



ABOUT CARE TEAMS

Foster Care Association of Victoria Position:

Carers have an important role in relation to planning for the child or young person in their care. They should participate, and be included, in decision making processes in such a way that their opinions, insights and experiences with the child or young person are properly considered and incorporated in the planning process.

Every child in out-of-home care should have a Care Team and every foster carer should actively participate in all the Care Team processes that happen around a child in their care.

WHAT IS A CARE TEAM?

In out-of-home care, a Care Team is defined as the group of people who jointly provide the day-to-day care for a child while that child is in out of home care. The members of the Care Team are jointly responsible for determining and doing all the things that parents ordinarily do for their children. This definition is specific to out-of-home care - it is recognised that Care Teams are often defined and constituted somewhat differently in other contexts.

WHO ARE THE MEMBERS OF A CARE TEAM?

Care Teams for children or young people in foster care should always include:

- their foster carer(s)
- their care manager (who is the foster care agency worker responsible for leading their care team)
- their child protection worker UNLESS the foster care agency has been contracted to take on case management responsibility for a child in long term care (in which case the same foster care agency worker will usually be both their contracted case manager and their care manager)
- their parents (unless there is a very good reason not to include them).

Other people may become members of an out-of-home Care Team depending on the specific issues and needs of the child, remembering that it should only include the people who are determining and doing things that a parent would generally do and that it should be kept as small as possible to be effective.

Any other adults who play a significant role in caring for the child such as a grandparent, auntie, Aboriginal elder, respite carer should also be included. It is important that the Care Team for an Aboriginal child includes at least one person from their Aboriginal community wherever possible.

The core Care Team members should consult and work with mainstream and specialist services including schools, health professionals, therapists etc in the same way as good parents caring for a vulnerable child with complex needs would.

INVOLVING THE CHILD OR YOUNG PERSON IN CARE TEAM PROCESSES THAT AFFECT THEM

Children in care must always have a say and be listened to about all the things that affect them. However they also need to be allowed to be children and not "parentified". Therefore a child is not a member of their own Care Team.

Care Teams (like good parents) are expected to ensure that children's wishes and views about their ongoing care are always ascertained and fully considered. Foster carers should



get to know the child they are caring for well enough to understand how best to engage her or him most effectively and age appropriately in Care Team processes at any particular time.

The Care Team must also ensure that children are given progressively greater responsibilities for making more of their own decisions as they become older in order to help them prepare for a successful transition to adulthood and for leaving care. The child should attend Care Team discussions if that is the best way of ensuring that their views and wishes are ascertained and considered by the whole Care Team.

However, participation in Care Team discussions will not usually be appropriate for very young children. Some children will not want to meet with the whole Care Team at once or may not want to be involved in another meeting process.

In those circumstances, it is expected that at least one of the members of the Care Team will discuss the issues being considered by the Care Team with the child individually, ensure that the child's views about the issues are considered by the Care Team and then follow up with the child to let them know what is happening as a result.

Because the child is not yet an adult, there will be times when the Care Team will have to make a decision in their best interests that the child may not like. There may also be times when the Care Team may need to discuss how best to act in the child's best interests without the child being present for that particular discussion. Some matters may be too painful for them to have to hear or go through again. Some matters may relate to system problems or resourcing difficulties which the child should not have to worry about.

It is therefore acceptable for the Care Team to discuss some specific matters without directly involving the child in the process. However any direct impacts or consequences that the child may experience as a result of such discussions must be subsequently explained and discussed age appropriately with the child in accordance with their best interests.

HOW DO CARE TEAM PROCESSES RELATE TO CASE PLANNING PROCESSES?

Care Team processes are a sub-set of the overall Child Protection related case planning and case management processes (which foster carers should also contribute to).

Case planning meetings are chaired by DHS and generally held every six months. These formal meetings consider the present and future care and wellbeing of the child and make decisions about the "big picture".

Depending on a child's needs and circumstances, the emphasis of case planning may be about support for parents to resume care, transition planning, or planning to establish a stable long term care arrangement. Each child involved with Child Protection must have a case plan which must be endorsed by the nominated DHS Case Planner, even when case management responsibilities have been contracted to a foster care agency.

Care Teams are led by the foster care agency and the Care Team processes specifically focus on ensuring that the child's day-to-day care needs are met while they are in out-of-home care. Care Teams do not need to have formal meetings –but they must have regular discussions and conversations.

Care Team members need to have enough face-to-face contact with each other to enable all members to work together effectively, especially at the beginning of the placement. However some discussions and conversations can be quite effectively carried out over the



telephone or via email, especially when Care Team members have developed good working relationships with each other.

While Care Teams do not always keep minutes –instead they use the Looking After Children records which should be seen as living documents and not simply as forms to be filled in—it is good practice for carers to receive clearly written outcomes of discussions.

The foster care agency based care manager writes down which Care Team member has agreed to “do what by when” to collaboratively provide good day-to-day care and prepare this child for adulthood in the Looking After Children Care and Placement Plan (for children up to the age of 14 years) or the 15+ Care and Transition Plan. This care plan is a sub-section of the overall case plan and it must be kept up-to-date and reviewed at least every six months.

All Care Team members should have a copy of the current care plan so everyone is clear about who is doing what by when. A copy of the care plan should always be given to Child Protection so it can be attached in CRIS to the child’s case plan of which it is a sub-section.

HOW OFTEN SHOULD CARE TEAM DISCUSSIONS OCCUR?

Members of the child's care team should come together as regularly as required by the circumstances of the child and family. This may be as frequently as fortnightly in intensive situations where urgent action is required within short timelines. At a minimum the care team should be assembled every three months to exchange information, review progress and coordinate actions towards the goals and intended outcomes for the child as identified in the case plan.

SHOULD I ATTEND CARE TEAM DISCUSSIONS?

Foster carers should always participate in Care Team discussions or meetings unless there are very good reasons to not attend a face to face meeting (e.g. Ill health or work commitments of the carer). In situations where a carer does not attend, it is very important to ensure that your agency worker has all relevant information you can provide regarding the child. This enables the Care Team to make well informed, appropriate decisions in relation to the child or young person’s needs and future plans.

CARE TEAM RESPONSIBILITIES

The Care Team as a whole is responsible for:

- Making the arrangements for the child’s day to day care.
- Managing the contact and access arrangements for the child with their parents, siblings and extended family.
- Obtaining, utilising and updating the essential information about the child that is needed by all Care Team members to enable them to provide good care of the child using the LAC Essential Information Record.
- Assessing and responding to the changing needs of the child in their care and monitoring the outcomes for the child using the LAC Assessment and Progress Record.
- Developing, implementing and reviewing the child’s care and placement plan using the LAC Care and Placement Plan and the LAC Review of the Care and Placement Plan.



- Managing the contact and access arrangements for the child with their parents, siblings and extended family.
- Implementing cultural support plans for Aboriginal children and ensuring positive cultural connections for children from other CALD groups.
- Managing day to day liaison with pre-schools or schools and participation in student support group meetings for school aged child including deciding which member(s) of the care team will be directly involved in developing the Individual Education Plan with the school.
- Obtaining and compiling the information about the child needed by the GP, mental health worker and any other specialists involved in undertaking an entry to care assessment for the child.
- Arranging initial health checks within four weeks of entry to care and necessary follow up assessments or health reviews and then implementing any recommendations arising from these health assessments.
- Ensuring the child maintains positive connections and relationships with their family, friends, school, community and culture and/or supporting the child to reconnect and rebuild their network of relationships.
- Ensuring the child experiences the “ordinary plenty” of a “good life” by developing their interests and participating in a range of community activities.
- Planning and preparing for the child to return home or to move to another placement if required.
- Planning and preparing the young person to leave care and make a successful transition to adulthood if not returning home.