

## 1 Introduction

This submission is a response to questions posed February 2013 Queensland Child Protection Commission of Inquiry Discussion Paper. The specific questions considered as part of this submission are listed below:

Chapter 4: Investigating and assessing child protection reports

6. How could we improve the system's response to frequently encountered families?

9. Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

Chapter 5 Working with Children in Care

12 What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

The Discussion Paper was considered in conjunction with the Queensland Commission of Audit Final Report – February 2013 and in particular the Executive Summary which states:

*"To ensure the future sustainability of both the State's balance sheet and operating statement in the face of a growing and ageing population, the Commission recommends the State review all current service delivery with a view to adopting higher productivity mechanisms, almost certainly with a greater reliance on private sector delivery."*

This submission covers a range of areas relating to programs and services offered by ISART that address issues raised by the Inquiry.



## 2 ISART Background

ISART is a small private company established in 2008 to provide service enhancement in a range of areas in child protection service delivery, including foster carer assessment, support and training and social assessments.

ISART was founded in January 2008 and, through its team of subcontractors and employees, has established a reputation for providing quality services in a flexible, responsive and cost-effective manner. ISART adopts an open, constructive and pragmatic approach with its clients to ensure that its deliverables genuinely meet our clients' requirements and aid our clients in achieving their outcomes.

ISART is an agile entity that has been able to complete significant engagements through its flexible resourcing model and its ability to provide its services throughout the State. ISART's agility allows it to offer its clients a variety of non-traditional commercial models.

ISART uses a robust business process that is well integrated with the processes used to complete specific items of work. This business process enables ISART to track and report on all of its engagements.

ISART is committed to providing quality services and supplying quality deliverables. ISART embraces a quality management philosophy that applies a quality process suitable to the tasks being performed, the requirements of the client and the risks to which ISART and the client are exposed. This philosophy ensures that clients receive deliverables commensurate with their expectations and needs while preventing ISART from becoming burdened by fixed non-responsive processes and procedures.

## 3 Foster Carer Assessment

In response to Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

In January 2008, ISART won a competitive tender in the South East Region of the Department of Communities, Child Safety Services, to complete approximately 80 carer assessments. Since this time ISART has been heavily engaged to complete General and Kinship initial and renewal assessments. On average, ISART has completed approximately 350 of these assessments each year. ISART has completed assessments for the Department of Communities, Child Safety in the Brisbane, South East, South West, North Coast, North and Far North Regions. Assessments have also been completed for a



number of non-government agencies including Mercy Family Services, TRACC, Lifeline, IFACSS and Kalwun.

Through the completion of these foster carer assessments ISART has developed a range of systems for completing assessments to deliver consistent quality assessments. ISART has developed a model for the outsourcing of the coordination of foster carer assessments function of Placement Services Units. ISART proposes that the foster care assessment and renewal process can be more financially viable, with a high standard of quality and consistency if managed externally to the Department. The proposal was developed based on the size of the South East Region and would need to be adapted to suit different regions.

The proposal, which is at the conceptual stage, is appended to this submission in "Appendix A".

## 4 ISART's Placement Preservation Package

In response to Chapter 5 Working with Children in Care

12 What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

Through the completion of Kinship Carer assessments, ISART has developed an in depth knowledge of the needs of Kinship Carers and in response to these needs, developed our Placement Preservation Package for Kinship Carers. In September 2011 ISART approached the South East Region's Placement Services Unit (PSU) with a proposal to provide the Placement Preservation Package for new and existing Kinship Carers in order to provide them with in-home support and training to understand their roles and responsibilities as kinship carers.

ISART's Placement Preservation Package has three levels:

### **a. Supported Assessment**

The supported assessment model of delivery provides kinship carer applicants with in home training alongside their assessment process. Training covers:

- The Fundamentals of Foster Care
- Understanding Trauma
- Grief and Loss
- Protective Behaviours
- Managing Behaviour
- Communication
- Self Care

### **b. Group Training**

The group training delivery provides facilitated group training for newly approved or kinship carer applicants.

### **c. Customised Support and Training**

The customised support module is specifically designed for carers experiencing particular issues that need to be addressed in order to preserve the placement.

Sessions are delivered in the carer's home over six session blocks. Sessions are tailored to the particular needs of the carer home.

The details of the package and the ISART proposal are appended to this submission in "Appendix B".

## **5 South East Region Kinship Care Project**

In response to Chapter 5 Working with Children in Care

12 What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion



47. What other changes might improve the effectiveness of Queensland's child protection system?

In September 2011, the South East Region agreed to a trial of the Placement Preservation Package with 10 carers in their region. A Terms of Reference was developed with the Managers to Nerang and Cleveland Child Safety Service Centres and 10 new kinship carer applicants were engaged in the Placement Preservation Package modules whilst completing their initial assessment process. The trial was a success with all carer applicant participants recording significant increases in knowledge and skills post-delivery of the Placement Preservation Package modules

The report of the Placement Preservation Package Trial is appended to this submission in "Appendix C.

## 6 Kinship Carer Support Package

In response to Chapter 5 Working with Children in Care

12 What are the barriers to the granting of long-term guardianship to people other than the chief executive?

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

As a result of the above Kinship Carer Project, ISART recognised that kinship carers not only needed fundamental information about the roles and responsibilities of kinship care, but also needed intensive early support in their caring role in order to fulfil these responsibilities on an ongoing basis.

ISART proposed a competency based model which provided intensive support that decreased over a six month period, at which point the Child Safety Officer would be able to take over the maintenance role of supporting the carers and the ISART worker would be able to exit.

The proposal is appended to this submission in Appendix D.



## 7 Autism Spectrum Disorders (ASD) Training and Support Package

In response to Chapter 4: Investigating and assessing child protection reports

6. How could we improve the system's response to frequently encountered families?

9. Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

Chapter 11: Funding for the child protection system

46. Where in the child protection system can savings or efficiencies be identified?

Chapter 12: Conclusion

47. What other changes might improve the effectiveness of Queensland's child protection system?

In 2012 ISART was approached by the South East Region Placement Services Unit in regards to growing concern about the number of children coming into the care system with an ASD or suspected of having an ASD; and the lack of knowledge and skill in managing these children's needs within the care system.

In response to this, ISART developed a comprehensive training and support package for families or carers. The Package can be utilised with families identified as being at risk of entering the child protection system, or it can be implemented with carer families.

The ASD Training and Support Package has eight training modules for educating families or carers about the specific needs of children with an ASD. The family or carers will be supported by an Outcomes Coach, who will link them to a range of key providers to assess the needs of the child and obtain diagnosis where this hasn't yet been achieved. The Outcomes Coach will then coordinate the implementation of a meaningful and practical support package in the home.

The proposal for the ASD Training and Support Package is appended to this submission in Appendix E.

## APPENDIX A

# Proposal for Regional Assessment Coordination

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**From:**

In Sync Assessment, Recruitment and Training  
ACN: 128 992 218  
PO Box 2062  
Keperra QLD 4054

**To:**

South East Region  
PO Box 1170  
Beenleigh Qld  
Queensland Department of Communities, Child Safety Services

February 2013

The contents of this document is the commercially valuable Confidential Information of In Sync Assessment Recruitment and Training and may only be used for the purpose of evaluating the offer it describes. It has been supplied on a "COMMERCIAL IN CONFIDENCE" basis and it must not be disclosed to any third-party without the express written permission of In Sync Assessment Recruitment and Training. The recipient is required to take all possible measures to ensure the confidentiality of this document.

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## 8 Summary of Offer

In Sync Assessment Recruitment and Training (ISART) offers the South East Region of the Department of Communities, Child Safety Services to coordinate the completion of all Foster and Kinship Care Assessments required by the region. ISART will liaise directly with CSSC Managers and teams on a weekly basis to both schedule and oversee the completion of all assessments. ISART will attempt to fully utilise its own assessment capacity; however, ISART will engage assessment providers as directed and as necessary to ensure assessment completion. In all instances ISART will apply its referral, status reporting, progress monitoring and quality assurance processes and procedures to ensure that the delivered materials meet Departmental requirements as identified and interpreted by the referring CSSC.

ISART offers to perform this service for an initial three-year period. Subject to the assumptions below and restrictions outlined in section 13 the proposed fees for the Regional Coordination of all Foster Carer and Social Assessments are:

Year	Amount (ex GST)
1 [2013 to 2014]	\$525,000.00
2 [2014 to 2015]	\$489,000.00
3 [2015 to 2016]	\$470,000.00

Volume of assessments will be dependent on need in each region.

The key assumptions behind this pricing are:

1. Current regional boundaries and number of CSSC's will be preserved.
2. CSSC's will provide all necessary and requested information from ICMS to support the effective allocation and completion of all assessments.
3. Current assessment outcomes and approaches remain valid.
4. Assessment fees are NOT included.
5. Payment is required in advance for each year within 30 days of invoice issued in July each year.

ISART is confident that its offer will deliver the Region a number of advantages including:

- The consistent centralised management of assessment referral, allocation and completion.
- A unified set of process and procedures that are consistently applied.
- Continuous engagement with and reporting to CSSC's and regional management.
- Implicit benchmarking and standardisation.
- A reduction in the number of Departmental personal required to support the Region's assessment functions and requirements.
- The ability to benefit from the more flexible personnel engagement capabilities of the private sector.

ISART has established business and quality processes that have enabled it complete hundreds of assessments for the Department of Communities, Child Safety Services and providers engaged by the Department since its inception in January 2008. It is through the refinement and adjustment of these existing mature processes – in collaboration with the Region and CSSC managers - that ISART can confidently offer to successfully coordinate the completion of all of the South East Region's assessments.





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ISART is an agile enterprise and is able to support more flexible commercial arrangements. ISART expects that the commercial basis of the engagement would be finalised through a negotiation process with the Department of Communities, Child Safety Services.

## 9 Delivery Model

The delivery of the Regional Assessment Coordination offer has the following facets:

1. CSSC liaison and engagement
  - a. Assessment identification, scheduling and workload management
  - b. Status reporting
2. Assessment Processing
  - a. Referral
  - b. Qualification and quoting
  - c. Allocation
  - d. Supervision and progress monitoring
  - e. Production and distribution
  - f. Invoicing and assessor payment
3. Periodic Review and Improvement
  - a. Coordination Performance review
  - b. Assessor Performance review
  - c. Process Improvement

ISART has mature and effective processes for elements 1b, 2a-f, and 3b-c. ISART will review and refine these processes with the Region and CSSC's at the commencement of the initial year of engagement to ensure alignment with stakeholder requirements.

Weekly visits to CSSC's by ISART Liaison Coordinators will be used to address item 1b. These visits will enable the Liaison Coordinator to identify and clarify forthcoming assessment requirements, discuss in-progress assessments requiring additional CSS, and discuss recently issued status reports. The key intent of these visits is to develop a 3-month forward schedule of all renewal assessments. This will enable these assessments to be qualified and allocated with sufficient time to alleviate the need for the majority of extensions. Based on the geographic distribution of CSSC's within the Region, and to ensure continuity, ISART intends to use multiple people to fill the ILC role.

Periodic Coordination performance reviews will be conducted at two levels. ISART directors will conduct bi-monthly reviews of ISART's performance with CSSC and Regional managers. ISART will also engage a 3<sup>rd</sup> party to conduct bi-annual reviews of ISART's service delivery. ISART has found that the use of a 3<sup>rd</sup> party encourages frank disclosure that allows issues to be rapidly identified and addressed.

## 10 Value Proposition

The value proposition of the Regional Assessment Coordination offer has the following dimensions:

1. Efficiency



ISART has repeatedly communicated to the Department that it believes there are significant efficiencies to be released through the proactive planning and management of assessments across the region. This is particularly applicable to the scheduling of renewals. With the improved scheduling of renewals, the completion of initial and social assessments will also become more effective.

ISART is committed to applying a suitable standard process once. Execution of the single process can be split across multiple parties or organisations. This approach is more efficient than applying multiple processes with the same intended outcomes repeatedly. The application of a quality assurance process by multiple parties for the same deliverables is a simple example where avoidable rework is being undertaken.

ISART works with its clients to adapt and refine its processes and procedures so that the required outcomes are realised effectively. ISART fully expects - as evidenced by the second and third year pricing - that, in collaboration with the Region, the Assessment Coordination function will be streamlined and refined such that costs and inefficiencies will be eliminated.

ISART engages personnel effectively in a manner that ensures that the motivations of the client, ISART and the people that work with ISART are aligned. Typically ISART engages personnel such that their benefit is increased when they complete task more efficiently.

## 2. Consistency

A common Coordination function presents an excellent opportunity to standardise the quality and content structure of all assessments undertaken. Consistency of form and content arrangement provides numerous advantages - reduced personnel training requirements, improved utilisation of personnel (staff can operate in more locations), increased review and citing efficiency, and greater report portability.

ISART would ensure that all assessments are completed according to the same set of guidelines, are reviewed using the same set of criteria and subject to the same quality assurance processes. This will reduce the amount or rework required and speed the preparation of the assessments by removing duplicated process steps.

ISART will refine and continually review the processes used with CSSC and Regional stakeholders to ensure that the processes applied continue to deliver assessments that satisfy CSSC and Regional requirements.

## 3. Independence

ISART is a fee for service organisation focused on delivering client outcomes with the legislative and operational frameworks in effect. This ensures that ISART is solely focused on the robust application of existing client policies and practices to support child outcomes. ISART would ensure that this focus is embedded in all of the assessment coordination activities it undertakes.

# 11 ISART Assessment Practice

The key elements of all of ISART'S work are outlined here:



## 11.1 Child Centred Approach

ISART is committed to completing interventions that are focussed on the carer's ability to meet the needs of children requiring out-of-home care. ISART bases its practice on the *Child Protection Act 1999* Section 5 (1) "This Act is to be administered under the principle that the welfare and best interests of a child are paramount".

## 11.2 Culturally Sensitive Practice

ISART is keenly aware of the need for culturally sensitive practice. We have a good understanding of the *Child Protection Act 1999* provisions for Aboriginal and Torres Strait Islander children including Section 6, 83, 88, 122 1 (d) and (j) and the Charter of Rights Section 74 Schedule 1. We have accessed and utilised the Child Safety Services resources including the Child Safety Practice Manual; Foster carer information and fact sheets; Working with people from culturally and linguistically diverse backgrounds practice paper; and Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP).

## 11.3 Qualified and Experienced Personnel

ISART engages personnel with significant human service experience. The Regional Assessment Coordination offer will be delivered using a combination of ISART's existing skilled and experienced personnel and carefully selected suitably qualified and experienced additions to the ISART team.

ISART has significant experience in selecting and developing people to work effectively within ISART and its clients.

ISART personnel are supported directly by ISART's directors, practice leads and coordinators. This support ensures that those that work with ISART continue to develop as professionals and continue to work effectively and efficiently.

## 11.4 High Quality, Evidence Based Deliverables

ISART has completed hundreds of foster carer assessment reports. All of these assessments have been completed to the highest quality and have focussed on the provision of an evidenced based assessment of applicant suitability to provide foster care to children in out-of-home care.

The Regional Coordination proposal would provide consistently high quality deliverables. Reports produced will undergo quality assurance to ensure consistency and quality.

ISART continues to receive positive feedback from clients regarding the high quality of fostering and other assessment reports produced by our Assessors; and has become a sought after agency that can reliably deliver quality outcomes.

## 11.5 Operational Transparency

ISART maintains and implements a policy of operational transparency. This is evidenced through its status reporting and its ongoing willingness to discuss the progress of any activity with a client in an open and honest manner.

ISART provides periodic status reports for all engagements. Each status report provides a single view of the state of each engagement within the program of work. The reports identify and track the current issues and risks associated with each engagement.

The content and frequency of Status Reports can be adjusted to suit client requirements.

## 12 General Items

### 12.1 Confidentiality

All employees and subcontractors engaged by ISART agree to the confidentiality provisions in the relevant employment or subcontractor agreements. Additionally, all individuals completing work for ISART are also required to agree to a Confidentiality Deed. The Deed is perpetual and its provisions extend beyond the term of the individual's work with ISART.

### 12.2 Disclosure of Immediate and Significant Risk

ISART acknowledges the provisions of the *Child Protection Act 1999* that requires any information gathered in the course of completing an assessment which indicates an immediate and significant risk or harm to a child, children or young person/people be immediately communicated to an authorised officer of the Department of Communities, Child Safety Services.

### 12.3 Conflict of Interest

ISART undertakes to inform the Department of Communities, Child Safety Services of any matter which may give rise to an actual or potential conflict of interest at any time during any engagement arising from this proposal.

### 12.4 Intellectual Property

The intellectual property of all documents delivered to the Department of Communities, Child Safety Services as part of completing a contracted service or engagement will belong to the Department unless otherwise stated in the document.

The intellectual property of any templates, tools, systems, manuals, guidelines, processes and procedures used or created by ISART in completing any work for the Department Of Communities, Child Safety Services remain the exclusive property of ISART. This intellectual property cannot be used, copied, transmitted, or reverse engineered, through any media or process, either in entirety or in part, without the prior written agreement of ISART.

This offer expressly excludes an offer of any license to any intellectual property owned or created by ISART.

Articles of ISART's Intellectual Property that are provided to support the Department's analysis and assessment of this offer are provided solely for that purpose and the supply of these articles in no way extends any license or right of use for the Intellectual Property to the Department.

ISART undertakes that any data or information gained during the course of completing work under this proposal cannot be published or used in publications without the approval of the Department of Communities, Child Safety Services.

### 12.5 Insurance

ISART has Public Liability and Professional Indemnity insurance policies to provide 10 million dollars Public Liability and 5 million dollars Professional Indemnity cover.

## 13 Commercial Offer

This offer remains valid for 30 calendar days from the date of this document and is subject to revision at ISART's discretion.

In addition to the items listed in section 8, the following assumptions and conditions apply to this offer:



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1. CSSC's would be responsible for the timely payment of all assessment fees.
  2. CSSC managers and staff would be available for adequate periods of time on a regular basis to support the activities of the ISART Liaison Coordinators.
  3. CSSC managers and staff would participate in initial engagement meetings and if necessary workshops to clarify their requirements and complete an initial review of ISART processes.
  4. ISART Liaison Coordinators would have access to an appropriate workspace from which they can interact and engage with the necessary CSSC personnel. ISART anticipates that this will be limited to 5 hours per office per week.
  5. All payments for the Regional Coordination function are non refundable.

ISART is would willingly engage in further discussion with the Region about any of the listed assumptions and conditions.

## APPENDIX B

### Placement Preservation Package

ISARTs Placement Preservation Package has three levels:

#### a. Supported Assessment

The supported assessment model of delivery provides kinship carer applicants with in home training alongside their assessment process. Training covers:

- The Fundamentals of Foster Care
- Understanding Trauma
- Grief and Loss
- Protective Behaviours
- Managing Behaviour
- Communication
- Self Care

#### b. Group Training

The group training delivery provides facilitated group training for newly approved or kinship carer applicants.

#### c. Customised Support and Training

The customised support module is specifically designed for carers experiencing particular issues that need to be addressed in order to preserve the placement.

Sessions are delivered in the carer's home over six session blocks. Sessions are tailored to the particular needs of the carer home.

Prices ex-GST as at January 2013

Package Type	Cost
Placement Preservation – Standard Delivery	\$5645
Placement Preservation – Customised Delivery	\$5925
Placement Preservation – Group Delivery	Cost negotiable

## APPENDIX C

### 1. Background

ISART developed the Placement Preservation Package in 2012 in response to experience in completing hundreds of Kinship Carer initial and renewal assessments and identifying the need for kinship carers to have increased training and support to fully understand their roles and responsibilities as Kinship Carers as well as increased understanding of the needs of children who have experienced abuse and trauma.

The then South East Region, Regional Director, Karyn Wells, was approached with regards to a trial of the Placement Preservation Package. Nerang and Cleveland Child Safety Service Centres (CSSC) identified that they had new Kinship Care applicants who would benefit from the Placement Preservation Package as part of their initial assessment process.

A decision was made to trial the Placement Preservation Package in Nerang and Cleveland CSSCs and a Terms of Reference was developed for the implementation of the trial.

### 2. Placement Preservation Package Detail

#### 2.1. Aims and Value Proposition

The Placement Preservation Package aims to provide the Department with longevity of quality placements in kinship and general care through increasing the support, knowledge and skills available to carers.

Children in placement will reap the greatest benefits from the Placement Preservation Package, with carers having increased their knowledge and skills in managing the issues that arise in the provision of care. It is also anticipated that the service will lead to increased pathways to other services available to meet the needs of children in placement.

The Placement Preservation Package will provide the Department with valuable information regarding the carers' strengths and any ongoing issues that need to be addressed as well as potential referral pathways for ongoing intervention.

The Placement Package will deliver value to the Department in terms of maintaining current placements. Savings of time and resources are anticipated in a range of areas including the time and cost associated with Child Safety Officers (CSOs) in CSSCs and Placement Services Units (PSU) sourcing alternative placements. Savings will also be made related to potentially assessing further applicants. The use of expensive Transition Placements will be reduced through supporting and maintaining current child placements.

The cost of potential complaints and appeals made through Queensland Civil and Administrative Tribunal (QCAT) will be reduced through effectively addressing issues as they arise and developing skills to deal with other issues that may arise in the future.

The time, cost and ongoing relational issues associated with Matter Of Concerns (MOC) will be reduced through developing the knowledge and skills of carers to address issues in an effective manner.

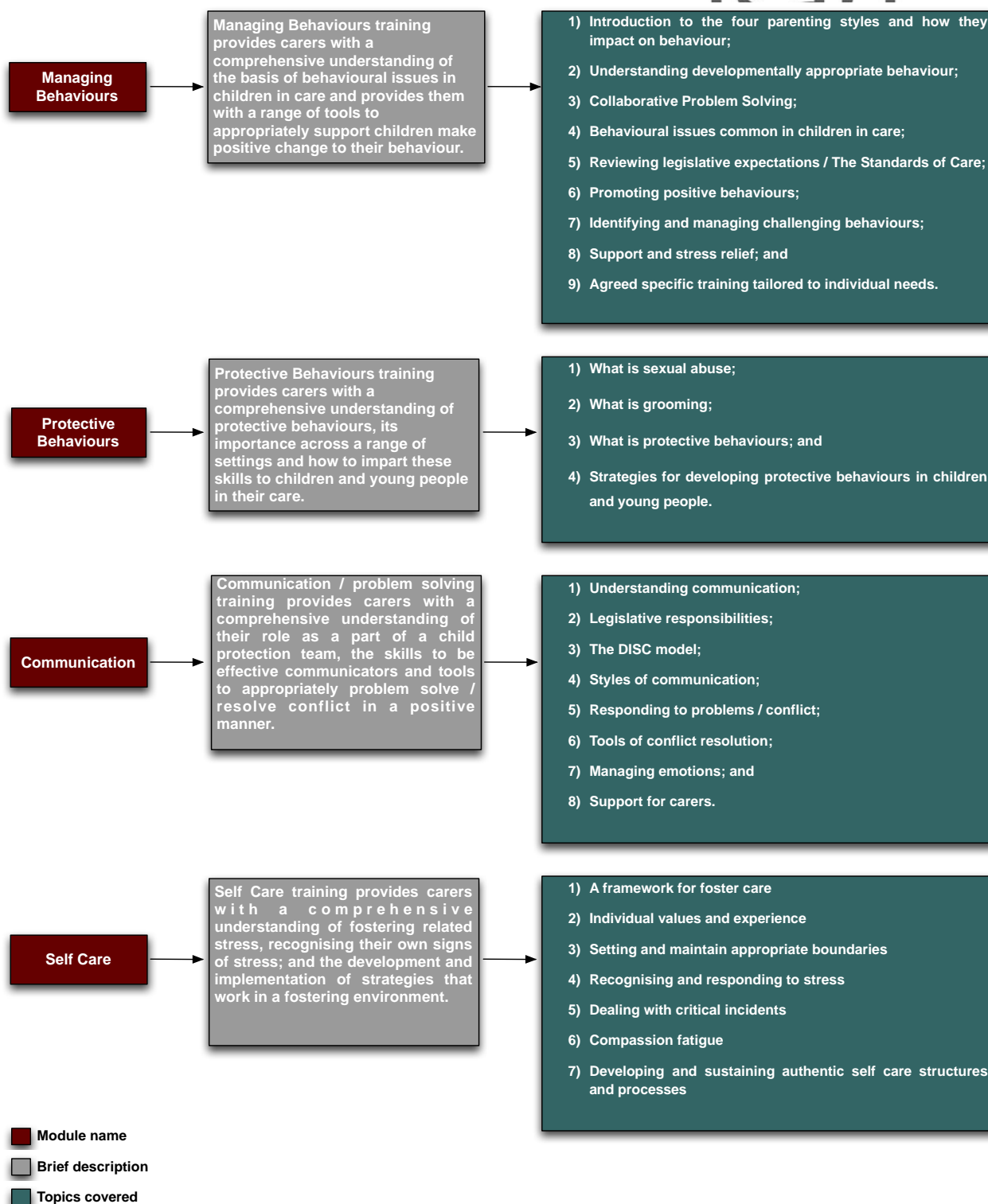
## **2.2. Placement Preservation Package Module Details**

The following diagrams depicts the modules delivered as part of the Placement Preservation Package:



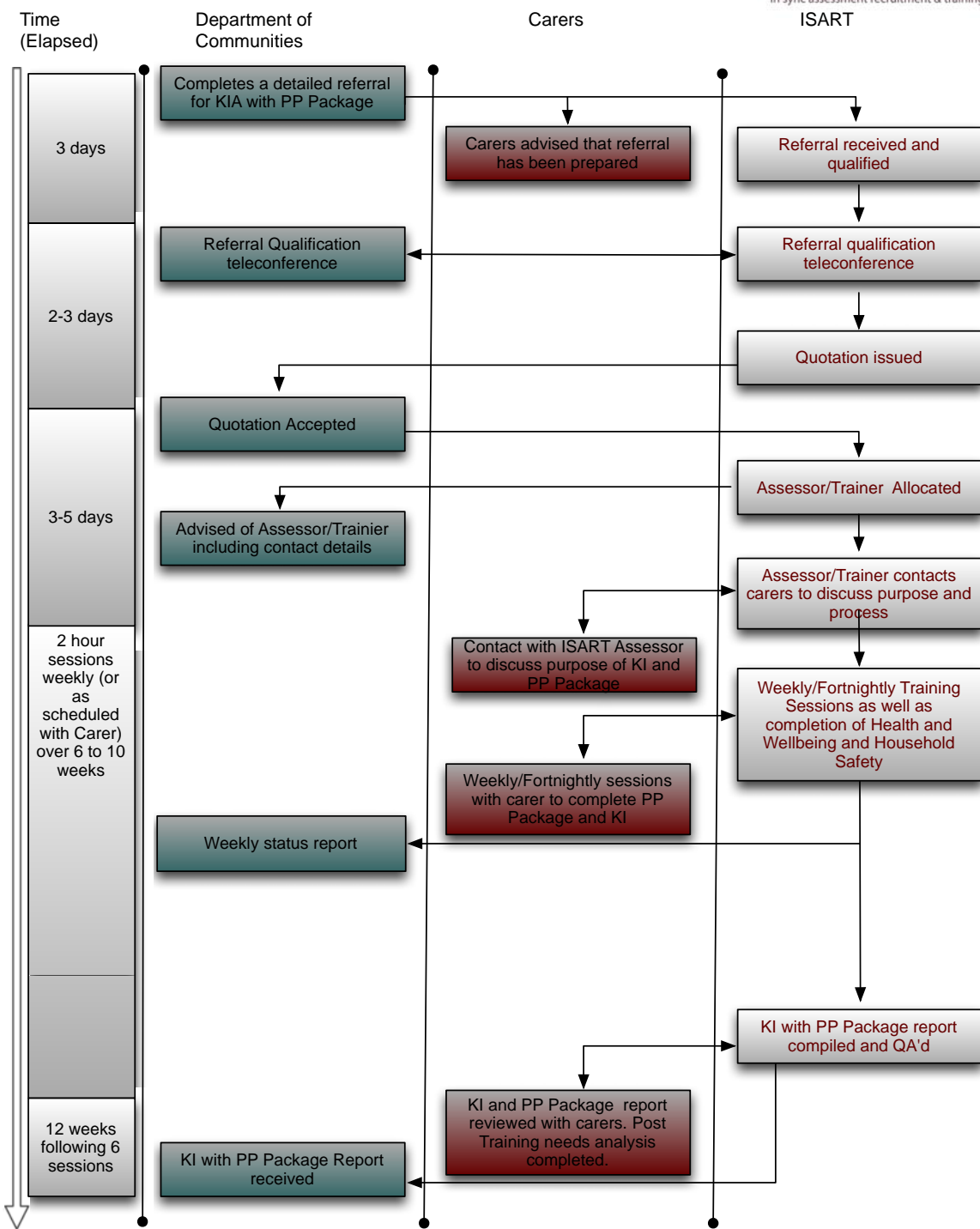
Placement Preservation Package - Supported Assessment

Module	Description	Topics covered
<p><b>The Fundamentals of Foster Care</b></p>	<p>Fundamentals of Foster Care training provides kinship carers with a comprehensive understanding of their caring role and how it differs from their relational role to the children placed with them.</p>	<ol style="list-style-type: none"> <li>1) The legislative and practice guidelines that impact on the role of foster carers;</li> <li>2) Carer rights and responsibilities including decision making delegations;</li> <li>3) The role of the department and departmental workers;</li> <li>4) The Statement of Standards and Standards of Care expectations;</li> <li>5) The rights of a child in care;</li> <li>6) CPR's and Matters of Concern;</li> <li>7) Support for foster carers; and</li> <li>8) Financial matters and responsibilities;</li> </ol>
<p><b>Understanding Trauma</b></p>	<p>Understanding Trauma training provides carers with a comprehensive understanding of trauma and the impact of trauma on children in care and provides them with tools to appropriately support children affected by trauma.</p>	<ol style="list-style-type: none"> <li>1) Introduction to essential elements;</li> <li>2) What is child traumatic stress?;</li> <li>3) Understanding harm, the risk of harm and cumulative harm;</li> <li>4) The Impact of trauma on behaviour, development and relationships;</li> <li>5) Addressing the impact of trauma: resilience and recovery; and</li> <li>6) Managing personal stress: Vicarious trauma.</li> </ol>
<p><b>Grief and Loss</b></p>	<p>Grief and Loss training provides carers with a comprehensive understanding of grief and loss and the impact on children in care and provides them with tools to appropriately support children affected by these issues.</p>	<ol style="list-style-type: none"> <li>1) Introduction to essential elements;</li> <li>2) Understanding grief and loss;</li> <li>3) Factors affecting a child's perception of loss;</li> <li>4) Grief theories;</li> <li>5) The stages of grief;</li> <li>6) The Impact of loss;</li> <li>7) How to support children who have experienced loss and grief;</li> <li>8) Identifying personal losses; and</li> <li>9) Support for carers.</li> </ol>



The following diagram depicts the client-carer process for the referral and delivery of the Package:

**ISART - Placement Preservation Package (PP Package) and Kinship Initial Assessment (KIA) - Client-Carer Process**



**2.3. Placement Preservation Package Practice**

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The key elements of ISART's Placement Preservation Package as it pertains to intervention are detailed in the follow sections:

### **2.3.1. Child Centred Approach**

ISART is committed to completing assessments that are focussed on the applicant's ability to meet the needs of children requiring out-of-home care. ISART bases its practice on the *Child Protection Act 1999* Section 5 (1) "This Act is to be administered under the principle that the welfare and best interests of a child are paramount".

### **2.3.2. Culturally Sensitive Practice**

ISART is keenly aware of the need for culturally sensitive practice. We have a good understanding of the *Child Protection Act 1999* provisions for Aboriginal and Torres Strait Islander children including Section 6, 83, 88, 122 1 (d) and (j) and the Charter of Rights Section 74 Schedule 1. We have accessed and utilised the Child Safety Services resources including the Child Safety Practice Manual; Foster carer information and fact sheets; Working with people from culturally and linguistically diverse backgrounds practice paper; and Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP).

### **2.3.3. Qualified and Experienced In-home Support Workers**

ISART engages Assessors and In-home Support Workers with significant human service experience. The Placement Preservation Package will utilise ISARTs skilled and experienced In-home Support Workers with an aim of ensuring that carer entities are provided with quality one-on-one or small group training and support.

In-home Support Workers engaged to delivery Placement Preservation Package will continue to be supported by ISARTs directors and coordinators to ensure that there is collegiate collaboration and support for recommendations.

### **2.3.4. High Quality, Evidence Based Deliverables**

ISART has completed hundreds of foster carer assessment reports. All of these assessments have been completed to the highest quality and have focussed on the provision of an evidenced based assessment of applicant suitability to provide foster care to children in out-of-home care.

The Placement Preservation Package would provide the same high quality of information regarding potential applicants. Reports produced will undergo quality assurance to ensure consistency and quality.

ISART continues to receive positive feedback from clients regarding the high quality of fostering and other assessment reports produced by our Assessors; and has become a sought after agency that can reliably deliver quality outcomes.

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### 2.3.5. Status Reporting

ISART provides periodic status reports for all engagements involving multiple assessments. Each status report provides a single view of the state of each assessment within the scope of the engagement. The reports also identify and track the current issues and risks associated with the engagement. The Placement Preservation Package will be included in the Status Reporting process.

The content and frequency of the Status Reports can be adjusted to suit client requirements.

## 3. Project Terms of Reference

### i) Participants in the proposed project

1. Cleveland and Nerang Child Safety Service Centres, Department of Communities Child Safety Services;
2. ISART; and
3. Ten prospective Kinship Carer applicant households.

### ii) Purpose

To trial a process whereby 10 (five Cleveland CSSC and five Nerang CSSC) Kinship Carer applicants (primary placement only) will receive 6 targeted support, education and information sessions as part of their assessment and approval process.

To assess whether the provision of these seven targeted support, education and information sessions increases capacity of the Kinship Carer applicant to;

- Understand the role of Kinship Carer and department expectations;
- Understand the individual needs of the particular child/ren to whom they are seeking to provide care;
- Feel better equipped to respond to the individual needs of the particular child/ren to whom they are seeking to provide care;
- Identify possible challenges that may arise for them as carers, identify the possible impact of being a kinship carer on themselves, their family and extended family relationships; and
- Identify when they need support/assistance and have a plan to obtain this support/assistance.

### iii) Background

Kinship Carers are generally approached by the Department when a child comes into the care of the Chief Executive and as such they have not previously identified a desire to provide out of home care.

Prospective Kinship Carers often have little understanding of the out of home care system, requirements that carers must meet under the Standards of Care and very little time to prepare for

placement of the child in their care (emotionally, practically and in relation to the physical environment of their home).

Kinship Carers are part of the child's extended family and/or support system and as such their role in the family system changes dramatically if they take on caring for a child on behalf of the Department. This change often occurs at the same time that the prospective carer is dealing with the impact of the child protection issues in their own right (for example domestic violence, substance misuse, mental health issues etcetera) on the family system and the implications of statutory child protection involvement.

The current process for approving Kinship Carers involves making an assessment of the prospective carer's capacity to meet the Standards of Care within 60 but up to 90 days after their application for consideration as a carer has been properly made. This process involves an assessment of personal history (criminal and child protection), suitability under the requirements of the Commission for Children and Young People and an assessment of capacity to provide a standard of care that meets the guidelines outlined in the Statement of Standards (including household safety).

Given the issues facing prospective Kinship Carers as outlined above, the current approval process is difficult, happens at one of the most difficult times in a families life and often results in carers feeling unclear in relation to their role, obligations to the Department and the process of approval that is going on around them.

As a result the Department receives a "snap shot in time" assessment that does not generally reflect what the carer's true capacity to provide appropriate care might be if they were provided with support and education in relation to the role of Kinship Carer.

### **iii) Objectives**

The Cleveland and Nerang Child Safety Centers will engage ISART to undertake 10 "supported" Kinship Carer assessments (five per service centre).

ISART will conduct pre and post questionnaires with the 10 Kinship Carer applicants to determine if the provision of seven support sessions increased the applicant's capacity to provide quality care as outlined in the purpose section of this proposal.

ISART will conduct pre and post testing with 10 carers across the South East Region who are assessed as Kinship Carers under the standard process (that is without receiving seven support and education sessions). This group will act as a control group.

ISART will conduct interviews of a similar format to the two groups outlined above with 10 Kinship Carers across the South East Region where a placement breakdown occurs with at least one child in the placement. This will provide retrospective information in relation to what type of support and information carers believe might have been useful and could possibly have prevented the placement breakdown in they had received it. This will allow the project participants to assess

whether the information and support provided during the seven sessions is appropriate and has the potential to reduce placement breakdown in the longer term.

### **iii) Roles and Responsibilities**

The Department (CSO, Team Leader and Senior Practitioner) and ISART Director will meet at the project commencement to establish agreed success criteria for the project.

The Department will identify and refer the prospective carers using current processes and forms. The Department will also identify 10 carers who agree to participate in undertaking pre and post approval as Kinship Care questionnaires (control group).

The Department will identify 10 Kinship Carers who experience a placement breakdown with at least one child in their care. These carers will undertake a single questionnaire in relation to providing information about what support or education they believe might have assisted them to better meet the needs of the particular child who no is no longer in their care and avoid placement breakdown.

ISART will develop the required questionnaires. Where pre and post testing is to occur, the post test will be undertaken by a worker who has not had involvement with the seven education and support sessions or the approval process.

ISART and both CSSC's will meet prior to the carer assessment commencing to develop an assessment plan that recognises and responds to the individual needs of each child. This will assist ISART to develop an education, information and support plan for each carer that will be delivered over the 6 sessions and is focused on the particular needs of the child/ren or young person that will be placed with that carer.

ISART will engage with the referred prospective carers to provide support, education and intervention as required (referral to appropriate external agencies approved by the Department) over a period of eight weeks.

ISART and the Department (CSO, Team Leader and Senior Practitioner) will meet by phone at the end of the third session to review progress against the assessment plan and consider how any identified needs and issues relating to the carer's capacity to meet the needs of the particular child/ren or young person might be addressed over the remaining three sessions.

Day to day liaison will occur as required between the ISART assessor and the appropriate CSO and/or Team Leader.

ISART will complete their assessment of the carer's capacity to provide individualised care to the child and meet the Statement of Standards over the assessment period and will make in writing recommendations to the Department.

The Managers of the Cleveland and Nerang CSSCs will retain ultimate decision making in relation to whether a carer applicant is approved.

#### **iv) Financial commitment**

ISART will provide the CSSC Manager with a quote which will separate out the support and assessment components of the intervention.

ISART will make recommendations to the CSSC for ongoing support to the kinship carer if required. The manager holds delegation to approve or not approve this support based on the child's best interests.

#### **Success Criteria**

The premise underpinning this project is that if prospective Kinship Carers receive targeted support, education and information to assist them to understand the challenges of caring for kin and meets the specific needs of the children and/or young people placed in their care, placements will be stable and children will receive a high standard of care.

If this premise is correct then it is envisaged that survey information will show that carers who received six sessions of support, education and information will demonstrate or possess the following while the control group may not:

- a clear understanding of their role;
- an understanding of the individual and specific needs of each child or young person placed in their care;
- better equipped to meet the needs of each child or young person in their care;
- supported, informed and educated by the process;
- an understanding of the challenges associated with Kinship Carer for themselves, their family and their extended family; and
- able to articulate a self care plan and identify specific help seeking strategies that they will implement if there are difficulties with the placement.

It is also envisaged that the carers who have experienced placement breakdown will identify that they would have been better equipped to meet the child's needs if they had received support, information and education around each child's particular needs and the role of Kinship Carer in the early stages of caring.



#### **4. Limitations**

Whilst the initial plan was to refer 10 Kinship Carer applicants, nine were identified and referred by the end of 2012 and a decision was made with the CSSC Managers to end the project with nine carers.

Issues arose with one group of Kinship Carer applicants and as such their Kinship Carer Assessment Report remains unfinalised and as such they are not included in the results, taking the number of participants down to eight. However Woodridge CSSC then referred a Kinship Carer Applicant and given that the CSSC is in the same region as the two trial offices, a decision was made to include this applicant in the results. This brought the total number of participants back to nine.

The surveying of the control group caused some confusion in terms of permissions for this and how this would occur. Ultimately, ISART was given leave to conduct control group surveys with any South East Region Kinship Carer Applicant. Permission was still sought by all ISART Assessors and four carers agreed to participate in the survey process. As such the control group was half the size of the active trial participants. Nonetheless, results are provided to validate the use of the supported Kinship Carer Assessment process using the Placement Preservation Package and results are included in this report.

The identification of 10 Kinship Carers who had experienced a placement breakdown with at least one child in their care was not implemented as per the Terms of Reference as these were not identified by the Department. It was always recognised that this may not be possible and that Kinship Carers in this situation may not wish to participate in the process.

Demographics of the individual Applicants were not matched, therefore some participants in the supported and control groups may have started with different levels of knowledge and skills prior to their participation in the Kinship Carer Assessment combined with the Placement Preservation Package (herein after referred to as a supported assessment process) and those who participated in the standard Kinship Carer Assessment.

#### **5. Process**

Managers at the respective CSSCs were identified and referred suitable participants for the trial. Referrals were made to ISART as per the diagram in 2.2 above.

Each Kinship Carer entity participating in the supported assessment process completed a pre and post Training Needs Analysis questionnaire, see Appenix A. This was graded from 1 to 9 to enable the Assessor/Trainer along with the Kinship Carer Applicants, to identify their perceived skill level prior to participation in the various modules and then again after participation. The grading allowed for participants to place themselves on a scale of one to three in each element of a training module. It also provided for the collection of quantatative data as well as qualitative through the Kinship Carer Assessment Report.

In addition to this, four Kinship Carer Applicants agreed to participating in the survey process as part of their Kinship Carer Assessment Process.

## 6. Data Analysis

Pre and post-training needs analysis forms were used to collate findings in regards to knowledge and skills gained during the supported assessment process. Each of the areas is examined in terms of participants in the supported assessment process and those in the Control Group who participated in a standard Kinship Carer Assessment. An analysis is provided at the end of each section. Graphs of the data collected are contained in each section and show pre-training and post-training data for Applicants as well as Control Group Applicants.

### 6.1. Fundamentals of Foster Care Pre-Training Analysis

Prior to completion of the this module, the majority of Kinship Carer applicants (herein referred to as "Applicants" indicated having no knowledge and/or experience in the following elements:

- How Kinship Carer differs from the relational role;
- Rights and responsibilities of a Kinship Carer;
- Decision making delegations;
- The role of the department and departmental workers;
- The Standards of Care;
- The rights of a child in care; and
- Child Protection Concern Reports (CPCR) and Matters of Concern (MOC);

Applicants reported having a basic understanding and/or experience of the following elements:

- The role of a Kinship Carer; and
- Financial matters and responsibilities.

One Applicant reported being confident in their skills in the following area:

- Decision making delegations.

Equal numbers of applicants were rated as having no knowledge and/or experience and basic knowledge and/or experience in the following element:

- Standards of Care.

The Control group indicated having no knowledge and/or experience in the following elements:

- The role of a Kinship Carer;
- How Kinship Carer differs from the relational role;
- Rights and responsibilities of a Kinship Carer;

- 
- Decision making delegations;
  - The Standards of Care; and
  - Child Protection Concern Reports (CPCR) and Matters of Concern (MOC).

Control Group Applicants reported having a basic understanding or being confident in their knowledge and skills in the following elements:

- The role of the Department and departmental workers;
- The rights of a child in care; and
- Financial matters.

Responses indicated that equal numbers of Applicants had no knowledge or experience and basic knowledge and/or experience in the Standards of Care may be indicative of a greater level of information being provided, by the Department, to some applicants at the time of their application.

Applicant knowledge in regards to the role of a Kinship Carer and financial matters is also likely indicative of information provided by the Department to the applicants at the time of their application. It may also be indicative of Applicants asking more questions in regards to these issues as they are aware of the likely impact of caring for an additional child/ren on their finances.

Applicants in the Control Group had similar levels of knowledge and/or experience in regard to each element of the Fundamentals of Foster Carer module. The only difference being a greater understanding of the role of the Department and departmental workers in the Control Group. Again, this is likely indicative of information provided by the Department at the time of application.

### The Fundamentals of Foster Care Post-Training Analysis

Post the delivery of this module, all Applicants reported being confident in each element of the module, with five carers rating themselves at a level 9 in terms of their level of confidence in each element.

The Control Group Applicants also reported an increased confidence in each element of the module, but with only two rating themselves at a level 9. However the majority still rated themselves at a level 7 within the confident to complete task/skill rating, as such indicating their level of confidence in this area after having participated in a standard Kinship Carer Assessment.

This is likely reflective of the elements of the Fundamentals of Foster Care module being core elements of a standard Foster Carer Assessment. All ISART Assessors have participated in ISART's Placement Preservation Package training and have access to all of the materials and it is likely that this is utilised in completing a Standard Assessment.

Figures 1 and 2 below show a clear shift in the clusters from low levels of knowledge and/or experience through to being confident to complete the task/skill in all elements of the Fundamentals of Foster Care module. This was consistent in the Control Group as well (Figures 3 and 4). The average increase in rating recorded for those Applicants in the supported assessment process was 4.84. The average increase in rating recorded by the Control Group was 1.6.

Figure 1: The Fundamentals of Foster Care - Pre-Training

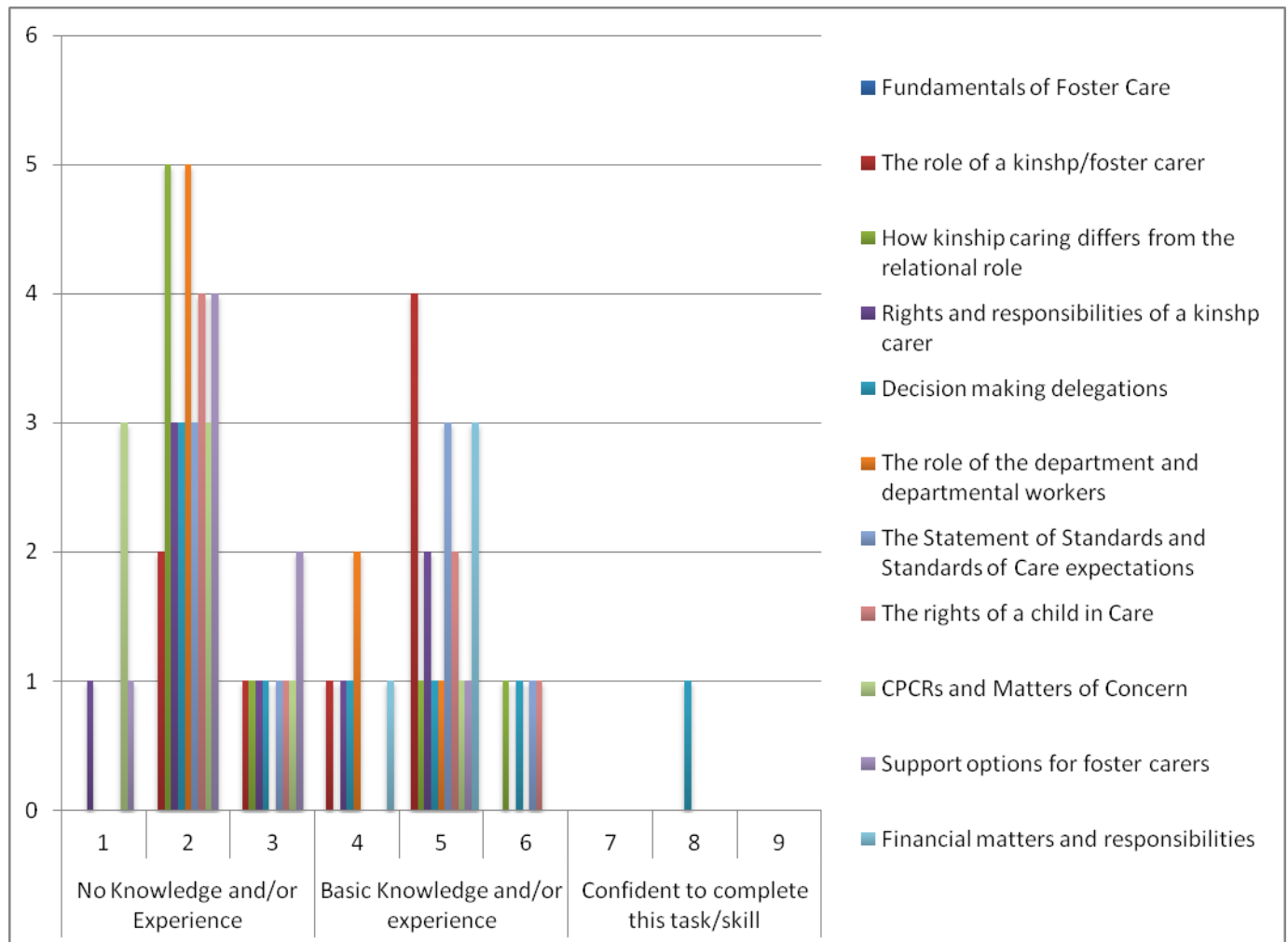


Figure 2: The Fundamentals of Foster Care - Post-Training

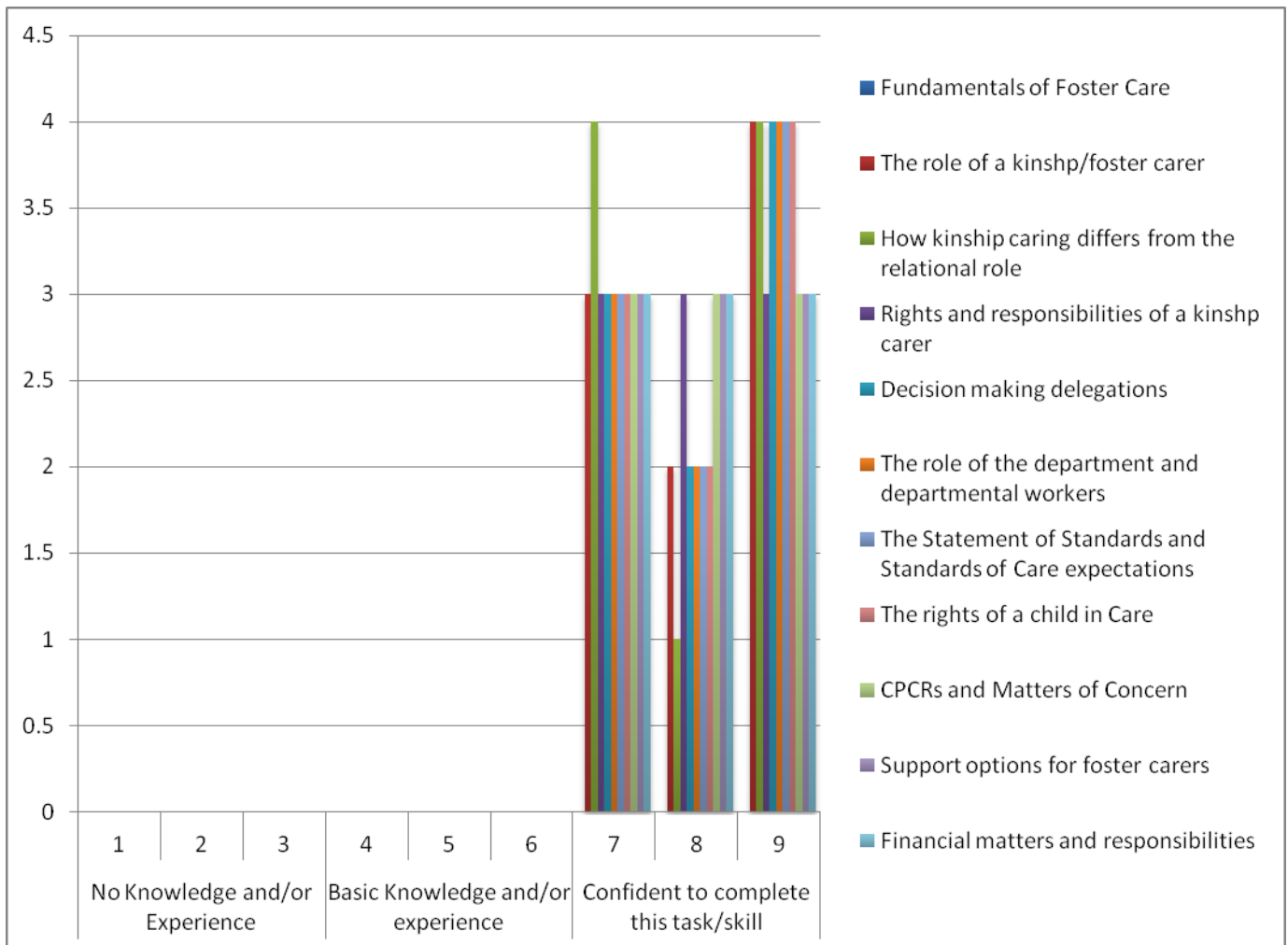


Figure 3 - CONTROL GROUP The Fundamentals of Foster Care - Pre-Training

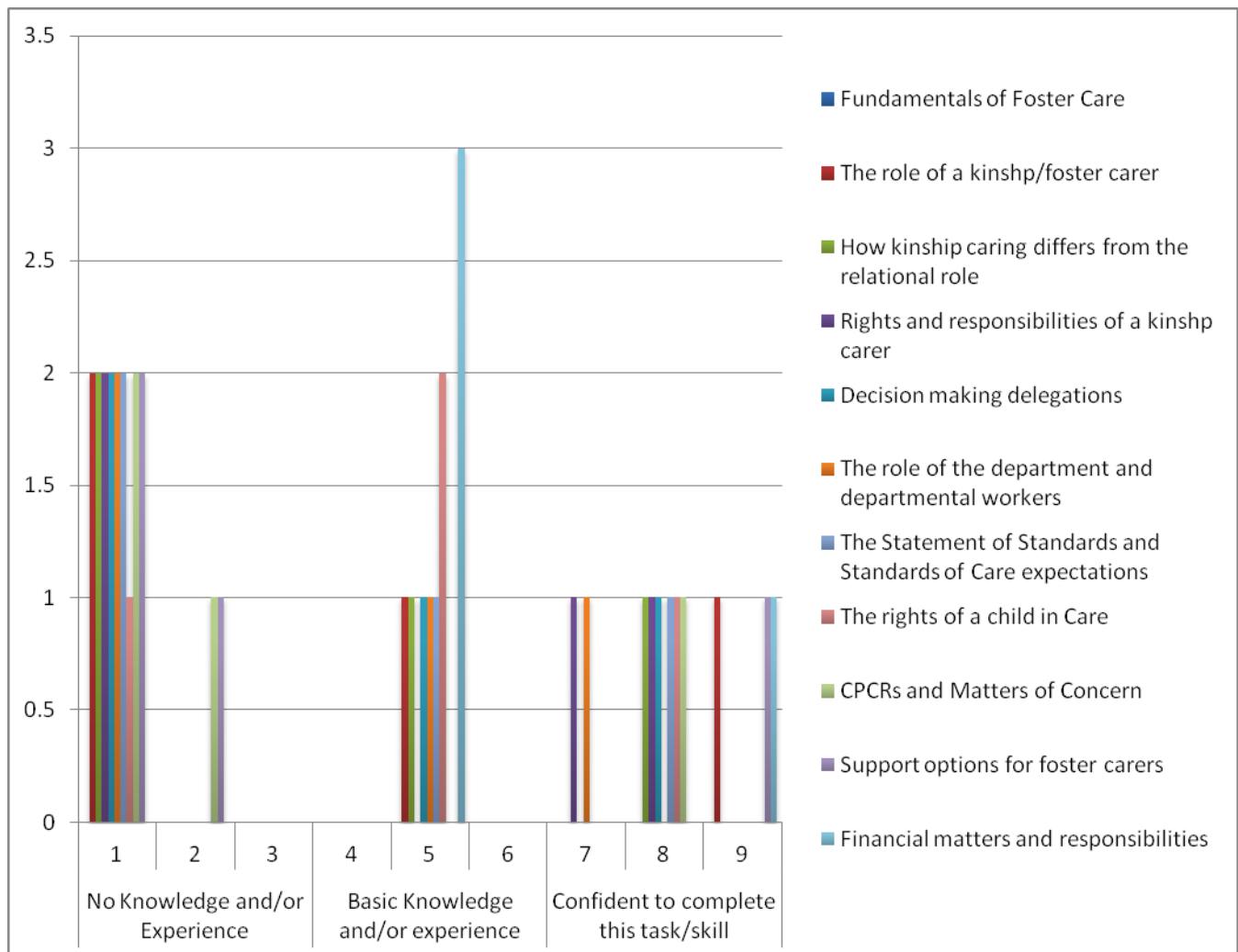
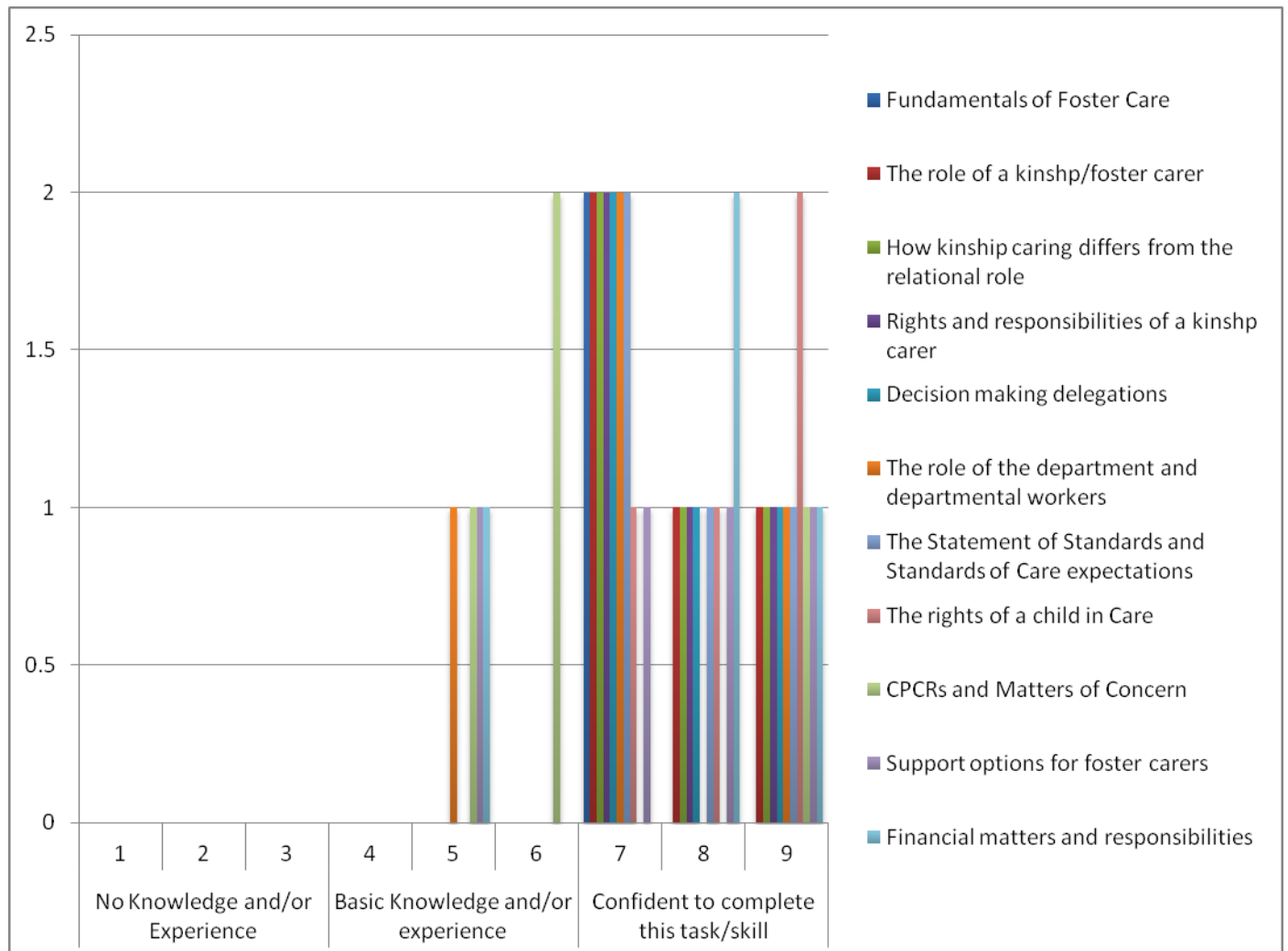


Figure 4 - CONTROL GROUP The Fundamentals of Foster Care - Post-Training



## 6.2. Grief and Loss Pre-Training Analysis

Pre-Training needs analysis forms indicated that the majority of Applicants had no knowledge and/or experience in relation to the following elements of this module:

- Factors affecting a child's perception of loss;
- Grief theories; and
- How to support grieving children.

Basic knowledge and/or experience was reported in the following element:

- Understanding of grief and loss.

The following elements were rated equally as no knowledge and/or experience and basic knowledge and/or experience:

- Understanding grief and loss; and
- The impact of loss.

Two applicants rated themselves as confident to complete task/skill in relation to the following elements:

- The stages of grief and loss; and
- The impact of loss.

None of the Applicants in the Control Group indicated having no knowledge and/or experience in the grief and loss module elements.

Control Group Applicants indicated having basic knowledge and/or experience or confidence to complete this task or skill in the following elements:

- Understanding grief and loss;
- Factors affecting a child's perception of loss;
- Grief theories;
- Stages of grief; and
- How to support grieving children.

The following element was rated equally as basic knowledge and/or experience and confident to complete task/skill:

- How to manage personal grief and loss in foster care.



Responses indicated that most Applicants participating in the supported assessment process commenced this module with a basic understanding of the concept of grief and loss. This is likely from their own life experiences as well as their situation of being a Kinship Carer applicant and witnessing the grief and loss experienced by parents and children in these situations.

The majority of Applicants needed further information and support to understand the more complex elements of grief and loss, such as children's perceptions of loss, the stages of grief, the impact of grief and grief theories. They also required further information and support in assisting them to support children who had experienced loss. This is particularly relevant for children who have recently been removed from their families and experiencing significant change.

Results from Control Group Applicants indicates that they started with a high level of knowledge and experience in the area of grief and loss. This is likely indicative of their life experiences and the level of knowledge and skill they had prior to the commencement of the assessment.

### Grief and Loss Post-Training Analysis

Post the delivery of this module, the majority of Applicants reported being confident in each element of the module. Two Applicants reported having a basic knowledge and/or experience of grief and loss post-training. This reflected the areas where Applicants had indicated no knowledge and/or experience in pre-training analysis.

The Control Group Applicants also indicated some increases in their knowledge in regards to grief and loss and the end of the assessment process. The areas of increase appear to be in the areas relating to understanding the impact of loss and supporting children who have experienced grief and loss. It was noted that most of the Control Group Applicants had rated themselves in the basic to confident side of the training needs analysis and therefore any gains in this area were only slight and based on pre-existing knowledge.

Figures 5 and 6 below show that Applicants in the supported assessment process made significant gains in all elements of the Grief and Loss module with clusters shifting from a spread across no/basic knowledge and/or experience and low levels of the confident to complete task/skill rating through to a high clustering in the confident to complete task/skill rating. The Control Group Applicants started with a higher level of knowledge and there was a lower shift in the post-training skills analysis, indicating that whilst there were some shifts, these were not significant when participating in a standard assessment process (Figures 7 and 8).

The average increase in rating recorded for those Applicants in the supported assessment process was 4.2. The average increase in rating recorded by the Control Group was 1.57.

Figure 5 - Grief and Loss - Pre-Training

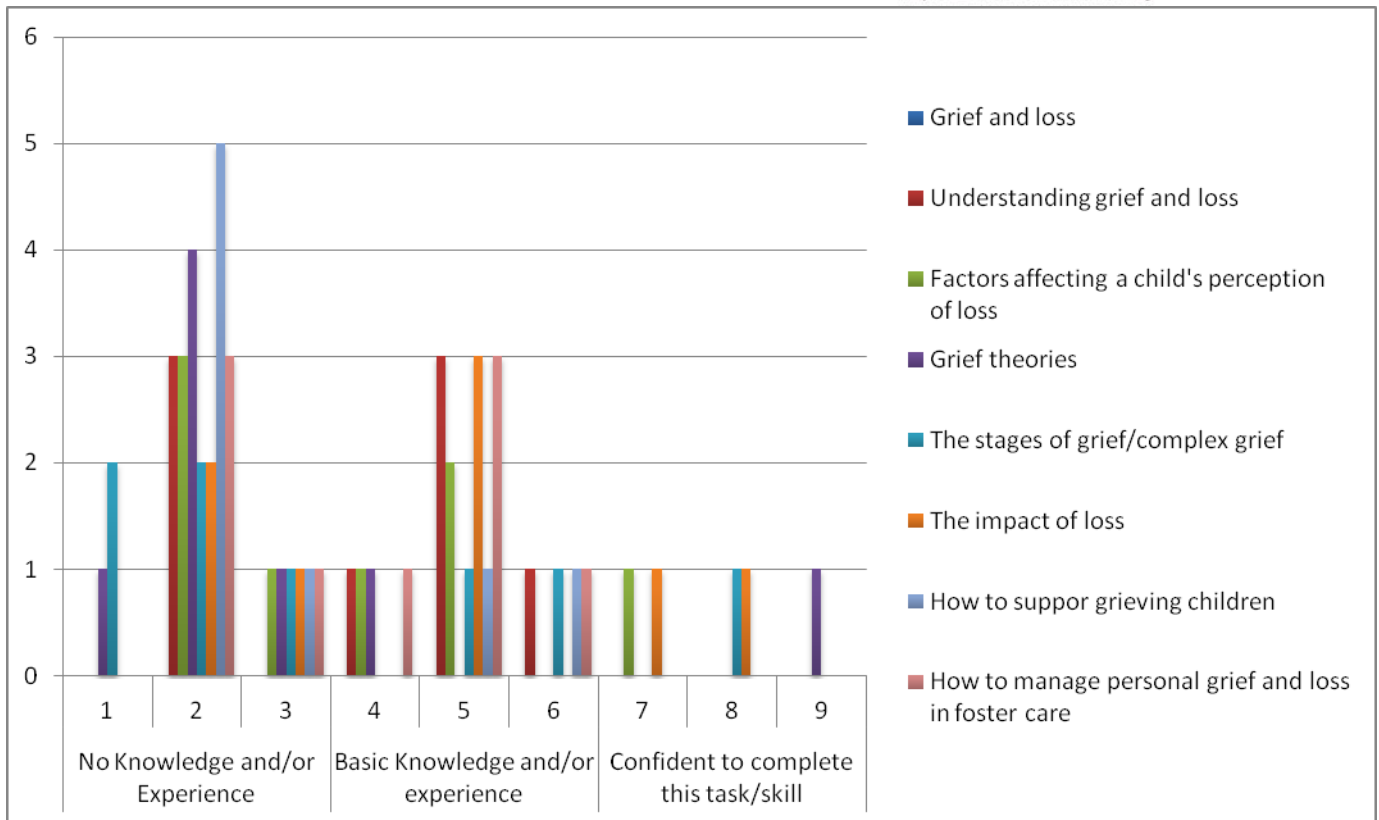


Figure 6 - Grief and Loss - Post-Training

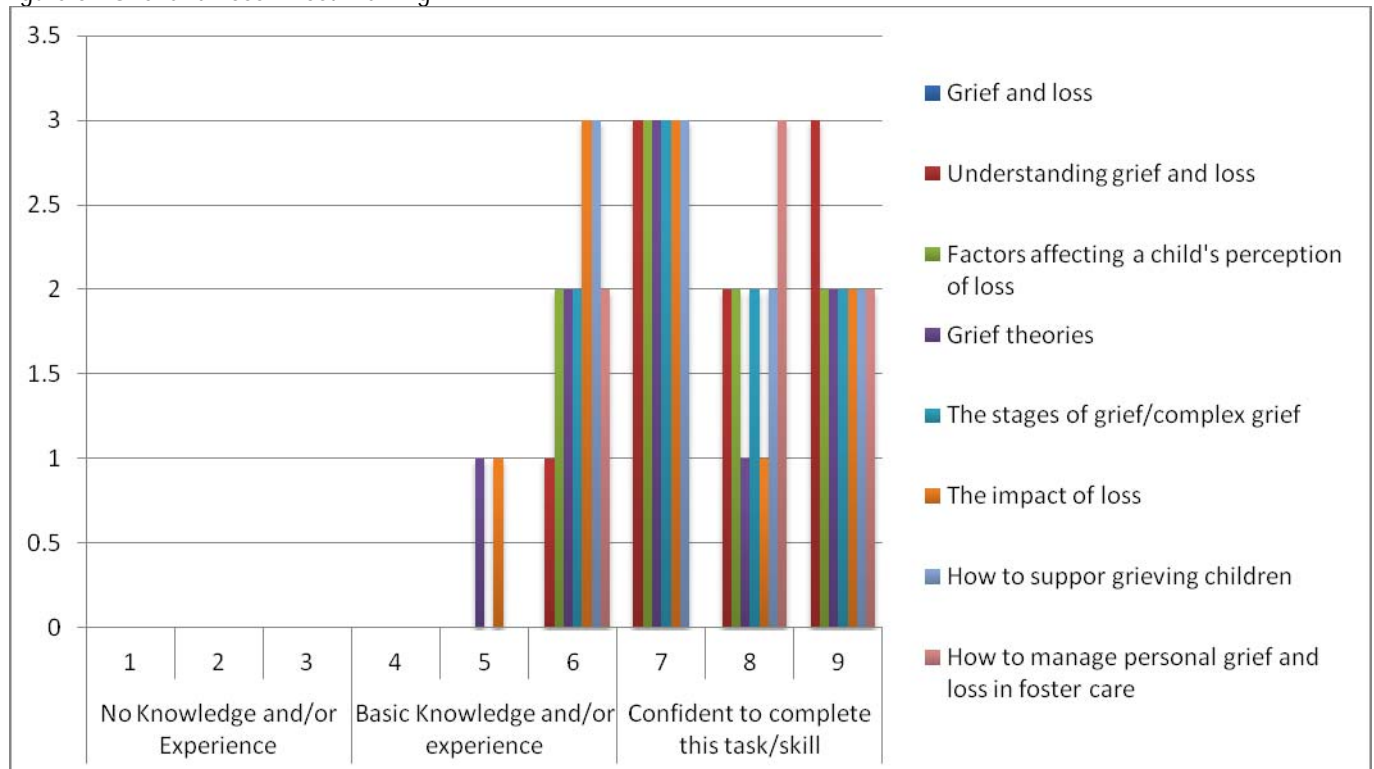


Figure 7 - CONTROL GROUP Grief and Loss - Pre-Training

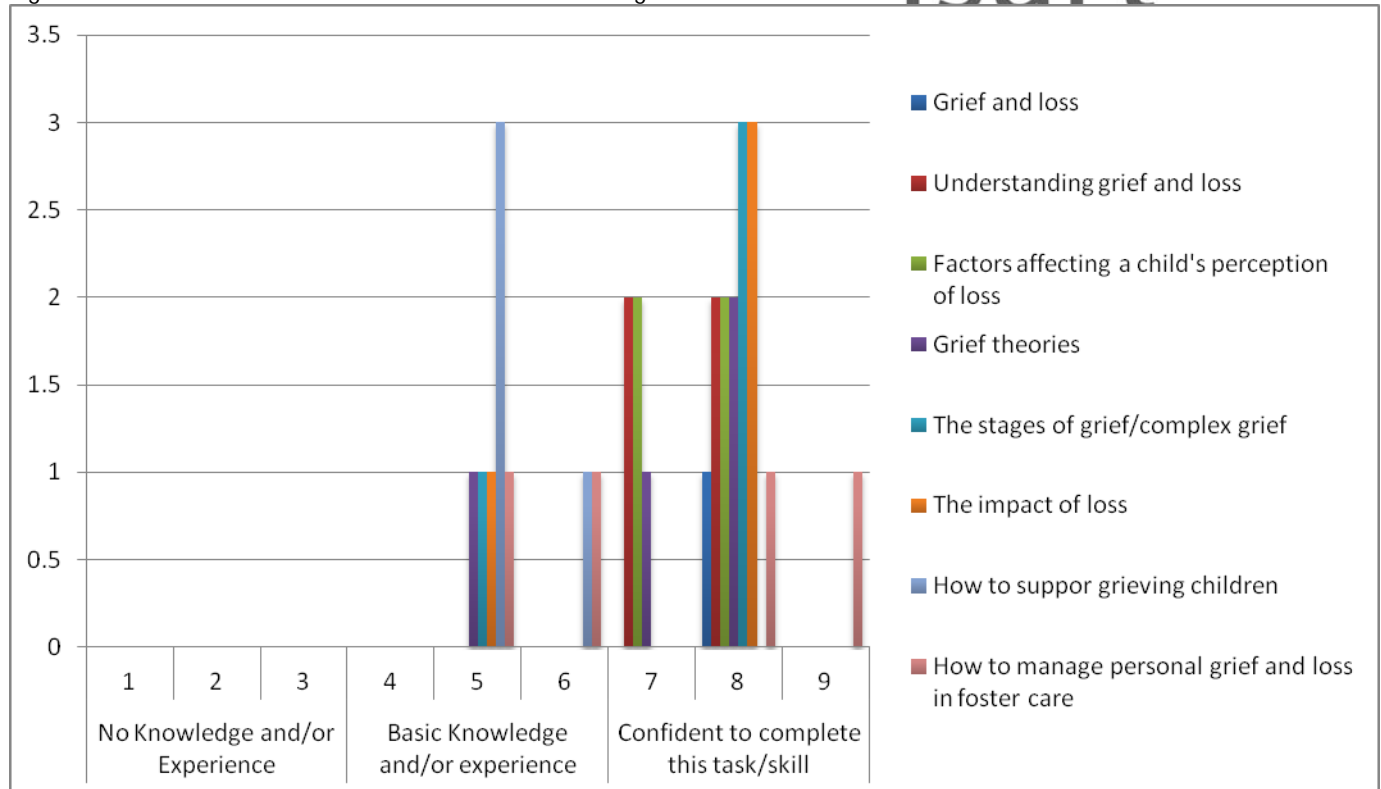
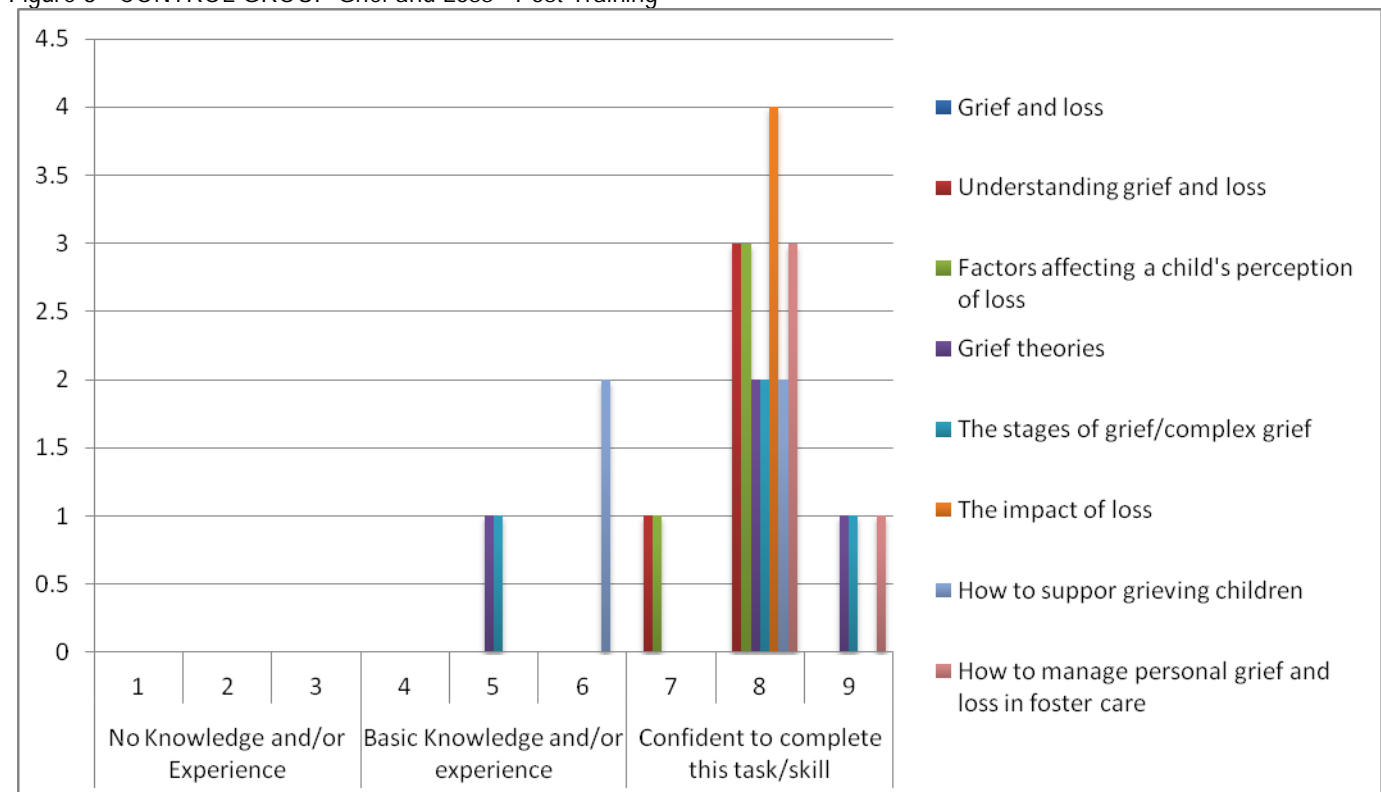


Figure 8 - CONTROL GROUP Grief and Loss - Post-Training



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### 6.3 Understanding Trauma Pre-Training Analysis

Prior to completion of this module, the majority of Applicants indicated having no knowledge and/or experience in the following elements:

- Understanding trauma;
- What is child traumatic stress;
- The impact of trauma on behaviour;
- The impact of trauma on development;
- Addressing the impact of trauma; and
- Managing personal stress: vicarious trauma.

Equal numbers of Applicants were rated as having a no knowledge and/or experience and basic knowledge and/or experience in the following elements:

- Understanding harm, risk of harm and cumulative harm;
- The impact of trauma on relationships

One Applicant reported being confident in their skills in the following areas:

- The impact of trauma on behaviour;
- The impact of trauma on development; and
- Managing personal stress: vicarious trauma.

No members of the Control group indicated having no knowledge and/or experience in the understanding trauma elements.

Equal numbers of Control Group Applicants were rated as having a basic knowledge and/or experience or confident to complete skill/task in the following elements:

- Understanding harm, risk of harm and cumulative harm;
- Addressing the impact of trauma; and

Control Group Applicants reported being confident in their knowledge and/or skills in the following elements:

- What is child traumatic stress;
- The impact of trauma on development;
- The impact of trauma on relationships; and
- Managing personal stress: vicarious trauma.



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Results indicated that Applicants in the supported assessment process had limited to basic understanding of most elements of abuse and trauma prior to commencement of the module. A basic understanding of harm was present prior to participation in the module, indicating that Applicants had likely been provided with information about harm from the Department or had been aware that the child/ren had experienced harm, prior to their application.

The Control Group Applicants presented with a high starting point in their understanding of abuse and trauma. It is not clear what influenced this, however it is likely that they had pre-existing knowledge of these elements prior to their participation in the standard assessment process.

### Understanding Trauma Post-Training Analysis

Post the delivery of this module, all Applicants reported significant increases in their knowledge and skills in regards to understanding trauma. Pre-existing knowledge/experience increased and areas where no knowledge/experience existed previously, a basic knowledge and even confidence in the area of trauma was noted post-training.

Figures 9 and 10 show the shift in clusters from high numbers in the no knowledge and/or experience and low numbers in the basic knowledge and/or skills and the confident to complete task/skill rating, to high numbers in the basic knowledge and/or skills and the confident to complete task/skill rating. This demonstrates a significant shift in Applicant's understanding of this area of Kinship foster care.

The control group also demonstrated increases in their pre-existing knowledge, although Figures 11 and 12 indicate that these shifts were not as significant as they were in the group participating in the supported assessment process. However, gauging an Applicants understanding of abuse and trauma is a critical element of a Kinship Carer Assessment if a positive outcome is to be achieved, therefore it is reasonable to expect than any Kinship Carer Applicant would have an increase in their understanding of this through the standard assessment process.

The average increase in rating recorded for those Applicants in the supported assessment process was 3.98. The average increase in rating recorded by the Control Group was 0.65.

Figure 9 - Understanding Trauma – Pre-Training

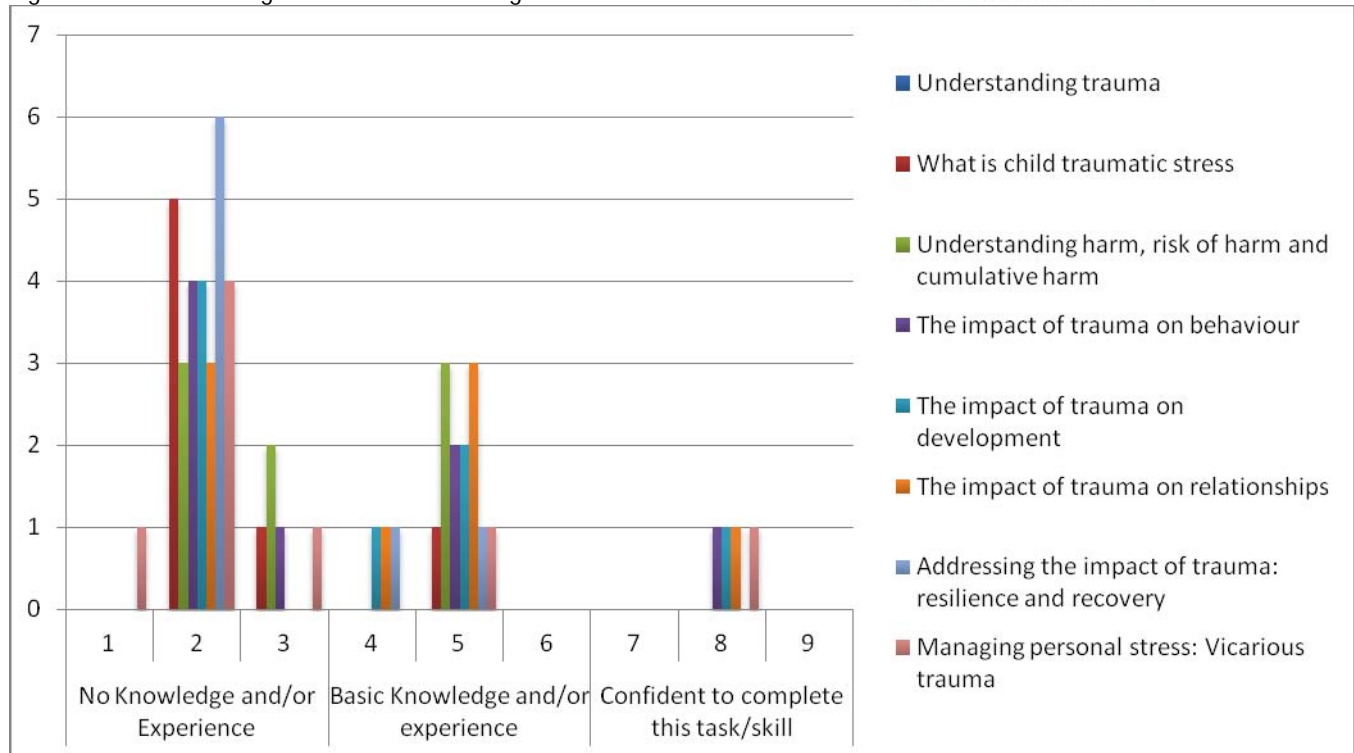


Figure 10 - Understanding Trauma – Post-Training

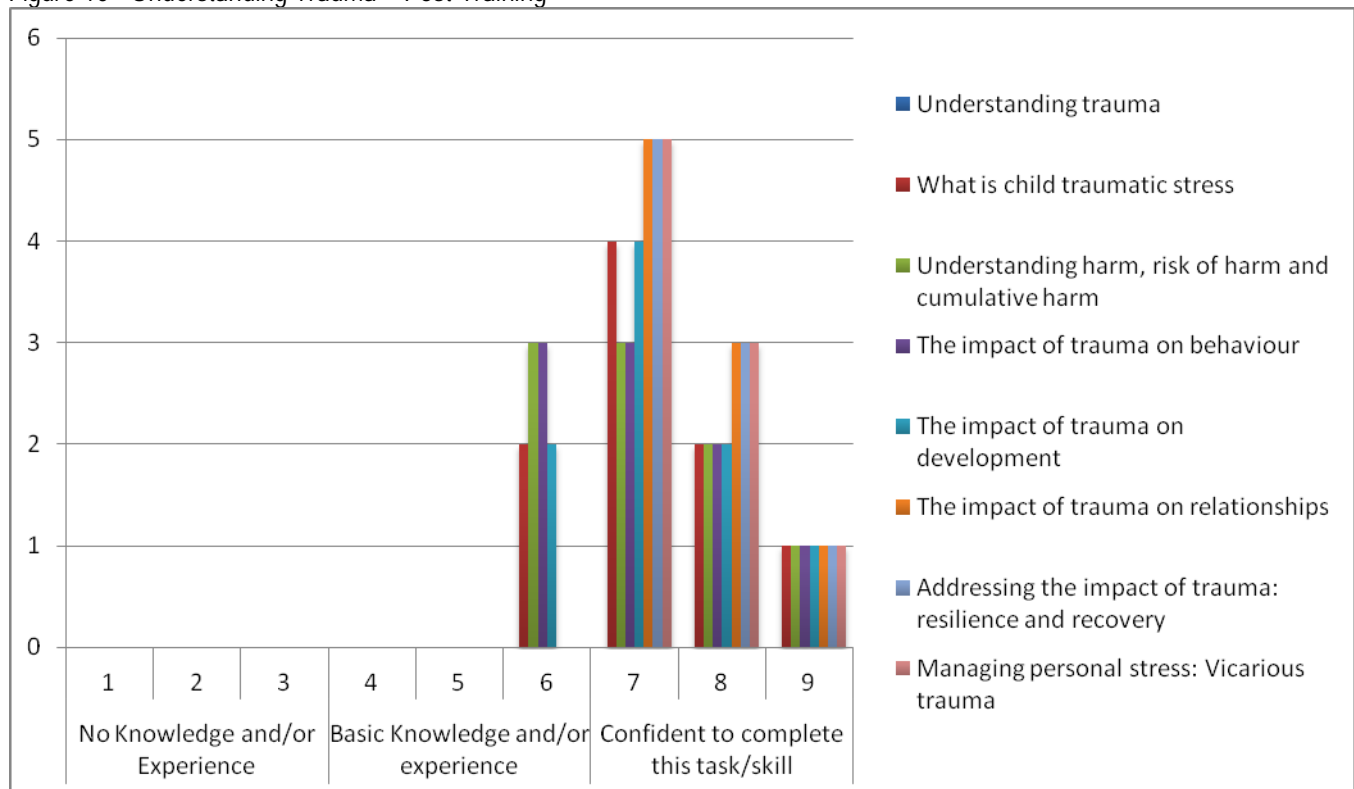


Figure 11 - CONTROL GROUP Understanding Trauma – Pre-Training

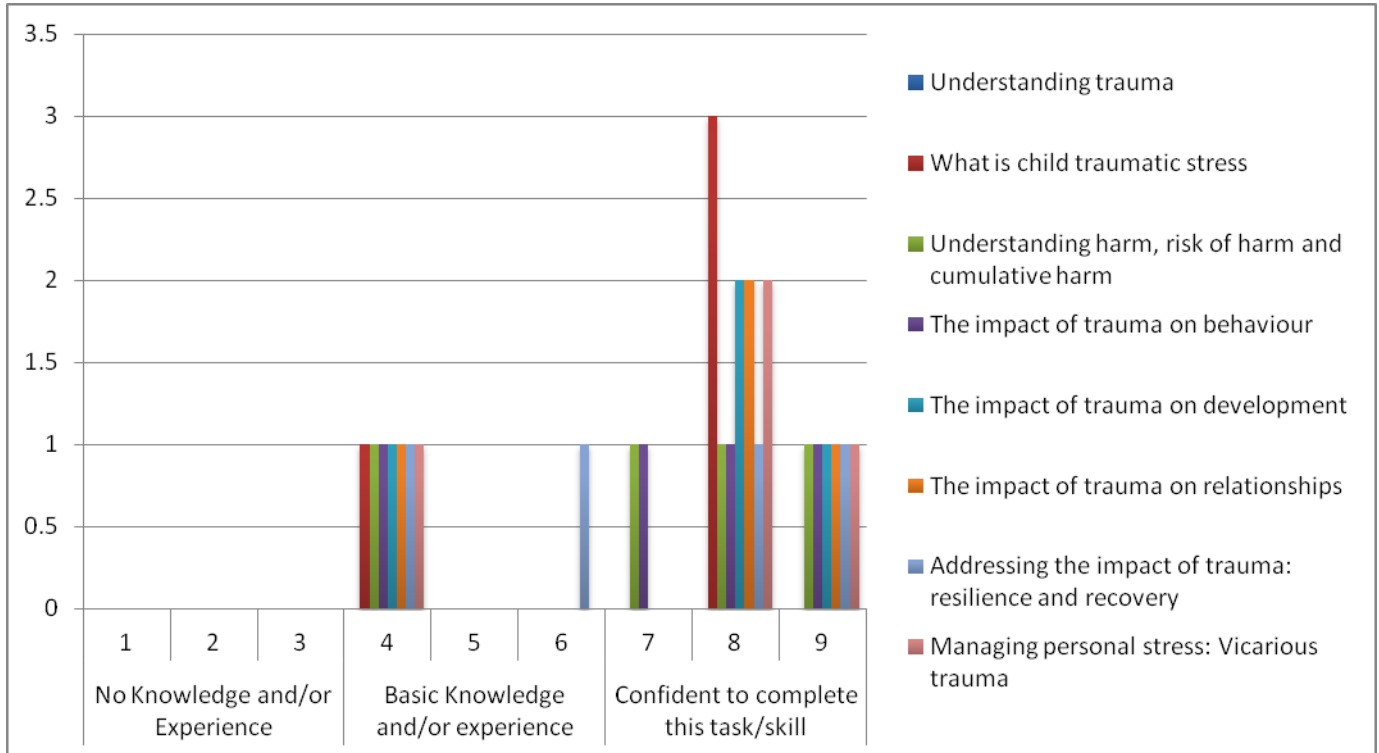
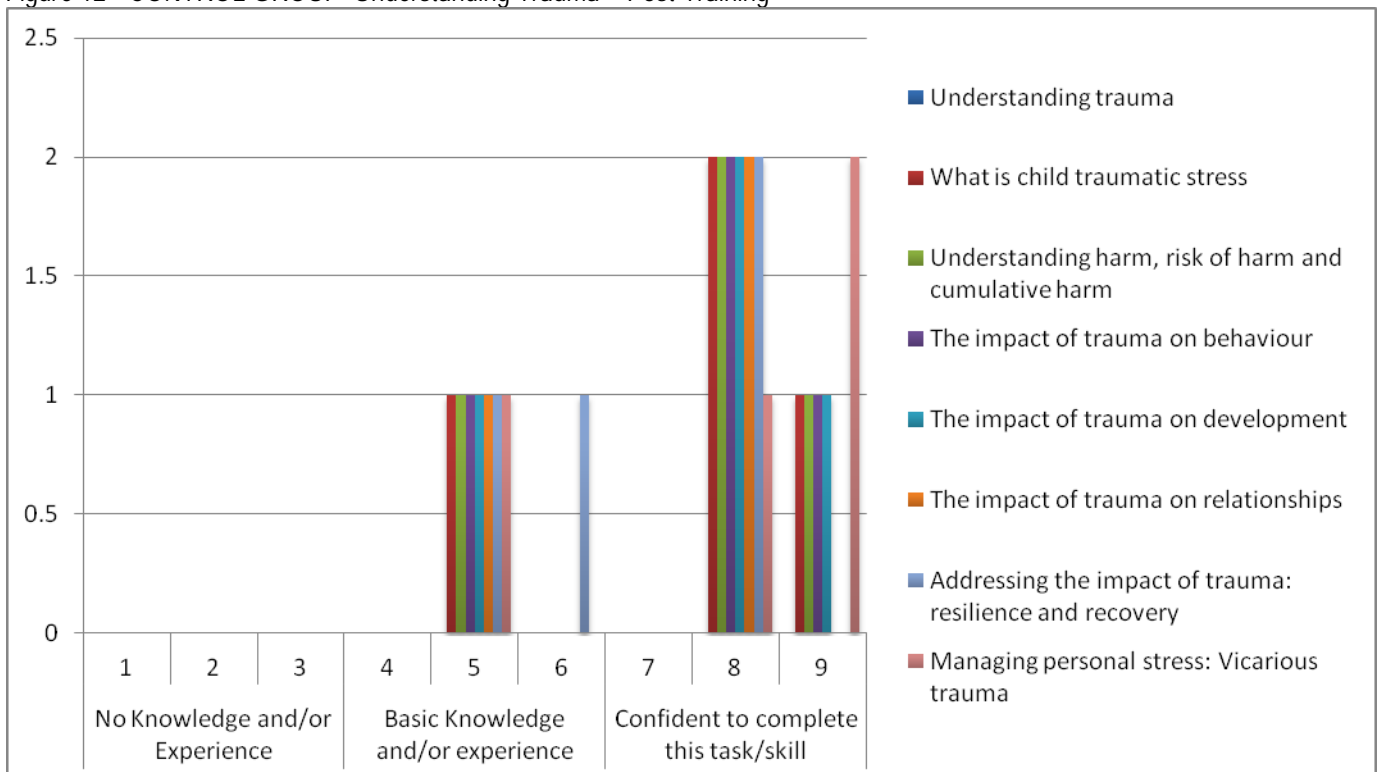


Figure 12 - CONTROL GROUP Understanding Trauma – Post-Training



### Managing Behaviours Pre-Training Analysis

Prior to completion of the this module, the majority of Applicants indicated having no knowledge and/or experience in the following elements:

- The four parenting styles;
- Behavioural issues common for children in care; and
- Legislative expectations.

Applicants reported having a basic understanding and/or experience of the following elements:

- Understanding developmentally appropriate behaviour;
- Collaborative problem solving;
- Support and stress relief; and
- Identifying and managing challenging behaviours.

Applicants reported being confident in the skill/task in the following element:

- Promoting positive behaviours.

The Control group indicated having no knowledge and/or experience in the following elements:

- Legislative expectations.

Equal numbers of Control Group Applicants were rated across the three rating areas in the following elements:

- The four parenting styles; and
- Behavioural issues common in children in care.

Half of the Control Group Applicants reported being confident being confident in their knowledge and skills in identifying and managing challenging behaviours, however the other half indicated no or basic knowledge skills in this element.

The majority of Control Group Applicants reported being confident in the skill/task in relation to the following elements:

- Understanding developmentally appropriate behaviour;
- Promoting positive behaviour; and
- Support and stress relief.

Responses indicated a more even spread of knowledge and experience across the elements of behaviour management. Knowledge and experience in regards to the legislative expectations was



noted as lower across all Applicants. Similarly, the majority of Applicants indicated a good awareness of age-appropriate behaviour and promoting positive behaviour, which demonstrates Applicants generally had a good pre-existing understanding or positive perception of their skills and experience in this area.

The Control Group Applicants rated themselves high in terms of most of the elements apart from the legislative expectations.

### Managing Behaviours Post-Training Analysis

Figures 13 and 14 show a shift in clusters from being more evenly spread across the elements to a more consistent clustering in the higher end of the confidence rating. In particular, the understanding of the legislative expectations had shifted from no knowledge and/or experience in the higher end of the basic knowledge/understanding rating and the confident to complete skill/task ratings. Behaviour issues for children in care shifted from the no knowledge and/or experience into the confident to complete skill/task ratings. Understanding of the four parenting styles also shifted from no knowledge and/or experience to the high end of the basic knowledge and/or experience and the confident to complete task/skill.

Figures 15 and 16 show that the Control Group Applicants showed the most increases in the support and stress relief, promoting positive behaviours and identifying and managing challenging behaviours. This is likely reflective of standard Kinship Carer Assessment competency areas and the need for increased discussion and challenging in these areas. Whilst they reported increases in the legislative expectations element, the gains were not as great as those who participated in the Placement Preservation Package.

The average increase in rating recorded for those Applicants in the supported assessment process was 3.75. The average increase in rating recorded by the Control Group was 1.87.

Figure 13 - Managing Behaviours – Pre-Training

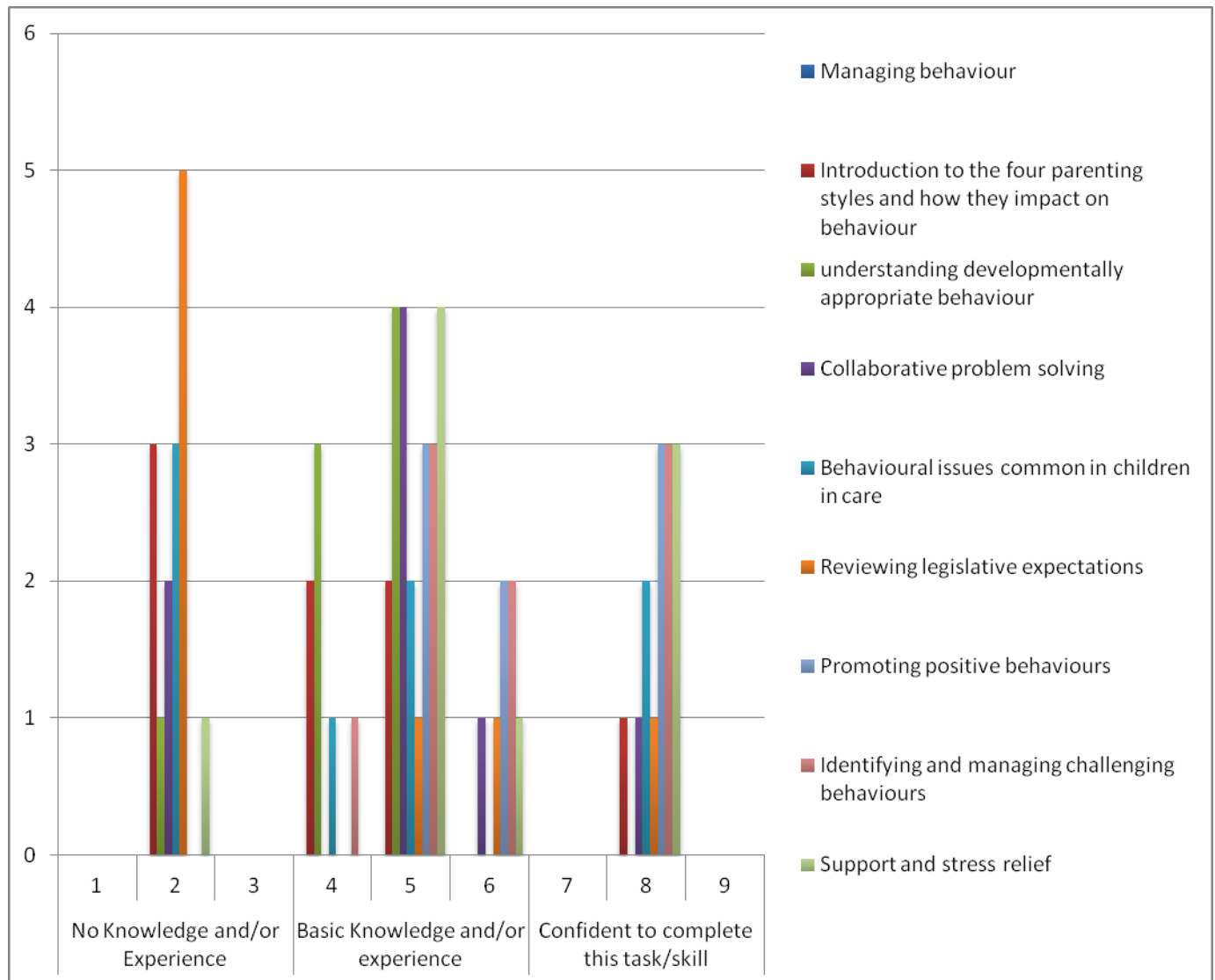


Figure 14 - Managing Behaviours – Post-Training

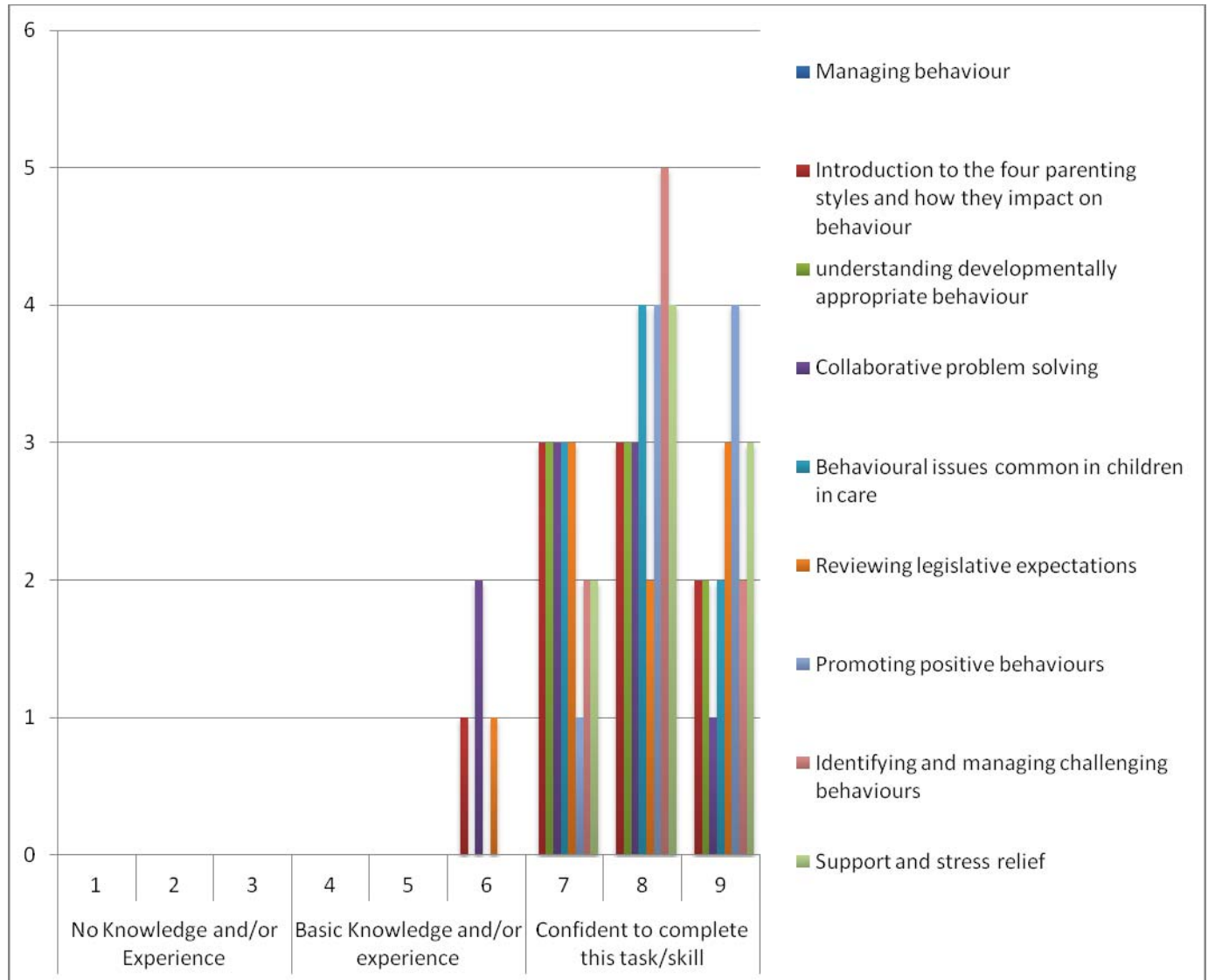


Figure 15 - CONTROL GROUP Managing Behaviours – Pre-Training

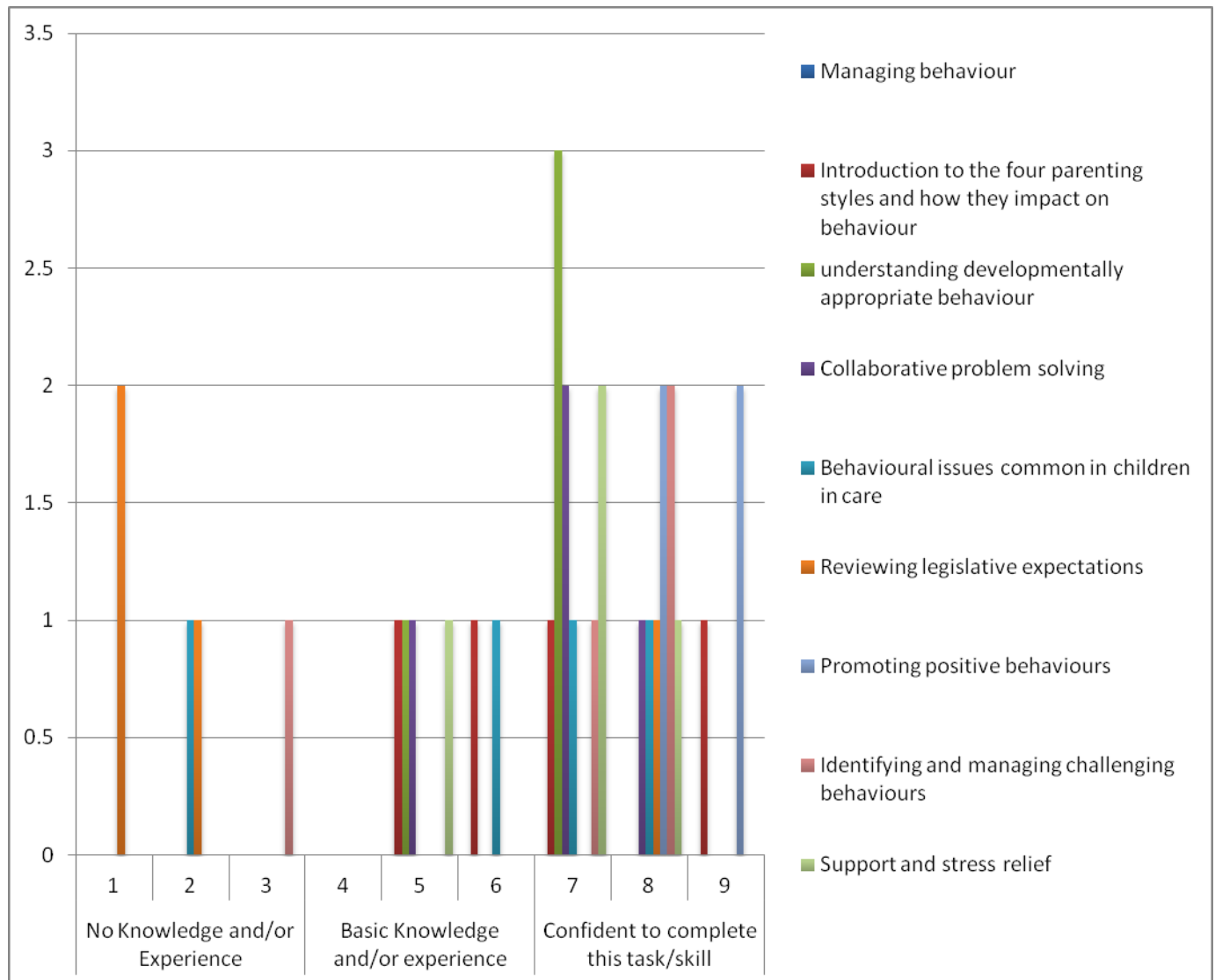
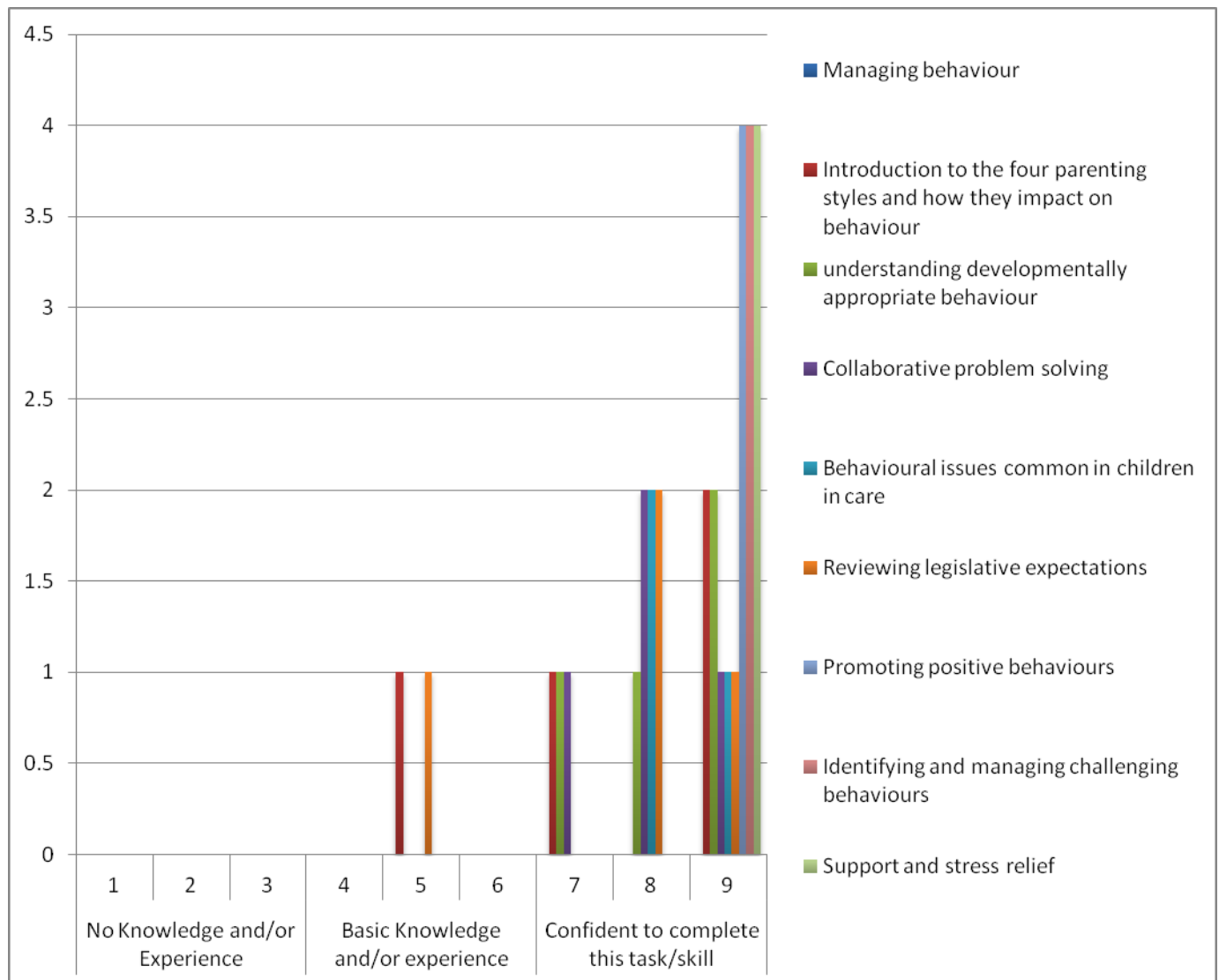


Figure 16 - CONTROL GROUP Managing Behaviours – Post-Training



### Protective Behaviours - Pre-Training Analysis

Prior to completion of this module, the majority of Applicants indicated having no knowledge and/or experience in the following element:

- The two core themes of protective behaviours.

Applicants reported having a basic understanding and/or experience of the following elements:

- Sexual abuse;
- Grooming behaviour;
- Talking with children and young people about personal safety; and
- Identifying safety networks with children and young people.

Only one Applicant reported feeling confident to complete skill/task in all areas of this module.

Half the Control group indicated having no knowledge and/or experience in the following element:

- The two core themes of protective behaviours.

Control Group Applicants reported having a basic understanding or being confident in their knowledge and skills in the following elements:

- Sexual Abuse;
- Grooming behaviour;
- Talking with children and young people about personal safety; and
- Identifying safety networks with children and young people.

Responses indicated a generally basic understanding of protective behaviours across both the Applicants and the Control Group Applicants. Although the Control Group Applicants still rated their levels of knowledge and/or experience at a higher level than those Applicants participating in the supported assessment process.

### Protective Behaviours - Post-Training Analysis

Post the delivery of this module, Applicants consistently rated themselves in the high end of the basic knowledge and/or experience or in the confident to complete task/skill ratings. The most significant increases were noted in relation to the two core themes of protective behaviours; talking with children and young people about personal safety; and identifying safety networks for children and young people. Figures 17 and 18 show increases in knowledge and/or experience in all areas of the module. Even those areas where Applicants identified themselves as being confident increased to a higher rating of confidence.



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The Control Group Applicants showed the least increases in understanding to two core themes of protective behaviours. The other elements of the module showed some increases in knowledge

and/or skills, however these were less significant in the Control Group Applicants. This indicated that there is less specific discussion about protective behaviours in a standard Kinship Carer Assessment (Figures 19 and 20).

The average increase in rating recorded for those Applicants in the supported assessment process was 3.76. The average increase in rating recorded by the Control Group was 2.00.

Figure 17 - Protective Behaviours – Pre-Training

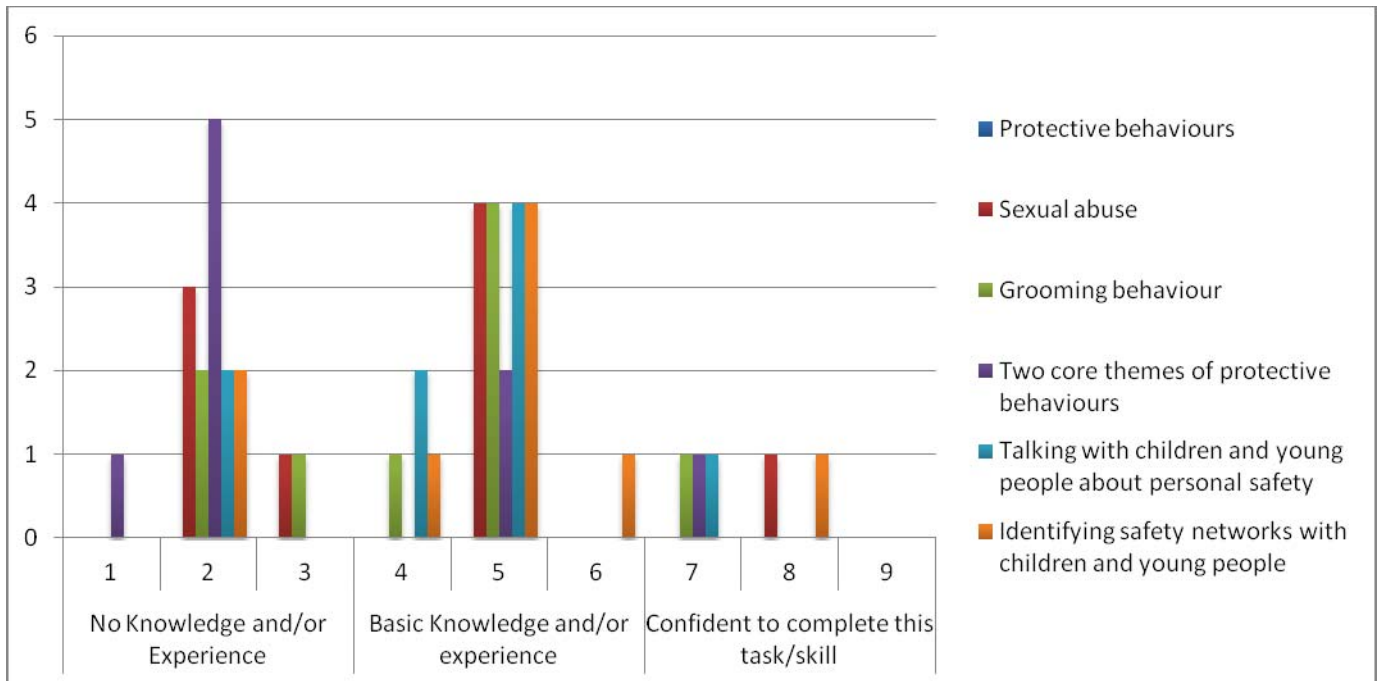


Figure 18 - Protective Behaviours – Post-Training

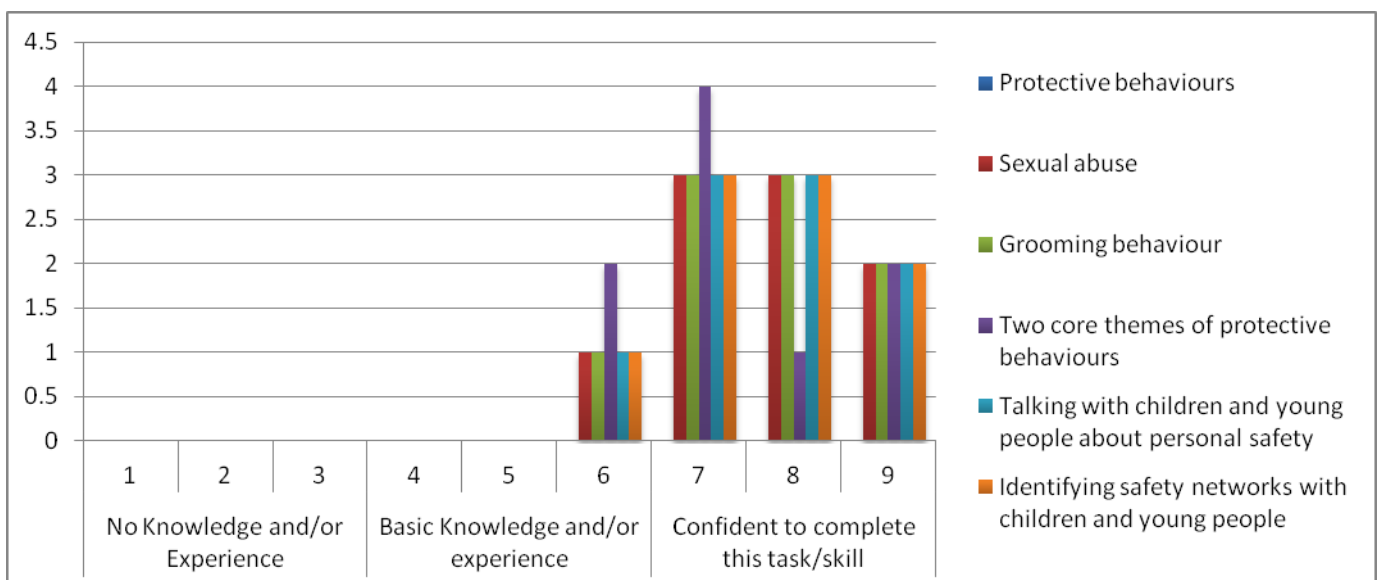




Figure 19 - CONTROL GROUP Protective Behaviours – Pre-Training

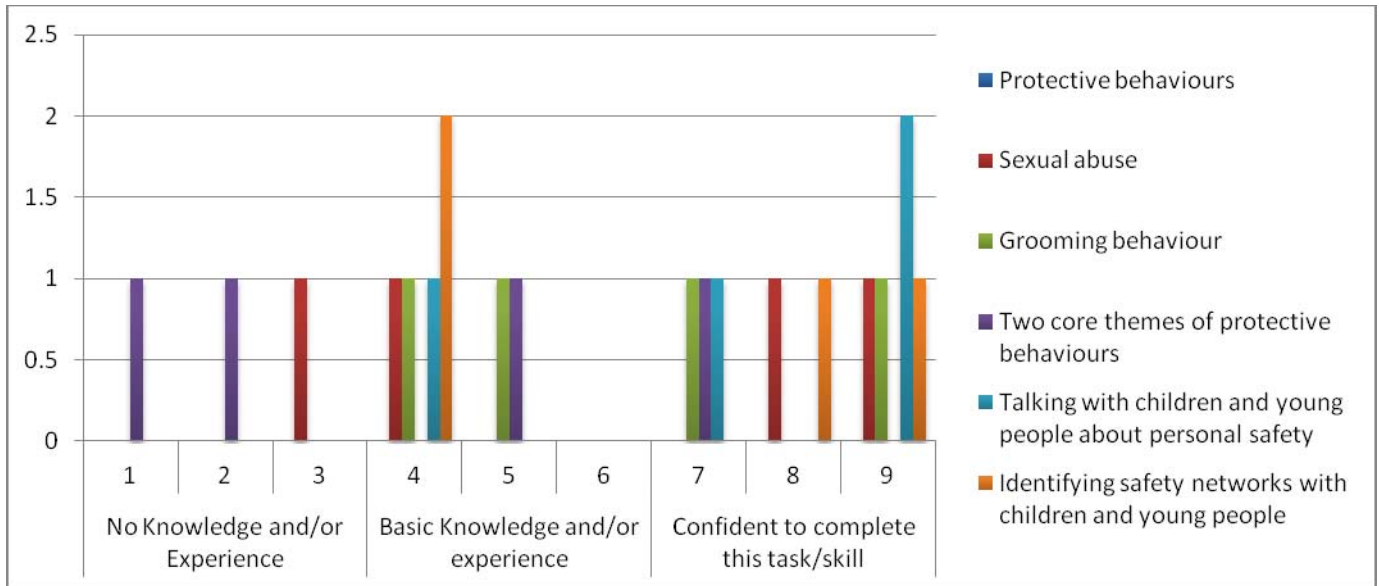
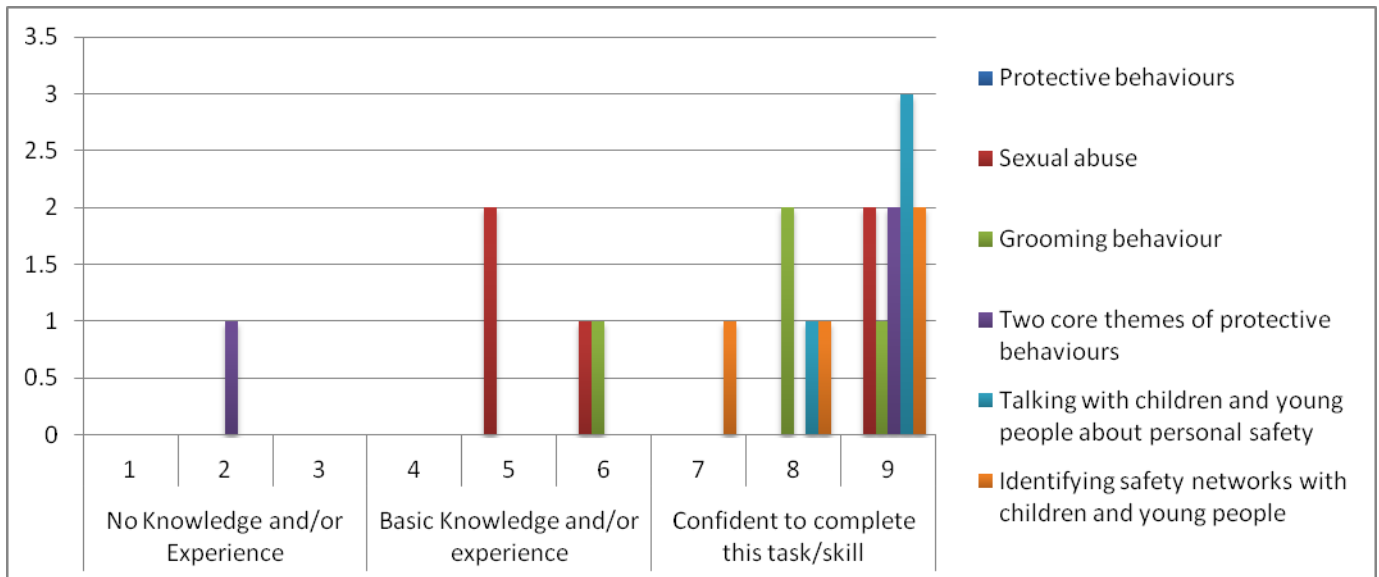


Figure 20 - CONTROL GROUP Protective Behaviours – Post-Training



### Communication and Problem Solving Pre-Training Analysis

Prior to completion of the this module, the majority of Applicants indicated having no knowledge and/or experience in the following elements:

- The DISC model; and
- “I” statements / managing emotins.

The majority of Applicants reported having a basic understanding and/or experience of the following elements:

- Defining communication;
- Styles of communication;
- Tools for conflict resolution;
- Responses to problems / conflict; and
- Support options.

There was indication that Applicants did rate themselves higher in some elements of this module, with two Appicants rating themselves in the lower levels of being confident to complete task/sill in defining conflict and at least one carer rating themselves as confident in responses to problems/coflict, support options and carer rights and responsibilities.

Equal numbers of applicants were rated as having no knowledge and/or experience and basic knowledge and/or experience in the following element:

- Carer rights and responsibilities, including legislative requirements.

The Control Group Applicants indicated having no knowledge and/or experience in the following elements:

- Carer rights and responsibilities including legislative responsibilities;
- The DISC model; and
- Support options for carers;

Equal numbers of applicants were rated in basic understand and/or knowledge and confident to complete task/skill in the following element:

- Responses to conflict / problems.

Equal numbers of Control Group Applicants were rated across the three competency levels in the following element:

- Styles of communication;
- “I” statements / managing emotions; and

- Tools for conflict resolution.

The majority of Control Group Applicants rated themselves as confident to complete task/skill in the following element:

- Defining communication.

Responses indicate a even spread of knowledge and experience across both the Applicants and the Control Group Applicants. Lack of knowledge and/or experience of the DISC model was the most consistent across the two groups and this would be reflective of this being a specific model related to communication which the majority of people would not be exposed to.

The use of “I” statements and managing emotions was more definitively placed in the no knowledge and/or experience rating for the Applicants, however Control Group Applicants participating in the standard assessment, had more of a range in terms of their understanding of this. Again, this is likley reflective of their pre-existing knowledge.

Interestingly, Applicants in the supported assessment process reported a higher understanding of the support options available to carers than those in the Control Group Applicants. Again, this may be reflective of the level of information provided by the Department at the time of application.

### Communication and Problem Solving Post-Training Analysis

Post the delievery of this module, all Applicants reported having a basic knowledge and/or experience, or being confident to compelte task/skill in each element of the module.

Figures 21 and 22 show the understandign of the DISC model had the most significant shift, with the majority of Applicants reporting no knowledge and/or experience in the pre-training analysis and the majority reporting confidence in the task/skill post-training.

Tools for conflict resolution also achieved significant gains with ratings shifting to the high end of the basic understanding and/or knowledge and the three levels of the confident to complete task/skill rating.

Figures 23 and 24 shows that The Control Group Applicants rated themselves higher in relation to their knowledge and/or experience with the DISC model of communication. It is unlikely that this would have been specifically discussed in a standard Kinship Caer Assessment and more likely reflects one of the Control Group Applicants mistakenly rating themselves higher in this specific area. This also applies to defining communication and styles of communication, which also showed slight increases, although this could be addressed in a standard Kinship Carer Assessment when discussing how applicants will work effectively with the Department and other key stakeholders.

The “I” statements element remained the same both pre and post-training indicating that this specific skill is not discussed in a standard Kinship Carer Assessment.

Increases were noted in relation to support options for carers, carer rights and responsibilities and tools for conflict resolution. All of these elements are likely to be part of a standard Kinship Carer Assessment and discussed in sections relating to applicant's abilities to work effectively with the Department and other key stakeholders and their capacity to meet the Standards of Care.

The average increase in rating recorded for those Applicants in the supported assessment process was 4.22. The average increase in rating recorded by the Control Group was 1.65.

Figure 21 - Communication and Problem Solving – Pre-Training

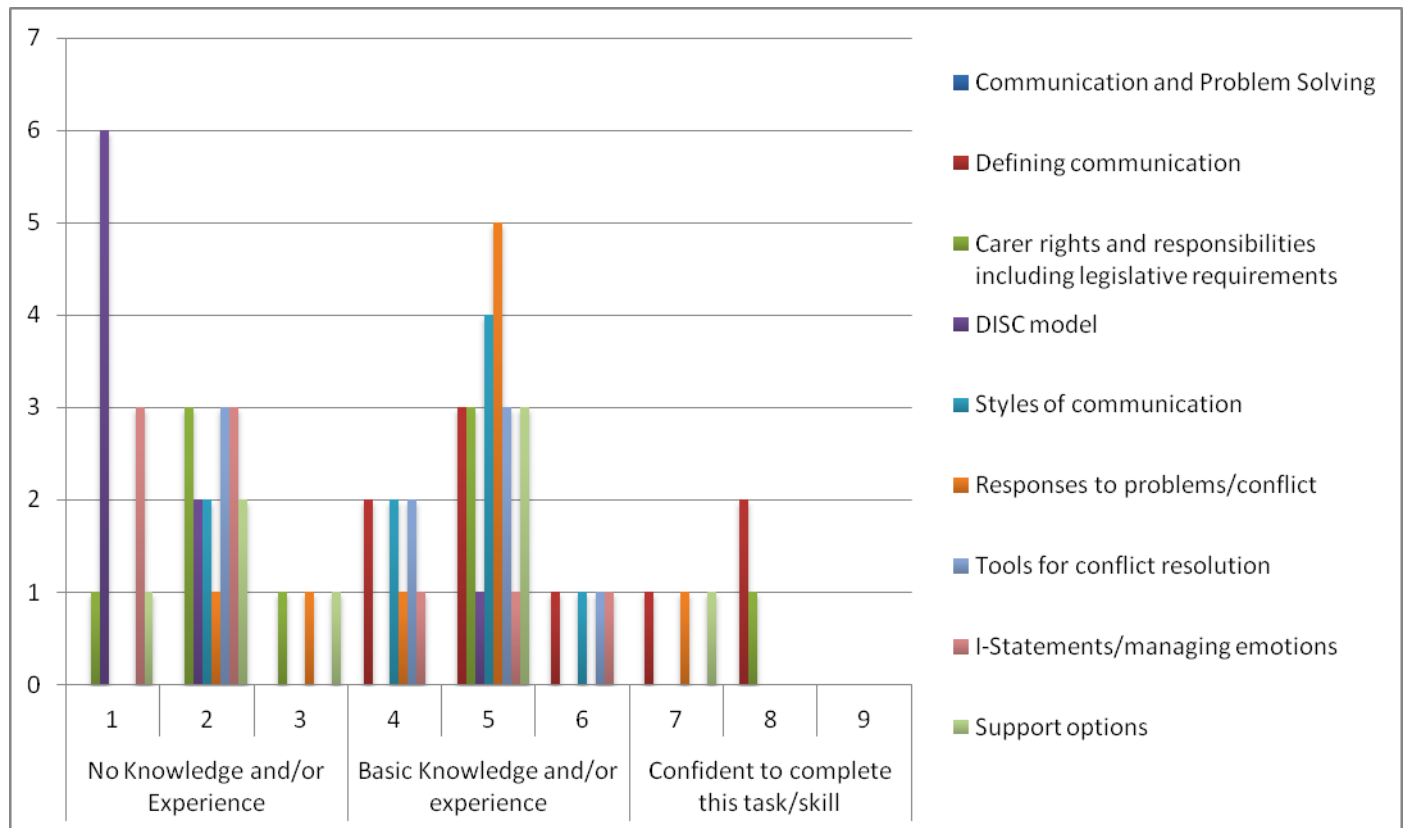


Figure 22 - Communication and Problem Solving – Post-Training

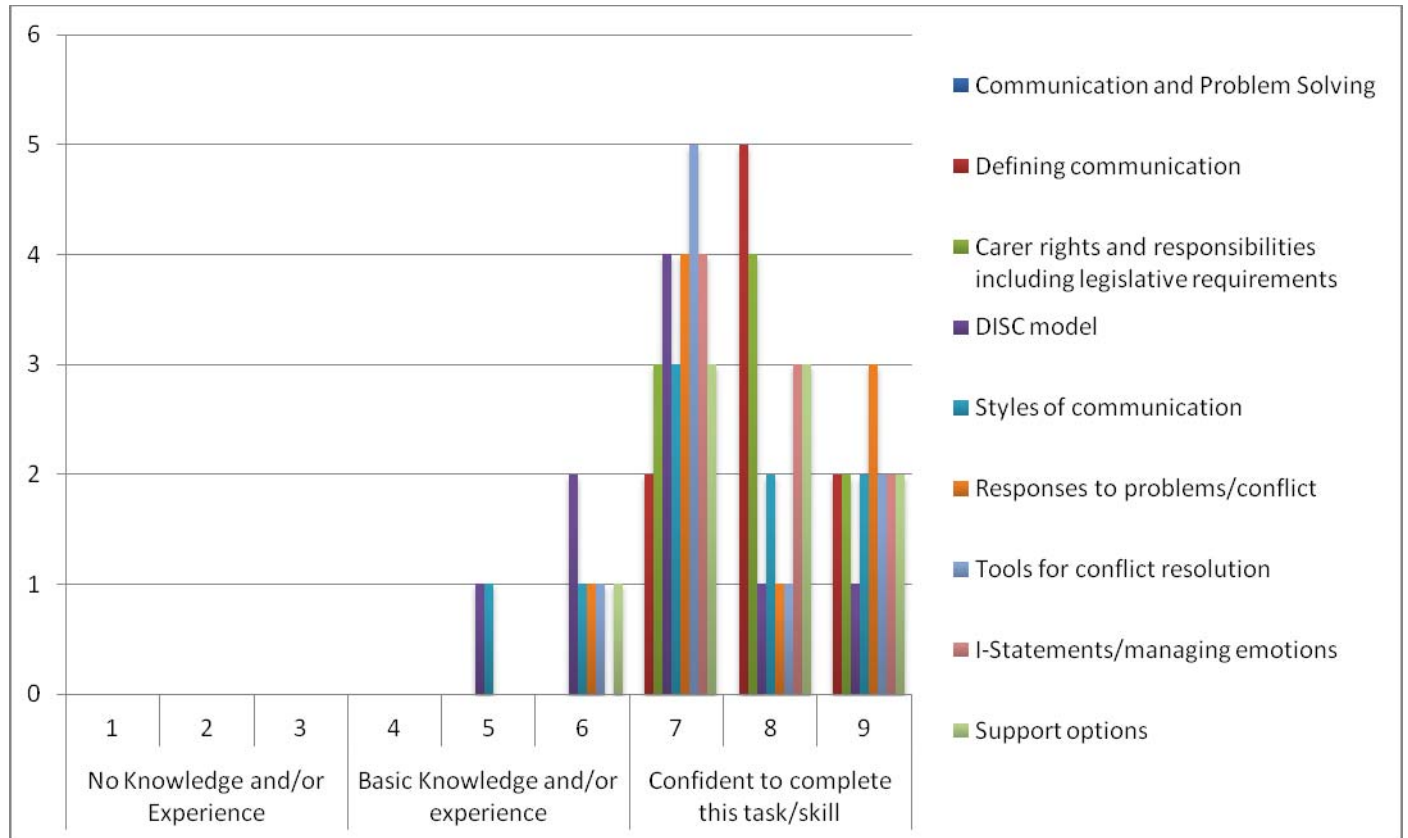


Figure 23 - CONTROL GROUP Communication and Problem Solving – Pre-Training

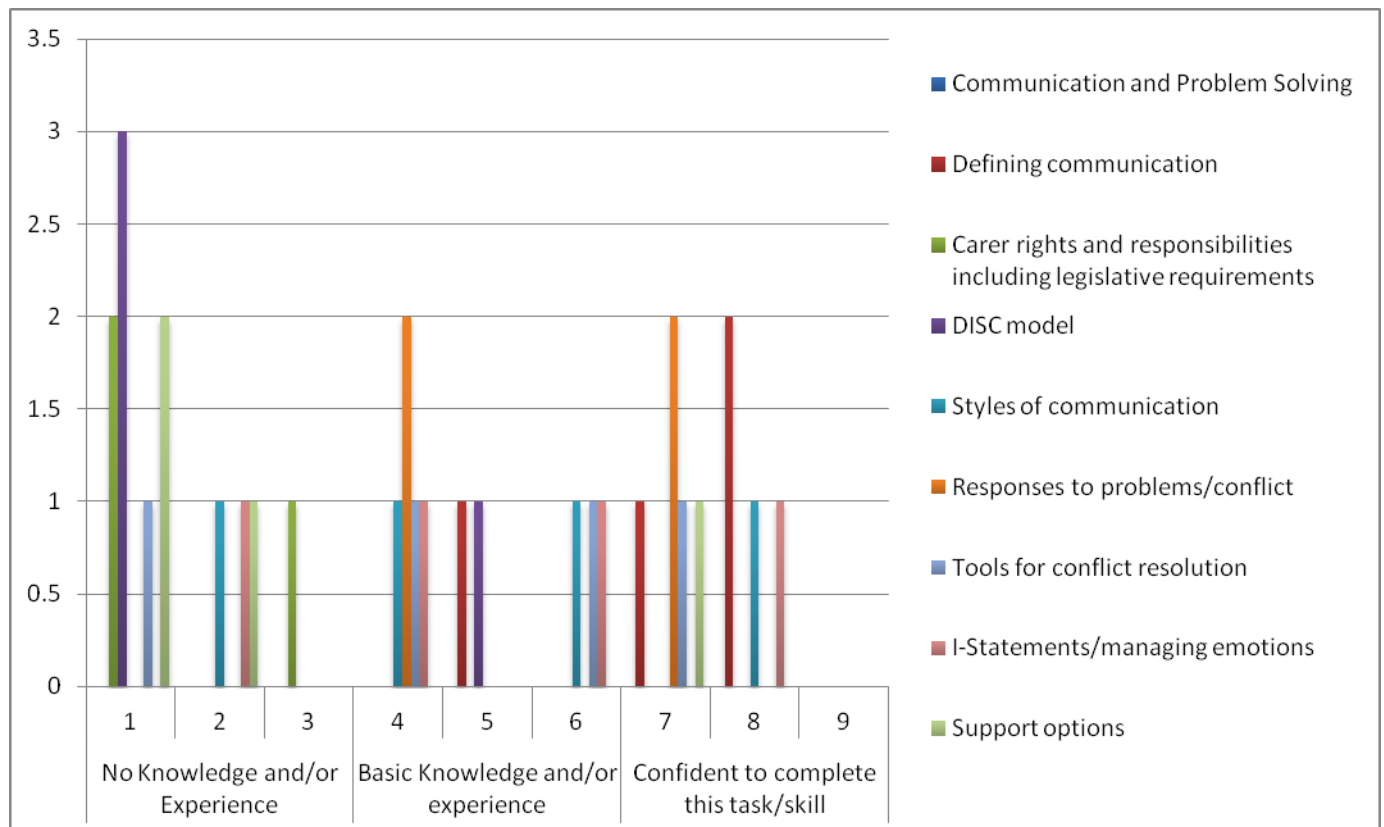
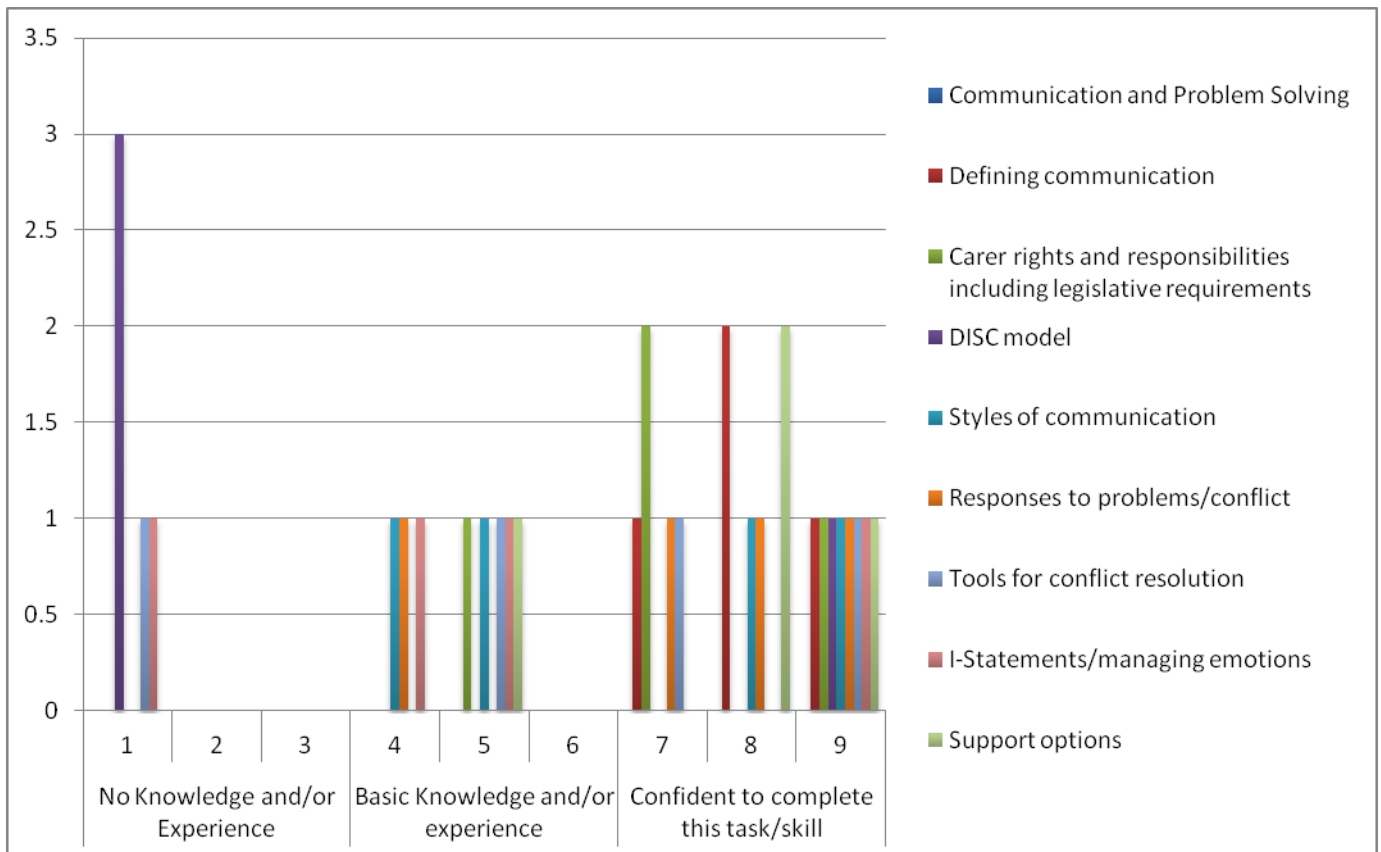


Figure 24 - CONTROL GROUP Communication and Problem Solving – Post-Training





### Self Care Pre-Training Analysis

Prior to completion of this module, the majority of Applicants indicated having no knowledge and/or experience in the following elements:

- Practice frameworks for foster care;
- Articulating your own practice framework for foster care;
- Identifying and responding appropriately to critical incidents; and
- Training and support networks for foster carer.

Applicants reported having a basic understanding and/or experience of the following elements:

- The values and experience that influence your motivation and reactions to foster care; and
- Recognising and understanding compassion fatigue in yourself and your family.

Only one Applicant reported being confident in their skills understanding the values and experiences that influence your motivation and reactions to foster care and two reported being confident in their time management skills.

Equal numbers of applicants were rated as having no knowledge and/or experience and basic knowledge and/or experience in the following elements:

- Time management and organisational knowledge, skills and abilities;
- Setting appropriate boundaries for self-care in foster care;
- Reducing fostering related stress; and
- Developing and implementing realistic self-care strategies in a fostering environment.

The majority of Control Group Applicants indicated having no knowledge and/or experience in the following elements:

- Practice frameworks for foster care;
- Training and support networks for foster care; and
- Reducing fostering related stress.

Control Group Applicants reported having basic knowledge and/or experience in the following element:

- Articulating your own practice framework for foster care.

The majority of Control Group Applicants reported being confident to complete task/skill in the following elements:

- The values and experiences that influence your motivation and reactions to foster care;
- Setting appropriate boundaries for self-care in a fostering setting;

- 
- Time management and organisational knowledge, skills and abilities;
  - Identifying and responding appropriately to critical incidents,
  - Recognising and understanding compassion fatigue within yourself and your family; and
  - Developing and implementing realistic self-care strategies in a fostering environment.

Responses indicated that limited understanding of the concept of having a framework for the foster care role. This was consistent across both groups of Applicants. Training and support network knowledge and/or experience was another element that was consistently rated across both groups of Applicants.

Both groups of Applicants rated themselves as having a basic knowledge and/or experience in regards to factors that influence their approach to fostering including their values and experiences.

The Control Group Applicants rated themselves as confident to complete task/skill in a larger number of elements than those participating in the supported assessment process. This is likely reflective of Applicant's pre-existing knowledge and life experiences. The provision of information from the Department at the time of application may also influence knowledge of these elements.

### Self Care Post-Training Analysis

Post the delivery of this module, the majority of Applicants reported being in the higher levels of the basic knowledge and/or experience or confident to complete task/skill, in each element of the module.

Figures 25 and 26 show the most notable differences in the practice frameworks for foster care and time management elements of this module. The training and support options also shifted significantly into the higher levels.

Clusters in all elements of the module have moved from the no knowledge and/or experience to the upper levels of the basic knowledge and/or experience and confident to complete task/skill rating.

Figures 27 and 28 show that the Control Group Applicants also made shifts in the areas of understanding and articulating their practice framework for foster care, including their values and experiences, although increases were not as significant as those who participated in the supported assessment process. These are areas that are likely to be covered in a standard assessment process.

Developing and implement realistic self-care strategies in the fostering environment showed no changes, although this was rated highly pre-training, it demonstrates that this is further explored during the supported assessment process.

Overall, increases in the Control Group were not as significant as those Applicants who participated in the supported assessment process.



The average increase in rating recorded for those Applicants in the supported assessment process was 4.4. The average increase in rating recorded by the Control Group was 2.15.

Figure 25 - Self Care – Pre-Training

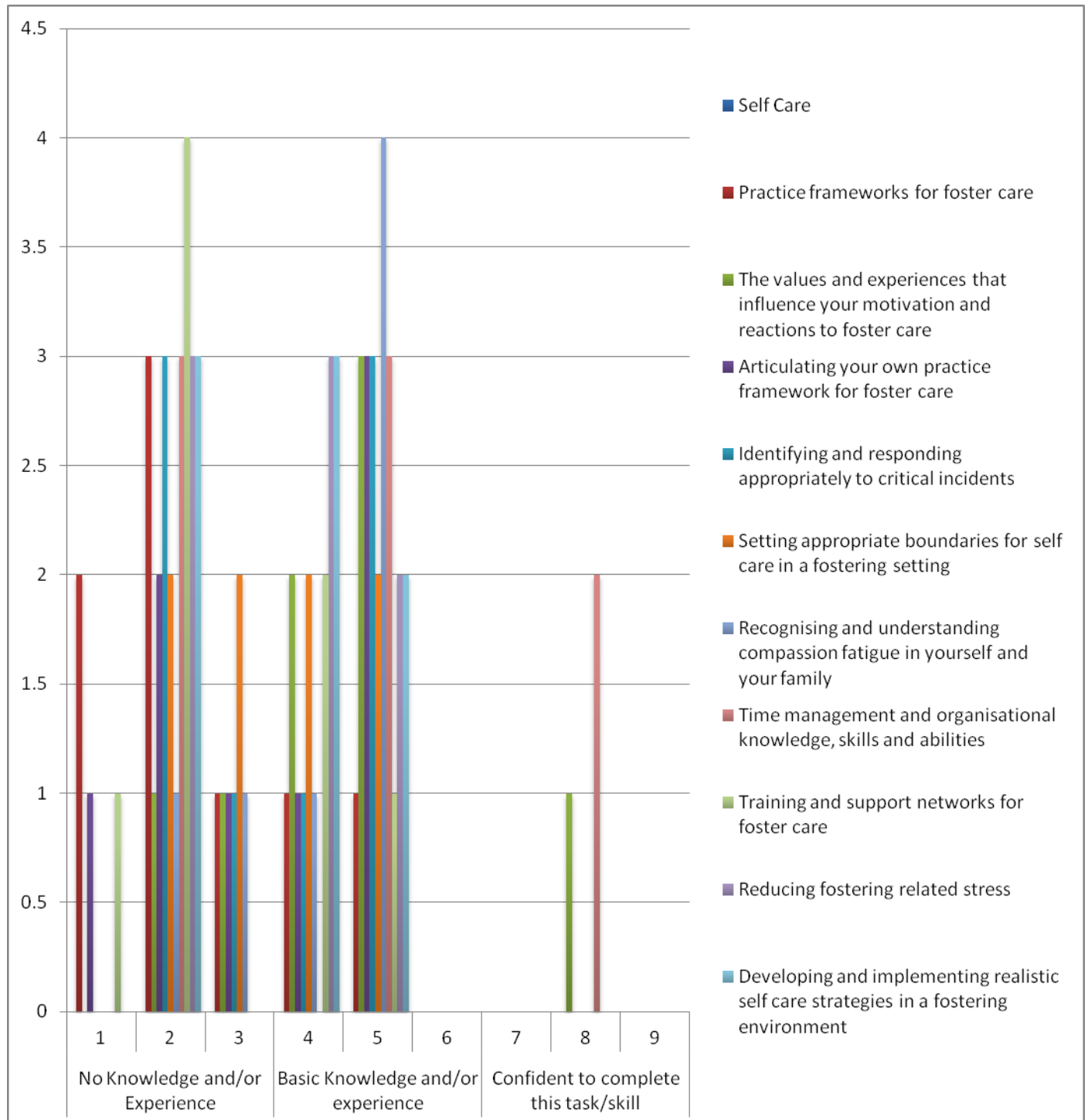


Figure 26 - Self Care – Post-Training

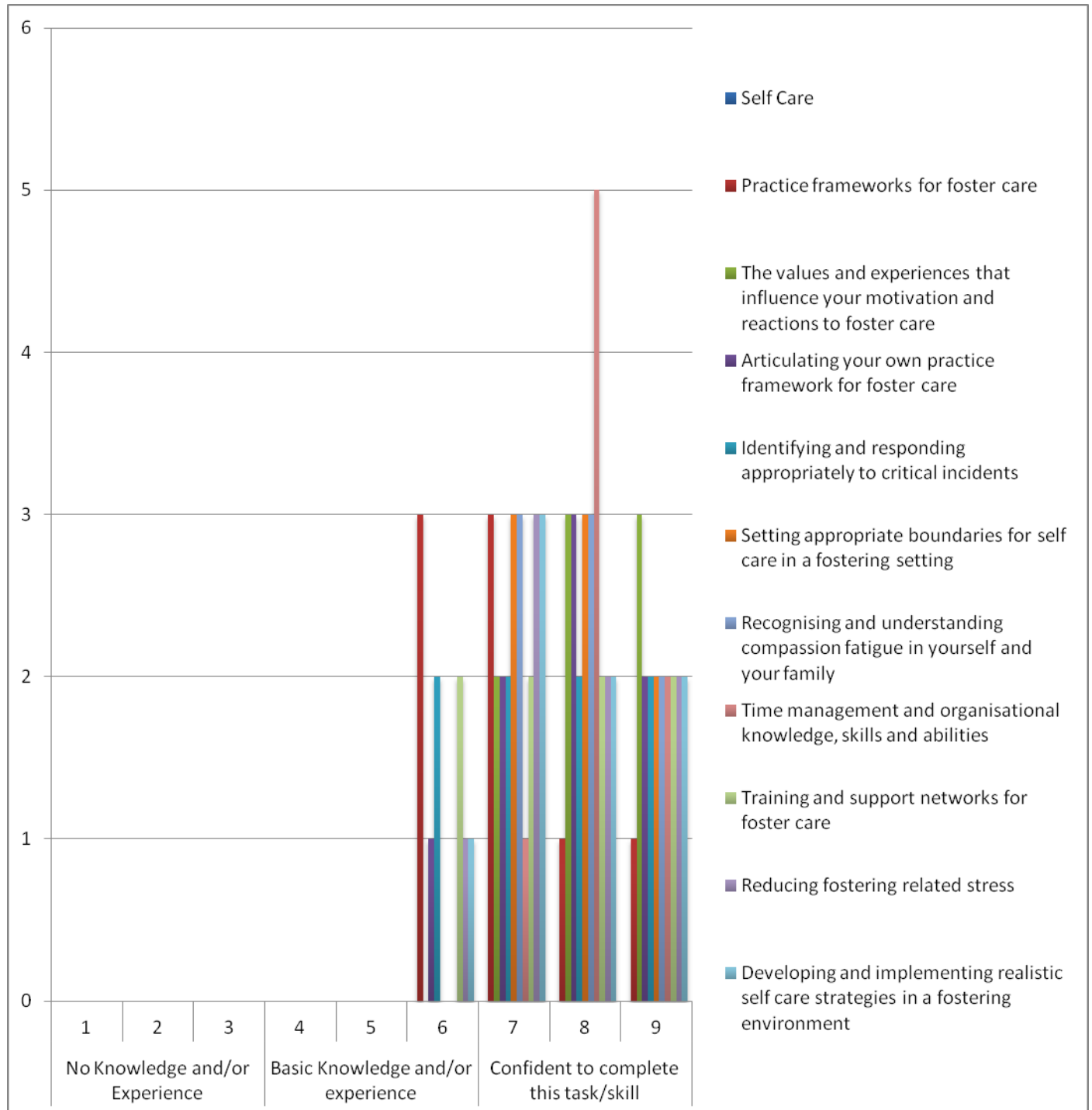


Figure 27 - CONTROL GROUP Self Care – Pre-Training

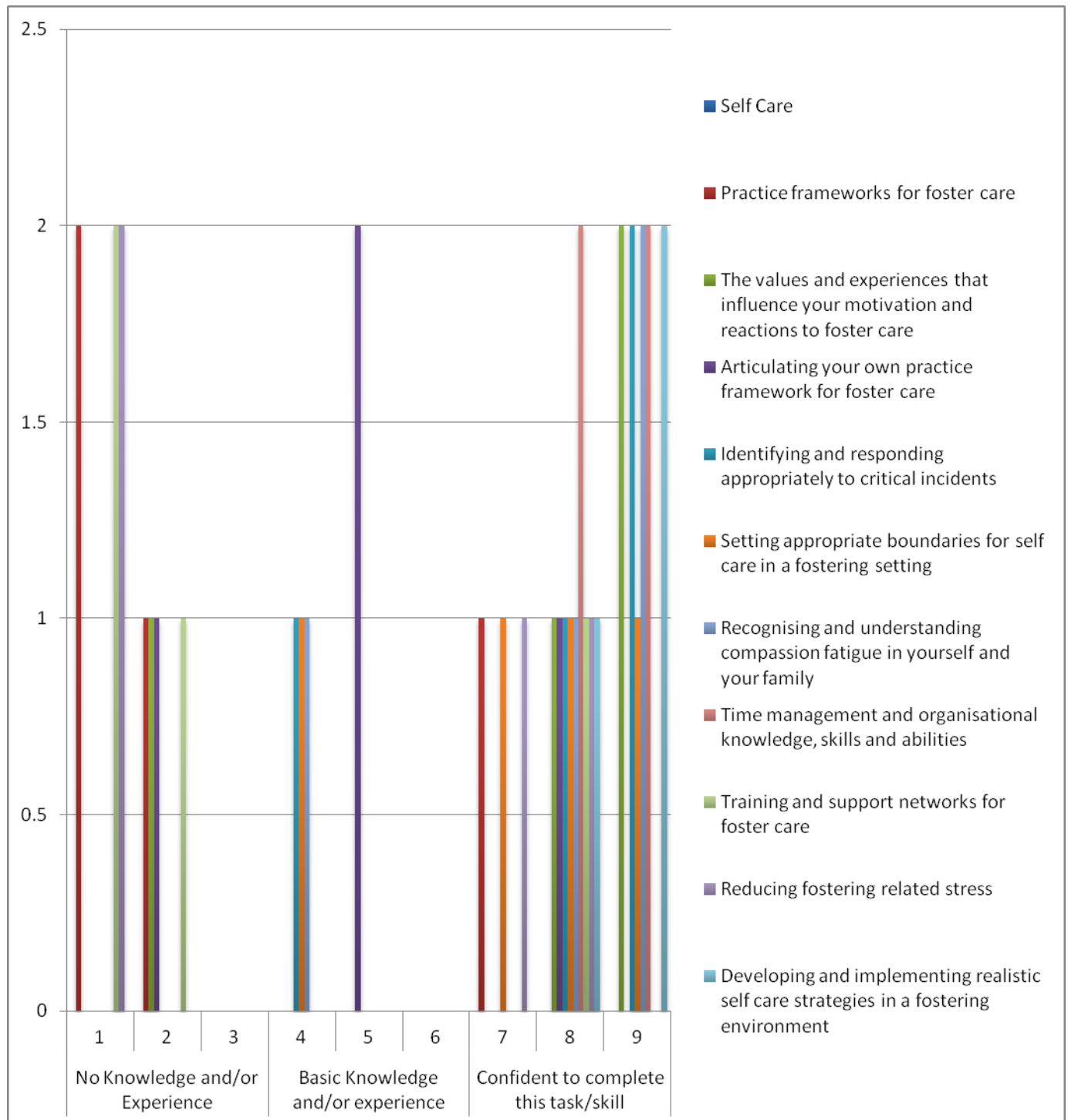
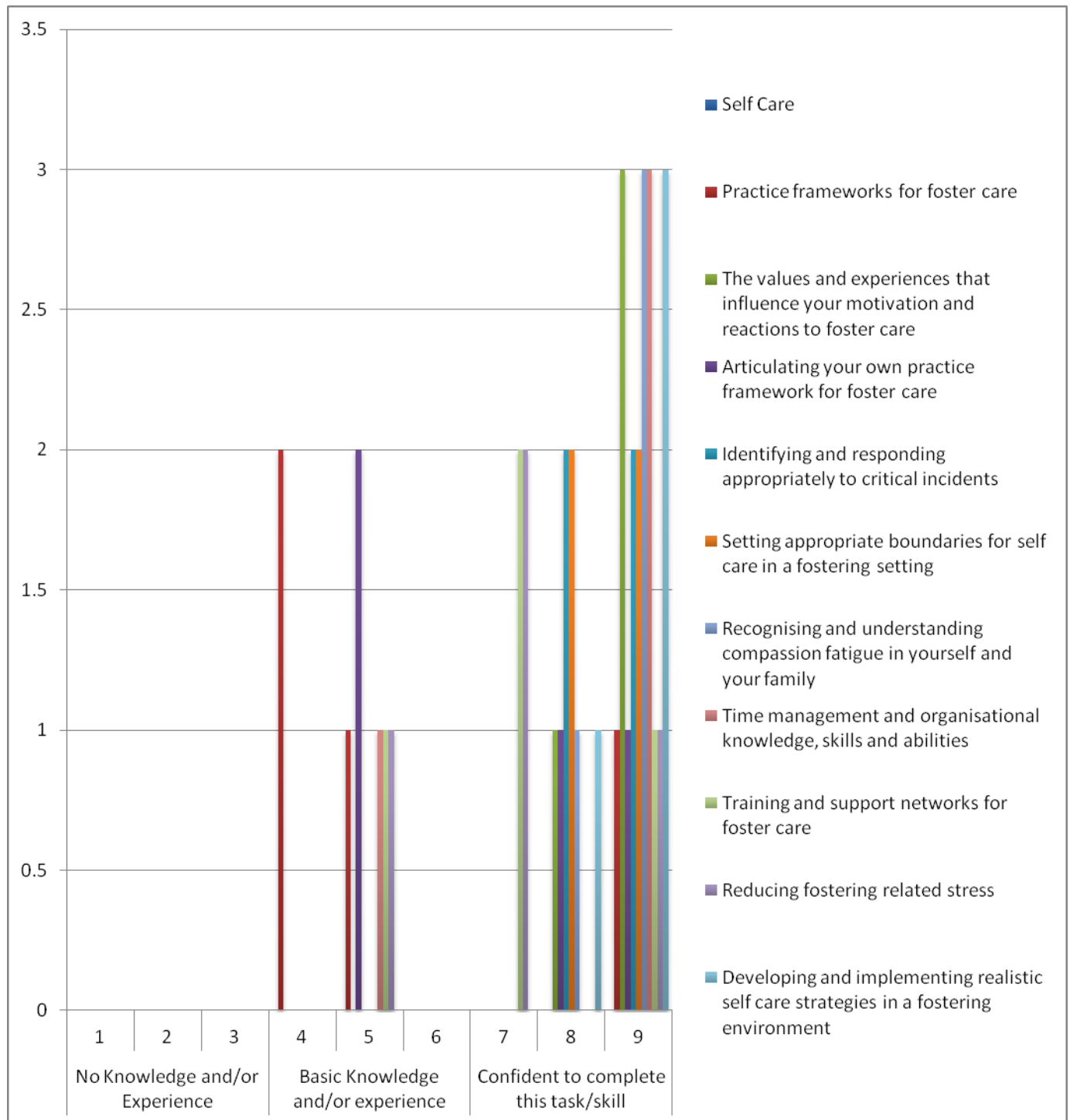


Figure 28 - CONTROL GROUP Self Care – Post-Training





## 7. Conclusions and Recommendations

At the conclusion of the trial, nine Kinship Carer applicants had participated in the combined Kinship Carer Assessment and Placement Preservation Package, or supported assessment process. Four additional carers had consented to participate in a pre and post-training needs analysis as part of their standard Kinship Carer Assessment.

Whilst there were limitations to the trial in terms of numbers of participants in both the Control Group and those involved in the supported assessment process; as well as a lack of matching of demographics across the two groups; and the plan to interview Kinship Carers whose placements had broken down did not occur, data was able to be collected, analysed and compared across the two groups.

Based on information gathered through the pre and post-training needs analysis as well as the Kinship Carer Assessment Reports completed, it was concluded that Applicants who participated in the supported assessment process finished with a more significant improvement in their knowledge and experience in all training modules.

The following table outlines the average rating improvement for each module for those who participated in the supported assessment process and those in the control group.

<b>Module Name</b>	<b>Average Rating increase - supported assessment process Applicants</b>	<b>Average Rating increase – Control Group Applicants</b>
1. The fundamentals of foster care	4.84	1.20
2. Grief and Loss	4.20	1.28
3. Understanding trauma	3.98	0.65
4. Managing behaviours	3.18	1.87
5. Protective Behaviours	3.76	2.00
6. Communication and Problem Solving	4.22	1.65
7. Self Care	4.40	2.15

It was evident from the information gathered and analysed that there is some cross over between a standard Kinship Carer Assessment and a supported assessment process. These were most notable in the the following modules:

- The fundamentals of foster care;
- Managing behaviour; and
- Self care.

They were also present in particular elements of the following modules:

- Understanding trauma; and
- Communication and problem solving.

There are aspects of the standard Kinship Carer Assessment that naturally contain an educative element, including those relating to the Kinship Carer Applicant's understanding of harm; their parenting style; how they will work effectively with the Department and key stakeholders; and meeting legislative requirements. It can only then be expected that pre and post-training analysis would reflect increases in these areas in the standard assessment process, which was the case in this trial.

However it was also noted that increases in knowledge and experience for those participating in the supported assessment process was at a more significant level than for those participating in the standard assessment process.

In general, those who participated in the Control Group reported higher levels of pre-assessment knowledge and experience than those in the supported assessment process. Variations in knowledge pre-training were deduced to be related to the following factors:

- i. Information provided to Kinship Carer Applicants by the Department at the time of application;

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- ii. Information sought by Kinship Carer Applicants at the time of making their application;
- iii. Existing knowledge and skills of the Kinship Carer Applicants; and
- iv. The possibility of Control Group Applicants overrating themselves in the pre or post-training needs analysis forms.

It must also be considered that the CSSCs involved made appropriate choices in terms of the participants in the supported assessment process and were aware that they may require a greater level of education and training to fully understand their caring role.

It would be beneficial for those Applicants who participated in the supported assessment process to have their renewal assessments completed by the same ISART Assessor and to be re-surveyed in regards to their retention of information for each of the Placement Preservation Package modules. This would also assist in strengthening module elements as well as targetting revision during the renewal process.

It would also be beneficial for ISART to do a file review for each Kinship Carer who participated in the supported assessment package to search for any casenoted issues that have arisen in their provision of Kinship Care or any MOC's that have been recorded during the approval period. This would also assist in strengthening module elements, particularly as many issues that become MOCs could be related to lack of knowledge and/or skill in one of the module elements.

Overall the evidence indicates that those who participated in the combined Kinship Carer Assessment and Placement Preservation Package, completed the process with a greater understanding of a number of key areas related to foster care, than those who participated in a standard assessment process.

Participation in the supported assessment process requires a more stringent selection criteria to be developed for participation in the supported assessment process in order for it to continue to target those who would benefit most from involvement in the process.

Ongoing review of retention of information at renewal time would be beneficial to consider which areas of the Placement Preservation Package require revision and how the modules can be strengthened.

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The Placement Preservation Package can be implemented with existing Kinship Carers in an individual or group setting and based on evidence gathered, it may be beneficial to implement the Package with existing Kinship Carers who are struggling with their roles and responsibilities.

Based on evidence gathered during this trial, the following recommendations are made:

1. CSSCs consider continuing to implement the combined Kinship Carer Assessment and Placement Preservation Package for those applicants identified as requiring the most input to understand the roles and responsibilities of kinship care.
2. ISART and the CSSCs consider the development of a more stringent selection criteria for participation in the combined Kinship Carer Assessment and Placement Preservation Package to ensure that it remains targetted at those most in need.
3. Consideration is given to ISART completing renewal assessments with those carers who participated in the combined Kinship Carer Assessment and Placement Preservation Package to review the level of knowledge retention and which modules or elements require revision or strengthening.
4. Consideration is given to allowing ISART to complete file reviews on those Applicants who participated in the combined Kinship Carer Assessment and Placement Preservation Package, to note any issues that have arisen in their provision of kinship care and whether module revision or strengthening could prevent future issues.
5. Consideration is given to implementing the Placement Preservation Package with existing Kinship Carers who may be struggling with the roles and responsibilities of kinship care.

Appendix A

Skill/knowledge area	No knowledge and/or experience	Basic knowledge and/or experience	Confident to complete task/skill
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<b>Fundamentals of Foster Care</b>								
The role of a kinship / foster carer	1	2	3	4	5	6	7	8 9
How kinship caring differs from the relational role	1	2	3	4	5	6	7	8 9
Rights and responsibilities of a kinship carer	1	2	3	4	5	6	7	8 9
Decision making delegations	1	2	3	4	5	6	7	8 9
The role of the Department and departmental workers	1	2	3	4	5	6	7	8 9
The Statement of Standards and Standards of Care expectations	1	2	3	4	5	6	7	8 9
The rights of a child in care	1	2	3	4	5	6	7	8 9
CPCR's and Matters of Concern	1	2	3	4	5	6	7	8 9
Support options for foster carers	1	2	3	4	5	6	7	8 9
Financial matters and responsibilities	1	2	3	4	5	6	7	8 9
<b>Grief and Loss</b>								
Understanding grief and loss – developmental and general losses, loss related to children in out of home care	1	2	3	4	5	6	7	8 9
Factors affecting a child's perception of loss	1	2	3	4	5	6	7	8 9
Grief theories	1	2	3	4	5	6	7	8 9
The stages of grief / complex grief	1	2	3	4	5	6	7	8 9
The impact of loss	1	2	3	4	5	6	7	8 9
How to support children who have experienced loss and grief	1	2	3	4	5	6	7	8 9
How to manage personal loss and grief related to the foster carer role	1	2	3	4	5	6	7	8 9

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<b>Understanding trauma</b>								
What is child traumatic stress?	1	2	3	4	5	6	7	8 9
Understanding harm, risk of harm and cumulative harm	1	2	3	4	5	6	7	8 9
The Impact of trauma on behaviour	1	2	3	4	5	6	7	8 9
The Impact of trauma on development	1	2	3	4	5	6	7	8 9
The Impact of trauma on relationships	1	2	3	4	5	6	7	8 9
Addressing the impact of trauma: resilience and recovery	1	2	3	4	5	6	7	8 9
Managing personal stress: Vicarious trauma	1	2	3	4	5	6	7	8 9
<b>Managing Behaviours</b>								
Introduction to the four parenting styles and how they impact on behaviour	1	2	3	4	5	6	7	8 9
Understanding developmentally appropriate behaviour	1	2	3	4	5	6	7	8 9
Collaborative Problem Solving;	1	2	3	4	5	6	7	8 9
Behavioural issues common in children in care	1	2	3	4	5	6	7	8 9
Reviewing legislative expectations	1	2	3	4	5	6	7	8 9
Promoting positive behaviours	1	2	3	4	5	6	7	8 9
Identifying and managing challenging behaviours	1	2	3	4	5	6	7	8 9
Support and stress relief	1	2	3	4	5	6	7	8 9
<b>Protective Behaviours</b>								
Sexual abuse	1	2	3	4	5	6	7	8 9
Grooming behaviour	1	2	3	4	5	6	7	8 9
Two core themes of protective behaviours	1	2	3	4	5	6	7	8 9
Talking with children and young people about personal safety	1	2	3	4	5	6	7	8 9
Identifying safety networks with children and young people	1	2	3	4	5	6	7	8 9

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<b>Communication and Problem Solving</b>									
Defining communication	1	2	3	4	5	6	7	8	9
Carer rights and responsibilities including legislative requirements	1	2	3	4	5	6	7	8	9
DISC model	1	2	3	4	5	6	7	8	9
Styles of communication	1	2	3	4	5	6	7	8	9
Responses to problems / conflict	1	2	3	4	5	6	7	8	9
Tools for conflict resolution	1	2	3	4	5	6	7	8	9
I-Statements / Managing emotions	1	2	3	4	5	6	7	8	9
Support options	1	2	3	4	5	6	7	8	9
<b>Self Care</b>									
Practice frameworks for foster care	1	2	3	4	5	6	7	8	9
The values and experiences that influence your motivation and reactions to foster care	1	2	3	4	5	6	7	8	9
Articulating your own practice framework for foster care	1	2	3	4	5	6	7	8	9
Identifying and responding appropriately to critical incidents	1	2	3	4	5	6	7	8	9
Setting appropriate boundaries for self care in a fostering setting	1	2	3	4	5	6	7	8	9
Recognising and understanding compassion fatigue in yourself and your family	1	2	3	4	5	6	7	8	9
Time management and organisational knowledge, skills and abilities	1	2	3	4	5	6	7	8	9
Training and support networks for foster care	1	2	3	4	5	6	7	8	9
Reducing fostering related stress	1	2	3	4	5	6	7	8	9
Developing and implementing realistic self care strategies in a fostering environment	1	2	3	4	5	6	7	8	9

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## APPENDIX E

# Proposal for Autism Spectrum Disorders Training and Support Package

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**From:**

In Sync Assessment, Recruitment and Training  
ACN: 128 992 218  
PO Box 2062  
Keperra QLD 4054

**To:**

Queensland Department of Communities, Child Safety Services

January 2013

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## 14 Summary of Offer

In Sync Assessment Recruitment and Training (ISART) offers the Department of Communities, Child Safety Services an Autism Spectrum Disorder (ASD) Training and Support Package for children in or at risk of entering out-of-home care who are either diagnosed with an ASD or will potentially be diagnosed with ASD. The ASD Training and Support Package provides a range of training modules for implementation with families or carer entities to assist them in understanding the complexities of ASD; followed by the coordination of services to assist in addressing the individual needs of the child; and one-on-one **outcomes coaching** in the home to support the family or carer entity to implement the treatment program and achieve positive outcomes for the child in out of home care.

The ASD Training and Support Package offers eight standard training modules targeted at giving families or carers a clear understanding of the complexities associated with caring for a child with ASD. Evaluation of each module of training will allow the Outcomes Coach to ascertain the level of learning obtained and further training and support requirements for families or carers to understand and support the child with ASD. The Training Component can also be offered to staff of Child Safety including Senior Practitioners, Team Leaders, Child Safety Officers and Child Safety Support Officers; or staff in non-government agencies supporting children and families either in care or identified as being at risk of entering the care system.

Following the family or carer gaining a sufficient level of knowledge to understand and support the child with an ASD, the Outcomes Coach will assist the family or carer to identify and access an integrated therapy model to be coordinated by the child's Paediatrician or the Outcomes Coach. ISART will access a panel of providers that the child and family or carer can access to develop the integrated therapies model. The panel of providers will report back to ISART and the Outcomes Coach will then support the implementation of recommendations in the home.

It is anticipated that the implementation of the ASD Training and Support Package will sufficiently equip families or carers to understand the complexities of ASD; to access services that contribute to an integrated therapies model; and to have coaching in the home to implement the strategies recommended from the range of professionals accessed. The family's enhanced capacity to understand and meet the needs of children with ASD will increase the possibility of the child with ASD remaining safely in the home. The carer's enhanced capacity to understand and meet the needs of children with ASD will increase placement longevity and create positive outcomes for children in care with ASD.

ISART offers to deliver its ASD Training and Support Package in a timely and consistent manner and to deliver consistent interventions with evidenced based outcomes. ISART is confident that its offer will deliver the Region a number of advantages including:

- Families or kinship / general carers with enhanced skills and knowledge in ASD;

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- access to a panel of providers creating an integrated therapies model to addressing specific needs;
- in-home coaching to implement strategies provided by professionals; and
- longevity of quality placements for children or maintenance of the child in the home.

ISART has established business and quality processes that have enabled it complete hundreds of assessments for the Department of Communities, Child Safety Services and providers engaged by the Department since its inception in January 2008. It is through this experience that we have come to appreciate the value that the ASD Training and Support Package could add to the longevity of quality placements.

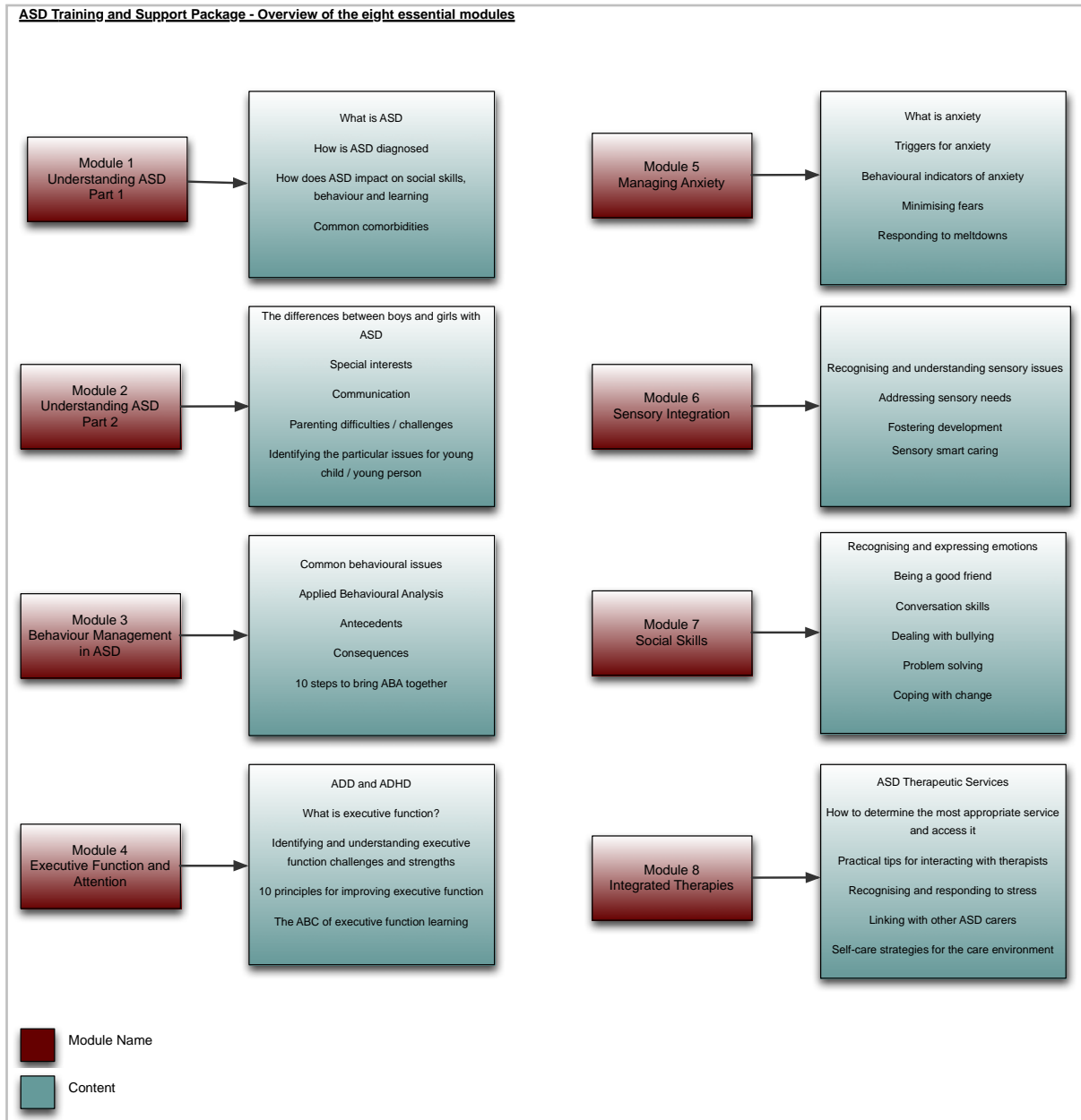
ISART is an agile enterprise and is able to support more flexible commercial arrangements. ISART expects that the commercial basis of the engagement would be finalised through a negotiation process with the Department of Communities, Child Safety Services.

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# 15 Training Component Content

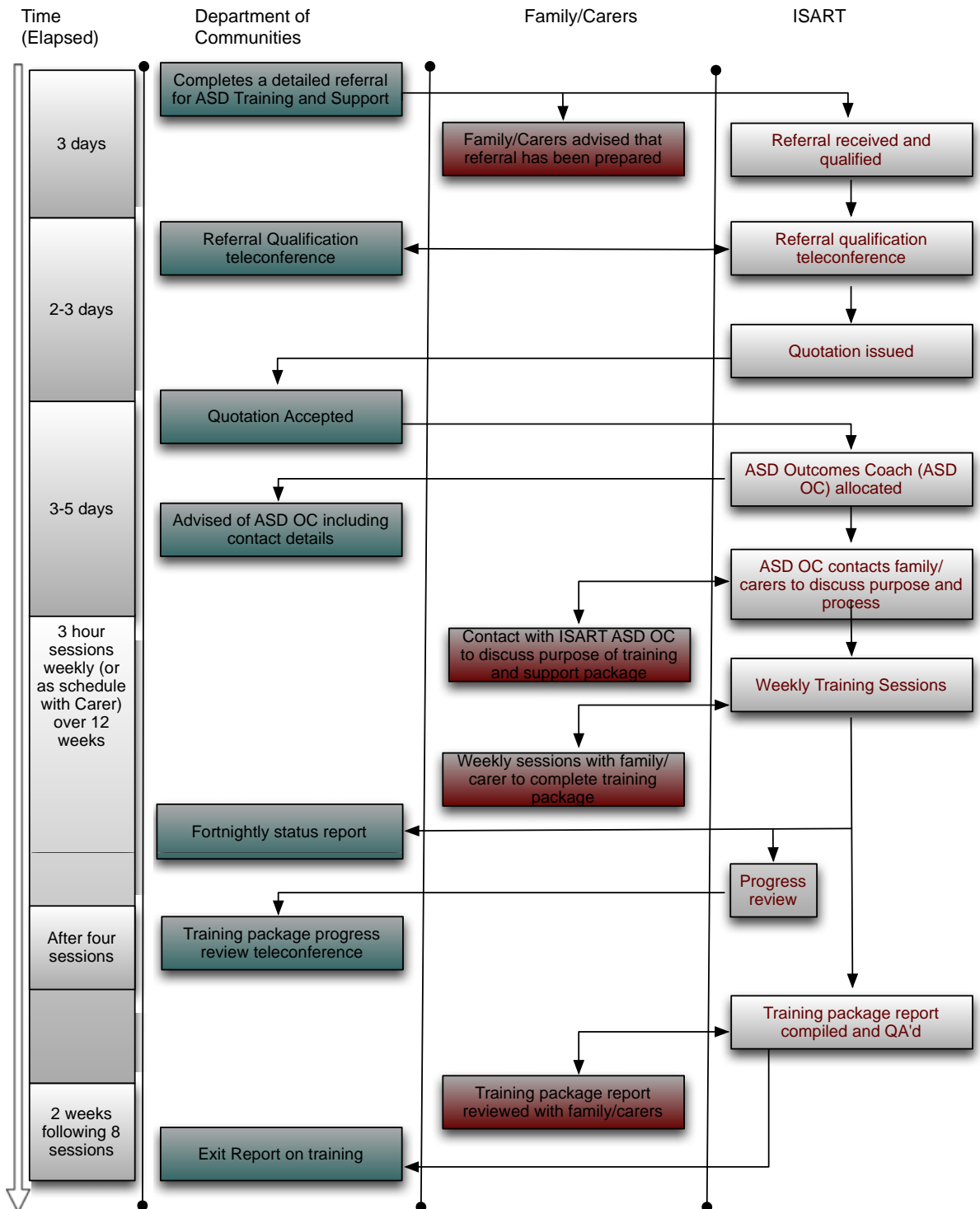


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# 16 Package delivery process

## ISART - ASD Training and Support Package (Training Component) - Client - Family/Carer Process

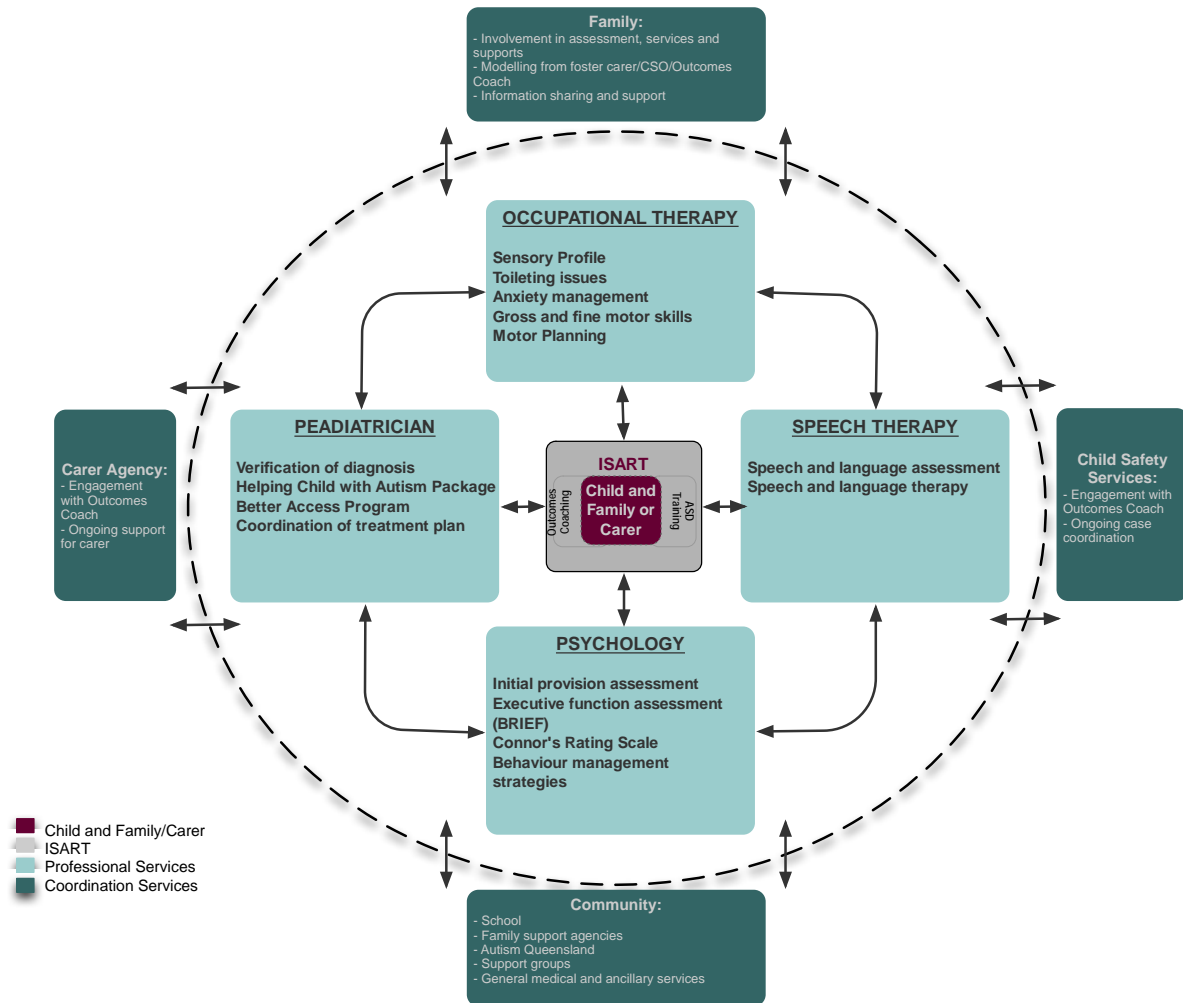


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The Outcomes Coaching component of the ASD Training and Support package is a customised model that provides carers and children with in-home coaching and mentoring to implement treatment plans recommended by ISART's panel of professional providers. The Outcomes Coach will also assist in linkages to the community (including schools), family members, carer agency and CSO. The Outcomes Coaching process is not separate to the training component outlined above, but is a parallel process.

**ASD Training and Support Package (Coaching Component)**

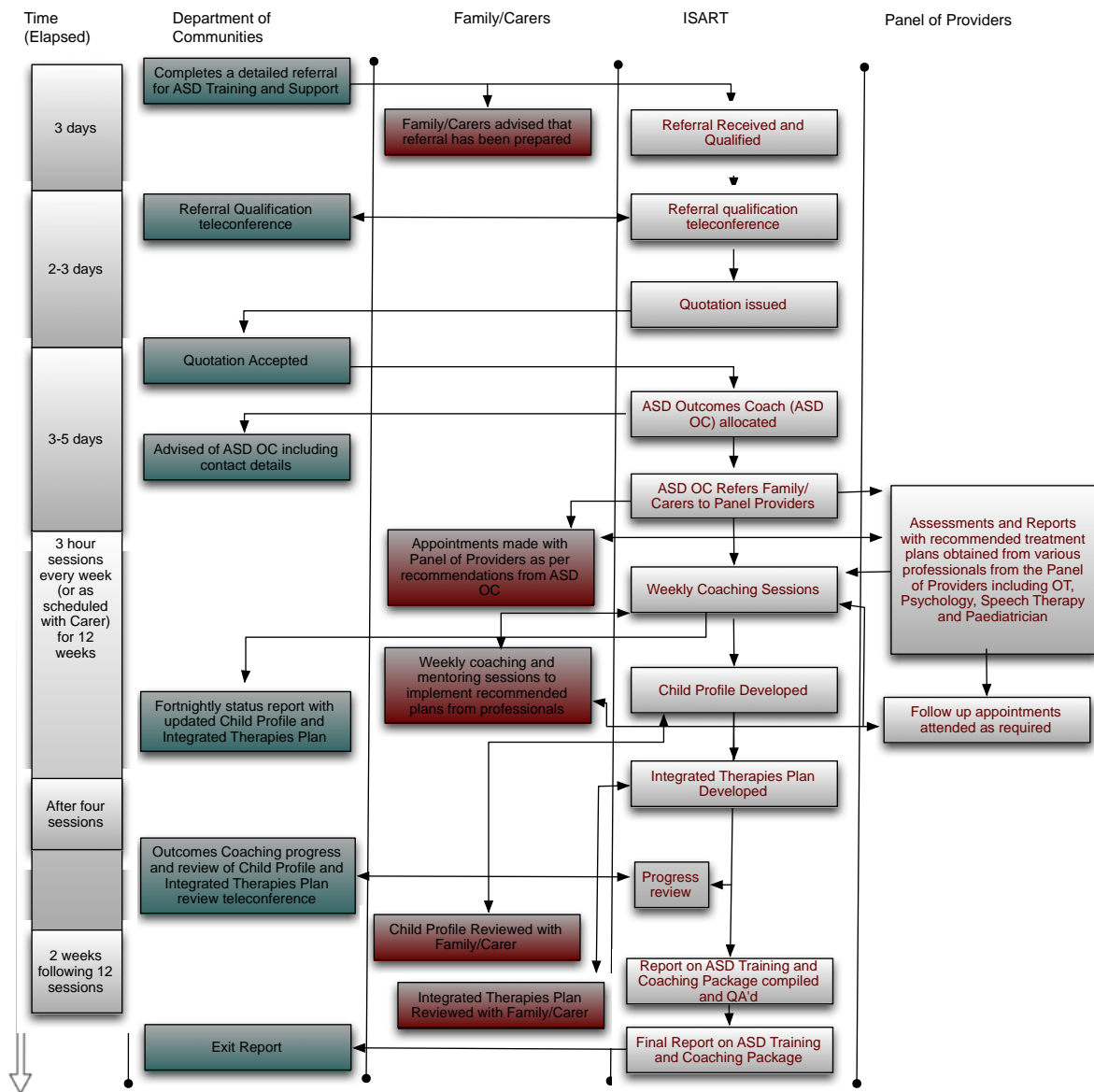


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The coaching component of the ASD Training and Support Package overlaps the training component and is delivered simultaneously. Therefore the initial steps outlined in the process mirror those in the training component diagram.

**ISART - ASD Training and Support Package (Coaching Component) - Client-Family/Carer Process**



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## 17 Delivered Outcomes

The ASD Training and Support Package will deliver the following outcomes:

- Diagnosis and verification where this has not previously been obtained;
- An ASD Child Profile that includes their diagnosis as well as strengths and challenges relating to their sensory profile, fine and gross motor, speech and language, social emotional needs, executive function / attention and academic needs.
- An ASD Management Plan that includes goals, outcomes and actions to assist the child and family or carer to manage the ASD in the home, school and community. This would include ongoing treatment plans with professionals such as speech and occupational therapists.
- An evaluation report on the implementation of the ASD Training and Support Package including recommendations for ongoing therapeutic, training and support needs for the family or carer and the child.

The ASD Training component of the package can be delivered to CSSC and agency staff to increase their knowledge and skills in supporting families or carers and children with ASD.

## 18 Aims and Value Proposition

The ASD Training and Support Package aims to provide the Department with longevity of quality placements for children who have or potentially have a diagnosis of ASD or to strengthen families capacity to maintain their child with ASD in the home through increasing their understanding, knowledge, access to services and skills in managing the complexities of caring for a child with ASD.

Children in placement with ASD will reap the greatest benefits from the ASD Training and Support Package, with families or carers having increased their knowledge and skills in managing the issues that arise in caring for children with ASD. It is also anticipated that the service will lead to increased pathways to other services available to meet the needs of children with ASD.

The ASD Training and Support Package will provide the Department with valuable information regarding the child's needs and the family or carer's strengths and challenges associated with meeting these needs.

The ASD Training and Support Package will deliver value to the Department in terms of maintaining current placements or preventing children requiring out-of-home care. Savings of time and resources are anticipated in a range of areas including the time and cost associated with Child Safety Officers in CSSCs and PSUs sourcing alternative placements. Savings will also be made related to potentially

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assessing further applicants. The use of Transition Placements which are high in cost will be reduced through supporting and maintaining children in their homes or in their current placements.

The time, cost and ongoing relational issues associated with MOCs or Investigations and Assessments will be reduced through developing the knowledge and skills of families or carers to address issues in an effective manner.

## 19 ASD Training and Support Practice

The key elements of ISART's ASD Training and Support Service as it pertains to intervention are detailed in the follow sections.

### 19.1 Child Centred Approach

ISART is committed to completing interventions are focussed on the family or carer's ability to meet the needs of children requiring out-of-home care or at risk of entering out-of-home care. ISART bases its practice on the *Child Protection Act 1999* Section 5 (1) "This Act is to be administered under the principle that the welfare and best interests of a child are paramount".

### 19.2 Culturally Sensitive Practice

ISART is keenly aware of the need for culturally sensitive practice. We have a good understanding of the *Child Protection Act 1999* provisions for Aboriginal and Torres Strait Islander children including Section 6, 83, 88, 122 1 (d) and (j) and the Charter of Rights Section 74 Schedule 1. We have accessed and utilised the Child Safety Services resources including the Child Safety Practice Manual; Foster carer information and fact sheets; Working with people from culturally and linguistically diverse backgrounds practice paper; and Queensland Aboriginal and Torres Strait Islander Child Protection Partnership (QATSICPP).

### 19.3 Qualified and Experienced Placement Support Workers

ISART engages staff with significant human service experience. The ASD Training and Support Package will utilise ISARTs skilled and experienced Outcomes Coaches with an aim of ensuring that families or carer entities are provided with quality one-on-one learning and coaching.

Outcomes Coaches engaged to deliver the training and support package will continue to be supported by ISARTs directors and coordinators to ensure that there is collegiate collaboration and support for recommendations.

### 19.4 High Quality, Evidence Based Deliverables

ISART has completed hundreds of foster carer assessment reports as well as a number of Placement Preservation Packages and Social Assessment Reports. All of these assessments and training packages have been completed to the highest quality and have focussed on the provision of an evidenced based assessment of applicant suitability to provide foster care to children in out-of-home care.

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The ASD Training and Support Package would provide the same high quality of information regarding potential applicants. Reports produced will undergo quality assurance to ensure consistency and quality.

ISART continues to receive positive feedback from clients regarding the high quality of fostering and other assessment reports produced by our Assessors; and has become a sought after agency that can reliably deliver quality outcomes.

## 19.5 Status Reporting

ISART provides periodic status reports for all engagements involving multiple assessments. Each status report provides a single view of the state of each assessment within the scope of the engagement. The reports also identify and track the current issues and risks associated with the engagement. The ASD Training and Support Package will be included in the Status Reporting process.

The content and frequency of the Status Reports can be adjusted to suit client requirements.

## 20 General Items

### 20.1 Confidentiality

All employees and subcontractors engaged by ISART agree to the confidentiality provisions in the relevant employment or subcontractor agreements. Additionally, all individuals completing work for ISART are also required to agree to a Confidentiality Deed. The Deed is perpetual and its provisions extend beyond the term of the individual's work with ISART.

### 20.2 Disclosure of Immediate and Significant Risk

ISART acknowledges the provisions of the *Child Protection Act 1999* that requires any information gathered in the course of completing an assessment which indicates an immediate and significant risk or harm to a child, children or young person/people be immediately communicated to an authorised officer of the Department of Communities, Child Safety Services.

### 20.3 Conflict of Interest

ISART undertakes to inform the Department of Communities, Child Safety Services of any matter which may give rise to an actual or potential conflict of interest at any time during any engagement arising from this proposal.

### 20.4 Intellectual Property

The intellectual property of all assessment documents delivered to the Department of Communities, Child Safety Services as part of completing a contracted assessment will belong to the Department.

The intellectual property of any templates, tools, systems, manuals, guidelines, processes and procedures used or created by ISART in completing assessments for the Department Of Communities, Child Safety Services remain the exclusive property of ISART. This intellectual property cannot be

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used, copied, transmitted, or reverse engineered, through any media or process, either in entirety or in part, without the prior written agreement of ISART.

This offer expressly excludes an offer of any license to any intellectual property owned or created by ISART.

Articles of ISART's Intellectual Property that are provided to support the Department's analysis and assessment of this offer are provided solely for that purpose and the supply of these articles in no way extends any license or right of use for the Intellectual Property to the Department.

ISART undertakes that any data or information gained during the course of completing the assessments under this proposal cannot be published or used in publications without the approval of the Department of Communities, Child Safety Services.

## 20.5 Insurance

ISART has Public Liability and Professional Indemnity insurance policies to provide 10 million dollars Public Liability and 5 million dollars Professional Indemnity cover.

## 21 Commercial Offer

ISART is able to complete the 12 week ASD Training and Support Package for families or carers and children in out-of-home care for \$9,770.00 (ex GST) per referral.

This offer remains valid for 30 calendar days from the date of this document and is subject to revision at ISART's discretion. At the time of referral current pricing is detailed in the ISART Price Book.

The ASD Training and Support Package is comprised of

- 12, 3-hour in home sessions with the families or carers, subject child and household members. Each of sessions has three components:
  - A child specific training and family or carer education component,
  - A specialist/therapist session integration component that will organise subsequent appointments and identify specific activities and goals to be incorporated into the Outcome Plan, and
  - A component that reappraises the challenges and desired outcomes for the coming week.

While each session will include all of the components there may be no clear delineation of the components in any given session so that session is engaging and remains focused on the carers and subject child. Following each of these sessions, after consultation with the ISART Assessment Practice Lead, the Outcomes Coach will update and re-publish the current state matrix and the Outcome Plan. All of the published matrixes and plans will effectively evidence the progress of the package and its benefits to the family or carer, subject child and household members.

- Exit report that is reviewed with the carers and subject child.

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The deliverables of the package to the Department are:

1. The Package Content Brief – this identifies the general goals of the package with respect to the child based on Departmental, Family or Carer, Subject child and ISART input.
2. Twelve current state matrixes and outcome plans.
3. Copies of participant completed ASD education and awareness activities.
4. Exit report

The work break down as a percentage of total effort by role type is:

Role	Functions	Effort (%)
ISART Practice Lead	Supervision	8.4
ISART Outcomes Coach	Package delivery execution, Carer and Subject Child interaction	48.2
	Deliverable authoring and update.	17.3
	Package delivery administration and travel	21.2
ISART Quality Assurance Reviewer	Report QA against ISART QA manual	1.8
ISART Administration	Generation of quotations and invoices, Publishing, archiving and dispatch of deliverables.	3.1
<b>Total</b>		<b>100.0</b>

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