



## **Centacare Foster Care Program Information Pack for Potential Foster Carers Part of Step by Step Assessment Tool**

**Original materials written by Paula Hayden and Louise Mulroney  
Revision by Louise Mulroney  
Updated 2017 version**

Step by Step (2017) was developed by the Association of Children's Welfare Agencies and issued in partnership with the Aboriginal Child, Family and Community Care Secretariat (NSW).



# About Fostering

## **Centacare Foster Care**

The Centacare Foster Care program provides specialist and general foster care placements for children under Guardianship aged 0-17 years. This includes immediate, short term, long term and respite care, with a focus on specialist short term reunification placements. Specialist carers and specialist reunification foster carers are required to be home based to meet the child's needs.

## **What types of foster care are there?**

### **Immediate care and short term placements**

General short term placements are intended to provide children with home based care, generally up to 12 months, until the child is able to transition to a more permanent placement. Immediate care is a placement commencing with little notice, until another placement option is sourced. If it is a specialist placement, this could be due to the child having a reunification plan or the child being assessed as having high/complex needs. Specialist short term reunification placements support children and birth families to reunify, which generally takes up to 18 months. Should reunification be unsuccessful Centacare is able to support the child's transition to long term carers.

### **Long term placements**

General long term placements are designed to provide placement stability and a family environment for children in long term care, until the age of 18. Specialist long term placements provide individualised care and support for children until the age of 18, who have been assessed as having high and complex needs/behaviours.

### **Respite Care**

Respite placements are designed to provide full time carers with a break

from care responsibilities.

This type of care involves having a child in your care for short stays such as regular weekends, school holidays or one off overnight stays. Respite provides children with the opportunity to experience new things and establish other significant relationships.

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

### **Age**

Carers are generally aged between 25 and 70 years. It is expected that carers providing long-term care for a child will be able, if necessary, to continue care until the child is able to live independently.

### **Household dynamics**

Centacare Foster Care values diversity and inclusiveness and assess applicants who are single, with or without children, married, in defacto relationships and same sex couples. Applicants must have been in a stable relationship for at least 2 years.

### **Age of Child of Applicant**

It is considered best practice that if an applicant has a child, the age of the child placed be at least 2 years less than the age of the child of the applicant. Research has shown this assists in ensuring that the foster care family can provide the necessary focus on the particular needs of the child in care.

### **Fertility**

When infertility is an issue An applicant must have finalised their involvement with a fertility program for a period of not less than 6 months and be able to demonstrate acceptance.

### **Health**

An applicant's health (both physical and mental) shall be such as to ensure they are able to undertake the task of fostering.

For applicants for long-term care, this may involve raising the child to adulthood.

### **Driver's Licence**

Applicants are required to hold a current driver's licence.

### **Religious Beliefs**

Centacare Catholic Family Services believe that everyone has the right to be treated with respect and dignity. Centacare Foster Care deliver responsive, flexible and effective services to the South Australian community without regard to religion, race, culture, sex, gender or economic circumstance.

### **Financial Resources**

Applicants seeking to be assessed as Specialist carers at Centacare Foster Care, including reunification, are required to cease any employment upon approval of their foster care application. Reunification Foster Carers are required to have a high level of intervention within the identified case plan, support reunification, engage in training and make daily log book entries and they are provided a foster care reimbursement allowance to recognise this. Specialist carers who are required to provide therapeutic care to children with high and complex needs, also receive a higher reimbursement allowance.

Respite and general long term carers may be employed full or part time, if they can evidence capacity to adequately meet the child's needs.

All carers are provided a foster care reimbursement allowance and further details about this can be found on the Department for Child Protection website at: <https://www.childprotection.sa.gov.au/carers/how-dcp-works/carers-support-payments>

### Accommodation

Applicants must have adequate, safe accommodation for a child. This does not mean that applicants need to own their own home. It is a requirement that the foster child has their own bedroom if aged 2+.

### Residence

Applicants must live in Adelaide Metropolitan region (including Adelaide Hills, Barossa, Light and Lower Light regions)

### Caring skills

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

- Demonstrate attitudes and connections consistent with being a good carer
- Demonstrate personal resilience
- Demonstrate personal teamwork
- Provide child focused care
- Provide a safe environment that is free from abuse

### Involvement with the agency

Applicants must be willing to participate in training and the assessment process. Applicants must demonstrate a capacity to work with Centacare in order to meet the changing needs of a child or young person. This will involve a willingness and ability to communicate with the agency and participate in planning and reviewing of the child's care, as part of a Care Team. This involves home visits and carer reviews by the agency.

### Birth family contact

Applicants must demonstrate an understanding of the importance of the origins, culture and past experience of the child or young person in their care. Applicants must demonstrate an acceptance of the agency's commitment to ongoing contact between the child and his/her birth parents and a willingness to facilitate such contact.



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

Our agency has a commitment to placing Aboriginal and Torres Strait Islander children and young people with carers who share their cultural background.

Carers who are approved to care for Aboriginal children will be assessed in regards to maintaining a child's Aboriginal connection to culture and identity or will be assessed with the cultural assessment tool, Winangay Resources.

### Discipline of children or young people

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

Applicants must demonstrate an ability to effectively discipline children without the use of physical punishments e.g.: hitting.

It is very important that foster children are disciplined in a way that sends a strong message to them that they are cared for in spite of their behaviour.

Experience has shown that hitting or other physical punishment is not effective in dealing with these children. Children in care because they have experienced abuse in the past usually have not experienced consistent caring parenting.

Our agency has a behaviour management policy which guides carers on how they can appropriately discipline children.

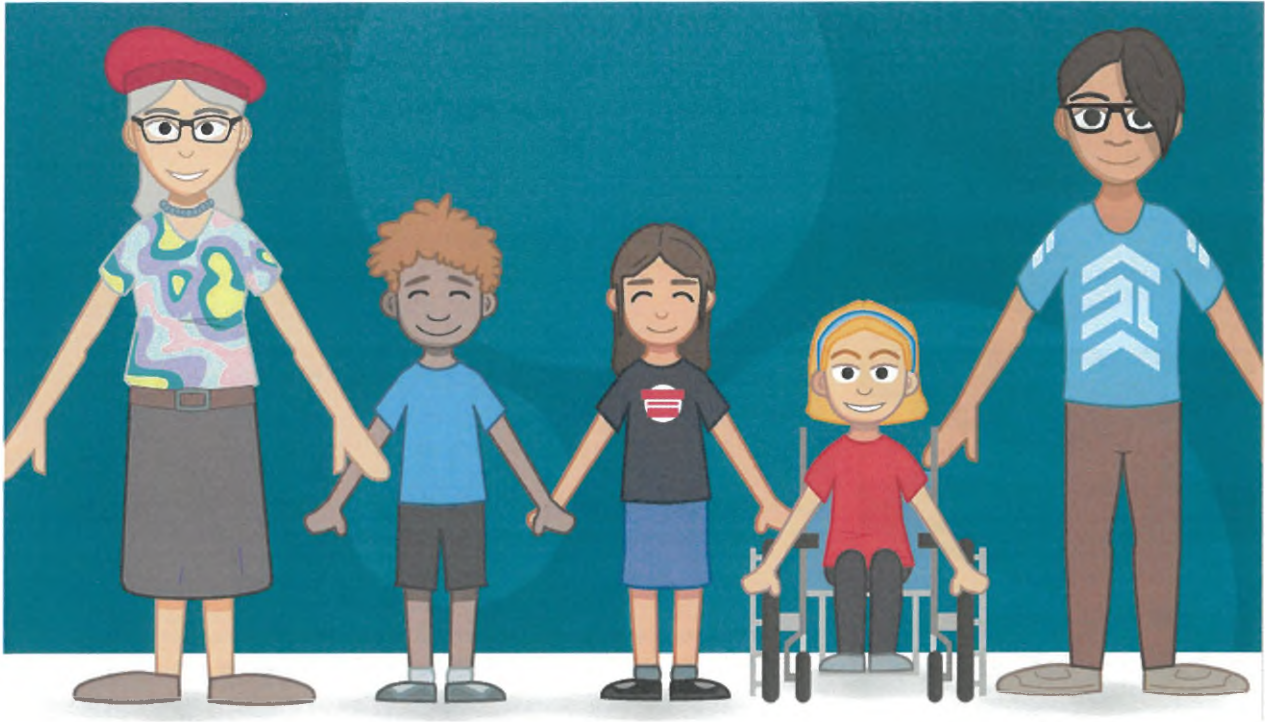
### Health and hygiene standards

Carers are expected to conform to guidelines designed to ensure that children are being cared for in a healthy and safe environment. Such guidelines include practicing of universal infection control and ensuring that there is no smoking within the home. Training is provided to carers about health and hygiene standards.

### Application to other agencies

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

Applicants will be asked for their signed permission for Centacare Foster Care to contact other agency's to whom you have previously applied.



## What is the process of becoming a carer?

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

We would like you to read this pack carefully. If you are still interested in applying to be a carer, please contact us either by phone or email and we will arrange for you to attend one of our Information Sessions or an initial in-home 'Information Exchange Session'.

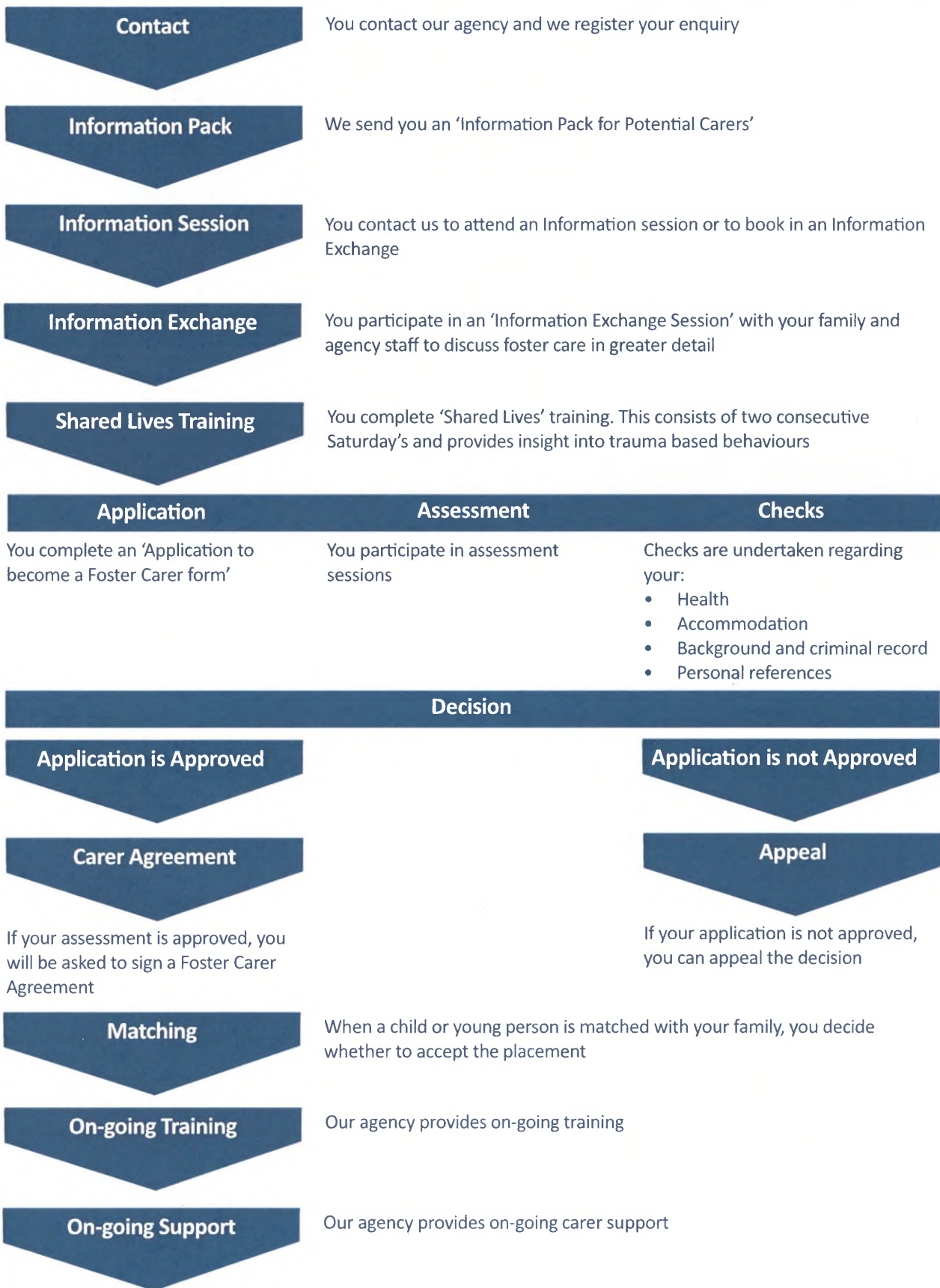
The 'Information Exchange Session' gives you and the people in your household an opportunity to meet with staff from our agency and to discuss foster care in greater depth, as well as your specific circumstances.

After this session if you wish to continue the process of becoming a carer and meet the required criteria, you may then be invited to participate in the 'Shared Lives' orientation training program.

After the completion of 'Shared Lives' you will may then be invited to undertake the assessment process which involves a series of assessment interviews. The assessment interviews are not a series of tests that you pass or fail. We work with you to discover together whether fostering is a suitable option for you at this time.

Newly approved carers are approached when a child or young person is matched with the type of care they are approved to provide (this is determined with the carer during the assessment process). The carer has the opportunity to discuss any issues that may be raised for them and their household, if they accepted the placement of that child or young person, at any stage. They also receive training and 24/7 wrap around support during their caring journey.

# Flow chart of the assessment process



## Details of the assessment process

### Does the assessment process involve doing tests?

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

### What will the assessment sessions cover?

Due to foster care being such an important role, you will be asked about many aspects of your life relevant to being a foster carer. During the assessment sessions, we will have discussions with you and look at your ability to:

- Draw from and apply your own personal experiences to the tasks of fostering
- Provide good quality day to day care for children and young people
- Provide a safe and nurturing environment
- Work with other people, including staff from our agency, and other organisations, allied health professionals, the child's social worker and birth parents.

### What does the medical check involve?

During the assessment, you will be asked to complete a Health checklist. Your doctor will be asked to complete a Medical Questionnaire.

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

- Physical and emotional health
- Current and past illnesses and medical problems
- Use of drugs (prescribed and not prescribed)
- Smoking

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

### What does the accommodation check involve?

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

### What should our references cover?

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

### What does the criminal check involve?

When you have completed a formal application to become a foster carer (not just registered your interest) the application form provides your consent for the Department for Child Protection to check the Child Protection history of all people in your household 18 years or above.

You will also be required to apply for a DHS Working With Children Check (WWCC). Having a criminal record does not automatically disqualify you or a family member from being a carer family. However, any criminal convictions that affect your ability to care safely for a child or young person will mean your application is not able to proceed. We cannot proceed with an assessment if an applicant is deemed a Prohibited person and is not eligible for a WWCC.

Specifically you will be asked to:

- Make a "Prohibited Employment Declaration" that you have not been convicted of which prohibits you from applying to be a foster carer, eg. a serious sex offence
- Consent to allow a check to screen your criminal and work record.

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

Yes. You are entitled to be given reasons why your application has been rejected and have the decision reviewed. You are entitled to see the summary and recommendations report and will be provided with the opportunity to sign the report.



# Matthew's story

## Jenny and Olivia

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

This was a scary experience for both girls and months later they are showing signs of post-traumatic reaction. The girls have bad dreams that involve dogs. They are vigilant when out, looking to see if there is a dog nearby and they become upset if a dog approaches them.

However, Mum and Dad are patient. They tell the story of the day Jenny's arm was bitten by a dog many times.

They also notice that the girls act out what happened with their toys. They use this as an opportunity to show them how the parents and the doctors were on hand to help them, and that this kept them safe.

Slowly and gradually they introduce the girls to a range of trusted dogs owned by friends.

By the time Jenny is eight years old this incident is well behind them and the girls frequently pester for a dog of their own!



## Luka

Compare Jenny and Olivia's experience to that of Luka. As a young child Luka witnessed the destruction of his home city of Sarajevo.

He became used to staying alert for snipers on his daily trip out to collect bread and water for his family. He witnessed the death of his uncle and cousin when a bomb landed on the block where the apartment was.

Throughout this Luka experienced a sense of belonging within his family and community. His immediate family survived the siege but the experience left him troubled by his dreams even years later.

Additionally, he never lost the vigilance to danger that he developed during those war years. Even a distant car backfiring would have him running for cover. Despite this, Luka grew up to be a successful worker and father.

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

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

## Matthew

Children in foster care rarely have this early parenting experience.

Let us reflect on Matthew's life. Even before he was born he was hearing the violent arguments between his parents. His mum could barely soothe herself, as she was alert for the next beating. She had no space to keep her developing baby in mind. Her high stress levels led to increased levels of stress hormones, which

surrounded Matthew as a foetus. After he was born the arguments continued. Sometimes Matthew was held between his fighting parents.

At least once he was snatched from his mum's arms and flung onto the bed by his dad. As a baby, Matthew instinctively signalled his distress to his parents by crying and screaming. But when he did, at best he was met with no response from his parents. Worse they yelled at him, told him to shut up and even on occasion hit him.

Matthew learned not signal when he needed soothing, but with no capacity to soothe himself all he could do was sleep through his distress.

One night police were called by neighbours to Matthew's home. They found Matthew in physical danger while his parents fought. Matthew was removed in the middle of the night to a foster placement. He was found to be a 'good' baby, no trouble to care for, spending large amounts of time asleep.

When he 'woke up' in his toddler years, he was highly active, prone to tempers and usually self-reliant, with both his carers and his birth parents, who he saw every couple of months. He rarely turned to his carers for comfort, even when he experienced distressing experiences.

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

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

Matthew also experiences emotions such as sadness, anger or worry more intensely when he thinks his carers are unavailable or, worse, if they argue or become stressed.

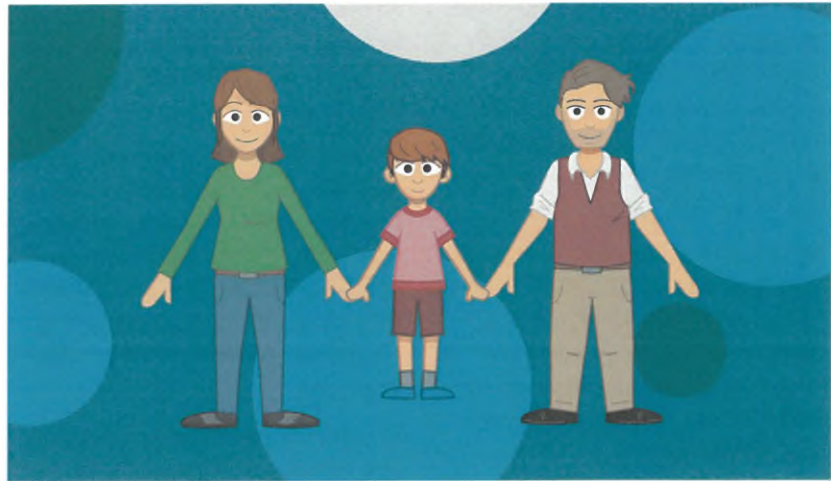
For Matthew these are a reminder of the more intense arguments and stress of his mum and dad. His carer telling him 'no' or being displeased with him can cause sadness, anger or worry, which can lead to the triggering of a memory of his early childhood trauma experience. This reinforces Matthew's need to be self-reliant. It moves Matthew further away from being able to seek comfort from his carers who he sees as both the source of the distress and unavailable as comforters.

Matthew is a difficult child to parent. How he learnt to cope with neglectful and frightening parenting early in his life and to cope with the subsequent separation and loss of these parents and his emergency foster carers affects his ability to make good attachments.

His need to stay in control means that he is not open to a reciprocal, loving relationship with his carers.

He works hard to be self-reliant; to hide his need for comfort. But when his stress reduces he continues to demonstrate coercive, attention-needing behaviours, demanding that his carers remain attentive to him. Belinda and Mike are Matthew's long-term carers.

They have an older birth child, Daniel, whom they have parented successfully.



When parenting Daniel, his parents felt safe and competent. They enjoy being with him, but can also recover easily from times of conflict when Daniel is more oppositional.

Belinda and Mike always make sure to repair their relationship with Daniel following such times, and so he experiences unconditional love. Belinda and Mike feel rewarded in the parenting task, want to approach and interact with their child and are able to tune into his needs and make sense of his behaviours and their responses to them.

They are able to provide Daniel with warmth, openness, and empathy as well as providing boundaries for his behaviour and sufficient structure to help him stay safe.

With Matthew, all of these parenting abilities are challenged. Whilst they offer the same unconditional love as for Daniel, Matthew does not trust this. Structure and boundaries can trigger his fears of being hurt or abandoned again and he responds with rage and terror.

It is hard to enjoy being with Matthew as Belinda and Mike find themselves waiting for the next rage-filled episode. They try to attune to Matthew's needs, but his behaviour leaves them feeling confused and helpless. They try to give love and warmth, but it never feels like is reciprocated. They offer nurture but Matthew rejects this in favour of his feelings of control.

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

Belinda and Mike found some good professional support and this, combined with good friends and some supportive family members, helped them withstand the worst times.

Belinda had the hardest time as Matthew feared her love the most and rejected her attempts to connect with him. It was particularly tough in his early years when only she witnessed this side of him whilst to everyone else he was charming himself.

At eight years of age, Matthew struggled to make sense of his experience of being in care. He figures 'I must be a bad kid!' and dreamed of parents who would have not rejected him. The increased stress that this brought meant his anger and rage became visible to everyone. Even the smallest of boundaries and the kindest of 'no's' led to a fear that he would be rejected and would lose this family too.

Belinda and Mike worked with their professional supporters to understand this and to remain connected with Matthew even when he was fighting them.



Most difficult for them was balancing Matthew's enormous needs with those of their older son, so that Daniel also got what he needed from his parents. With support and therapeutic help they managed and had some calm years.

There were some good family times as Matthew began to believe in what was on offer. They could not be as spontaneous as they would have liked, change and transition would always be difficult, but there was laughter and fun.

It was also good to see Matthew's developing friendship with Daniel, and to watch the two of them finding their feet in the wider world.

It was a seat belt time as Matthew hit his teens.

All the old doubts and fears seemed to resurface as Matthew again tried to figure out who he was and where he belonged.

For a while the old Matthew was back with his need of control, reject and hate within the family. Luckily their professional support was on hand ready to mobilise and together they all figured out what was going on. Belinda and Mike revisited old strategies.

At night they watched him sleeping and remembered the love they would always have for him. A therapist worked with all of them so that Matthew could experience his carer's acceptance and understanding of his biggest rages and worst fears.

Matthew left home when he was ready, which was in his mid-20s. He came back often, sharing with them his success as an engineer. As he approached 30 he found a steady partnership with Ruth. The proudest moment of Belinda and Mike's life was watching Matthew hold his small infant son.

As they watched, the two gazed at each other. They knew that despite the ups and downs, they had got there and that Matthew no longer had to carry the legacy of his early days.

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

## Criteria for Becoming a Foster Carer with Centacare

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### Age

Carers are generally aged between 25 and 70.

### Relationships

Individuals, couples and same sex couples (with or without children)

Married/defacto couples must demonstrate that they have been in a stable relationship for a reasonable amount of time.

If a Carer has children already living with them, the age of any child placed is ideally at least 2 years younger than the Carer's youngest child.

If a child has shared custody, the other legal Guardian must provide their consent.

### Fertility

Carer must have finished their involvement with a fertility program at least 6 months prior to applying to foster.

Carer must demonstrate acceptance of their infertility and understanding of the impact on them as an individual and family.

### Health

A Carer's general health (both physical and mental) shall be such as to ensure he or she is able to provide care for a child and undertake the task of fostering.

### Accommodation and Location

Carer must have adequate, safe accommodation for a child.

Carer does not need to own their own home.

A spare bedroom must be available for a foster child/children aged 2 and above.

Carer must live within the Adelaide Metropolitan area.

### Religious Beliefs

Foster Carers come from a wide range of religious (and non-religious) backgrounds. Centacare believes everyone has the right to be treated with respect and dignity and delivers services without regard for religion, race, sexuality, culture or economic circumstance.

### Involvement with the Agency

Carers must be willing to participate in training and the assessment process.

Carers must demonstrate a capacity to work with Centacare to meet the changing needs of a child, for example, willingness and ability to communicate with the agency and participate in planning and reviewing of the child's care, as part of a Care Team.

### Residency

Foster carers must have Permanent Residency or be an Australian Citizen.

### Work Commitments

There is an expectation in respect to specialist carers including specialist reunification carers, that the main carer is not engaged in work or full time study.

A reimbursement allowance is paid by DCP in recognition of this.

General short term/long term and respite carers are able to work part-time or full-time and respite care will be organised around the carers.

## Background about our agency

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Centacare Catholic Family Services believe that everyone has the right to be treated with respect and dignity. As the official community service agency of the Catholic Archdiocese of Adelaide, they deliver responsive, flexible and effective services to the South Australian community. Their work encompasses a range of sectors, including disability, family, youth and children, health and wellbeing, employment, education and training, homelessness and domestic violence. Centacare is a Child Safe Organisation with a strong commitment to child protection. Therefore, stringent recruitment practices for staff and carers are in place for the protection of children.

Centacare's Foster Care Program offers foster care placements to support children 0-17 years of age who are under Guardianship of the Chief Executive and require either specialist or general care for immediate, short term, long term or respite periods. Centacare Foster Care provide a specialist model to support reunification to occur with a child's birth family, these are specialist short term reunification placements. Whilst the program has a high rate of successful reunification, there are times where it is not achievable and if this is the case, Centacare is able to support long term specialist/general foster carers and provide either a planned transition or support the short term carers in becoming the child's long term carers.

This program is funded by the Department for Child Protection, however all potential Foster Carers will be assessed and supported by Centacare. Foster Carers receive regular contact and support from their Carer Support Practitioner. The program operates within the parameters of the Child and Young People (Safety) Act 2017 (SA) and the Aboriginal Child Placement Principle. Worker. The program operates within the parameters of the Children's Protection Act and philosophy of the Aboriginal Child Placement Principle.



# Centacare Foster Care

(08) 8159 1400 | [fostercareenquiries@centacare.org.au](mailto:fostercareenquiries@centacare.org.au)

[www.fostercare.centacare.org.au](http://www.fostercare.centacare.org.au)

413 Grange Road, Seaton | South Australia 5023

 @CentacareFosterCare



Centacare

# Centacare Foster Care Program

## Types of care provided

Specialist Short term	Specialist Long term	General Short term	General Long term	Respite
<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Two yearly review</li> <li>• Home visit within 7 days of child being placed</li> <li>• Weekly home visit for the initial two months following the placement commencing and thereafter</li> <li>• 4-6 weekly Care Team Meeting</li> <li>• Wrap-around 24/7 support</li> <li>• After hours on-call service</li> </ul>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Two yearly review</li> <li>• Fortnightly home visits</li> <li>• Care team meeting on a need basis</li> <li>• Wrap-around 24/7 support</li> <li>• After hours on-call service</li> </ul>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Two yearly review</li> <li>• 8 weekly home visits</li> <li>• Care team meeting on a need basis</li> <li>• Wrap-around 24/7 support</li> <li>• After hours on-call service</li> </ul>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Two yearly review</li> <li>• 8 weekly home visits</li> <li>• Care team meeting on a need basis</li> <li>• Consult within 7 days of a child being placed</li> <li>• Wrap-around 24/7 support</li> <li>• After hours on-call service</li> </ul>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Two yearly review</li> <li>• Home visits and care team meetings on a needs basis</li> <li>• Wrap-around 24/7 support</li> <li>• After hours on-call service</li> </ul>
<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>• Life Story Work</li> <li>• Daily logging</li> <li>• Supporting birth family connection and frequent contact</li> <li>• Transport requirements</li> </ul>	<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>• Life Story Work</li> <li>• Assisting children with independent living skills</li> <li>• Co-regulation</li> </ul>	<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>• Life Story Work</li> </ul>	<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>• Life Story Work</li> <li>• Assisting children with independent living skills</li> </ul>	<p><b>Carers</b></p> <ul style="list-style-type: none"> <li>• Life Story Work</li> </ul>
<p><b>Training requirements</b></p> <ul style="list-style-type: none"> <li>• SL training</li> <li>• Provide First Aid/ Safe Environments Children and Young People, Kid Safe</li> <li>• Cultural awareness</li> <li>• TCI-F</li> <li>• MAPA</li> <li>• Trauma informed practice</li> <li>• Log Book</li> <li>• Child Sex Offender Awareness</li> <li>• SpACE</li> </ul>	<p><b>Training requirements</b></p> <ul style="list-style-type: none"> <li>• SL training</li> <li>• Provide First Aid /Safe Environments Children and Young People, Kid Safe</li> <li>• Cultural awareness</li> <li>• TCI-F</li> <li>• MAPA</li> <li>• Trauma informed practice</li> <li>• Protective Behaviours</li> <li>• CSOA</li> <li>• SpACE</li> </ul>	<p><b>Training requirements</b></p> <ul style="list-style-type: none"> <li>• SL training</li> <li>• Provide First Aid /Safe Environments Children and Young People, Kid Safe</li> </ul>	<p><b>Training requirements</b></p> <ul style="list-style-type: none"> <li>• SL training</li> <li>• Provide First Aid /Safe Environments Children and Young People, Kid Safe</li> </ul>	<p><b>Training requirements</b></p> <ul style="list-style-type: none"> <li>• SL training</li> <li>• Provide First Aid /Safe Environments Children and Young People, Kid Safe</li> </ul>

**Note:** Training needs identified to be met within 3 months. Learning and development plan to be developed within 6 months of carer approval, maintained and actioned throughout carers active status within the program.

## About our program

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The Centacare Foster Care program provides specialist and general foster care placements for children under Guardianship aged 0-17 years. This includes immediate short term, long term and respite care with a focus on specialist short term reunification placements.

Centacare foster carers play a key role in nurturing the child's development and healing through therapeutic care and will work as part of a team to support the child in their care.

## Types of care summary

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### Specialist Short Term

- Specialist short term (reunification) placements support children and birth families to reunify (generally up to 18 months).

### Specialist Long term

- Specialist long term placements provide individualised care and support for children until the age of 18, who have been assessed at a CAT 3 or 4, who present with high and complex needs/behaviours.

### General Short Term and/or immediate

- General short term placements are intended to provide children with home based care (generally <12 months) until the child is able to return to the care of their family or relative/kinship carers or transition to a more permanent placement. Immediate care is a placement commencing with little notice, until another placement option is sourced.

### General Long Term

- General long term placements are designed to provide placement stability and a family environment for children in long term care, until the age of 18.

### Respite

- Respite placements are designed to provide carers with a break from care responsibilities. Wherever possible, respite is a planned placement but may occur in emergency situations.



Centacare Catholic Family Services

Archdiocese of Adelaide

413 Grange Road, Seaton, South Australia 5023

T 08 8159 1400 E [fostercareenquiries@centacare.org.au](mailto:fostercareenquiries@centacare.org.au)

[www.centacare.org.au](http://www.centacare.org.au)



Centacare



## Client Rights & Responsibilities

### Your rights

### Your responsibilities

### Our commitment

Access to services

Tell us of your needs and when your needs change.

Provide access to services that meet your needs where possible. This includes access to interpreter and translator services.

Quality Services

Tell us when you cannot keep appointments.

Provide you with high quality services.

Treated with respect

Treat us and others with courtesy, dignity and respect.

Treat you with courtesy, dignity and respect.

Feel safe within our services

Act in a way that helps both you and others to be safe.

Provide an open and honest service, listen to any safety concerns and do what we can to help.

Privacy and Confidentiality

Consider giving us permission to share your information to help us provide the best service for you.

Respect your privacy and keep your personal information safe.

Information & Collaboration

Actively participate by sharing information that will help us to meet your needs.

Provide information and work in partnership to meet your needs.

Provide feedback or make a complaint

Be fair when making complaints and help us to resolve issues.

Value and respond to your feedback in a fair and timely way.

Advocacy

*Exemptions may apply for Family Dispute Resolution Services clients*

Tell us if you want someone to be your advocate.

Where possible support you to access an advocate or to advocate on your behalf.

## About our Services

At Centacare we believe everyone has a right to be treated with dignity and respect. We envisage a community where people can experience the opportunity to reach their full potential.

Our services are mostly free and free interpreter services can be arranged for you.

Our services provide safe, inclusive and high quality care available for everyone.

People can refer themselves or they can be referred by another service provider.

We have services located in metropolitan and rural areas.

## Privacy

We are committed to the protection of your privacy and personal information. For more information on privacy and confidentiality:

- Ask a Centacare worker
- Search our website at [www.centacare.org.au](http://www.centacare.org.au)

**FOR INDEPENDENT ADVICE ON YOUR RIGHTS AND PRIVACY CONTACT THE OFFICE OF THE AUSTRALIAN INFORMATION COMMISSIONER ON (FREE CALL) 1300 363 992**



## Comments, Feedback, Compliments & Complaints

We value your views and encourage you to make them known to us so we can improve the services we offer. To make a comment or complaint or provide feedback:

- Talk to your Centacare Worker or their manager
- Complete the 'Tell us what you think' form available in our offices or on our website
- Contact Centacare's Complaint Coordinators at 45 Wakefield Street Adelaide, phone (08) 8215 6700.
- Contact your service funding body (your worker will have details)
- If we are unable to resolve your complaint or if you don't believe your concerns have been dealt with adequately, you can contact Health & Community Services Complaints Commissioner on (08) 8226 8666, or country SA toll free 1800 232 007. You can post your views to PO Box 199 Rundle Mall SA 5000, or make an online complaint at [www.hcsc.sa.gov.au](http://www.hcsc.sa.gov.au)

**TO FIND OUT MORE INFORMATION ABOUT ANY OF THE ABOVE, PLEASE CONTACT OUR OFFICE (08) 8215 6700, OR REFER TO OUR WEBSITE AT [WWW.CENTACARE.ORG.AU](http://WWW.CENTACARE.ORG.AU).**



**Centacare Catholic Family Services**  
Archdiocese of Adelaide

45 Wakefield Street Adelaide, South Australia 5000  
T 08 8215 6700 F 08 8232 8920 E [enquiries@centacare.org.au](mailto:enquiries@centacare.org.au)  
[www.centacare.org.au](http://www.centacare.org.au)

