wellbeing concerns for a child in care.
- To be treated fairly and respectfully in accordance with the Department policy, procedures and guidelines.
- That their explanations may not be automatically accepted in preference to the explanations made by the child or the child’s family.
- That they will be informed via telephone that a child protection worker will make a time to meet with them.
- That the precise nature of the allegation will be provided to them in writing.

What to do if a safety and wellbeing concern in care is made against you or a family member:

- Take some time to collect your thoughts and recover from the initial shock before progressing with an interview.
- Have a support person with you during all meetings, interviews and discussions to assist you in remembering what has been said; they can take notes on your behalf.
- If your support person is not available at the time of the interview, ask for the interview to be rescheduled so they can attend later.
- If you cannot arrange a support person, take notes and inform others you are doing the same.
- If you do not wish to participate in the interview, you can request to have the concerns put to you in writing and you can then respond in writing.
- Ask for copies of all documentation relating to your interviews, meetings, and discussions.
- Obtain support from the FCA if required.
- Request the following information sheets from the Department - Safety and Wellbeing Concerns related to Carer Households and what happens if a foster child says I have hurt them.
20. Support for foster families

The Department is committed to supporting and sustaining stable foster care arrangements, and is therefore committed to a partnership through teamwork with foster carers. A range of Department staff will be available to support foster carers and their family.

The Department can coordinate access to support and mentoring activities for foster families (including the foster carer’s children and the child in care) and opportunities for formalised peer support. This is where more experienced foster carers are linked with less experienced carers.

The Department will also provide opportunities for foster carers to debrief when required (ideally with a SCPWPS, Department psychologist or by referral to an external agency).

The FCA is available to provide support to foster carers. This includes telephone support, office meetings and home visits, and advocacy services to support carers through the Department processes and at times of crisis. The FCA also provides information, emergency items for children in care, and regular morning teas for carers.

20.1 Learning and development

The Department believe that foster carers who are supported, and have access to learning opportunities to increase their skills as carers, will be better carers and remain carers for longer. Foster carers can access learning opportunities in a variety of ways. These include:

• e-learning and foster carer workshops, and

• regular foster carer meetings held in each district.

Foster carers are encouraged to discuss learning opportunities with the Department case manager or SCPWPS.
20.2 Counselling

From time to time, foster carers and their families may find caring for a foster child difficult and personal or family counselling may be required. As part of the Department’s support to foster families, counselling is available through independent psychologists and counsellors. Foster carers and family members can refer themselves by calling Davidson Trahaire Corpsych on 1300 360 364.

The service is free, completely confidential and objective. In metropolitan and major regional areas, the counselling will be face-to-face whereas in remote areas, telephone access to a counsellor will be available.

Counselling may also be offered from within the Department. Foster carers can talk to the SCPWPS about this service.

20.3 Parenting WA

Parenting WA provides support and information for parents and carers with children from pre-birth to 18 years of age, including parenting courses and workshops, a free lending library, the Aboriginal Early Years Best Start program, and the 24/7 Parenting WA Line.

The service has coordinators who can help with issues relating to parenting children such as building children’s confidence, living with teenagers, managing peer pressure, sleep, and being a parent.

Parenting WA are also informed about the trauma and attachment issues of children in care and are able to assist with advice of these issues.

Support and information is available by calling (08) 6279 1200 or 1800 654 432 (freecall).

20.4 Short Break Care

Foster carers, like other parents, may need a break from time to time. The aim of short break care is to enhance the child’s quality of life, support the carer to continue in their role as the primary carer, and sustain the caring relationship.

Short break care should be as normalised as possible, with the focus on identifying natural supports wherever possible.

Some short break care options include using family or friends, childcare, holiday programs, camps, babysitting or formal planned or emergency respite.
Short break care should be child focused and take into consideration the best interests of the child at the time. For example, an infant’s needs for attachment and bonding, or a child who has experienced many carer changes and requires stability as a priority. Foster carers should discuss this with the Department case manager.

To support a child in the respite process, foster carers should refer to the *Preparing a child for respite* information sheet or download a copy from the Department’s website.

### 20.5 Taking a break from fostering

A foster carer may choose to take a break from fostering for a range of personal and family reasons. If you find you need a break, discuss your plans with the case manager or SCPWPS, including when you may be ready to recommence caring.

If the break is longer than six months, you will need to undergo a reassessment before commencing fostering again.

### 20.6 After a child leaves

A child leaving can mean many changes and feelings for the foster family. The family may need time to grieve. The foster family can debrief with various Department staff should they have a need.

- To assist in the grieving process, foster carers may find it useful to:
  - Allow themselves to have mixed feelings when the child leaves.
  - Support their own children in expressing their feelings.
  - Discuss how the family feels about fostering in general.
  - Talk their feelings through with other foster carers.
  - Talk to the FCA, as they will know exactly how foster families feel.

### 20.7 Other services

There is a range of other community services available to assist foster carers, their families and children in care. Some of these services, including contact details, are listed in *Section 24: Handy services.*
21. Transition and leaving care

21.1 Transitions

When a child enters care, is returning home or going to another care arrangement, foster carers play a vital role in making the transition as positive as possible for the child.

While every effort is made to plan transitions for children in care and to support the transfer of attachment, it is not possible to plan all transitions. Transitions can produce grief reactions for everyone involved. Key messages given to a child in conversations and the behaviour of those in the care team (Department staff, foster carers and the biological parents) towards each other and the child at this time are important ways to show support for a child during such transitions.

21.2 Leaving Care

Planning for leaving care commences when a young person reaches 15 years of age. The initial focus of planning is the identification and development of life and independent living skills. Planning is designed to occur incrementally to allow the young person time to develop skills, and deal with these life decisions in a supported way.

Part of leaving care planning is to help the young person obtain a learner’s permit and assist them in planning and preparing for the process of obtaining their driver’s licence. The Department can provide funding to help with the cost of obtaining a driver’s licence. You can discuss this with the Department case manager.

The Department has developed a guide for foster carers supporting young people preparing to leave care. The guide provides information on the available services and support from both the Department and other agencies.

You can request a copy of the guide through the Department case manager or access it on the Department’s website.
Foster carers will not always agree with decisions made about a child in their care. However, it is essential that foster carers feel confident that their views and opinions about the decision are heard by the Department and that these views have been considered.

Working together is the best way to fix many problems. In most instances, disputes are best resolved if relevant parties sit down and discuss the issues. It may be resolved by:

- Focussing on the shared commitment to the best interests of the child.
- Identifying areas of agreement to build on.
- Agreeing to shared goals rather than being stalled in the process to achieve these goals.
- Using an objective facilitator, if required.
- Involving an advocate, if the carer wishes.

Foster carers who have a complaint about the Department are advised to first speak to the Department case manager, SCPWPS or team leader. If they are still dissatisfied with the outcome, the carer should talk to the district director. The foster carer can also contact the Department Complaints Management Unit (telephone 9222 2594 or country free call 1800 013 311).

Foster carers can obtain a copy of the Department Resolving your complaints kit, either by requesting a copy from the case manager or looking on the Department website. The kit provides information about how to make a formal complaint where the issue could not be resolved through discussion with the case manager, SCPWPS or team leader.

If the foster carer is dissatisfied with decisions made by the Department in a child’s care plan, they can initially speak to the person who chaired the care plan meeting. If the carer is still not satisfied, they can request a review of the decision by the Care Plan Review Panel. Foster carers should be given a copy of the Care Plan Review Panel brochure, which outlines the application process.

If the foster carer is still dissatisfied, the next avenue of appeal is via the State Administration Tribunal.

Foster carers can contact the FCA for assistance and support.
22.1 Advocate for Children in Care

The Department needs to protect and promote the interests of children in care. The Advocate for Children in Care position has been created specifically to focus on children in care, their views and their concerns.

The Advocate can help children in care with problems or complaints that are not able to be resolved with their case manager. The Advocate can also help children have a say in decisions that affect their lives.

The Advocate will:

• Listen to children, help them say what they want to say and help get adults to listen.
• Give information and advice about what children are entitled to and how they should be treated.
• Support children if they want to have a decision reviewed or complain about things they believe are wrong.
• Speak to people in authority about what children say works or doesn’t work in their lives.

Foster carers should let the children they care for know about this service. Details are on the Department website.
23. Glossary

**Aboriginal and Torres Strait Islander Child Placement Principle**
The Aboriginal and Torres Strait Islander Child Placement Principle is a nationally agreed standard in determining placement of Aboriginal and Torres Strait Islander children in out-of-home care. The principle aims to enhance and preserve the connections an Aboriginal and Torres Strait Islander child has with their family, community and culture.

**Care plan**
Is a written plan that identifies the needs of the child in care, outlines the steps and measures required to address those needs, and sets out the decisions about the care of the child while he/she is in care.

**Care plan meeting**
A meeting initiated by the Department to bring together the child, parents, carers and other people who have a direct and significant interest in the wellbeing of the child to discuss the child’s needs and to decide on a plan of action for the child in care. Foster carers are to be supported to participate in this process.

**Carer Report**
Is a written report that foster carers may write and provide to other parties attending a child’s care plan meeting (including a review meeting).

**Care Plan Review Panel**
An independent panel that receives applications made to the CEO for the review of care planning decisions made at a care plan meeting for children who are in the CEO’s care. The panel makes recommendations to the CEO who decides on the outcome of the review.

**Chief Executive Officer (CEO)**
The Chief Executive Officer of the Department assists the Minister for Child Protection and Family Support in the administration of the *Children and Community Services Act 2004*. In Western Australia, this is the Director General of the Department for Child Protection and Family Support.
**CEO’s care**

A child is referred to being in the CEO’s care when they are in provisional protection and care, under a protection order (time limited), protection order (until 18 years), Negotiated Placement Agreement or provided with placement services.

**Child**

Means a person who is under 18 years of age or, in the absence of positive evidence as to age, is a person who is apparently under 18 years of age.

The term ‘child’ is used throughout this publication to mean children and young people.

**Children and Community Services Act 2004 (The Act)**

This is the legislative basis for child protection responses in Western Australia.

**Child Information Form (CIF)**

A record of information specific to the child in care such as current health status, any medication they are prescribed, allergies, the school they are attending, sporting and other activities they are involved in, favourite toys, pets they have and have had to leave behind, and when they will see their parents next.

**Leaving care plan (care plan modified for leaving care)**

When a young person in care reaches 15 years of age, the Department in consultation with all relevant parties will revise the young person’s care plan and modify it to reflect the leaving care arrangements. In doing so, each young person leaves care in a planned and supported way.

**Permanency Planning**

Permanency planning is the case management practice used to provide children with safe, continuous and stable living arrangements, lifetime relationships and a sense of belonging.

**Protection Application**

Is an application made by the Department to the Children’s Court for a finding that a child is in need of protection.
Protection Order

Means any of the following orders made by the Children’s Court – Protection Order (Supervision); Protection Order (Time-Limited); Protection Order (Until 18); and Protection Order (Special Guardianship).

Subsidy

A sum of money paid to the foster carer to cover the normal day-to-day costs of caring for the child. The subsidy is not an income and therefore is not taxable, nor does it affect any benefit the carer may be receiving. It covers expenses involved in caring for a child such as food, water, electricity, heating, local transport, outings, entertainment, haircuts, small toys, personal hygiene items, basic general medical treatment and non-prescriptive pharmaceutical items, and incidental expenses for education, leisure and hobby activities.

Wellbeing

Wellbeing of a child includes the care, development (physical, emotional, psychological and educational development), health (physical, emotional and psychological health), and safety of the child.
## 24. Handy services

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Legal Service of WA (Inc.)</td>
<td><a href="http://www.als.org.au">www.als.org.au</a> 1800 019 900</td>
</tr>
<tr>
<td>Alcohol and Drug Support Line (24 hour service)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a> (08) 9442 5000 1800 198 024</td>
</tr>
<tr>
<td>Davidson Trahaire Corpsych (Counselling service available to CPFS carers and their families)</td>
<td>1300 360 364</td>
</tr>
<tr>
<td>Advocate for Children in Care</td>
<td>(08) 9222 2518 1800 460 696</td>
</tr>
<tr>
<td>Complaints Management Unit</td>
<td>(08) 9222 2594 1800 013 311</td>
</tr>
<tr>
<td>Crisis Care Unit</td>
<td>(08) 223 1111 1800 199 008</td>
</tr>
<tr>
<td>Foster Care Association of WA</td>
<td><a href="http://www.fcawa.com.au">www.fcawa.com.au</a> (08) 9242 4222 1800 024 453</td>
</tr>
<tr>
<td>Kidsafe WA</td>
<td><a href="http://www.kidsafewa.com.au">www.kidsafewa.com.au</a> (08) 6224 4880 1800 802 244</td>
</tr>
<tr>
<td>Health Direct (24 hour health advice and information)</td>
<td><a href="http://www.healthdirect.gov.au">www.healthdirect.gov.au</a> 1800 022 222</td>
</tr>
<tr>
<td>Legal Aid WA</td>
<td><a href="http://www.legalaid.wa.gov.au">www.legalaid.wa.gov.au</a> 1300 650 597</td>
</tr>
<tr>
<td>Service</td>
<td>Contact Information</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Lifeline WA (24 hour crisis support)</td>
<td>13 11 14</td>
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<td><a href="http://www.lifelinewa.org.au">www.lifelinewa.org.au</a></td>
<td></td>
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<tr>
<td>Parenting WA Line (24 hour service)</td>
<td>(08) 6279 1200</td>
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<tr>
<td><a href="http://www.communities.wa.gov.au">www.communities.wa.gov.au</a></td>
<td>1800 654 432</td>
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<tr>
<td>Parenting WA also provides a free parenting library, which has</td>
<td>(08) 6279 1223 – Library</td>
</tr>
<tr>
<td>a range of helpful books and DVDs</td>
<td>1800 686 155</td>
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<tr>
<td>Poisons Information Centre (24 hour service)</td>
<td>13 11 26 (Australia wide)</td>
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<tr>
<td>Relationships Australia</td>
<td>1300 364 277</td>
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<td><a href="http://www.wa.relationships.com.au">www.wa.relationships.com.au</a></td>
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<tr>
<td>Sexual Assault Resource Centre (SARC)</td>
<td>(08) 6458 1828</td>
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<tr>
<td>(24 hour crisis line)</td>
<td>1800 199 888</td>
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<tr>
<td>(free call from landlines)</td>
<td>(08) 6458 1820</td>
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<tr>
<td>Translating and Interpreting Service (24 hour service)</td>
<td>13 14 50</td>
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<tr>
<td><a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a></td>
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<tr>
<td>Yorgum Aboriginal Family Counselling Services</td>
<td>(08) 9218 9477</td>
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<td>1800 469 371</td>
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</tbody>
</table>
Foster Care Association of Western Australia (Inc.)

Telephone: (08) 9242 4222
Email: admin@fcawa.com.au
Web: www.fcawa.com.au
This form will assist us to progress your interest in fostering and/or adoption. If you have any queries about the completion of this form please contact the Fostering and/or Adoption Team on 1800 182 178.

You do not have to make a definite decision now but it would help us to know which of the following you are interested in: Please tick all that apply.

<table>
<thead>
<tr>
<th>FOSTERING</th>
<th>ADOPTION</th>
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<tbody>
<tr>
<td>Temporary</td>
<td>Assessment for a first adoption □</td>
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<tr>
<td>Emergency □</td>
<td>Assessment for a second or subsequent adoption □</td>
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<tr>
<td>Short-break □</td>
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<td>Pre-Adoptive care □</td>
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<tr>
<td>Permanent □</td>
<td>Adoption of a Western Australian child □</td>
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<td>Preferred age range of child/ren ………………...</td>
<td>Adoption of a child from overseas □</td>
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<td>Which country? ______________________</td>
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<td></td>
<td>Adoption of a child with special needs □</td>
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<tr>
<th>APPLICANT ONE</th>
<th>Male □</th>
<th>Female □ X □</th>
<th>APPLICANT TWO</th>
<th>Male □</th>
<th>Female □ X □</th>
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<td>Surname</td>
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<td>Given Names</td>
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<td>Date of Birth</td>
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### APPLICANT(S) PERSONAL DETAILS

<table>
<thead>
<tr>
<th>APPLICANT ONE</th>
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<tbody>
<tr>
<td>Country of Birth</td>
<td>Country of Birth</td>
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<tr>
<td>Citizenship status</td>
<td>Citizenship status</td>
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<tr>
<td>Duration of residence in WA</td>
<td>Duration of residence in WA</td>
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<tr>
<td>Ethnicity</td>
<td>Ethnicity</td>
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<td>1st Language</td>
<td>1st Language</td>
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<tr>
<td>Languages spoken</td>
<td>Languages spoken</td>
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<tr>
<td>Are you married?</td>
<td>Yes ☐ No ☐</td>
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<td>Date of marriage:</td>
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<tr>
<td>If the marriage is less than 3 years and you have been in a de facto relationship prior to being married, please provide the date the de facto relationship commenced:</td>
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<tr>
<td>If you are currently in a de facto relationship, please provide the date the de facto relationship commenced</td>
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<tr>
<td>If you are not in a de facto relationship, please indicate the length of time you have been single</td>
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<tr>
<td>Are you pregnant, trying to become pregnant, engaged in infertility treatment or a surrogacy arrangement?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>* Please note that the last cycle of treatment must have been completed at least 12 months before you can be assessed as a potential foster carer and/or prospective adoptive parent.</td>
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<tr>
<td>Have you ever applied to foster or adopt before, including in other states or countries?</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>If Yes please provide details</td>
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</tr>
</tbody>
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### CHILDREN OF CURRENT AND PREVIOUS RELATIONSHIPS

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Applicant One*</th>
<th>Relationship to Applicant Two*</th>
<th>Currently Living with You?</th>
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<td>Yes</td>
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</table>

*Please indicate whether adopted/biological/step child
Please list any other people living in your household – adults and other children
(Note: partner living in your home to be listed as applicant two)

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Applicant One*</th>
<th>Relationship to Applicant Two*</th>
</tr>
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</table>

Some life events may have an impact on your application if they have occurred recently. We will talk to you more about this, but please look at the list below and tick any which have happened to you within the last two years. Please include the date.

- Birth of a child
- Marriage or new relationship
- Divorce or separation
- Bereavement – death of a significant person
- Medical treatment (including mental health)
- Moved house
- Change of employment
- Loss of job
- Additional caring responsibilities
- Pending legal matters [including past or current VROs]

<table>
<thead>
<tr>
<th>Applicant One</th>
<th>Applicant Two</th>
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</tbody>
</table>

1. Are you in good physical and emotional health, without any medical condition that may affect your ability to care for a child?
   Applicant One - Yes ☐ No ☐
   Applicant Two - Yes ☐ No ☐

2. Have you had any contact with the Department?
   Applicant One - Yes ☐ No ☐
   Applicant Two - Yes ☐ No ☐

3. Do you have a criminal record or any pending charges before any court?
   Applicant One - Yes ☐ No ☐
   Applicant Two - Yes ☐ No ☐

4. Is there a swimming pool and/or spa on your premises?
   Yes ☐ No ☐
   If yes, do you have isolation fencing in place? Yes ☐ No ☐

5. Are there dams or other large bodies of water on the property?
   Yes ☐ No ☐
   If yes, are they separated from the house by fencing? Yes ☐ No ☐
ADOPTION ONLY

I/We the undersigned state that we have read the information provided by the Department for Child Protection and Family Support (the Department) on the eligibility criteria for an application under the Adoption Act 1994 (s39) and that the information I/we have provided on this form is true and correct.

I/We agree to being contacted by the Department by email at the address(es) provided.

Applicant One (name) ..............................  Applicant Two (name) ..............................
Signature...........................................  Signature...........................................
Date: ..............................................  Date: ..............................................

FIRST ADOPTION APPLICANTS

Please note this form must be lodged within 12 weeks of attending the last relevant pre-adoption education seminar.

NB. NOT APPLICABLE FOR SUBSEQUENT ADOPTION APPLICATIONS.

<table>
<thead>
<tr>
<th>ATTENDANCE AT EDUCATION SEMINARS</th>
<th>Date Applicant One</th>
<th>Date Applicant Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Seminar (CPFS)</td>
<td></td>
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</tr>
<tr>
<td>Preparation for Adoptive Parenting (PPP)</td>
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<td></td>
</tr>
<tr>
<td>Intercountry Adoption (ASFC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for your interest in fostering and/or adoption.

Please return the completed form to:

Foster Carer and Adoption applications
Department for Child Protection and Family Support
PO Box 6334
EAST PERTH WA 6892
Phone: 1800 182 178
Fax: (08) 9222 2953

Email: Fostering@cpfs.wa.gov.au
Website: www.childprotection.wa.gov.au

facebook.com/fostercarewa