Report

The Circle Program: an evaluation of a therapeutic approach to Foster Care
About the Centre for Excellence in Child and Family Welfare

The Centre and its members share social responsibility with government and the broader community for addressing disadvantage and eliminating vulnerability in Victoria. As the peak body for child and family welfare, we provide independent analysis, dialogue and cross-sectoral engagement to breakdown multi-causal factors that perpetuate vulnerability. With our members our role is to build capacity and capability through research, evidence and innovation to influence change.
Introduction

Foster care is vital for children and young people who cannot live with their own families. Foster care is one of the three main forms of Out-of-Home Care provided for children under the care of the State in Victoria: the other forms of care being kinship care and residential care. Ensuring that there are sufficient numbers of appropriately skilled and supported foster carers to meet the diverse and complex needs of children and young people who require care is one of the most urgent issues confronting our community.

The Circle Program, a therapeutic approach to the provision of foster care, has the potential to respond to the complex needs of children and young people by improving the stability of their placement experience and improving the retention of foster carers. The evaluation of the pilot Circle Program reported here confirms these outcomes and has the potential to contribute substantially to the design of appropriate care options for children with high support needs. This is important to the future planning for provision of Out-of-Home Care in Victoria as the Victorian Government moves to develop its proposed five year Out-of-Home Care strategy.

The evaluation was undertaken by the LaTrobe University Faculty of Health Sciences Department of Social Work and Social Policy for the Centre of Excellence in Child and Family Welfare and for a consortium of foster care agencies providing therapeutic foster care – Anglicare Victoria, Berry Street, MacKillop Family Services, Mallee Family Care, Oz Child and the Victorian Department of Human Services. I express my thanks to the research team led by Associate Professor Margaret Frederico and to members of the reference group for the evaluation project – Raeleen McKenzie (Berry Street Take Two), Brigitte Boulet (Anglicare), Elise McDonald (Berry Street), Lisa Ranahan and Noel MacNamara (the Australian Childhood Foundation), Casey O’Brien (MacKillop Family Services), Michelle Van Doorn (Oz-Child) and representatives from the Victorian Department of Human Services. Their expertise has brought to life the real needs of children and young people and the importance of support for carers to ensure good outcomes.

Dr Lynette Buoy
Chief Executive Officer
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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACF</td>
<td>Australian Childhood Foundation</td>
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<tr>
<td>BASC2</td>
<td>Behaviour Assessment System for Children</td>
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<tr>
<td>CAFS</td>
<td>Child and Adolescent Family Services</td>
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<tr>
<td>CREATE</td>
<td>CREATE Foundation, formerly the Australian Association of Young People in Care</td>
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<tr>
<td>CRIS</td>
<td>DHS Client Relationship Information System</td>
</tr>
<tr>
<td>CYFA</td>
<td>Child Youth and Families Act (2005)</td>
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<tr>
<td>DHS</td>
<td>Victorian Department of Human Services</td>
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<tr>
<td>ITSEA</td>
<td>Infant–Toddler Social and Emotional Assessment</td>
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<tr>
<td>LAC</td>
<td>Looking After Children</td>
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<tr>
<td>OoHC</td>
<td>Out-of-Home Care</td>
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<td>PDAG</td>
<td>Therapeutic Foster Care Circle Program Development Advisory Group</td>
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<tr>
<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire (Robert Goodman, 1999)</td>
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<tr>
<td>SNM</td>
<td>Social Network Map (Elizabeth Tracy and James Whittaker, 1990)</td>
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<tr>
<td>TFC</td>
<td>Therapeutic foster care</td>
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<td>TSCC</td>
<td>Trauma Symptom Checklist for Children (John Briere, 1996)</td>
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<tr>
<td>TSCYC</td>
<td>Trauma Symptom Checklist for Young Children (John Briere and colleagues, 2001)</td>
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<tr>
<td>Vineland2</td>
<td>Vineland Adaptive Behaviour Scale, Second Edition</td>
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Acknowledgements

First, we would like to acknowledge the children and young people who are the focus of concern for The Circle Program. As researchers, we continue to be affected by their resilience and the constant striving for healing shown by these children and young people despite traumatic experiences. This is evident in the stories told in this Report. We also acknowledge their parents, many of whom are dealing with trauma themselves.

We thank the carers who participated in the study. Both The Circle Program and generalist foster care carers continually go the extra mile to assist these traumatised children and young people. Being a foster parent is a difficult yet rewarding task, and we are impressed by the positive attitudes and skilled care the foster carers provide to gain positive outcomes for the children and young people.

The researchers thank the foster care workers, child protection practitioners and therapeutic specialists who participated in the evaluation and shared their experiences with us to inform the study of therapeutic foster care (TFC). We acknowledge their skills in working with vulnerable children and young people and their passion and commitment to make a difference.

Noel MacNamara, National Manager, Therapeutic Care, the Australian Childhood Foundation (ACF), and Raeleen McKenzie, Deputy Director, Berry Street Take Two, represented the therapeutic providers. They were very generous in sharing their knowledge and experience with the evaluators. Their detailed responses to interviews and written documents always helped to progress our understanding of The Circle Program.

The members of the Project Reference Group – Josh Fergeus, Centre for Excellence in Child and Family Welfare, Brigitte Boulet, Anglicare, Elise McDonald and Raeleen McKenzie, Berry Street, Lisa Ranahan and Noel MacNamara, Janise Mitchell, Australian Childhood Foundation, Casey O’Brien, MacKillop Family Services, and Michelle Van Doorn, OzChild, together with representatives from the Victorian Department of Human Services (DHS) – provided valuable guidance and shared their extensive experience with the evaluation team.

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Kathy Gilbert joined the research team halfway through the evaluation as a research assistant. Her contribution has been invaluable. Sue Jones of Sirius Associates has assisted in editing the report. We are very grateful to both of them.

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Richard Rose is Founder Director, Child Trauma Services in the UK. He has consulted within Australia on therapeutic residential care and trauma-focused interventions. He has a strong interest and passion in ‘Life Story Work’ for children and young people who have been abused.

Kathy Gilbert is the research assistant for this evaluation and a sessional tutor in the Department of Social Work and Social Policy at La Trobe University. She has practised as a social worker in both the drug and alcohol and criminal justice sectors. She was a team leader and case manager at the Department of Justice in the Melbourne Magistrates’ Court.
Executive summary

Effective Out-of-Home Care (OoHC) for children and young people is a challenging area within the field of child protection. The children and young people requiring Out-of-Home Care have generally experienced severe abuse and/or neglect and trauma. Services for these children and young people have a particular imperative to be developmentally appropriate, focusing on the best interests of the child and young person, culturally supportive and driven by the needs of the child and young person.

This Report is an evaluation of The Circle Program, a therapeutic foster care program introduced in Victoria, Australia, by the Victorian Department of Human Services (DHS). Therapeutic foster care (TFC) is one approach to providing Out-of-Home Care to meet the needs of the child and young person. The Program was introduced in 2007 within the context of ongoing reform to improve outcomes for children and young people who have experienced abuse and/or neglect and were placed in Out-of-Home Care.

In June 2011, the Centre for Excellence in Child and Family Welfare commissioned a team of researchers from La Trobe University to undertake the evaluation, to be completed by the end of January 2012. A reference group comprising the providers of The Circle Program was established.

Overview of The Circle Program evaluation

The overall aim of the evaluation is to review the effectiveness of The Circle Program in achieving its objectives; review the outcomes for children and young people, carers and families; and to make recommendations for further development of the Program. The evaluation also aims to add to the knowledge and understanding of the needs of the vulnerable and traumatised children and young people who enter TFC and how best to meet their needs and achieve improved outcomes for them. Specifically within the parameters of the evaluation brief, the evaluation sought to:

- identify outcomes for clients
- identify the impact on Carers
- identify the impact on client’s families, and
- integrate this with knowledge about best practice nationally and internationally in models of therapeutic foster care.

The multiple forms of data collection for the evaluation include review of literature and program documentation; interviews with therapeutic specialists and selected key informants; online surveys for The Circle Program carers, generalist foster carers and professionals engaged in The Circle Program, including child protection practitioners; focus groups of Circle carers and service providers; and analysis of a sample of assessment, review and closure documents and case examples. The researchers utilised a matched sample of children and young people in The Circle Program with children and young people in generalist foster care. The children were matched by age, date of entry into foster care and the local government authority for their place of residence. A comparative review of costing information was also undertaken. The Project Brief stipulated that there be no direct contact with children and young people or their biological families, so this important perspective is not included.

The seven evaluation questions identified in The Circle Program Project Brief are as follows:

1. **Theoretical underpinnings:** An examination of the evidence base found in the international literature for the effectiveness of TFC.

2. **Program content/processes:** An examination of the effectiveness of existing operational guidelines and protocols.

3. **Client outcomes:** A review of the extent to which identified client outcomes for children and young people and their families have been achieved.

4. **Foster carer outcomes:** The extent to which identified outcomes for carers have been achieved.

5. **Family outcomes:** The extent to which the families of children and young people in The Circle Program are perceived to be feeling more respected and experiencing greater participation in decision-making.

6. **Cost comparison:** A comparison of Circle Program and generalist foster care benefits and costs.

7. **Program improvements:** Recommendations for improvements to therapeutic and generalist foster care programs.

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1 Project Brief: Evaluation of The Circle Program (therapeutic foster care), May 2011.
Key findings
The findings of the evaluation highlight the strengths of The Circle Program and identify issues and constraints. The results of the evaluation demonstrate that The Circle Program is working effectively, is supporting carers and is leading to positive outcomes for children and young people. The following key themes emerge from the analysis of the data collected for this evaluation.

Program design and implementation issues
Overall, The Circle Program implementation appears to have been consistent with the program design and has remained true to program guidelines. This was evident from analysis of training, review of documentation, the data from the focus groups held with carers and professional foster care workers and discussions with key informants. The findings from each stage of the evaluation identified that The Circle Program is focused on the needs of the child and young person, which drive the intervention.

It is noted that the role of child protection practitioners in The Circle Program care team varied across regions, and their important role should be further emphasised in implementation of The Circle Program Guidelines. It is also noted that, of the sample studied, the average time for presentation of a completed assessment report was longer than the recommended eight weeks and the reasons for this need to be noted.

It is suggested that The Circle Program Guidelines could be strengthened to highlight the role undertaken by the therapeutic specialist in facilitating educational stability for the child and young person through their work with teachers and the school.

The training provided to The Circle Program carers was identified as an important component in supporting and guiding work with the child and young person.

Commitment to the Program approach
Professional survey respondents in particular cited the importance of a whole organisation commitment to the delivery of The Circle Program, and this commitment influenced the maintenance of program integrity.

Targets and targeting
The initial Circle Program targets of 12 children per region (and later 13 children in the Southern Metropolitan Region) were reported on a regular basis to the Program Development Advisory Group (PDAG). Most regions appear to have met or exceeded these targets by July 2011.

In those areas where targets have not been met, the recruitment of suitable carers has been identified as the main difficulty. It is evident that, when recruitment has not created difficulties, regions (two) have been consistently exceeding targets, leading to an extension of placement numbers with regions making local arrangements to fund additional Circle Program places for children and young people. There was some discrepancy in the reporting of targets between DHS and foster care providers.

Processes and outcomes for children and young people
While a consistent set of pre- and -post test results was not available for the evaluation, rich descriptions of gains in children's and young people's development, and in particular emotional development, enhanced capacity to form relationships, enhanced educational stability and a capacity to participate in normative community activities were offered. In summary, the themes emerging from the findings highlight the following:

- real gains in children's and young people's stability;
- the attainment, and in some instances exceeding, of developmental milestones where there had been marked delay;
- the capacity to offer continuity of care to children and young people who were experiencing ongoing instability as a result of their legal status; and
- successful reunification with the children and young people's families.

The findings are discussed below in further detail. These outcomes are consistent with international research evidence of the effectiveness of therapeutic approaches to foster care.

Characteristics of children and young people in The Circle Program
The age range for children and young people in the program was 0 years to 15 years. The median age was two years, and the mean 3.8 years (see Table 50). This is consistent with the ages of the population coming into care and the high proportion of children coming into care who are under two years of age.

Outcomes for Aboriginal and Torres Strait Islander children and young people
The high percentage of Aboriginal and Torres Strait Islander children and young people participating in The Circle Program is consistent with the over-representation of these children and young people in OoHC in Victoria and other Australian states and territories. Of some
concern is the fact that relatively few of the children and young people included in this evaluation have Cultural Support Plans in place. Furthermore, only a few of the carers who responded to the study appear to be receiving cultural support. Within the scope of this study, it is not possible to generalise these findings to The Circle population, but it is a concerning finding.2

Enhanced stability
One of the key findings of the evaluation is that of an enhanced experience of stability and continuity of care for the children and young people in The Circle Program compared to those in generalist foster care. There were significantly fewer unplanned exits from The Circle Program. Stability in placement has been found to be an important factor in the outcomes of care for children and young people.

Significant developmental gains
According to the focus group and survey data, children and young people in The Circle Program made gains in their capacity to form relationships, regulate their emotions and participate in community activities. They also demonstrated stronger cultural identity and enhanced relationships with their families. The latter correlates positively to potential family reunification or ongoing positive family relationships in local and international research literature.

Reunification with families
A clear goal of The Circle Program is for children and young people to reunify with their families where appropriate. A number of focus group participants described reunification with families as a positive outcome for children and young people in The Circle Program. Active inclusion of the child’s parents in the care team process was noted, and this can be influential in ensuring parents stay engaged. The findings of the qualitative data are supported by a trend identified in an analysis of the quantitative data where children and young people in The Circle Program were more likely to reunify with their family or go to kinship care than children and young people in a generalist foster care placement.

Processes and outcomes for carers
Overwhelmingly, the results indicate that carers in The Circle Program are well trained and supported and as a result better placed to provide a healing environment for children and young people who have experienced trauma. Carers spoke, at times passionately, of their commitment to their role as a Circle carer, highlighting their experience of support, training and ongoing education and access to flexible ‘brokerage’ funds as critical elements in supporting them in their role.

Carer retention
Carer retention is central to the success of TFC. The evaluation found that carers in The Circle Program are significantly less likely to withdraw from foster care compared with those in generalist foster care. The stories from Circle carers of their experience of support, education and respect for their work were consistent with this finding. Specifically, the findings indicate that 4.4 per cent of 182 Circle carers had been identified as withdrawing from the role, creating an unplanned exit from The Circle Program for the child or young person. This was in contrast to 9.1 per cent of 186 generalist carers who were identified as withdrawing from the role of carer in an unplanned manner. It does appear that ‘Circle works’ for carers, who are significantly more likely to remain in the role of carer, hence better placed to offer an experience of stability for the child or young person.

The carer’s voice heard, valued and respected
A key factor contributing to carers’ success in The Circle Program was that of feeling ‘listened to’, that their opinions were ‘valued’ and they were ‘supported’ in their role as foster carers. Carers in the focus groups and surveys discussed their role and participation in The Circle Program with passion and enthusiasm and valued, in particular, the training, care team and therapeutic specialist support that are integral to this program, as outlined below.

Carer wellbeing
While focus group participants, survey respondents and key informants articulated the focus on the Circle child or young person in placement, the wellbeing of carers was also described as a conscious and constant point of focus of the care team. This had a clear rationale in that a well-functioning carer would be better placed to care for a child or young person in The Circle Program.

Carer involvement in decision-making
A consistent message in carers’ level of satisfaction through both focus groups and surveys was related to being a valued member of a team and the belief that their opinion is heard and their expertise is valued.

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2 It is noted that, on 20 January 2012, the Minister announced the allocation of $8.8 million to be shared across the 17 ACCOs for TFC and transitioning from care. This provides the opportunity to improve the delivery of TFC to Aboriginal and Torres Strait Islander children and young people and their families and communities.
Professional status of Circle carers

The Circle Program was described by some as elevating the role of the foster carer to one that is ‘equal’ with the other professionals on the care team. This, combined with The Circle Program training, has professionalised the role of foster carer, and some carers reported increased levels of confidence in their competence.

Processes and outcomes for the children’s or young people’s families

The information in the evaluation in respect of families is necessarily limited to reports by professional staff and carers, as the evaluators did not interview children and young people in care or their families of origin. However, a key message from the focus groups was that The Circle Program has been more successful in engaging families than the generalist foster care model. This appears to have been assisted by the process of regular care team meetings in which the child’s family is included. The care team meetings were said to provide an opportunity for families to engage and develop relationships with other members of the care team. Attending care team meetings ensured that the family remained involved and informed about their child’s or children’s situation and gave them the opportunity to participate in discussion and decision-making.

Overview

The findings of the evaluation suggest that The Circle Program is meeting its aim and offers the potential to be an excellent early intervention program, successfully attending to problems and difficulties before they become entrenched concerns and achieving a higher return home rate where issues of concern have been resolved. Evidence from the evaluation suggests that The Circle Program has demonstrated that it can also achieve excellent results where children and young people experience complex and entrenched difficulties. This finding is consistent with international TFC outcome research.

A strong theoretical foundation is one of the strengths of the implementation of The Circle Program. This was identified by carers and professional staff in surveys and focus groups, and it was also evident in the analysis of the training and program documentation. Drawing upon the data from the evaluation, the researchers further developed the conceptual framework of The Circle Program. The research team found that there were five key program components or domains:

• enhanced training;
• intensive and well-integrated foster care support;
• therapeutic service to family members;
• specialist therapeutic support; and
• support network for the child and young person.

These components surround the child or young person in placement. As the child or young person benefits from these components, so the carer also engages and develops as an informed and confident therapeutic care provider. The components or domains can form a guide for measurement of outcomes for children and young people.

Recommendations

The Project Brief required the evaluators to suggest recommendations based on the findings of the study. The findings of this evaluation suggest that The Circle Program can achieve excellent early intervention results and also excellent results where children and young people in Out-of-Home Care experience complex and entrenched difficulties. There are, however, some constraints to achieving these outcomes, including recruitment of carers, experience of high caseloads by therapeutic specialists and the high demands on child protection workers that limit their engagement with The Circle Program in some instances. Moreover, the lack of specified outcome measures makes determination of effectiveness more difficult. What is clear is that, with only 97 Circle places available across Victoria, The Circle Program is a finite resource that is experienced by only 7 per cent of children or young people in foster care placements.

Recommendation 1: Development of an evidence-based outcome model

The research indicates the need to develop an evidenced-based outcome model, which seeks to engage the voice of carers of the Circle Program, children and young people who are able to contribute (four years old plus) and family of origin members, education professionals, clinical therapeutic specialist, and health and child protection practitioners. This outcome model would need to align with the models currently offered through the therapeutic specialist providers – Berry Street and the Australian Childhood Foundation (ACF) – and involve all parties of The Circle Program to contribute and design action plans to promote the best interests of the child and young person placed. Development of such a model will result in clear goal and outcome measures for children and young people in The Circle Program, to be consistently used in planning, review and closure processes.
Recommendation 2: Expansion of The Circle Program

It is recommended that The Circle Program be expanded so that the program is an option for all children and young people entering foster care.

The findings of this evaluation suggest that the creation and engagement of a therapeutic team and inclusion of the five core domains or components of The Circle Program offers a system of foster care that can benefit all children and young people who come into foster care. In addition, The Circle Program has demonstrated that it can effectively meet the needs of children and young people who have been in the Out-of-Home Care system for some time and may have entrenched and complex difficulties.

Enhancement of the service system for children and young people in foster care in Victoria should be considered a priority, but there are challenges that need to be understood and successfully overcome. Acceptance of this recommendation will have immediate implications in terms of the limited foster carer numbers, potentially exacerbating difficulties faced by some agencies in recruiting appropriate carers for The Circle Program.

Recommendation 3: Program implementation and monitoring processes

A number of additional program implementation and monitoring issues have arisen leading to recommendations that:

- a common set of program implementation metrics is developed and agreed by the therapeutic specialist agencies
- data-sets measuring outcomes for children and young people in The Circle Program are agreed and collected as part of assessment, review and closure processes by both therapeutic specialist agencies, with a view to informing any future evaluation work
- exit pathways that include options to optimise stability for the child and young person be included.

Recommendation 4: Examination of the role of therapeutic specialist in The Circle Program

The critical role of the therapeutic specialist has evolved further as The Circle Program has been implemented. It is recommended that there be further exploration of the therapeutic specialist role to assist in further development of evidence-informed best practice and its impact upon positive outcomes for children and young people in TFC.

Recommendation 5: Therapeutic specialist caseloads

The concept of capped caseloads has been identified as an effective component of the program for foster care workers. There is a discrepancy, however, where foster care workers carry a ‘capped’ caseload of eight children while the therapeutic specialists carry a case load of 12. Although a detailed role and workload analysis was outside the scope of this evaluation, an excessive therapeutic specialist caseload was seen to be one of the reasons for delays in reporting. It is recommended that further examination of this issue in relation to the therapeutic specialist’s workload be undertaken. A caseload of 10 appears to be a more realistic workload for therapeutic specialists, based on the information provided by focus group members, survey respondents and key informants.

Recommendation 6: Strengthen child protection practitioners’ role in The Circle Program

The role of the Child Protection Service in The Circle Program needs to be strengthened in order to allow for consistent good care team practice that is inclusive of all key members of the team. Examples of ‘best practice’ in this area were offered and lessons learned from them.

It is recommended that The Circle Program Guidelines regarding the engagement of child protection practitioners be reviewed either to:

- ensure that current requirements are met; or
- amend the Guidelines to require a specific allocation of Circle Program children or young people to a limited number of child protection practitioners in any region, and that these practitioners participate in Circle training alongside prospective carers and other Circle Program professionals prior to undertaking this role.

Recommendation 7: Enhancement of Circle carer recruitment

It is recommended that the statewide foster carer recruitment strategy, funded through the Centre for Excellence in Child and Family Welfare and community service organisations, be enhanced. The difficulty of recruiting suitable carers for The Circle Program was noted in the evaluation. The research suggests that emphasis should be placed on the benefits of the support systems of The Circle Program and TFC. Such recruitment should highlight the positive experiences of existing Circle carers and their development and understanding within their role. Recruitment should be regionally themed to attract potential carers.
The research suggests that Circle carer recruitment would be enhanced if the Circle carers themselves were involved in training and market activity (based on the positive feedback received from contributors to the online surveys).

**Recommendation 8: Cultural support for Aboriginal and Torres Strait Islander children and their carers**

The findings indicate that a significant number of Aboriginal and Torres Strait Islander children and young people are in Circle Program placements. It is a concern that some of these children and young people do not have Cultural Support Plans in place. It also appears that some carers do not have cultural support. We recommend that this issue be further explored in order that Aboriginal and Torres Strait children and young people can fully benefit from TFC.3

**Recommendation 9: Access to trained respite carers**

All Circle carers should be offered accessible respite care. Therapeutic respite should be considered at entry to care. The level of respite that carers are able to access to support a specific placement needs to be assessed individually and matched to perceived need. To preserve the continuity of relationships and the environment for the child or young person, consideration should be given to utilising the same respite carers for every therapeutic respite placement the child or young person requires. It is recommended that respite carers are considered members of the child’s or young person’s network and receive training in principles of TFC. It is also recommended that therapeutic respite carers receive reimbursement at a level of reimbursement to match the level of payment to Circle carers.

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3 The announcement by the Minister on 20 January 2012 of the funding of TFC for Aboriginal and Torres Strait Islander children and young people addresses the need identified in this evaluation.

**Recommendation 10: Inclusion of children and young people and their families in future evaluation**

It is recommended that this evaluation should be extended to gather feedback from children and young people and their families to provide their important perspective and experience of the impact of The Circle Program in future evaluations.

**Conclusion**

The findings of this evaluation confirm that there are positive outcomes for children and young people referred to The Circle Program. A key message from the evaluation is that The Circle Program works for children and young people. The concept of the care team surrounding the child and young person is working well. These positive outcomes are related to the overall therapeutic approach facilitated by the training of carers as well as professional staff to ensure knowledge of the theoretical basis for care of these children and young people. In addition, the role of the therapeutic specialist includes providing a therapeutic care plan and supporting the therapeutic care team and carer.

Carers perceive themselves as equal partners in the care team and feel supported by the therapeutic specialist and the foster care worker and other members of the care team. The consequence of greater retention of the Circle carers compared to generalist foster care needs to be further explored. Structural obstacles to the child protection practitioner being fully engaged in the care team have been noted. It is also noted that, when the child protection worker can be fully engaged, there are significant benefits for the child or young person. There needs to be ongoing research regarding The Circle Program implementation and the outcomes for children and young people.
The findings of this evaluation confirm that there are positive outcomes for children and young people referred to The Circle Program. A key message from the evaluation is that The Circle Program works for children and young people. The concept of the care team surrounding the child and young person is working well. These positive outcomes are related to the overall therapeutic approach facilitated by the training of carers as well as professional staff to ensure knowledge of the theoretical basis for care of these children and young people. In addition, the role of the therapeutic specialist includes providing a therapeutic care plan and supporting the therapeutic care team and carer.
Effective Out-of-Home Care (OoHC) for children and young people is a challenging area within the field of child protection. The children and young people requiring OoHC have experienced severe abuse and/or neglect and trauma. Home-based care for children and young people is one option of OoHC. In Victoria each year, approximately 5650 children and young people are admitted to Out-of-Home Care (Australian Institute of Health and Welfare 2012). However, there is little research in Victoria on either the outcomes for the children and young people or on what works for individuals. The impact of the child’s or young person’s experience prior to placement contributes to the challenge of providing safety, nurturing experiences and ongoing developmental care. The child’s or young person’s behaviour while in care can contribute to carer stress and frequently can lead to placement breakdown and further traumatisation of the child or young person.

Therapeutic foster care (TFC) is one approach to providing Out-of-Home Care to meet the needs of the child or young person. In 2005, the Victorian Department of Human Services (DHS) announced the development of a new statewide model of home-based TFC known as ‘The Circle Program’, which was launched in 2006. A TFC Program Development Advisory Group (PDAG) was established to guide the implementation of the program. Recruitment and training of carers commenced in 2007, and the first placements in the Program occurred later that year.

In May 2011, the Centre for Excellence in Child and Family Welfare called for expressions of interest to evaluate The Circle Program, to be funded by DHS, with contributions from Anglicare Victoria, Berry Street, Mallee Family Care and OzChild.

The Project Brief required the evaluators to suggest recommendations based on the findings of the study. The findings of this evaluation suggest that The Circle Program can achieve excellent early intervention results for children and young people at risk to prevent them from becoming entrenched in the care system and experiencing developmental harm, and can also achieve excellent results where children and young people in OoHC experience complex and entrenched difficulties.

There are, however, some constraints to achieving these outcomes, which include recruitment of carers, experience of high caseloads by therapeutic specialists and the demands on the Child Protection Service limiting their engagement with the program in some instances. Moreover, the non-availability of outcome measures for many of the children and young people makes determination of effectiveness more difficult.

Nationally, the overall rate of children and young people in OoHC continues to increase. This figure is steadily increasing at a higher rate than exits from care, with an increase nationally of 7 per cent over the past five years. In Victoria, 56464 children and young people were in some form of Out-of-Home Care on 30 June 2011. Of these children and young people, 1406 (27 per cent) were in foster care placements.

Currently, Victoria offers 97 Circle places available as part of a continuum of OoHC placement options. This is a finite resource and can only be experienced by 7 per cent of children and young people in foster care.

In June 2011, a team of researchers from La Trobe University was commissioned to undertake the evaluation, to be completed by the end of January 2012.

The purpose of the process and outcome evaluation is to inform decisions in relation to The Circle Program and generalist foster care. The overall aim of the evaluation is to add to knowledge and understanding of how best to meet the needs of the vulnerable and traumatised children and young people who enter TFC and to improve outcomes for them. The areas addressed in the evaluation are: theoretical underpinning of the program; program content/process; client outcomes; foster carer outcomes; family outcomes; cost/benefit; and program improvements. Specifically, the evaluation sought to identify outcomes for clients resulting from The Circle Program implementation, as well as the impact on carers and clients’ families.

4 These and subsequent figures in this paragraph were provided by DHS on 27 February 2012.
The methodology of the evaluation included establishment of a reference group, review of literature and program documentation, and interviews with therapeutic specialists and key informants. Further, online surveys and focus groups for generalist foster carer and Circle carers and service providers, analysis of a sample of assessment, review and closure documents, and case studies were utilised. The researchers compared statistical evidence of therapeutic and generalist foster care outcomes and a comparative review of costing information. The Project Brief stipulated that there be no direct contact with children and young people or their families.

Outline of the report
The report provides the background context for The Circle Program, followed by a guide to the evaluation research methodology. The findings from a document analysis, two online surveys and the focus groups are then presented, followed by the quantitative analysis of outcomes from generalist and Circle foster care programs and review of costs related to the programs. Finally, recommendations to enhance The Circle Program are discussed. Key messages from an extensive literature review are presented in Appendix 1.

Policy context
On 22 November 2005, the then Premier announced the allocation of new resources to develop a TFC model. This was a continuation of work undertaken to strengthen home-based services. A key report on the work undertaken – Public Parenting: A Review of Home Based Care Services in Victoria – was released in 2003 (DHS 2003). This report was undertaken to inform service system development, on the basis of an analysis of the home-based care program in Victoria and the extent to which it was meeting the projected future needs of children and young people.

Key findings in this report included a trend towards younger children being placed in OoHC, an increase in Aboriginal and Torres Strait Islander children being placed and a clear trend in relation to the nature of children presenting. This trend was summarised as an increase in those children and young people coming into care with challenging behaviours and more complex needs. This was consistent with an earlier finding that more Child Protection clients were presenting with more complex problems, including an experience of parenting constrained by more than one of the following characteristics: substance misuse, family violence, mental health, and physical or intellectual disability. Importantly, it was found that in the preceding five years:

- the proportion of parents in substantiated Child Protection cases with one or more of these characteristics has increased from about 40% to more than 70%, and the proportion with two or more characteristics has increased from 9% to 44%. (DHS 2003, p. 2)

It was clear that more children and young people were being placed in care with more complex presenting issues and behaviours and highly problematic family of origin experience, often involving the potential for complex developmental trauma. Clearly, these children and young people required a different approach to meet their complex needs.

In this context, in August 2005, the then Minister for Children launched the White Paper – Protecting Children, the Next Steps. This paper outlined the Victorian Government commitment to:

- strengthen early intervention and prevention efforts and improve services and supports for vulnerable children and young people, to increase their opportunities to make a positive contribution to society as a whole.

This paper heralded a new era for Victoria’s Child Protection Placement and Prevention Services, where ‘significant system and practice changes will be involved in implementing the Government’s new policy framework’ (Department of Premier and Cabinet Media Release, August 2005).

In September 2005, the Family and Placement Services Sector Development Plan was released. This plan sought to establish the:

- current and future challenges facing the sector, identify the actions required to meet the challenges (and to) develop realistic and achievable processes for meeting these challenges for the period 2005–2015. (DHS 2005)

It was within the context of this whole-of-sector reform that in 2005 it was announced that the government:

- would immediately inject $75 million over the next four years into Victoria’s Child Protection and Foster Care systems … (Department of Premier and Cabinet Media Release, September 2005).

This included the allocation of funds of $16 million for TFC as follows:
Within this time period, the Victorian Government also commenced a Therapeutic Residential Care (TRC) Program. The evaluation of TRC Pilot Programs commenced in 2009 and was completed in May 2011 (DHS 2011).

Early development of The Circle Program

The intention was to establish an alternative approach to the existing model of care to better meet the needs of children requiring out of home care. (DHS Circle Program Guidelines 2007)

To achieve this intention required a clear focus on early intervention and the development of a model that could be ‘replicated across the system of Home Based Care in Victoria, building a ‘Therapeutic System’ (DHS 2007). Each child or young person placed in this alternative care approach would benefit from a therapeutically focused care environment that was capable of healing the impact of abuse and neglect suffered by the child or young person.

The Circle Program initiative was introduced to give effect to the principles contained in the Children, Youth and Families Act 2005 (CYFA) and the Child Wellbeing and Safety Act 2005 (CWSA) and the Best Interests of the Child Principle detailed in the CYFA.

DHS advertised a tender specification for the provision of TFC in 2006, and invitations called for regionally based consortia to bid for the delivery of the program. The Australian Childhood Foundation (ACF) and Berry Street Take Two were each successful in their bids to provide the role of therapeutic specialist in various locations, in partnership with local foster care agencies.

The Circle PDAG was formed in November 2006 with key representatives from DHS, foster care agencies, Berry Street Take Two, the ACF, the Centre for Excellence in Child and Family Welfare, the Foster Care Association of Victoria and later the CREATE Foundation (CREATE). Initially chaired by the Assistant Director, Placement and Support, from DHS, this group was responsible for the development of The Circle Program Guidelines and strategies to recruit Circle carers and staff. The PDAG also oversaw the development and implementation of the communication and training strategies for The Circle Program. In addition, the group was to play a role in monitoring program performance against identified regional targets and establish the data-sets required for an evaluation of The Circle Program.

Current context

An announcement to formally evaluate The Circle Program, with a plan to interview prospective external evaluators, was announced at the July 2011 Circle Program Advisory Group meeting. Also in July 2011, the Victorian Government announced a range of proposed reforms: Protecting Children Changing Lives (Department of Premier and Cabinet Media Release, July 2011). Minister Wooldridge outlined an approach to reform that would ‘get better outcomes for vulnerable children and families’ and was primarily focused on the Child Protection Service system and workforce. This announcement heralds an important time in the history of Victoria’s Child Protection and Placement Service system and has been informed by the findings of the Protecting Victoria’s Vulnerable Children Inquiry (DHS 2012), along with the government’s response, which was reported in February 2012.

The Circle Program service model

The goal of The Circle Program is to improve outcomes for children and young people by providing a needs-driven therapeutic program in which the child’s and young person’s needs are paramount, the carer is supported as a member of a functioning care team, the child or young person’s family is engaged and there is a therapeutic plan for the child or young person. The aim of the Program, as developed in The Circle Program Guidelines 2007–2009, is:

… in the medium to long term, to build a system of home based care in Victoria where all children receive the therapeutic response they require when they require it, not a system where only those whose behaviours are so extreme, and who have suffered additional harm due to placement disruption or other adverse consequences of being in care, become eligible for a therapeutic response. In short … to develop a therapeutic system not just a therapeutic model. (DHS 2009, p. 1)

The key elements of The Circle Program service model, as developed by the participating agencies and presented in the Program Guidelines, are summarised below:

- The child or young person is positioned at the centre of the program within the primary care context.
• The central tenet of The Circle Program is the primacy of the carer–child therapeutic relationship. The focus becomes the carer’s ability to provide skilled therapeutic parenting.

• The multi-disciplinary care team overarches and intersects with the child or young person and care environment providing focused training and support to either the child, young person and/or carers and significant others to facilitate the ability of all those in the care environment to effectively support the child or young person to recover from the effects of abuse related trauma.

• The care environment is the relationships, home, family, school and networks created by the primary carers with the support of other members of the care team.

• The care team is effectively responsible for developing and using the Looking After Children Care and Placement Plan (incorporating the individualised therapeutic care plan). Development of the Care and Placement Plan is led by the placement agency.

• Engaging the child or young person’s family at all stages where possible and appropriate, the aim of the program is to promote timely reunification between child or young person and family or the achievement of long-term stable care.

• The intention of this program is to provide an early intervention option so children initially coming into care are prevented from having multiple and poor placement experiences. In the continuum of home-based care programs, this distinguishes The Circle Program from complex care and from the TrACK program.

• The Circle Program is built on the foundation of the carer being one of the long-term, safe, stable and supportive people in the child or young person’s life, whether the child or young person is living with them or not.

• (With regard to service standards) The Circle Program guidelines also identify additional and enhanced expectations of agencies, carers and child protection workers.

• Beyond the stated standards it is the intention of this program to change the culture and practice of the home-based care sector to become more forward looking and focused on the actual outcomes and experiences of children and to move away from the culture that values intentions and history. (DHS 2009, pp. 2–5)

To meet the early intervention aim of The Circle Program, at last two-thirds of the children and young people are new entrants to OoHC. In addition, up to one-third can be children and young people who are already in care and require a new placement and who meet the following criteria:

• aged up to 12 years at entry to The Circle Program;
• have been in care for up to two years; and
• have experienced up to two placement breakdowns.

It is recognised that no one program component distinguishes The Circle Program model from generalist foster care; rather, this is seen in the integration and interaction of all components. Furthermore, the strong theoretical foundation of The Circle Program outlined in the following section is a major strength of the Program and one that distinguishes it from most generalist foster care. As stated in The Circle Program guidelines:

… many if not all, of the model components are what we currently expect or desire for all out of home care placements. However, we know that often our current service fails to live up to these expectations. Through the establishment of this model of care we hope to provide a service which does meet all of these expectations, and through this provide a model of the outcomes a ‘good’ home based care service may be able to achieve. (DHS 2009, p. 1)

Theoretical framework

The overarching conceptual frame of reference for The Circle Program can be described as an ecological–developmental one (for example, Bronfenbrenner 1997; Belsky 1993), informed by a knowledge of trauma and attachment and guided by the Best Interests of the Child framework (DHS 2010). Although the emphasis on trauma and attachment theory is not stated explicitly, the principles in The Circle Program Guidelines are built upon these theories.

The following principles were identified in The Circle Program Guidelines:

• All children and young people have an inherent right to protection, care and support.
• Children and young people who have experienced abuse-related trauma and engage in challenging behaviours have experienced a range of abusive and disruptive experiences and are significantly influenced by their environmental context.
• All children and young people need to have their experiences of abuse and trauma acknowledged, be assisted to communicate and give expression to their experiences and to have these experiences understood.

• All children and young people benefit from interactions that are informed by resilience theory and where those around them have high expectations for the child and support them to achieve these expectations.

• Improved outcomes for children and young people who engage in challenging behaviours are enhanced if a coordinated and unified approach within a child’s or young person’s personal and professional network is developed and supported.

• Children and young people will receive quality care that meets their individual emotional, social, physical, developmental, cultural and spiritual needs.

• Interactions are planned and intentional: the emphasis is towards continuous support and contact and away from contacts that respond only to crises.

• Children and young people will be provided with opportunities and assistance to participate in decisions that affect their lives.

• Children and young people will be given information and consulted wherever possible about matters that affect them.

• Foster carers are expected to participate in decisions affecting the lives of children and young people placed in their care.

• Wherever possible and appropriate, the child or young person’s family of origin, both immediate and extended, will be engaged in a process of planning for the achievement of enhanced and supportive family relationships between the child or young person, foster carers and family members.

• The engagement of informal networks of support for a child or young person, foster carers and a child or young person’s family greatly enhances achievement of positive outcomes for the child or young person.

• Children, young people and their families will be treated with respect and dignity at all times.

• Placement planning processes and intervention will be sensitive to issues of culture, gender, sexuality and disability.

• Positive outcomes for children and young people are promoted when they are provided with continuity and stability of placement.

• It is important for a child or young person to have at least one adult whom they can identify as offering ongoing care and support to them, no matter with whom they live.

• Staff, foster carers and volunteer network members will be treated fairly and respected as members of a team with unique knowledge and skills.

• Abused and vulnerable children and young people should have access to clearly identifiable specialist programs as needed.

• Effective support for children and young people who engage in challenging behaviours needs to be multi-modal, containing components that reflect all of their developmental needs (as per the Looking After Children (LAC) framework) (Wise 1999), network coordination and capacity building.

• The Circle Program is provided as part of an integrated network of service providers to children, young people and their families.

• The Circle Program works actively to promote positive responses to children and young people in care and to aim for the elimination of any stigmatisation of abused, vulnerable or disabled children and young people.

From its inception, a central aim of The Circle Program has been to establish a strong network of support around each child and young person. This is manifest in the establishment of individually tailored care teams designed to meet the specific needs of every child and young person entering The Circle Program. The core roles of care team members include the foster care worker, the therapeutic specialist, the child protection practitioner, the carer and the child’s family. Additional roles are added as needed to match each child and young person’s requirements – for example, teachers, child psychiatrists and speech pathologists. The core professional and carer roles are defined in The Circle Program Guidelines.

In this evaluation, a review of the theoretical framework of The Circle Program drew upon the Program Guidelines, interviews with the therapeutic specialists, analysis of assessment frameworks and interventions and findings from the focus groups and survey. A review of the PDAG Minutes and The Circle Program Training Materials also provided information in respect of the theoretical framework. This analysis highlighted the utilisation of more specific theories related to attachment disruption and trauma (Perry 2009; Van der Kolk 2006) and application of social network theory (Pecora 2010).

Perry (2009) highlights the importance of a neurodevelopmental lens:
With little appreciation of neurodevelopment, neglect-related problems in maltreated children are missed (in over 80% of children under the age of 6 removed by child protective services, there are significant developmental problems, yet this population rarely receives a developmental assessment in most states), ignored (a minority of children in child protective service care with mental health, learning, speech and language, or developmental problems receive consistent services), or lumped into the over inclusive current label of “complex” trauma or, worse, bipolar disorder. Even when children do receive mental health services, neglect-related issues are rarely appreciated as having a distinct pathophysiology and pathogenesis related to but different from trauma. (p. 245)

Perry (2006) identified the essential role of a relational approach to caring for traumatised children. It is this focus upon relationships that is a core component of The Circle Program and the foundation of the focus on the carer–child relationship. As Perry (2009, p. 248) states:

The social milieu, then, becomes a major mediator of individual stress response baseline and reactivity; nonverbal signals of safety or threat from members of one’s “clan” modulate one’s stress response. The bottom line is that healthy relational interactions with safe and familiar individuals can buffer and heal trauma-related problems, while the ongoing process of “tribalism” — creating an “us” and “them” — is a powerful but destructive aspect of the human condition, exacerbating trauma in individuals, families, and communities attempting to heal.

Implementation of The Circle Program

The Circle Program was introduced in 2007. There were initially 96, later revised to 97, target placements, with 12 allocated across seven regions and 13 allocated to the Southern Metropolitan Region. The providers of The Circle Program and the initial members of PDAG were: MacKillop Family Services, Glastonbury Child and Family Services, Anglicare Victoria, Child and Adolescent Family Services (CAFS) (Ballarat), Wimmera Uniting Care, Berry Street, Upper Murray Family Care, St Luke’s, Salvation Army Westcare, OzChild, ACF and Berry Street Take Two. DHS convened and chaired PDAG meetings. Mallee Family Care took up some targets from St Luke’s, and Uniting Care Gippsland joined the program later. When Glastonbury withdrew from the program, their targets were taken up by MacKillop Family Services.

The foster care providers, together with the ACF, Berry Street Take Two and the Centre for Excellence in Child and Family Welfare, formed a Reference Group to manage the evaluation.

ACF and Berry Street Take Two, the therapeutic specialists to The Circle Program, jointly designed the training for foster carers and professionals and have been responsible for training since commencement of the Program.

The processes of The Circle Program in implementation fit closely with the description of process in The Circle Program Guidelines (DHS, 2009). All Circle carers are trained first as generalist foster carers and then receive The Circle Program training. The training is described in Chapter 4 of this report. Children and young people entering foster care were randomly assigned by the foster care provider to Circle or generalist foster care. While the allocation was random, it should be noted that placement in Circle could only occur if there were Circle carers available for the selected child’s or young person’s age group. Furthermore, the Guidelines specified that two-thirds of the children and young people in Circle had to be first placement (DHS 2009, p. 10), to meet the requirement for early intervention.

Once placed, the children and young people are assessed by the therapeutic specialist. Details of the assessment process are described in Chapter 4.1. The Circle Guidelines require that as far as possible the family of origin are to be involved in the assessment process.

Summary

Therapeutic foster care (TFC) is one part of a strategy to improve outcomes for children who have experienced abuse and neglect. The Circle Program was introduced in 2007. The program was based on principles informed by the Best Interests of the Child (DHS 2010) and knowledge of child development, trauma and attachment. There was an all of sector approach to the development of the program.
Chapter 2: Methodology

The project aims to evaluate the effectiveness of the implementation of The Circle Program with particular reference to the seven areas of focus listed below. The evaluation aims also to add to knowledge and understanding of how best to meet the needs of the vulnerable and traumatised children and young people who enter therapeutic foster care (TFC) with reference to national and international models of best practice.

The seven evaluation questions identified in The Circle Program Project Brief are as follows:

1. **Theoretical underpinnings**: An examination of the evidence base as found in the international literature for the effectiveness of TFC.

2. **Program content/processes**: An examination of the effectiveness of existing operational guidelines and protocols.

3. **Client outcomes**: A review of the extent to which identified client outcomes for children, young people and their families have been achieved.

4. **Foster carer outcomes**: The extent to which identified outcomes for carers have been achieved.

5. **Family outcomes**: The extent to which the families of children and young people in The Circle Program are perceived to be feeling more respected and experiencing greater participation in decision-making.

6. **Cost comparison**: A comparison of The Circle Program and generalist foster care benefits and costs.

7. **Program improvements**: Recommendations for improvements to therapeutic and generalist foster care programs.

A program logic design was used as a guide to provide a framework for the evaluation. The evaluation sought to identify the inputs, throughputs, outputs and outcomes of The Circle Program. As with most programs in this area, the most difficult components to identify are the throughputs that occur within the Circle placement and both the long-term and short-term outcomes for the child or young person. There were challenges in the implementation of the model for carers and other stakeholders, including unintended consequences for clients, carers and other stakeholders.

The Project Brief specified questions and areas to be addressed, and these have been categorised within the program logic framework outlined in Table 1.

**Methods of data collection**

A range of qualitative and quantitative methods were utilised to address the evaluation questions.

The program resources (inputs) were analysed through a review of:

- local and international literature; and
- program documentation: guidelines, recorded minutes of meetings, records of case assessments and reviews, and the training plan.

The activities (throughputs), outputs and outcomes were analysed through:

- interviews with key stakeholders;
- analysis of sample care team minutes;
- case assessments;
- focus group reports; and
- online surveys.

Specific outcomes of The Circle Program were identified through:

- comparison of a matched sample of Circle and generalist foster care outcomes;
- review of case documentation;
- focus group reports; and
- online surveys.

**Ethics approval**

Ethics approval to conduct the study was obtained from La Trobe University Human Research Ethics Committee (Number 11-073).
Table 1: Program logic framework for The Circle Program evaluation

<table>
<thead>
<tr>
<th>Goal of program</th>
<th>To improve outcomes for children and young people by providing a needs-driven therapeutic program in which the child or young person’s needs are paramount, the carer is supported as a member of a functioning care team, the child or young person’s family is engaged and there is a therapeutic plan for the child or young person.</th>
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<td>Resources (Inputs)</td>
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<td>The nature of therapeutic work</td>
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<td>Outcomes for Circle Program Carers compared to generalist carers</td>
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<td>Cost effectiveness</td>
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Evaluation components and methods of data collection

1. Literature review

2. Document analysis, including the following:
   • Document analysis included examination of relevant research and practice literature, to inform the understanding of the theoretical underpinnings of The Circle Program model and the existing evidence base for TFC;
   • Examination of existing operational guidelines, protocols and documentation;
   • A non-random sample of 40 de-identified assessment reports at intake; and 12 months post intake and/or at exit from care (whichever came first). The two therapeutic providers were asked to select 20 cases respectively that they considered were typical examples of practice;
   • A sample of de-identified care team minutes (20 examples in total) from two foster care providers, manifesting what is perceived (by care team members and therapeutic providers) to be Best Practice with 10 generalist foster care and 10 Circle Program clients (children/young people); and
   • An analysis of Circle Program training documents.

3. Focus groups

Seven focus groups were conducted for Circle carers, Department of Human Services (DHS) Staff, therapeutic specialists, and foster care professionals. There was a total of 43 participants as follows: three groups were conducted in Metropolitan Melbourne, two groups were conducted in Regional Victoria and a further two groups were conducted via teleconference, one metropolitan and one regional. The initial six focus groups were attended by a mix of Circle carers, foster care workers, therapeutic specialists and placement support staff. An additional group was conducted for DHS Staff via teleconference in order to ensure that the voice of the Child Protection Service was included. This departure from the intended strategy of mixed focus groups was necessary due to industrial action within Child Protection at the time of data collection, which impacted on the capacity of child protection practitioners to attend mixed focus groups as was originally planned.

Participants were purposefully recruited through foster care providers who were asked to nominate three Circle carers and three staff to participate.

Invitations were sent via Central Office to Child Protection Service staff engaged with The Circle Program, and the managers of the two therapeutic service providers nominated past and present therapeutic specialists to participate.

The purpose of the focus groups was to explore the participants’ experience with The Circle Program and to gain qualitative data on the intervention processes and the outcomes for children, young people and carers. The participation was mixed to assist in drawing out themes about The Circle Program experience.

The focus group questions related to participants’ experience of The Circle Program, including comparison with generalist foster care; a description of outcomes for children and young people including educational, placement stability and developmental outcomes; outcomes for carers and the child or young person’s parents; and the challenges and constraints experienced by the stakeholders. The participants were also asked for their recommendations for actions that would improve The Circle Program.

4. Online survey of Circle Program and generalist foster carers

An online survey was developed to provide the opportunity for all Circle carers to participate in the evaluation. To obtain a comparison, a further survey was developed for generalist foster carers. The purpose of these surveys was to gain an understanding of the experience of Circle Program and generalist foster carers in relation to their work with the children and young people they care for and to explore their experience of the support and service system surrounding the child and young person.

Participants were selected purposively. All Circle carers were invited to participate through their foster care provider. Two hundred generalist carers were also contacted through their foster care provider (approximately 10 from each provider).

The survey was designed and implemented online using ‘Survey Monkey’ (see www.surveymonkey.com). All respondents were non-identifiable. Arrangements were made for carers who did not have access to the survey online to complete the survey confidentially and respond through their agency.

The survey questions addressed the following areas:
   • profile of carer respondents;
   • their experience of foster care training (Circle and generalist);
• the carer’s perspective of the child or young person currently in their care;
• the carer’s role in the program; and
• the carer’s experience of Circle or other program.

Responses were received from 38 Circle carers and 43 generalist carers. The two questionnaires are included in Appendices 3 and 4.

5. Online survey of professionals associated with The Circle Program

All professional agency staff and child protection practitioners engaged in The Circle Program were invited to participate in the survey. The professionals were contacted by their organisation, and an internal email of invitation was sent to child protection practitioners and managers.

The survey questions addressed the following areas:
• profile of respondents
• experience of Circle training
• the professional’s perspective of children and young people in care
• the professional’s role in the program and
• the professional’s experience of The Circle Program.

Responses were received from 55 professional staff. The full questionnaire is included in Appendix 5.

6. Case examples

Participants in focus groups were asked to provide de-identified case examples, and a sample of these have been used to illustrate the evaluation findings, particularly with regard to the focus groups and surveys.

7. Statistical analysis of selected placement outcomes for Circle Program and generalist foster care

Statistical data for the evaluation was supplied by DHS, from the Department’s Client Relationship Information System (CRIS) in January 2012. The de-identified data for both generalist and Circle foster care recipients (children and young people) was matched by the Department for time of entry to care, age, gender, LGA, Aboriginal and Torres Strait Islander background and name of foster care agency managing the placement.

8. Comparison of Circle Program and generalist foster care costs

An analysis of The Circle Program and generalist foster care costs was undertaken and the costs compared, based on data provided by DHS in January 2012.

9. Key informant interviews

The managers of the two therapeutic providers, the Australian Childhood Foundation (ACF) and Berry Street Take Two, were interviewed on commencement of the evaluation project to clarify aspects of program implementation. They were again interviewed following completion of data collection to discuss and clarify emerging themes.

Evaluation limitations

There were a number of limitations that impacted upon the data available for the evaluation. The contract for the evaluation set a six-month timeframe, and the time available was further reduced by the requirement to obtain ethics approval from the La Trobe University Human Ethics Committee. The Project Brief specified that no direct contact was to be made with children, young people or their families; consequently, their important perspective was gathered from the experience of the carers and professionals who worked with them. These limitations were addressed with the multi-method approach outlined above. The evaluation utilised the experience of key people in The Circle Program, and from this and other data sources, we were able to explore the experience and outcomes for the children, young people and their families.
Chapter 3: Results

This chapter presents the findings from the multiple data collection sources. First, analysis of The Circle Program documents is presented, which includes analysis of training, care team meeting notes and assessment and review documentation. The results from the focus groups and the surveys are then presented. These are followed by statistical analysis of selected placement outcomes for generalist and Circle foster placements and comparison of costs between The Circle Program and generalist foster care. Some case examples provided by focus group participants and provider organisations are presented in this chapter to enrich the findings.

3.1 Document analysis

This section includes analysis of documentation regarding training, care team meetings (Circle and generalist) and a sample of assessment, review and case closure reports.

Training

An essential component of all therapeutic foster care (TFC) is training for the carers. Dini (2008) reports on visiting leading TFC programs in the United States, the United Kingdom, the Netherlands and Finland. In all of these programs, the training of carers was a core activity, as was recruitment and selection. Therapeutic foster carers provide the day-to-day care of the child and young person and have a central relationship with them. Evidence has shown that having a strong theoretical framework is associated with positive outcomes for children and young people in foster care. Training is the vehicle to ensuring all stakeholders in the inner circle of the child’s or young person’s placement have knowledge of trauma and attachment.

Australian Childhood Foundation (ACF) and Berry Street Take Two designed the initial training program and provided the first training programs jointly for The Circle Program. The two organisations continue to follow the same curriculum and teaching mode but train separately. They are responsible for delivering The Circle Program training to the foster care providers they partner. Foster carers are required first to be assessed and accredited as generalist foster carers before they can attend The Circle Program training.

Table 2 shows numbers of Circle carers trained and accredited since the commencement of The Circle Program in 2007. Table 2 provides a useful picture of the training of Circle carers since the commencement of training in 2007.

Table 2: Number of Circle carers/households* trained and accredited since commencement of The Circle Program in 2007

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of carers trained</th>
<th>Number of carers accredited</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West Metro</td>
<td>114</td>
<td>38</td>
</tr>
<tr>
<td>Southern</td>
<td>124 (84 households)</td>
<td>29 (17 households)</td>
</tr>
<tr>
<td>Eastern</td>
<td>109 (households)</td>
<td>28 (households)</td>
</tr>
<tr>
<td>Gippsland</td>
<td>114 (carers)</td>
<td>21 (carers)</td>
</tr>
<tr>
<td>Loddon Mallee</td>
<td>27 (22 households)</td>
<td>13 (7 households) +2 (1 household) pending</td>
</tr>
<tr>
<td>Hume</td>
<td>28 (households)</td>
<td>27 (households)</td>
</tr>
<tr>
<td>Barwon South West</td>
<td>24 (14 households)</td>
<td>21 (12 households)</td>
</tr>
</tbody>
</table>

* The discrepancy between the numbers of individual carers and carer households trained and accredited in different regions limits comparison between regions.
Training outline for Circle Program carers

Each Circle carer training program consists of three full days addressing the following seven learning outcomes:

- understand The Circle Program – theory, practice and teamwork to support the child and young person;
- understand the carer’s role;
- understand the role of all care team members;
- understand the theoretical frameworks that explain the child’s and young person’s world and create circumstances for healing: child development, attachment, complex trauma and resilience;
- understand how the Looking After Children (LAC) practice framework is translated into The Circle Program;
- gain a broader range of skills in responding to the child’s and young person’s needs; and
- become empowered to participate in care teams.

Day one of the training focuses on an overview of The Circle Program and its processes and addresses the context of the child and young person coming into care and the characteristics of those children and young people. The overview of The Circle Program includes presentation of the TFC model and the role played by the carer and other professionals. There is discussion of the function and operationalisation of the care team.

Day two focuses on theories that provide the foundation of TFC and addresses the role of theory in informing practice. The theoretical concepts addressed are child development, attachment, trauma, and brain development and resilience. Bruce Perry and Gillian Schofield are two writers whose work informs the program. It is noted that the training focuses upon the application of these theories in the carer’s relationship with the child and young person. The aim of The Circle Program training is to engage participants with a significant level of understanding of child development, trauma and attachment theories. The curriculum is respectful of the carers’ role in TFC and assists the carer to understand and apply the theory in their relationship with the child and young person.

Day three focuses on application. Self-care and self-knowledge are discussed, as is therapeutic and foundation parenting practices. There is considerable focus on the role of reflection and the use of support networks. The role of the care team, situations with the child or young person’s family, challenges and responses of future Circle Program carers are also discussed.

The training package clearly provides the carer and the professionals who undertake the training with an understanding of the theoretical framework of The Circle Program and prepares the carer to work effectively with the child and young person. The training program addresses key areas required for working effectively with the child and young person and with the care team. The three-day program has been offered to large groups of 17 participants and on a one-to-one basis. Feedback from the focus groups and surveys provide evidence of satisfaction with the training. The feedback and the analysis of care team meeting notes also highlight that knowledge from the training is influencing the approach of participants in their work with the child and young person. An area that was highlighted in the focus groups was the importance of the carer’s ability to reflect on their own emotions and behaviour and their self-knowledge in relation to parenting and care of children and young people. The training package addresses this area.

There was evidence from therapeutic specialists and foster care providers that Circle training is increasingly being offered to generalist foster carers, and this fact was confirmed by evaluation project group members. This trend will continue with the roll-out of new training for generalist foster care called ‘Fostering Hope’ launched by the Victorian Department of Human Services (DHS).

Analysis of care team meeting notes

Significant work for the child and young person and provision of support for the carer is undertaken in care team meetings. These meetings in The Circle Program are expected to occur weekly for the first six weeks of a placement and then on an as-needs basis. They involve key stakeholders including, where appropriate, the child and young person and their parents with the carer, foster care worker, therapeutic specialist and child protection practitioner. Others, such as teachers and health professionals, attend as required.

An analysis was undertaken of a sample of care team minutes for seven children in Circle Program placements. Care team meeting records from five generalist foster care placements were also reviewed. The cases were selected by the foster care providers and were taken from three organisations. The purpose of the analysis was to take a snapshot of the content and process of care team meetings over a six-month period. A second aim was to compare the Circle care team meetings with generalist foster care team meetings.
In analysing the care team documents, it was noted that The Circle Program team meetings were recorded in more detail than those of generalist foster care placements. From the sample supplied to the evaluation, the generalist foster care-team meetings were recorded in less detail than The Circle Program team meetings and the meetings were not held as regularly.

The analysis supported the evidence from focus groups and the surveys that care team meetings are held regularly in both generalist foster care and TFC. In this sample for most children and young people in Circle Program placements, care team meetings were held fortnightly or monthly. The Program Guidelines required weekly care team meetings for 12 weeks following entry to placement. This was later changed to six weeks. Following this time, team members decide the frequency of care team meetings. In an interview, key informants provided information that, once the child or young person is settled in placement, care team meetings tend to occur on an as-needs basis.

Venues for care team meetings included a shopping centre, a school, a DHS office and a carer’s home. The foster care worker, the carer and the therapeutic specialist are recorded as attendees at the majority of meetings. School personnel, the child protection practitioner and other professional staff were also noted as attendees but less frequently. The inclusion of professional staff from the latter group appeared to be purposeful when there was a need to discuss particular issues related to the child or young person. In two of the Circle cases described, the child’s parents were included in the care team meetings. The mother was included on two occasions and both parents on another occasion. There were also examples of the child being present at a care team meeting. On one occasion, two children who were placed with the same carer were both supported by therapeutic specialists at a meeting. It was noted that one of the children was in a generalist foster care program with the same carer.

In the sample of care team notes reviewed, there was a significant focus on school issues and peer relationships. In some cases, issues of access were discussed, and in one meeting court-initiated action by DHS was prominent in the discussion. In one case, a parent was present and clearly in conflict with the child protection practitioner, the carer and the child. The minutes reflect a respectful understanding of the parent and their situation. In another set of care team minutes, a parent exited the care team meeting in anger over an up-coming court case and blamed all the professionals. However, later care team minutes indicate that the parent continued to attend care team meetings. In one care team meeting, there was a significant discussion about the impact of the child’s behaviour on the carer and the carer’s family. The therapeutic specialist assisted in giving insight into the child’s behaviour and suggesting strategies to work with the child and deal with challenges to the carer and other professionals.

It is evident from the review that the approach in care team meetings is child centred and the child’s needs are paramount. While there is no overt labelling of theory, the notes from the documents reviewed suggest that the carer and professionals were working together with a common understanding of trauma and attachment theory. This does not mean that there was agreement on actions. One example of disagreement was the carer expressing a wish for some distance from the child and not to be engaged in therapy sessions. However, once the importance of their role in therapy was explained and the carer was able to discuss his/her misgivings, the carer agreed to attend.

In the sample of generalist foster care, the meetings are recorded according to LAC areas and each section is addressed. The participants include the carer and the foster care provider, and some included child protection practitioners. In one case, there was mention of a therapist who was being engaged through the foster care agency.

Although the number of care team meeting notes examined was a small sample, they provided a useful snapshot of how the teams can work. It is clear that the roles of the professional and carers in practice were similar to those described in The Circle Program Guidelines. Circle Program care teams do appear to meet more frequently than generalist foster care teams based on this sample; however, the notes reviewed indicated that care teams were operating strongly in generalist foster care. There is a noticeable difference between Circle Program and generalist care team meetings in regard to how the notes were recorded and the content of the meetings. This sample comparison of The Circle Program care team meetings and generalist care team meetings suggests that Circle care teams appeared to have a greater focus on relationships and the role of the therapeutic specialist. The notes record a discussion that is more about process and what was happening with the child and the network around the child. The generalist care team minutes report utilising LAC domains and indicate the situation for the child in relation to these.

The ongoing issues regarding the child’s situation can be noted as an update. Thus there is less information about process and relationship dynamics regarding the relationship between the child and the carer.
In summary, the review of a non-random sample of care team minutes provides a snapshot of the processes within care teams, which suggests that care team meetings for children and young people in a Circle placement were engaged in dynamic work to support the child and assist the carer supporting the child. It should be noted that the care team meetings are only one forum for this work. Carers also report weekly to the foster care worker, and the therapeutic specialist may also have direct contact with the carer and also with the child or young person.

**Review of assessment, review and closure reports**

Assessment of the child’s or young person’s needs is a core component of The Circle Program and is undertaken by the therapeutic specialist. The Circle Program Guidelines require that, where possible or appropriate, key stakeholders are also engaged in the assessment. The assessment is undertaken at the time the child or young person enters The Circle placement and informs work with them, as well as providing a basis for joint planning and action and for the review of outcomes. A common assessment framework was developed to guide assessment by the therapeutic specialists and includes recommended outcome measures (see Appendix 6).

A range of de-identified assessment, review and closure reports was provided by the ACF and Berry Street Take Two as part of The Circle Program evaluation. The reports were selected to highlight processes and issues and are not expected to be statistically representative of The Circle Program client group as a whole. The therapeutic specialists were requested to provide the evaluators with a sample of reports that in their view were typical of Circle assessment and review/closure reports. As generalist foster care reports were not included in this component of the evaluation, the following results do not include comparison with generalist foster care processes.

The Circle Program reports relating to 29 of the children and young people from 26 families have been addressed. They comprise:

- 28 assessment reports;
- 1 combined assessment and closure report;
- 18 review reports; and
- 6 closure reports.

The analysis shows the following aspects of The Circle Program:

- dates for admission, assessment, review and closure;
- who was engaged in the reports and assessments;
- outcome measures used and reported;
- goals set and achieved;
- reasons for case closure; and
- stability of care.

**Profile of children and young people**

Table 3 shows the age and gender breakdown for the 29 children and young people included in the sample of case reports.

It is noted that, although gender is evenly represented in the 29 cases, the majority (21) of the children and young people were aged seven years or younger. Although the documents were not randomly selected, reviewing the age range suggests a typical cohort of children and young people in Circle placements. Fifteen came from regional Victoria and 14 from within the Melbourne Metropolitan Region. It is further noted that most (21) of the children and young people were on Custody to the Secretary Orders, six had Interim Accommodation Orders and the remaining two were on Guardianship Orders.

<table>
<thead>
<tr>
<th>Age clusters</th>
<th>Boys/young men</th>
<th>Girls/young women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–2 years</td>
<td>8</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>3–7 years</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>8–10 years</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11–12 years</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13+ years</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>14</td>
<td>29</td>
</tr>
</tbody>
</table>
The Circle Program was intended to include children and young people with no prior experience of Out-of-Home Care (OoHC) (two-thirds) and those with previous foster care histories (up to one-third). Fifteen of the 29 children and young people represented in the sample had previous experience of OoHC prior to their admission to The Circle Program. For 14 of the children and young people, admission to The Circle Program was their first experience of OoHC, including one infant who was admitted straight from a maternity hospital, aged less than one month.

Dates for admission, assessment, review and closure reports
The average time between admission to The Circle Program and presentation of a completed therapeutic assessment report for the 29 cases is five months, with a range between 12 months as the highest and one month as the lowest. The Program Guidelines recommend 12 weeks for the presentation of the report. The assessment is an evolving process, involving key participants, and the time taken until final sign-off will vary. The time does not seem to vary consistently between different age groups. In addition, there may be some extension of time needed for a detailed therapeutic assessment due to the high caseloads carried by the therapeutic specialists.  

The duration of Circle placements is taken from data in the most recent report available and is likely to be underestimated, except in the seven instances where there has been a closure report. With this limitation, the average length of placement for the 26 children and young people (where known) was at least 19 months. Seven of the children and young people were known to have been in Circle placements for more than two years. The two longest placements were 48 months and 47 months respectively, and in both instances had been broken by an unsuccessful family reunification and return to Circle Program care, in one instance to the same carer/s. The shortest placement was of a 15-month-old child for one month before transfer to a kinship care placement.

Goals and outcome measures used and reported
Assessment instruments used diagnostically in some of the 29 cases have included the following:

- Infant–Toddler Social and Emotional Assessment (ITSEA);
- Trauma System Checklist for Children (and Young Children) (TSCC, TSCYC);
- Strengths and Difficulties Questionnaire (SDQ);
- Social Network Map (SNM);
- Behaviour Assessment System for Children (BASC2); with parent/carer and teacher report scales (PRS or TRS); and

Re-testing using the same instruments is seldom reported. In the one instance where a repeat BASC2 assessment is reported, the child showed overall improvement in most domains in both parent/carer and teacher scales when reviewed after approximately 12 months.

The reports examined all set out recommendations clearly and thoughtfully. These can form the basis of care team planning or goal setting in individual or dyadic therapy, but this has not been reported back consistently in the material considered. There were examples of positive outcomes from the reports (see below).

Personnel engaged in the reports and assessments
All reports examined have been prepared and signed off by the therapeutic specialists or senior clinicians engaged in The Circle Program through the ACF or Berry Street Victoria Take Two. They have consulted with the members of the care team including carer/s, Maternal and Child Health nurses, day-care workers, teachers, and medical and health workers relevant to the child and young person or family. The role of teachers was critical for the school-age children in the sample. Parental participation in the teams is uneven. A DHS child protection practitioner was usually, but not always, active in the team, and DHS was always consulted in preparation of an assessment or review report.

- It is evident that child/young person is meeting his developmental milestones effectively within this therapeutic foster care placement. Child/young person entered the placement at five months of age as Early Intervention research suggests, and is a delightful, happy little child who has had the opportunity to develop an attachment relationship which has aided his sense of safety and security and provided a basis for him to progress according to his age and stage of development. This has been attributed to the consistent parenting approaches, emotional attunement and the attachment relationship he has formed with his carers.

6 It is noted that in many instances the timing of these reports did not meet The Circle Program Guidelines, in that assessment reports should be completed within 12 weeks of placement commencement and review reports should be presented every six months.
The child (aged nine years after 18 months in a Circle placement) has remained settled and the challenges described earlier are managed with attuned carers who have provided stability, security and safety. Most importantly, others delight in the child including adults and children, and she has friends, is invited to birthday parties and is included in healthy family and community events. The small school that she attends is an excellent match for her needs, and the school has remained committed to her education and social inclusion. The care team has met regularly, providing a collaborative response to her care and development.

The (eight year old) child/young person’s narrative, the story she tells about her experience, now includes a sense of understanding that she deserves to be safe. Her parents are sorting out their problems and they are good people who had trouble caring for her because of their problems. She does not blame herself or them. She knows she needs support to understand her feelings and learn friendship skills. She reinforces her understanding by informing others about how to calm themselves and make friends. At first assessment, child/young person met the DSM criteria for Reactive Attachment Disorder.

... the decision to transfer (two year old) child to permanent foster care with siblings after an 18 month Circle placement. Recommended transition arrangements to minimise harm to already vulnerable child. Issues identified include supporting & advocating for the carers throughout the grief and loss associated with losing the child. Working with (NG agency) through the transition became problematic due to different views regarding transition planning and future contact between child and carers.

### Reasons for case closure

The sample of seven closure reports shows some of the reasons cases are closed, most notably to allow opportunities for permanent care plans for the child or young person.

<table>
<thead>
<tr>
<th>Table 4: Circle Program reasons for case closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferred to long-term foster or permanent care outside The Circle Program</td>
</tr>
<tr>
<td>Family reunification</td>
</tr>
<tr>
<td>Kinship care (grandparent/s)</td>
</tr>
<tr>
<td>Placement terminated at request of Circle carers, young person now in supported accommodation</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Transfer to permanent care, family reunification and kinship care were the main reasons noted. Review reports for a further two of the children and young people indicate attempted family reunification where the child and young person has returned to a Circle Program placement. In only one of the seven instances was the Circle placement terminated at the carer’s request. In this instance, the carer family was unable to meet the adolescent’s needs (and ensure safety) in the context of extreme trauma-related presenting behaviour.

### Stability of care

Analysis of reports for this sample of 29 of the children and young people in The Circle Program allows for a general comment on the stability of TFC provided in The Circle Program. Both the quality of care and positive outcomes in child development and wellbeing is apparent throughout the reports reviewed. As noted above, placements are usually long-term, averaging at least 19 months, and in only the one instance discussed earlier is the placement known to have been terminated at the request of the Circle carer.

### 3.2 Focus groups

A total of seven focus groups was conducted jointly with Circle carers and professional foster care staff, including one via teleconference for those unable to attend and one separate teleconference for child protection staff from the Victorian Department of Human Services (DHS). Thematic analysis of the focus groups revealed a strong consistency in the underlying themes identified, as discussed in this section.

The main themes to emerge from the focus groups include:

- enhanced service delivery;
- identification and addressing of the child’s or young person’s needs;
- enhanced educational stability;
- experience of a ‘team around the child’;
• application of knowledge;
• creation of a ‘reflective space’ in relation to the child or young person;
• continuity of care and relationships for the child or young person;
• access to brokerage funds;
• improved foster carer outcomes;
• engagement of the child or young person’s families; and
• the role of the Child Protection Service in The Circle Program.

Enhanced service delivery

The overriding theme arising from the focus group discussions identified that children and young people placed within The Circle Program experience a greatly enhanced foster care service. Focus group respondents commonly described a process that enabled ‘continuous conversations’ about the child or young person, both in terms of their immediate and longer-term needs. This focus was described as one that viewed the ‘whole child’ and was informed by a sound and applied knowledge of developmental, attachment and trauma theories, and as a result of the care team approach, conversations were enriched by the multiple perspectives of the therapeutic specialist, foster care worker, child protection practitioners, carer and parent.

These ‘continuous conversations’ were described by a number of carers to have enhanced their understanding of theory. In the words of one Circle carer, ‘the ongoing translation of the theory really comes to life in the placement’. The process of an ongoing focus on children and young people in The Circle Program was said to allow for a more specific and sensitive response to children’s needs as they became identified on a day-to-day basis. An example provided by a foster care worker was where she had been involved in the practical aspects of facilitating travel interstate for two children in The Circle Program; the therapeutic specialist had become aware of the potential for difficulty for one of the children in undertaking this travel. As a result of this information, the therapeutic specialist created a highly personalised ‘book’ for the child, providing specific details of what would happen at the airport and what to expect, to be used by the carers as a tool to assist in preparation of the child for the trip. The carer and foster care worker participating in the focus group said that the use of this book was highly beneficial for the child.

In examining outcomes for children and young people in long-term foster care, Schofield and Beek (2005) developed a model to explore why some make good progress in care while others continue to experience a range of difficulties. The bio-psychological lens proposed by these researchers is one consistent with the theoretical lens of The Circle Program, in that it suggests that early brain development, genetics and a wide range of ‘outer world’ factors including care and education influence a child’s developmental trajectory. In viewing client outcomes through this complex developmental perspective, it has been suggested that ‘we need to think in terms of processes and mechanisms rather than focus simply on lists of factors or characteristics’ (Rutter 1987, cited in Schofield & Beek 2005, p. 1284). The ‘process’ of ‘continuous conversation’ and active reflection upon the child or young person in The Circle Program was certainly a dominant theme in the focus group discussions.

The intellectual and educational framework around the therapeutic approach means that whenever an issue comes up you can always bounce it off a Circle worker and get some insightful and thoughtful approaches, whereas with ‘general’ (foster care) often that educational background isn’t there or is dependent on the education and training of the individual worker and how much they embrace the therapeutic model or style. (Carer)

Identifying and addressing children’s and young people’s needs

Carers attending the focus groups commonly spoke about the children and young people in The Circle Program having their needs met quickly and in ways that had not been their experience when they had been carers in generalist foster care. These ‘needs’ ranged from enhanced stability as a result of the therapeutic specialist working with, educating and supporting the carer, to opportunities for children and young people to participate in community and sports activities.

We used to care for teenagers in generalist foster care; our kids would say to us ‘we are just a number’. Now in The Circle Program we are accessing therapy and we are implementing the therapy for the child. Why do we have two different programs? Every child should have access to Circle. (Circle carer)

The specific focus on the detail of the child’s or young person’s needs was highlighted from the outset of the placement, where most commonly a therapeutic specialist would present to the care team a detailed
Being told and involved makes you look at the child in a different way.

To some extent the therapeutic specialist sits outside all of the day-to-day administration and red tape and helps us not to become entrenched in these issues, but to focus on the child’s experience, the impact of the trauma that they have experienced and (how best) to respond to their needs. There is a clear value adding for the child.

A lot of times you weren’t told anything about the child or the child’s life.

Enhanced educational stability

Although the majority of children and young people admitted to The Circle Program have not reached school age (the mean age is 3.8 years, see Table 50), the child’s day-care, kindergarten or school experience is vitally important where relevant. Educationalists are included in the care team and are an important source of information for assessment, review and closure reports.

Focus group participants described enhanced educational stability for the school-aged children in Circle care. Children placed in Out-of-Home Care (OoHC) are commonly identified as achieving poor or very poor educational outcomes. A number of studies identify the educational deficits that children entering foster care commonly present with, including ‘low educational attainment, poor attendance, over-representation in school exclusion, suspension, frequent school changes as a consequence of placement breakdown, low completion rates.’ (Jackson, Harker et al, Zetlin et al Pecora et al, cited in Fernandez 2008a).

A number of focus group participants described a higher level of educational stability as a result of the therapeutic specialist working with, educating and supporting the child’s school. Therapeutic specialists reported that a core component of their role was educating and supporting teachers and ‘working with the school as part of the extended care team’ (Therapeutic specialist). Discussions focused on the need to enhance teachers’ understanding of the neurobiology of trauma and specifically the implications on a child’s capacity to concentrate, learn and develop within the school environment.

While there were a number of case examples offered by focus group participants where children had been able to remain in the school setting, had begun to learn or had made real achievements educationally, a particularly strong example of educational stability and significant developmental progress is summarised in relation to ‘Ruby’, aged 8 years (see below).

Case example 1 ‘Ruby’

Ruby is eight years old and has been with her Circle carer for two years. Ruby’s family was already known to the Child Protection Service when she was born, and at nine months of age she and her siblings were removed from their family and placed in a residential family group home for six months, before returning to the care of their parents.

By the age of two, Ruby had been exposed to chronic neglect, significant family violence, parental substance misuse, criminal activity and mental health issues. She had also had multiple primary caregivers. At three years of age, she was treated for (non-organic) failure to thrive. Ruby re-entered the care system at six years and was placed in The Circle Program. She was significantly underweight; a paediatric assessment found she was the size of a three-year-old child. She also had poor self-care skills, hoarded food and was extremely hypervigilant and hyperactive. She was wary of her carer and resisted any close contact or affection. She had very limited social skills.

Ruby commenced Prep soon after coming to her placement. She was already a year older than most of her peers, but had no knowledge of letters, numbers or colours. She could not read or recognise any letters, her ‘writing’ was scribble and she coloured using only black pencils. She was assessed by the School Psychologist and found to have an intellectual disability: an IQ of 50. The school put pressure on the carer to transfer Ruby to a special school as it considered her needs would not be met in a mainstream school. Given Ruby’s history, Ruby’s carer, supported by the care team, disagreed with this view, along with the diagnosis of ‘disability’, and advocated that she remain at least to complete the Prep year, which the school reluctantly agreed to.

Two years on and the care team have worked hard to support Ruby in her placement. Her carer was able to provide her with a consistent and nurturing environment that met her emotional and developmental needs. The therapeutic specialist and foster care worker provided many resources to support the carer to meet Ruby’s needs where ‘she was at’, often meaning that the carer had to parent
her as though she was a much younger child. Ruby responded very well to this care, tolerating more closeness with her carer as she developed a strong attachment to her. This has enabled Ruby to present as calmer at home, with a greater capacity to sit still and concentrate, to develop age-appropriate self-care skills and begin to form positive friendships with other children. Ruby has grown considerably, and although still small, is now within the right height and weight range for her age.

The most significant outcome is Ruby’s progress at school. Within two years, she has demonstrated incredible progress, now being able to read and write and achieving success in all areas of learning. Ruby has gone from not knowing her alphabet to being ahead of the expected levels for literacy at the end of Year 1. The school has emphatically agreed with the carer and the care team that Ruby’s diagnosis of having a disability is incorrect; her delays were due to her early life experiences of trauma and neglect, not disability.

In summary, The Circle Program was able in this situation to:

- ensure continuously informed provision of a stable, therapeutic placement, with a care team that was committed to working together with the school; and
- advocate effectively for Ruby’s needs to be met in such a way that she has experienced successes that otherwise would not have been possible for her.

The therapeutic specialist’s and care team’s work with schools was described as ‘having a real impact on children’s educational progress within the school setting’. This is consistent with research findings highlighting the importance of an integrated strategy for children in foster care that includes a focus on children’s educational needs, highlighting that ‘good carer and teacher relationships can provide important buffers in helping children cope with changes and adversities they encounter’ (Fernandez, 2008a).

Experience of a team around the child and young person

The amazing camaraderie across the care team that is generated by the therapeutic specialist driving a continual focus on the child and the child’s needs … we really are a circle of friends around the child. We are in the habit of meeting together, initially when a child is placed at least weekly, then this may go to fortnightly.

(Foster care worker)

In one example, a three-year-old boy and his two-year-old sister came into The Circle Program after multiple previous placement breakdowns (both separately and together). The boy was described as demonstrating extreme behavioural difficulties, while the girl was said to have significant medical needs. The generalist foster care placements all broke down within a short period of time due to the complex needs and behaviours of the children. They were initially allocated to separate Circle placements, but after eight months they were successfully placed together within one family. While these children are still challenging to parent, their Circle carers have ‘claimed’ them to such an extent that they have put themselves forward to become permanent carers of the children.

One of the key features of the placement success, according to carers, was the greater understanding that they had of the children’s needs. This was as a result of the ‘team around the children’ who not only looked at the child’s needs, but also continuously looked at the carer’s needs and what they required in order to parent these children sensitively. Schofield and Beek identified ‘the level of sensitive parenting demonstrated by one or both carers’ (Schofield & Beek 2005) as an important factor in all of the foster care placements where good progress in respect of children had been identified over time.

The importance of the care team, meeting regularly and consistently focused on the child as central, is a distinctive component of The Circle Program model and is supported by the foster care organisations involved. Care team meetings have an informed, therapeutic approach, drawing on the therapeutic assessment and the stakeholders’ knowledge of trauma and attachment.

A second example of the power of the supportive team environment and the impact on the capacity to care was clearly described by a Circle carer of an 11-year-old child who was engaging in extremely risky and at times life-threatening behaviour. The carer had a nine-year history as a generalist foster carer and yet found this child’s behaviour extremely disturbing, distressing and so stressful that she did not believe she could continue to care for this child. The carer identified the intensive support and guidance that The Circle Program care team offered as the critical ingredient in assisting her to continue with this ultimately successful placement. Because of the therapeutic intervention supported and guided by the care team, the child’s risky behaviour abated within a relatively short period of time.
In one carer’s words:

“If I had still been a generalist carer, it would have been ‘game over’ for me – I could not cope with that level of stress on my own. If you have a child in your home who creates secondary trauma, you are much more likely to give up without the support of the therapeutic specialist and the care team.”

The egalitarian nature and common purpose of the care team were also mentioned in the focus groups (see below).

**Case example 2 ‘Josh’**

Josh was three years of age when he was placed in The Circle Program. He had experienced multiple care-givers in his three years, having been in and out of generalist foster care. On each occasion, the Court decided to return him to the care of his mother, who had chronic difficulties with substance use.

The Circle carer formed a strong relationship with Josh’s maternal grandmother, who became an active member of the care team. The Case Plan identified Josh’s grandmother as a possible future placement, and a familiarisation process began. This initially involved the carer welcoming the grandmother into her family home for regular ‘playdates’ with Josh.

Later, the Circle carer drove Josh to his grandmother’s home for regular visits, leading eventually to overnight stays for both Josh and the carer. Josh was successfully placed with his grandmother and continued to have regular contact with his Circle carer who was an important figure in his life.

Three years on, Josh is permanently placed with his grandmother and maintains contact with his Circle ‘aunty’.

The experience of the care team as reported by many Circle carers was contrasted with their previous experience in generalist foster care. Many of the Circle carers contrasted the support they now receive from the therapeutic specialist and other team members and their ready access to them between scheduled meetings with their experience in generalist foster care. The data highlights the perception of Circle carers that the greater support provided in The Circle Program, in contrast to generalist foster care, resulted in a better experience for the children and young people in their care.

**Application of knowledge**

Program rationale describes the ‘central tenet of The Circle Program (as) the primacy of the carer–child therapeutic relationship. The focus becomes the carer’s ability to provide skilled therapeutic parenting applying individually tailored techniques designed to provide the child with the best possible opportunities to grow, learn, develop and heal from the effects of abuse’ (DHS 2009).

Focus group participants commonly identified a knowledge of developmental trauma as fundamental to the operation of The Circle Program and to understanding a particular child’s or young person’s experience and needs.

The expertise of the therapeutic specialist was referred to on a number of occasions in relation to the role of advocate for the child, where particular needs had been identified. Access with parents was identified as an issue that was impacting negatively on some children in Circle placements in three of the focus groups, as a result of the frequency of visits determined by the Children’s Court. In each of these situations, the role of the therapeutic specialist was identified as bringing specialist expertise to the request for reducing the frequency of access, where the frequency and duration had been assessed as highly problematic for the child.

In one example where this had occurred, a young girl was becoming physically unwell on each access visit as a result of the lengthy drive to visit her family because she...
suffered from car-sickness. As a result of the combined advocacy of the therapeutic specialist, supported by the foster care worker and child protection practitioner, a case was successfully made to change the contact for the benefit of the child. The case highlighted to the Court the girl’s complex developmental needs and current experience of contact. This case had been previously taken back to Court by DHS without success. The carer’s access to knowledge and resources provided by The Circle Program through both their initial training, the input of the therapeutic specialist and the strength of the care team was perceived to facilitate conditions that resulted in better outcomes for the child.

The creation of a ‘reflective space’ in relation to the child or young person

Focus group participants frequently mentioned the creation of a ‘reflective space’ to consider the child or young person in the context of their developmental history, family relationships and current care environment as a key component of The Circle Program. The responsibility for driving the critical reflection appeared to rest informally with the therapeutic specialist, although in some situations was referred to as the responsibility of the foster care agency or the care team as a whole. While the ‘reflective space’ was sometimes referred to as providing an opportunity to identify and discuss the practical needs of children and young people as they emerged, it was also an opportunity for some to deepen their knowledge about the child or young person, to deepen their knowledge about development and trauma and to brainstorm the most appropriate therapeutic response, in the context of a supportive team environment.

Focus group members discussed the importance of the training and in particular the ability to focus on understanding one’s self, one’s feelings and triggers in order to respond appropriately to their foster child. The carer, as noted earlier, becomes a core member of the care team that operationalises The Circle Program theoretical framework. There were examples of focus group participants’ comments (see below).

More sense of being mindful doesn’t affect my relationship or attaching – it helps it because I’m not making tiny mistakes I might have made 15 years ago in reacting rather than responding. (Carer)

Educational framework helps you not take it personally and respond better and to keep the end in sight which is the relationship with the child. We don’t have to win the battles; it’s ok to move on without there being a battle. (Carer)

Before Circle we did not have the benefit of having a specialist sit with us all the time, and also be the overseer of having a therapeutic mind across care team. Shared understanding. (Carer)

To some extent the therapeutic specialist sits outside all of the day-to-day administration and red tape and helps us not to become entrenched in these issues, but to focus on the child’s experience, the impact of the trauma that they have experienced and to respond to their needs. There is a clear ‘value adding’ for the child, in that there are ‘constant conversations’ about the child’s needs. (Foster care worker)

The therapeutic specialist drives the reflective space which has a focus on the child’s needs; carers and foster care workers have been eager to embrace the role of the TS. It has felt really comfortable. (Therapeutic specialist)

Creating a reflective space for the team around the child to focus on the child’s needs and to continually plan for the child now and into the future generations. (Therapeutic specialist)

One of the keys of the therapeutic worker and the foster care worker is coming back to the family and treating the whole family and encouraging other team members to have that view. This is the key for engaging very difficult families – and helps them understand their children. (Therapeutic specialist)

These comments show that the role of the care team is centred on the child and that the child–carer relationship is recognised as a key component of The Circle Program. Circle carers are trained for participation and self-reflection in the care team and supported in their use of it by the foster care worker and the therapeutic specialist. The role of the therapeutic specialist guiding the creation of this ‘reflective space’ for carers, and the care team as a whole, is critical for this experience. Generalist carers did
Continuity of care and relationships for children and young people

The issue of contact between the child and young person and their family was raised in multiple contexts, often as a concern in relation to the wellbeing of children and young people in The Circle Program. High-frequency visitation, sometimes four or more visits per week, where children and young people are being transported to supervised access visits was identified as a concern by focus group participants. It is within this context that the importance of continuity and the limitation of disruption to a child who has already experienced attachment disruption was discussed; potential solutions offered included examples where carers and other care team members play an important role in ensuring that a limited number of adults was involved in these visits. This practice promoted stability of relationships for the children, particularly infants, who otherwise may have experienced being ‘handled’ by multiple adults in the course of a week.

The Circle Program carers in some regions described transporting their Circle foster child to access visits themselves and, in some situations, supervising the visit as an important component of their role. In other situations, the relevant foster care worker was described as consistently taking on that role. This was described as occurring as a result of care team discussions about the child’s need for continuity of care and the potential for distress caused by multiple adults becoming involved.

A recent Victorian research project identified serious concerns where infants were involved in high-frequency contact visits with family (identified in this study as from four to seven visits per week), and identifying almost all visits as ordered by the Children’s Court (Humphreys and Kiraly, 2011). In this study, which involved a file audit of case files of all infants in care and a series of focus groups involving key stakeholders, the issue of transportation to the contact visits and the environment within which the visits occurred emerged as key issues of threat to the infant's stability and security.

Caregivers and caseworkers alike expressed concern that the critical importance of the attachment relationship of the infant with the caregiver was often overlooked and overwhelming concern was expressed about the impact of providing care to infants by multiple strangers. (Humphreys & Kiraly 2001, p. 6)

While the additional workload requirement for carers and foster care workers was acknowledged by focus group participants, this was not identified as a difficulty for those carers who were involved in undertaking the consistent transport and supervision work in The Circle Program. The majority of focus group participants agreed that this was an important ‘value adding’ of The Circle Program, in the bests interests of children. In one focus group, however, some concern was expressed about the workload implications of establishing this system as a requirement, suggesting that it was ‘unrealistic’.

Access to brokerage funds

The Circle Program has as a feature an allocation of funds for each child or young person in a Circle Placement that can be used flexibly to meet the therapeutic needs of the child or young person. Children in generalist foster care may also have access to funds to meet identified needs; however, it is not a fund already allocated to the child and requires a specific application to DHS on each occasion. Examples of effective use of Circle brokerage funds are identified throughout this Report and include instances of attending quickly to medical needs, promoting social inclusion through enrolment in community and sporting activities for the child or young person or the purchase of respite care for the Circle carer.

A strongly held view expressed by carers with experience of both The Circle Program and generalist foster care was that ‘children in foster care should have access to the resources available to children in Circle’. This view appeared to reflect the enhanced flexibility to respond to children’s educational, medical and social needs that was made possible by access to a ‘brokerage fund’ and a ‘committed care team’. In one example, a child accessed minor surgery that was required to reduce the frequency of ear infections and afterwards enabled the child to hear within the normal range. This was described as ‘elective’ surgery that would have involved an extensive wait via the public system, which would have impacted on the child’s speech and language development. In other examples, a mathematics tutor was engaged as was a speech therapist.

Children in The Circle Program were described as participating in normative community activities: swimming lessons, athletics and tennis. Daniel and Wassell (2002) highlight the importance of encouraging a vulnerable child’s unique talents and interests, reminding us that ‘many children who have experienced adversity … may have hidden attributes and potential that have not emerged under conditions of stress and confusion. Those children, who adapt to stress and trauma by becoming passive or those with particularly low self-esteem, may have little or no sense of their own particular aptitudes.’ There
were key messages in relation to the value of brokerage funds (see below).

*Children are more able to enjoy their lives and you can see the joy on their faces. They can have fun, have friends, go to parties and have a greater sense of belonging.* (Foster care worker)

*There is brokerage in Circle; if the kid needs music lessons, ballet classes, they have them …* (Carer)

In relation to access to brokerage funds, the difference highlighted between The Circle Program and generalist foster care experience was that decisions about use of brokerage funds were made within the care team. This means that the funds were more readily accessible, thereby promoting a more responsive approach to the needs of the child and the young person.

**Carer retention**

Carers in the focus groups discussed their role and participation in The Circle Program with passion and enthusiasm. Carers were almost without exception positive about their experiences with The Circle Program and reported that they were keen to continue as Circle Program foster carers. In one focus group, it was reported that there was now a ‘waiting list’ for carers who wanted to be assessed as Circle carers. This was not likely to be addressed in the near future, since all existing Circle carers were committed to remaining in the Program and the identified targets for the region had been filled.

A common message from Circle carers who had previously been engaged as generalist foster carers was that they would never return to generalist foster care, typically identifying a lack of support for themselves and the children and young people in their care. Carers spoke of feeling ‘isolated’ and ‘unsupported’ in the generalist foster care system and in two instances had previously resigned from generalist foster care and were attracted back to caring only as a result of the promise of The Circle Program as a different model (see below).

*It is so much better than foster care used to be, I started 16 years ago as a carer … Circle is a ‘step up’ from generalist foster care, you have regular contact with your workers, you have regular meetings about the child and there are resources available to all Circle carers … you would hope that there would be Circle availability for all children.* (Carer)

*My parents were foster carers and cared for more than 300 children; there were no supports available back then … as a carer I can't fault The Circle Program.* (Carer)

*One carer was close to leaving, then became a Circle carer and is getting the support they need.* (DHS Program Advisor)

*Circle is very different for carers. In generalist foster care, carers are becoming very frustrated, they see things happening to the child and have no control. Circle has an emphasis on inclusion, including the school.* (DHS Program Advisor)

A number of carers identified as remaining in the carer role because of the support of the care team in spite of the difficult situations they had faced. As noted previously, there was feedback from participants that, for many carers, The Circle Program was influential in their remaining as carers with the outcome of continuity of care for the children and young people.

**The carer’s voice heard, valued and respected**

A key factor contributing to carers’ success in The Circle Program was feeling ‘listened to’, that their opinions were ‘valued’ and that they were ‘supported’ in their role as foster carers. One carer highlighted the value of carer reports that, as a requirement of The Circle Program, enabled her to regularly update key players in the child’s life. Carers in the focus groups discussed their role and participation in The Circle Program with passion and enthusiasm. The Circle carer’s commitment is clearly shown in the following case example.

**Case example 3 ‘Jane’**

Jane was 15 years of age when she came into the Circle program. She was first known to the Child Protection Service at four years of age, when she was reported by the school to have physical injuries. Her father was subsequently charged for assault, and Jane remained in her parents’ care until the age of eight. It was later learned that Jane had been sexually and physically assaulted by a relative for a number of years and had been the subject of severe scapegoating within her family.
At eight years of age, Jane was placed with family friends where she began to display sexualised behaviours and developed difficulties at school and in her peer relationships. The ‘family friends’ eventually relinquished the care of Jane when she was 14 years, stating that her behaviours were too problematic for them to deal with. Jane was subsequently placed in a generalist foster care placement where her behaviours escalated to becoming extremely risky and included engaging in unprotected sex with multiple adults, substance use and other self-harming behaviours. After six months in foster care, the placement broke down. Jane was then placed in The Circle Program.

Within a short time, Jane disclosed that she had endured sexual assault by her family friends’ grandfather over the five-year period that she had lived with them. She began to talk to her Circle Foster carers about a lifetime of exposure to extreme violence and abuse.

The care team quickly became familiar with the details of Jane’s history and began to work on her need to form a trusting and safe relationship with her carers and to allow Jane to experience a secure base. Jane required the opportunity to regulate the emotional distance between herself and her carers, which involved the carers ‘holding back’ to an extent in order not to overwhelm her. This was challenging given that Jane’s sense of herself was one of worthlessness and hopelessness, and her behaviours reflected her sense of self.

Jane saw herself as a sexual object and would engage social media to invite strangers to have sex with her. As a result, men came to the carers’ house unannounced. The carers were strongly supported by the care team to continue on a path that was focused on her health and wellbeing, securing a place in school and enrolling her in a music program (an identified strength by the care team). Her carers were encouraged to respond calmly and use an understanding of trauma theory in their interactions with her.

Jane thrived in this placement, and four years later, at 19 years, she is a confident, calm and happy young woman, who has friends and healthy interests and hobbies. She remains in the care of this couple, having (successfully) ‘aged out’ of the care system.

### Carer experience of the care team approach

The skill and expertise of the care team members played a significant role in carer satisfaction, as one foster father stated:

> [T]he success (of the placement) was due to intervention of Circle workers and while we wouldn’t have given up (on our foster daughter), it would have really challenged our family dynamic if we didn’t have the support of the Circle workers.

Carers also talked about the availability of the foster care workers and therapeutic specialists to respond and assist as needed in addition to the regular contact they had at the care team meetings. There was a strong message that, in generalist foster care, carers can feel abandoned and are struggling alone with a child, whereas there is a continuity of support and knowledge available to them in The Circle Program. One Circle carer remarked: ‘there is the "no care" factor in generalist foster care, whereas in The Circle Program, everyone cares’.

The importance of support as a factor in carer retention was highlighted in a recent study involving 185 foster carers in Queensland, who reported that the level of social support and satisfaction gained from caring impacted positively on their decision to stay in fostering (Eaton & Caltabiano 2009). A number of Circle carers spoke extremely positively of their experience with their care team and contrasted this with their previous experience as generalist foster carers.

### Carer wellbeing

The care team was described within the focus groups as having a role to support the carer generally and support them in their relationship with their foster child or children specifically. The concern with the health and wellbeing of the carer and the carer’s family was said to be based on the premise that, if the carer is not functioning well, then they are less able to develop and maintain their therapeutic relationship with their foster child. One carer stated that, at the care team meeting, someone always asks her how she is and ‘they really want to know how I am!’ This attitude was highlighted by a number of carers and professionals, with a clear implication that carers were encouraged and supported to manage their own health and wellbeing, which includes utilising respite care services.

### Availability of respite care

The availability of respite care is central to the success of a Circle Program placement. Carers need to ‘take a break’ and attend to their own and their family’s wellbeing, and
children in foster care need access to safe, predictable and continuous alternative care at these times (McNamara et al 2011; McNamara et al 2010; Ochiltree et al 2010; Pecora 2010; Cash & Lewis 2009; Elefsiniotis & McNamara 2009; Hartley 2008; Aldgate & Bradley 1999).

Focus group participants also noted that respite care supports family reunification. A number of carers described an effective respite care network surrounding the child in their care who is/was a recipient of The Circle Program comprising of the child’s family or extended family, the carer’s extended family or other Circle carers. In one region, Circle carers were described as having formed a support group, where they proactively provided respite care for each other.

In some situations, the families of carers undertook The Circle Program training in order to gain accreditation so that they could provide respite care. In describing this arrangement, one carer talked about the excitement for her Circle Program foster child to go to visit her ‘Nana and Pop’ for sleepovers (the carer’s parents) as opposed to having to go to ‘respite’. ‘...it’s a natural situation because it is an extension of my family, her foster family’ (Carer).

Application of The Circle Program training
Circle carers reported having embraced the therapeutic foster care (TFC) model introduced to them in the initial training program. One carer noted that having ‘more sense of being mindful doesn’t affect my relationship or attaching – it helps it, because I’m not making tiny mistakes I might have made 15 years ago in reacting rather than responding’. The theme of a planned and thoughtful response to challenging behaviours was consistent among carers in all of the focus groups. Another carer stated that the ‘educational framework helps you not take it personally and to respond better and to keep the end in sight which is the relationship with the child. We don’t have to win the battles; it’s ok to move on without there being a battle’. A number of carers identified the initial training as useful, and the ongoing educative role played by the therapeutic specialist was referred to as assisting carers to translate the theoretical model into practice. Some focus group participants found the initial Circle Program training a little overwhelming because they were exposed to extreme case examples that were said to be ‘terrifying’. Others talked about the importance of the child protection practitioners being ‘on the same page’ and would appreciate greater Child Protection Service participation in Circle Program training.

Carer involvement in decision-making
A consistent message in carers’ level of satisfaction was related to being a valued member of a team and the belief that their opinion is heard and expertise valued. When asked to rate their involvement in decision-making in generalist foster care as opposed to The Circle Program (with rating 1 as ‘little or no influence over decision-making concerning the child’ and 10 as ‘equal power to other care team members in the decision-making process’), carers variously reported ratings of between 1 to 2 out of 10 for their experience of generalist foster care and between 8 and 9 out of 10 for their experience of The Circle Program. As a DHS practitioner noted: ‘Some carers are now saying to us, “What did we do before Circle?”’. It was clear that the Circle carers felt more empowered to engage in decision-making than carers in generalist foster care. This is due in part to their training, access to their foster care provider and therapeutic specialist, which appeared to facilitate the carer’s continuing involvement in decision-making. Carers appreciated a clear role in decision-making processes.

Financial reimbursement for carers
All Circle carers are reimbursed at what is known as the ‘intensive’ rate. In contrast, generalist foster carers are reimbursed at one of three rates: general (60 per cent of foster carers), intensive (30 per cent) or ‘complex’ (10 per cent).

The higher financial reimbursement for Circle carers was described as contributing to carer satisfaction with their role and their ability to provide the best care for their foster children. ‘You know you’re out of pocket with regular foster care reimbursement’, one carer stated, but with the extra reimbursement allocated by The Circle Program, she is able to take her children on an outing to the zoo or to a museum on occasion without worrying about the cost. Another carer gave up her full-time employment to better support her adolescent foster daughter and reported that she would not have had the option to do this without the extra reimbursement. She stated that she did not know what would have happened to the foster placement if she had to keep working.

Professional status of Circle Program carers
The Circle Program was described by some carers as elevating the role of the foster carer to one that is ‘equal’ with the other professionals on the care team. Focus group participants reported feeling like full members of the team through their education in trauma and attachment, their inclusion in the care team and involvement in decision-making. They spoke of using this knowledge to assist them to develop effective responses to the child or young person in their care. This can be seen to have professionalised the role of foster carer, and
some carers reported increased levels of confidence. MacDonald and Turner (2005) found in a randomised controlled trial involving foster carers undergoing specific training in relation to their role that carers reported a gain in confidence to work with challenging behaviours and situations. This research is consistent with a key message from Circle carers in relation to the training. Furthermore, in addition to the initial training, the ongoing opportunity to review, reflect and to deepen one’s understanding of the child’s needs in the context of a trauma-based theoretical framework was frequently mentioned by carers as a key benefit to them.

Unintended consequences for carers
Several Circle carers related that their extended family (adult children or parents of carers) have undertaken Circle training so that they can provide respite to their family’s foster child. A carer who recruited her adult daughter to The Circle Program explained that her foster daughter ‘enjoys visiting with my daughter’. This foster daughter had previously had negative experiences with respite, but now views it as a treat, not respite. This consequence encompasses those principles articulated in the concept of ‘Mirror Families’, in that it is not an individual or a couple caring for a foster child, it is an extended family network (McNamara 2010a; Brunner & O’Neill 2009). Each Mirror Family relationship is intended to be a ‘heart connection for life’, as are effective extended family relationships.

The key question informing the Mirror Family Model is: ‘Who will be there for the grandchildren?’ (Brunner & O’Neill 2009, p. 6). Circle carers who reported that their extended family have taken on this role generally said that it was not planned prior to entering The Circle Program. There had been no expectation that their foster child would develop relationships with their extended family, and the fact that this happened was reported to be positive for all involved.

A number of Circle carers in the focus groups stated that they had used ideas and strategies recommended by the care team and, in particular, by the therapeutic specialist with their own children:

_We said to ourselves all children should be treated in this way and we use some of the ideas with our child._ (Carer couple)

Engagement of families
A key message from the focus groups was that The Circle Program has been more successful in engaging families than the generalist foster care model. This success appears to have been assisted by the process of regular care team meetings that can include families. The care team meetings were said to provide an opportunity for families to engage and develop relationships with other members of the care team. Attending the care team meetings ensured that the families remained involved and informed about their children’s situation and gave them the opportunity to participate in discussion and decision-making processes.

A foster care worker in rural Victoria recounted a situation in which the family had trouble attending care team meetings due to distance. First, the foster care worker scheduled meetings on the day the parents attended town for their access visit, and secondly emailed them copies of the care team minutes and copies of the foster carer weekly reports. This ensured that the family felt included in the care team and had access to all of the information about their child.

Therapeutic specialists commonly reported that a component of their role was working directly with families. This work varied according to the identified needs of the child, ranging from transition planning, support and educating families to respond to their children in a consistent, therapeutic manner and enhancing families’ understanding of their children’s complex developmental needs.

In a rural focus group, one foster care worker recounted that, for the past two and half years that the agency had run The Circle Program, all of the foster care placements had been long-term with no reunifications. He suggested that, in the case of generalist foster care, the parents would ‘usually disengage because they feel they have no power, but because this is Circle, many of the birth parents have remained involved by attending care team meetings’. There were other comments about the engagement of the child or young person’s family (see below).

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<thead>
<tr>
<th>Families generally don’t come to every meeting, but we encourage their attendance when they do come. In generalist foster care a carer has to be very assertive to create relationships with birth families, but it’s a much more natural process in Circle because of care team meetings. (Foster care worker)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The way the parents are treated and welcomed and their unique knowledge is recognised contributes to the success of Circle.</em> (Therapeutic specialist)</td>
</tr>
<tr>
<td><em>We drive her (birth mother) to the station if it’s raining.</em> (Carer)</td>
</tr>
<tr>
<td><em>Mum was very standoffish when she first came to meetings, but now is very committed to the children and the children are more responsive. The whole package of the care team has brought Mum around.</em> (Carer)</td>
</tr>
</tbody>
</table>
In other examples, stories were told about carer involvement following placement with families to support and educate or to provide a sense of continuity for children who have returned to their family:

In generalist [foster care], ongoing contact post placement seems to depend on individual workers and the agency attitude. Only once in generalist (a) mum came to our house for a few hours and I showed her how to settle the kids. But in Circle, two lots of children returned to family and we have had ongoing contact with both sets of children since. We pop in for coffee but never experienced that in generalist foster care. (Carer)

Family involvement in decision-making

Family attendance at care team meetings appeared to be dependent on several factors, including whether or not there was a reunification plan and the individual family circumstances. Discussions in the focus groups suggested that generally families are more likely to attend and participate in care team meetings when there is a reunification plan. However, this was not always the case, and one carer told the story of her current foster child, an eight-year-old with a physical disability. The carer stated that the child’s mother was initially very resentful that her daughter had been removed from her care, but after attending care team meetings came to realise the complexity of her daughter’s needs and grew to appreciate the level of response being offered to her daughter. This mother was now actively exploring permanent care options for her daughter with the other care team members. The carer also noted that this shift had resulted in an improved relationship between mother and daughter because ‘she (mother) is focused on what is best for her (daughter)’. The carer stated:

Families feel they have more power, because they can be involved in decisions and receive information about their child. (Carer)

Relationships between Circle Program carers and parents and extended family

The relationship that can develop between families and Circle carers was said by some to play a significant role in successful reunification. A carer told about the preparations she took in supporting her foster daughter prior to her kinship care placement with her aunt and uncle. She reported that she drove her foster daughter regularly to the aunt and uncle’s house and spent time with her there to familiarise her with her new home. The young person has now been with her aunt and uncle for two years and is very happy. The carer maintains contact with her and her family as they regularly invite her to join them for family dinners.

Another successful kinship care placement was recounted by a carer who had contact with her foster son’s grand-mother at the care team meetings. She said that it was a:

perfect time for us to have those conversations about this child who was just a toddler, to focus on him and what he’d need returning home and we’ve had a good relationship for the last couple of years since he returned home. I think it was due to that system of having the care team meeting as a formal arrangement but being able to speak directly together so that was really good.

In another situation, a child in The Circle Program went to stay with his maternal grandparents for one weekend each month, which provided him with contact with his extended family and also provided his Circle carer with respite. This was described as a very successful arrangement that would be less likely to occur in generalist foster care placement as there is not the same level of attention to a therapeutic approach to care.

You build up a relationship and you’re talking about the child, it’s not going via someone. And great for the child to see the carer and the family are able to communicate together and that they can ask questions. I’ve found that children are able to talk about their family more in comparison to general (generalist foster care). They haven’t got that split loyalty to the degree, they know that you get along with them and you can talk to my mum and dad and that’s fine. (Carer)

The relationships developed by Circle carers with families were clearly enhanced by the support of the therapeutic specialists and care teams.

Role of Child Protection in The Circle Program

While the majority of focus group participants expressed the view that elevated expectations for children and young people in The Circle Program are core components of the Program itself, and a critical ingredient in terms of the value of the Program, not all of the participants were of this view. A minority of focus group participants expressed concern about the expectations that The Circle Program had of child protection practitioners in particular, including the
requirement for active participation in weekly care team meetings. This requirement was seen by some child protection focus group participants as unnecessary and described as ‘unrealistic’ in an environment where there are limited resources and competing demands.

In the context of the role of the child protection practitioner, caseloads were mentioned as a key factor. While it was said that a benefit of The Circle Program is a reduced caseload held by both the therapeutic specialist and the foster care worker, this did not extend to the child protection practitioner. Therapeutic specialists were described as having a caseload ceiling of 12 cases per worker, which, while capped at that level, was in some circumstances also mentioned as a constraint in light of the breadth of the role. It was noted that regional therapeutic specialists were engaged in extensive travel across Victoria to service a caseload of 12, and that, in some instances, this may raise occupational health and safety concerns.

At the same time, in the words of one therapeutic specialist:

*I used to work as a foster care worker in generalist foster care. I definitely did not have as much space to create relationships across the network for children, as a result of my higher caseload. A major feature of The Circle Program is the capacity to form partner agency relationships that have a focus on the child. In my current role I average 1000 kilometres of travel per week, as a result of the size of the region. Even with the extensive travel I have far greater opportunities to build relationships.*

Foster care workers involved in The Circle Program were also described as having a ‘capped’ caseload of eight children. Child protection practitioners do not work exclusively with Circle children, and at any given time may have one or two Circle cases in their caseload. Child protection practitioners were described by some carers and foster care workers as typically managing high caseloads that did not allow for adequate attention to be given to a child on their caseload in The Circle Program.

Focus group participants identified the additional benefit for the child or young person in The Circle Program where there was active Child Protection Service involvement in the care team process, in accordance with The Circle Program Guidelines. This was most often described as involving a more ‘pro-active’ approach on the part of Child Protection, with examples given of advocacy where the care team identified an issue and more effective and timely decision-making in respect of the child. In the words of a foster care worker:

*[T]hey (child protection practitioners) love the children too, they are sitting in the lounge room with us every week reflecting on their needs … and are far more willing to cut through the red tape and go the extra mile for the child as a result.*

Other benefits of active Child Protection Service involvement included an experience of support in their case management role, in particular where a matter was before the Children’s Court. Examples were provided of members of the care team being able to assist and support the child protection practitioner via the provision of relevant documentation and expertise including direct evidence to the Court.

In addition, Child Protection Service participation in The Circle Program process was described by some as cost effective for the practitioner:

*[I]t’s really important for the Department of Human Services worker to hear the positives, not just the negatives … it gives them a more holistic understanding of the child.* (Therapeutic specialist)

The knowledge base of the child protection practitioner was also seen as either a strength or a limitation, with some identifying staff turnover as a concern:

*They are an important part of the care team, but the effectiveness of this does vary, and seems to vary according to the knowledge that the worker has about trauma and the understanding of Circle expectations. We offered Circle training to all child protection practitioners across the region, however have had very little take up. This was very disappointing as many were not released to participate. What we tend to see is that those with greater knowledge embrace their roles and responsibilities as part of The Circle Program. Some will participate very well and attend care team meetings regularly.* (Therapeutic specialist)

Workload and training issues aside, another constraint to active participation was described as one of professional perspective: ‘The Department of Human Services need to shift their thinking, … take on more of the healing goals as opposed to thinking risk and safety, court and legal issues which don’t match perfectly with therapeutic needs’ (Foster care worker). Others noted the difference in experience that a child protection practitioner had, where they
may have only one child in The Circle Program on their caseload and very limited experience of The Circle Program. It was suggested that the Child Protection Service had not ‘signed up’ for The Circle Program in the way that foster care agencies had, where there were dedicated Circle Program foster care workers.

One notable exception involved a child protection practitioner who was carrying seven of the 12 Circle Program cases in one region. The care team meetings for these seven foster children were all scheduled on the same day of the week as this made it easier for the child protection practitioner to attend. This arrangement was described as working very well for all parties. The child protection practitioner developed good relationships with other members of the care teams and knew ‘what was expected of her’ in regard to The Circle Program.

Challenges for carers

Many of the challenges reported by the Circle carers and foster care workers in the combined focus groups would apply to generalist foster care as well.

The challenges reported by The Circle Program carers in the focus groups primarily related to the fact that, although they identified The Circle Program as a better service for children, they were still working within the ‘same system’. Systemic challenges commonly raised included delayed decision-making concerning children, affecting often ‘minor’ decisions or actions such as participating in ‘sleepover parties’, travelling interstate on holiday with carers or obtaining a birth certificate. Some participants described extended delays in outcomes for children as a result of repeated adjournments of Children’s Court matters. The implications of this delay for children, young people and carers was a lack of certainty as to what the future held, in terms of living arrangements, relationships and sometimes education. Others expressed concern about decisions that had been made by the Children’s Court in respect of children, most commonly in relation to the frequency and duration of access visits with members of the child’s family. In some circumstances, this contact was regarded as emotionally harmful for the child.

Other challenges identified included one example of significant decision-making by the child protection practitioner where the carer had not felt included or consulted. While the majority of case discussions involved an allocated child protection practitioner, one case within The Circle Program was described where the case remained unallocated for a period of eight months.

One carer identified the negative impact on her own children associated with her caring for a violent adolescent. This challenge eventually led to a placement breakdown, with the carer identifying a need to prioritise the safety of her biological children. Another example was offered where the carer identified relatively early that she was struggling with the placement, but was not ‘heard’ by the care team, who continued to offer suggestions and recommendations as ‘solutions’. Finally, while a number of Circle carers identified a network of respite carers, others articulated a shortage of appropriately trained ‘therapeutic’ respite care-givers for their Circle children.

Children’s stories

Focus group participants commonly illustrated their experience of The Circle Program by recalling stories about children. Indicators of ‘success’ were at times described as enhanced processes, but were also described in terms of client outcomes, including placement outcome. In some instances, children were successfully reconciled to the care of their biological parents, in others; children were successfully transitioned into a permanent alternative care plan.

The following case example illustrates the role of the care team in supporting a Circle carer and highlights the integrated components of The Circle Program model.

**Case example 4 ‘Sam’**

Sam was removed from his family at approximately 18 months of age. He had experienced extreme neglect in his family of origin and presented as very withdrawn, significantly delayed and unable to cue adults into his needs at all. Sam could not crawl or walk, was unable to chew food and had difficulty swallowing at times. He would frequently dissociate and present as having a flat affect with no emotional responses, even to extreme stimuli.

Sam experienced several months of care in three different generalist foster care placements (one emergency and two short-term). He then entered The Circle Program at two years of age. He had made very little progress in his earlier placements and continued to present as significantly delayed and very withdrawn. Sam would rarely smile, still couldn’t crawl and struggled to cue adults in to his physical or emotional needs.

The focuses of the care team in the early months were:

- educating the members of the care team about Sam’s history and understanding the ‘purpose’ of his current behaviours;
advocating for access between Sam and his family (both mother and maternal grandfather) to occur in the vicinity of his carer’s home as Sam became unwell in the car.

- encouraging and supporting the carers to implement ‘therapeutic’ responses and specific strategies. This included the whole family crawling around on the floor to encourage Sam to begin to crawl and to practise chewing food as a game to encourage Sam to join in.

Sam made rapid progress in the months after entering The Circle Program. He learned to crawl, started to verbalise and developed positive attachments to members of his care-giving family. He was able to chew and swallow food and also demonstrate a limited range of emotional responses to stimuli.

Sam’s maternal grandfather expressed a desire to take on Sam’s care, and so a parenting assessment process was put in place. This required Sam to return to his grandfather’s home once a week for several hours over an eight-week period. Immediately, Sam presented with a range of regressive and trauma-based behaviours after the first visit and progressively deteriorated as the visits progressed. He became unsettled, dissociative and aggressive and presented again as unable to chew or swallow his food. Sam even began to pull out his hair whenever he would drive past the end of his grandfather’s street.

The role of The Circle Program throughout this time was:

- to ensure an understanding of Sam’s regressed behaviours in relation to his experience of trauma and educating all members of the care team about them.

- that the therapeutic specialist was able to assist the carer and other professionals in responding therapeutically to the often extreme responses Sam was displaying. Having a care team process and lesser caseload meant that frequent face-to-face meetings could occur as well as phone contact to support as required during this time.

- partnership, which meant that two agencies were able to advocate on Sam’s behalf to DHS and this information was able to be utilised in court to allow Sam to remain in his carer’s care.

Sam’s regressive behaviours ceased once the assessment visits ceased and he was able to return to his usual routine. Sam has continued to progress and continues to make positive gains supported by the care team. He also continues to have regular contact with his maternal grandfather (which occurs close to his carer’s home), and a positive relationship has formed between them and also between his carers and his grandfather.

Had this been a generalist placement, provision of both the high level of support and the specific knowledge of therapeutic strategies and responses would have been greatly reduced as would have the advocacy strength of two informed agencies.

**Summary**

The focus groups identified how components of The Circle Program influence key aspects required to support children in home-based care. This appears to be particularly so in attention to the therapeutic needs of the children and in relation to stability and continuity of care and the role of The Circle Program in sustaining placements with difficult children. Key components identified were specialist knowledge, the therapeutic specialist’s input, focus on relationships for all participants, the opportunity for reflective space and the strong care team.

**3.3 Survey of Circle Program and generalist foster carers**

The evaluation included two separate carer surveys, one for Circle carers and one for generalist carers. The design and implementation of the surveys used ‘Survey Monkey’, an online survey tool. The evaluation aimed to include all Circle Program carers in the online survey and in addition invited an additional 200 generalist foster carers to complete a separate survey to enable comparison. All contact with potential survey respondents was conducted through the foster care providers. The questionnaires are included in Appendices 3 and 4.

Both carer surveys sought to understand the experience of foster carers in programs in relation to the work they do with the children and young people in their care and their experience of the support and service system surrounding them. Thirty eight Circle Program carers and 43 generalist foster carers responded to the surveys.

The questions covered the following areas:

- information about the carer respondents;
- training;
• information about the child/ren in care;
• information about the care role; and
• the carer’s experience of foster care.

Data from the two surveys are presented together, except where there were specific questions only for Circle carers.

Characteristics of carer respondents and training

Length of time as carers

The length of time carer respondents had been involved as foster carers ranged from less than six months to more than 10 years.

Table 5: Length of time as carers reported by respondents (n=79)

<table>
<thead>
<tr>
<th>Length of time</th>
<th>Circle Program carer</th>
<th>Generalist foster carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six months or less</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Six to 12 months</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1–2 years</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>2–4 years</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>5–10 years</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>10+ years</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

The length of time that carer respondents had been foster carers was similar. All Circle carers had at least one year’s experience as carers, as required by The Circle Program Guidelines, whereas three of the generalist foster carers had less than 12 months in the program.

Number of children cared for

Table 6: Number of children cared for over time as reported by respondents

<table>
<thead>
<tr>
<th>Number of children cared for</th>
<th>Circle Program carer</th>
<th>Generalist foster carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2–4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>5–10</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>10–20</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>20+</td>
<td>17</td>
<td>15</td>
</tr>
</tbody>
</table>

Carers from both programs had provided care for a number of children, indicating that Circle carers had been generalist foster carers before joining the Program.

Cultural backgrounds of carers

Table 7: Cultural identities self-reported by respondents (N=66)

<table>
<thead>
<tr>
<th>Cultural identity</th>
<th>Circle Program carer</th>
<th>Generalist foster carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Anglo-Celtic</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

The majority of carers in both The Circle Program and generalist foster care programs were of Anglo-Celtic origin. None of The Circle Program carer respondents identified as Aboriginal or Torres Strait Islander.

Attendance at care team meetings

Table 8: Attendance at care team meetings reported by respondents

<table>
<thead>
<tr>
<th>Frequency of care Team Meetings</th>
<th>Circle Program carer</th>
<th>Generalist foster carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>Every three weeks</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Monthly</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Every two months</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

The establishment of a care team for each child is a key element of The Circle Program, but it is acknowledged that generalist foster care may also utilise a care team approach. It is apparent that, for Circle carers, the frequency and regularity of care team meetings is much higher, demonstrating its centrality to The Circle Program model.
Contact with therapeutic specialist

Table 9: Contact with therapeutic specialist – Circle Program carers only

<table>
<thead>
<tr>
<th>Timing</th>
<th>Frequency of contact</th>
<th>How often at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>Every three weeks</td>
<td>0</td>
<td>–</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Every two months</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

Most carers reported that they had fortnightly contact with the therapeutic specialist. Carer respondents were also asked to comment upon how often the therapeutic specialist visited them in their home. The therapeutic specialist did not always meet with the carer at their home, although there might still be weekly contact.

The majority of generalist foster carers did not have access to therapeutic support for the child or children in their care (of 43 who responded, 27 said they did not). One carer stated that they were personally funding ‘a private child therapist’. Four carers stated that they had undertaken Circle training, and others cited training from Berry Street Take Two and the Australian Childhood Foundation (ACF) that may or may not have been related to the Circle training. However, ongoing therapeutic support to the placement was not a feature reported by the generalist foster carers.

Carer training and assessment

Carers were asked to comment upon their experience of being assessed and completing the pre-service training. Both generalist and Circle Program carers had undertaken training and assessment over a considerable period.

Circle carers were asked to comment upon their experience of being assessed and completing the pre-service training. Many of the respondents (29) had already completed generalist foster care training, so were aware of the process. The majority of respondents commented that they found the process both informative and interesting, describing a ‘very supportive practice’. The information about trauma had been of particular interest.

Carers were also asked to comment on whether or not they drew upon what they had learned at the training in caring for their foster child, to which there was a unanimous affirmative response. The insights gained about the impacts of trauma on the developing brain and the importance of demonstrating to children that they were cared for were key messages gained from the training. When asked if they could suggest any changes to The Circle Program training, some carers suggested including experienced carers in the training so that they could share their experiences of being carers and discuss ‘real-life’ cases. Individual responses suggested that carers should be generalist foster carers before transferring to The Circle Program and that the requirement that carers could not utilise childcare for pre-school children was an inflexible requirement.

Generalist foster carers were also asked via the online survey whether or not they applied what they had learned in their pre-service training to the children they
care for, and most agreed that they did. Carers also commented that they drew upon their own professional backgrounds, others drew upon their experience as a carer/parent, while another utilised training in trauma ‘understanding the impact of trauma on the brain and how best to respond to the child emotionally.’ Similarly to Circle carers, generalist foster carers could not suggest any changes to current foster care training except the inclusion of more input from carers in the training – respondents wanted to hear the experiences of others who have been carers.

Nearly half of the 39 generalist foster carer respondents had also attended therapeutic foster care (TFC) training, suggesting that the training was being widely disseminated across the various foster care programs.

Information about the child or young person currently in care

Respondents to the online survey were asked if they currently had a child or young person in their care. Of the 38 Circle Program carers, 21 had a child or young person in their care, 10 did not, and seven did not answer the question. Of the 43 generalist foster carers, 30 had a child or young person in their care, eight did not, and five did not answer the question. The status of the respondents who did not answer the question is unclear.

The following tables provide more information about the children and young people in care.

Age of child or young person

Table 11: Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>1 year</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>3–5 years</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>6–9 years</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>10–14 years</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>15–17 years</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

There was a slight predominance of Circle children in the pre-school age bracket, while for the generalist foster care program, there were more school-aged children. The early intervention aspect of The Circle Program is evident here with the predominance of younger children currently in the care of survey respondents.

Gender of child or young person

Table 12: Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>15</td>
</tr>
</tbody>
</table>

Duration of child or young person’s placement

Table 13: Duration

<table>
<thead>
<tr>
<th>Duration</th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a month</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1–3 months</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3–6 months</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>6–12 months</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>12–18 months</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>18 months–2 years</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>2–3 years</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3–5 years</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

It appears from respondents to the survey that children and young people in The Circle Program might remain in placement longer, suggesting increased placement stability.

Child or young person’s previous experience of care

Table 14: Previous experience of care

<table>
<thead>
<tr>
<th></th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>New to care</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Previously in care</td>
<td>21</td>
<td>23</td>
</tr>
</tbody>
</table>

The Circle Program Guidelines specify that two-thirds of the children placed should be new to foster care to meet the Program’s early intervention commitment and that the remaining one-third be children with a previous experience of foster care. Carers were asked to identify whether or not the children in their care had a previous experience of foster care. In respect of entry point to the care system for the children currently placed with these carer respondents, it appears that children with a history of care were predominant in both Circle Program and generalist foster care, well beyond the proposed
one-third of total suggested for The Circle Program. There is an even spread between the two programs of children who are ‘first time’ in care and those children who had ‘previously been in care’.

**Cultural background**

Table 15: Cultural background

<table>
<thead>
<tr>
<th>Cultural identity</th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Anglo-Celtic</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Australian</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sudanese</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Greek</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Both Circle and Generalist programs have an over-representation of Aboriginal and Torres Strait Islander children. This is consistent with Victorian care statistics, although, as can be seen, the majority of children have an Anglo-Celtic background. Respondents were also asked about any cultural awareness training provided, both in terms of a Cultural Support Plan for an Aboriginal and Torres Strait Islander child or young person in their care or of carer cultural support.

Table 16: Cultural Support Plan for child or young person

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Program</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Generalist foster care</td>
<td>1</td>
<td>8</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 17: Carer cultural support reported by respondents

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Program</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Generalist foster care</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 18(a): Child or young person’s health, behaviour and development at entry to placement – The Circle Program carers only

<table>
<thead>
<tr>
<th></th>
<th>Rating: Major concern – No concern</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and development</td>
<td>48.4% (15) 16.1% (5) 16.1% (5) 19.4% (6)</td>
<td>31</td>
</tr>
<tr>
<td>Behaviour</td>
<td>51.6% (16) 12.9% (4) 19.4% (6) 16.1% (5)</td>
<td>31</td>
</tr>
<tr>
<td>Emotional and social health and wellbeing</td>
<td>67.7% (21) 6.5% (2) 16.1% (5) 9.7% (3)</td>
<td>31</td>
</tr>
<tr>
<td>The child’s relationship within your foster Family House</td>
<td>12.9% (4) 29.0% (9) 19.4% (6) 38.7% (12)</td>
<td>31</td>
</tr>
</tbody>
</table>

Table 18(b): Child or young person’s health, behaviour and development at entry to placement – Generalist foster carers only

<table>
<thead>
<tr>
<th></th>
<th>Rating: Major concern – No concern</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and development</td>
<td>35.1% (13) 18.9% (7) 32.4% (12) 13.5% (5)</td>
<td>37</td>
</tr>
<tr>
<td>Behaviour</td>
<td>37.8% (14) 10.8% (4) 27.0% (10) 24.3% (9)</td>
<td>37</td>
</tr>
<tr>
<td>Emotional and social health and wellbeing</td>
<td>37.8% (14) 18.9% (7) 35.1% (13) 8.1% (3)</td>
<td>37</td>
</tr>
<tr>
<td>The child’s relationships within your foster Family Household</td>
<td>13.5% (5) 13.5% (5) 32.4% (12) 40.5% (15)</td>
<td>37</td>
</tr>
</tbody>
</table>
Health, behaviour and development of child or young person

Carers in The Circle Program were asked to rate the health, behaviour and development of the child or young person currently in their care. At entry to placement, Circle Program carers held major concerns for more than half of the children and young people in their care across the three developmental domains. Generalist foster carers held major concerns for nearly one-third of the children across the three developmental domains.

An example of the power of the supportive team environment and the impact on the capacity to care was clearly described by Maggie, the Circle carer of an 11-year-old girl, Jessie, who was engaging in extremely risky and at times life-threatening behaviour. Jessie was said to commonly walk onto a busy four-lane highway and sit in the middle of oncoming traffic. Maggie had had some nine years as a generalist foster carer and yet found this child’s behaviour extremely disturbing, distressing and so stressful that she did not believe that she could continue to cope with the care of Jessie. Maggie identified the intensive support and guidance that the care team offered as the critical ingredient in the success of this placement, where Jessie’s risky behaviour abated within a relatively short period of time. In Maggie’s words:

… if I had still been a generalist carer it would have been “game over” for me – I could not cope with that level of stress on my own … if you have a child in your home who creates secondary trauma you are much more likely to give up without the support of the therapeutic specialist and the care team.

Since placement, Circle carers identified significant shifts in their child’s health, behaviour and development, especially in the area of socio-emotional wellbeing, although this domain is still the most concerning to carers. Although there were still major concerns for a number of the children in respect of these domains, there had been a significant reduction. Since placement, generalist foster carers identified shifts in their child’s health, behaviour and development although the shifts were not to the equivalent extent identified by The Circle Program carers.

Educational functioning of child or young person

Circle respondents predictably reported fewer children currently attending kindergarten or school consistent with the program guidelines and emphasis on early intervention. (See Table 11)

<table>
<thead>
<tr>
<th></th>
<th>Rating: Major concern – No concern</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.9% (4)</td>
<td>25.8% (8)</td>
</tr>
<tr>
<td>Behaviour</td>
<td>25.8% (8)</td>
<td>19.4% (6)</td>
</tr>
<tr>
<td>Emotional and social health and wellbeing</td>
<td>32.3% (10)</td>
<td>16.1% (5)</td>
</tr>
<tr>
<td>The child’s relationship within your foster family Household</td>
<td>12.9% (4)</td>
<td>6.5% (2)</td>
</tr>
</tbody>
</table>

|                                | Rating: Major concern – No concern | Response count |
|                                | 21.6% (8)                          | 10.8% (4)      | 40.5% (15)     | 27.0% (10)     | 37              |
| Behaviour                      | 22.9% (8)                          | 8.6% (3)       | 51.4% (18)     | 17.1% (6)      | 35              |
| Emotional and social health and wellbeing | 13.9% (5) | 19.4% (7)     | 44.4% (16)     | 22.2% (8)      | 36              |
| The child’s relationships within your foster family Household | 8.6% (3) | 8.6% (3)      | 14.3% (5)      | 66.6% (24)     | 35              |
Table 20: Children and young people’s current school/kindergarten participation (n=68)

<table>
<thead>
<tr>
<th>Program</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Program</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Generalist foster care</td>
<td>28</td>
<td>9</td>
</tr>
</tbody>
</table>

Carers in both programs were asked to identify, if relevant, how they considered their cared-for children functioned in school or kindergarten. Circle carers identified a range of challenges their children experienced, from their social interaction (‘she has problems with making friends and keeping them ... thus she will often complain of being lonely’) to their poor academic performance, which one carer described as ‘both children in my care are not functioning well at school as they are not appropriately supported to meet their educational needs’.

In respect of progress made in the children’s school/kindergarten performance since placement, Circle carers identified some positive shifts, with one carer stating that there had been an ‘absolute turnaround in academic skills’. Carers identified some changes in their child’s overall school/kindergarten functioning, but there was considerable variance in responses from ‘complete turnaround academically’ to ‘minimal change if any’ and much in between, noting improvements in confidence and in academic capacity. Carers noted some social skills changes, including one respondent commenting how her cared-for child had ‘made friends and has first ever best friend ... has been invited to peers’ birthday parties now has had 4 or 5 invites’.

Placement termination processes

Carers were asked about their experiences of placement termination, in both planned and unplanned circumstances, and if applicable the reasons for termination. Unplanned termination of placement was reported by only a small number of the carers in both The Circle Program and generalist foster care program.

Table 21: Placement termination reported by respondents (n=59)

<table>
<thead>
<tr>
<th></th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned termination</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Unplanned termination</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

The responses from the two groups of carers were very similar other than in respect of engagement in learning and peer relations, which, given the dominance of the pre-school population in The Circle Program, is consistent. Carers were asked to select no more than three activities, but found it difficult to limit themselves, as they felt that the majority of the activities listed reflected what they did all the time.

Carers were then asked about their experience of service coordination and integration. Circle carers’ experience was more favourable than that of generalist foster carers. For Circle carers, it is reasonable to hypothesise that, through the care team, they have access to a range of services and supports that are provided as part of The Circle Program, whereas non-Circle carers often felt they had to navigate the service system alone to obtain needed services.

Table 21: Placement termination reported by respondents (n=59)

<table>
<thead>
<tr>
<th></th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned termination</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Unplanned termination</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 24: Carers’ perceptions of service coordination and integration (n=55)

<table>
<thead>
<tr>
<th>Service coordination and integration</th>
<th>Not at all</th>
<th>Reasonably well</th>
<th>Extremely well</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Program</td>
<td>1</td>
<td>19</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Generalist foster carers</td>
<td>5</td>
<td>15</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

Circle carers were also asked: ‘Has your child benefitted from participating in The Circle Program?’ Of the 27 who responded, three rated the benefit at the lowest points (not much) for unknown reasons, three rated the benefit as satisfactory and 21 of the 27 rated the benefit as very much.

The ways in which children and young people were seen to have benefitted from their Circle foster care placement is illustrated by a range of Circle carer responses (see below).

**Routine, a quiet home where he knows there won’t be any situations that he has to mediate, he is able to be and do what a seven year old is supposed to do, he knows I am the adult and he is the little boy and is slowly allowing me to look after him not he looking after me.**

**Stability of placement. With this child, in generalist foster care, would possibly have had more than one placement by now.**

**In my experience I have felt that the children in my care, if it had not been for The Circle Program they would be left hanging in the Department of Human Services system. Because they are involved in The Circle Program there was more of a push to get things moving for them.**

**Professional involvement through regular sessions with (our cared for child’s) psychologist and therapeutic specialist. Input into decision making around events/changes in the child’s life. The therapeutic team listen to my input regarding what may be best decision for her by taking into consideration her emotional needs at various times. I know therapeutic specialists and Circle workers have children’s well-being as paramount … she has a great team working for her with the mission of getting her the best life possible.**

**I believe in a “normal” foster care placement this would have broken down as the two kids were very demanding due to the nature of trauma. One is more settled, the other is still having difficulties but as their experience grows it seems to get easier if that makes sense.**

Generalist respondents were not asked to reflect upon the ways in which they considered foster care had benefitted their child. However, they were asked: ‘Has your child benefitted from being in foster care?’ Of the 38 who responded, three rated the level as satisfactory and 27 reported that the child had benefitted very much.

**Key challenges faced by Circle Program and generalist foster carers**

There were a number of challenges identified by Circle carers, which could be categorised as:

- the demands on the carer and their family; and
- the relationship with the Victorian Department of Human Services (DHS).

Circle carers cited poor communication with DHS and the impact this had on their everyday activities while they awaited decisions as key challenges. The other challenge was being ‘patient’ while facing ongoing stresses managing their cared-for child’s complex behaviour. This impacted upon the carer family overall and the need for one particular carer to be available much of the time (although the child’s relationship with the carer household was rated strongly in earlier responses).

Generalist foster carer responses to questions about challenges revealed frustration with the system and how slowly it operates, as well as a sense of carers’ feeling unsupported by both DHS and the foster care agencies. There were comments such as ‘once a placement is made, it feels like you are forgotten about’, referring to the foster care agency as well as DHS, which was viewed as too ‘bureaucratic’ and ‘taking too long to get anything moving’. One respondent was vitriolic in her comments about both the agency with which she was affiliated and DHS, suggesting significantly impaired working relationships.
Other key themes raised by generalist foster carers could be categorised as follows:

- the lack of communication with both the foster care agency and DHS and the fact that sometimes contradictory information was provided;
- managing the challenging behaviours of children and the lack of information about what the children’s needs are and how best to address them as well as how to manage multiple demands; and
- understanding the system and how it operates, especially when carers are trying to obtain additional funds.

Carers also recognised that workers were ‘overloaded’ and did not have the capacity to support foster carers and the children in placement adequately.

There was a difference between how generalist foster carers and Circle carers experienced being carers, with the former decidedly more frustrated and feeling less supported than Circle carers, whose frustrations were much less system-oriented and more focused on the impact of foster care upon their own families.

Sustaining carers

Carers’ commitment to the children currently in their care was a prime motivation for remaining in the Program. The added value is what one respondent referred to as the ‘holistic inclusive approach’ of The Circle Program and found to be very supportive. The other strength identified by many Circle carers was the support provided to them.

I enjoy the whole experience, I learn every day, I learn that there are many ways to help these kids, I love when my child achieves something that not only is recognised by me but also is recognised by himself.

My worker at … (CSO), she is excellent and goes above and beyond her role as a Circle Worker. Also the need to give the children in my care the best support I can give. The Circle Program is 100 per cent better than normal foster care.

Carers described this support as being very different from generalist foster care. One Circle carer said that ‘[t]he support given to us and the child is far superior to generalist foster care and this means we don’t have to deal with challenges on our own, we have help when needed’, which another carer described as ‘the coordinated support that we get from the agency, the therapeutic specialist and the Department of Human Services involvement. The quick response we get to have our children assessed for any concerns we have regarding their development or health’.

Generalist carers’ responses about reasons for remaining in the program were very child-focused and made no reference to the system of support. The overarching theme from generalist foster carers was that the ‘children’ were the primary motivator, although it was couched in differing terms. Some respondents referred to the pleasure of ‘making a difference – it is very fulfilling knowing that we can make a real difference in the lives of children’. There was one response that identified it was ‘my inner-drive and passion’ but had not found either the foster care agency to which they were aligned or DHS contributed in any way to what kept them going.

Both Circle and generalist foster carers were strongly motivated by the desire to provide foster care that made a difference for the children in their care. Circle carers, in addition, identified how they were sustained by The Circle Program processes and the recognition they received for their role as part of a care team.

Length of time carers planned to remain in foster care

The responses from Circle carers regarding the length of time they planned to remain in foster care could be summarised as: ‘as long as we can’. Comments made included: ‘as long as we are capable of supporting the children in care without being emotionally fatigued; ‘[f]or many years to come, we like it’; ‘until I’m unable to continue (unsure when, but years not months)’. One carer who thought that they might need a break thought they would then become respite carers rather than take a break from the program: ‘[w]e will probably be taking a break after a 12 month placement. I may do some respite for the next 12 months or so’.

All but six of the 28 Circle Program respondents identified that they would like to remain carers if the current child left their care. Of the six, one was planning to become a permanent carer, one was returning to generalist foster care as agency Circle quota had been met and the other wanted to remain in a less active role.

The responses from generalist foster carers were evenly split between those who planned to keep caring for as long as they could (or the system would allow) and those who were unsure whether or not they would continue as carers. Those carers who had a child with them for a long period or for whom a long-term placement was required were committed to being the ongoing carers but would not necessarily continue as foster carers once their child left their care.
Thirty-two of the generalist foster carers said they would remain carers after their current child or young person left their care, four were undecided and two decided that they could not continue beyond their current child. The ‘undecided responses’ included references to the carer commitment being to the child currently in their care, as well as making the decision ‘dependent on how we think it will impact on our own children at the time because of the emotional turmoil the Department of Human Services and the agency have put us in regarding this child’s stability/permanent care process’. However, these undecided ones were outweighed by the 32 respondents who wished to continue as a carer.

Finally, both groups of carers were asked whether or not they would recommend becoming carers to others.

Table 25: Would the carers recommend becoming carers?

<table>
<thead>
<tr>
<th></th>
<th>Circle Program</th>
<th>Generalist foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The Circle Program foster carers generally would recommend becoming carers to others, but there was some conditionality about the suitability of the person to become a carer, such as ‘I would only encourage them if I felt they possessed the skills to be able to care properly for children’, and another stated: ‘I would encourage anyone to become a Circle Program foster carer as you are supported a lot more and receive extra assistance. Having said that, I do not believe everyone can do it’. One carer had ‘already shared some of my Circle learning with other generalist foster carers who I feel would be good Circle workers’.

The generalist foster carers were concerned as to what would happen to children if there were no foster care program: ‘If there wasn’t foster carers around who knows where the children would end up?’ However, one stated that ‘I’m not sure if I could recommend it to others when the current systems are in place, it should be made more helpful and supportive by governments’. Another felt that carers were ‘not treated fairly, you are expected to be like a robot and have no emotions’. Although carers would encourage others, they also expressed their concerns about the foster care program and some of the gaps that they felt currently existed.

The findings from both groups reflected a strong commitment to the children in their care and a desire to make a difference to the lives of troubled children.

**Carers’ experience of the foster care programs**

The Circle Program carers were asked to identify the program processes they found most beneficial.

Table 26: Circle Program processes that carers find beneficial (n=26)

<table>
<thead>
<tr>
<th>Processes</th>
<th>Circle Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being valued as a carer</td>
<td>19</td>
</tr>
<tr>
<td>Access to important information</td>
<td>21</td>
</tr>
<tr>
<td>Enhanced understanding of trauma and attachment</td>
<td>24</td>
</tr>
<tr>
<td>Being engaged in decisions</td>
<td>21</td>
</tr>
<tr>
<td>Achievement recognised by others</td>
<td>9</td>
</tr>
<tr>
<td>Personal sense of achievement</td>
<td>14</td>
</tr>
</tbody>
</table>

Circle carers valued being valued, trained and provided with the opportunities to be active participants in decision-making, which again highlights the importance of the key Circle Program elements of support, training and the inclusion of all key stakeholders in decision-making. This was further enhanced by a later question that asked Circle carers directly whether or not they felt they were active participants in decision-making, to which 24 out of the 26 respondents agreed with only two dissenting.

Generalist foster carers were also asked whether or not they felt they were active members of a care team. Most saw themselves as active members of the care team. There were nine open-ended responses to this question that supported this perception. Another six responses stated that carers should be effective participants, suggesting that this was not always the case.

Table 27: Generalist foster carer perception of their role in the foster care team (n=37)

<table>
<thead>
<tr>
<th>Perception</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel an active member of the team</td>
<td>29</td>
</tr>
<tr>
<td>Do not feel an active member of the team</td>
<td>8</td>
</tr>
</tbody>
</table>

It appears that the integrated elements of the Circle Program care team way of operating made a difference overall to the Circle carers’ experience.

**Carer report of differences between Circle Program and generalist foster care**

Twenty-five Circle Program respondents identified that they had previously been generalist foster carers. Circle
Carers were very clear that there were key differences between generalist foster care and The Circle Program, citing the levels of support, sense of inclusion in being part of the care team (‘more like a valued professional rather than just a generalist foster carer’; as a Circle carer I have so much more contact with the specialists/worker which also builds rapport’); training and the level of information provided (‘information sharing is at a much higher level’; ‘The Circle Program has made me challenge myself ... I stop before going headlong into a situation, I think about how I was’). Enhanced reimbursement was also cited as a key difference. One carer stated:

There is no comparison with (generalist foster care), the support and actual friendship that I enjoy currently under The Circle Program.

Generalist foster care doesn’t give you the support.

Circle Program carers valued the therapeutic guidance, training, support, information sharing, participation in decision-making and access to needed resources that they experienced as foster carers in The Circle Program.

Final comments about being a carer and suggested improvements

The strongest theme from 20 responses from Circle Program carers was the view that the program should continue and the importance of ensuring that all children in care had access to therapeutic intervention if needed. Carers also commented upon the importance of maintaining regular care team meetings even when the placement had stabilised and how demanding being a Circle Program carer is.

This is the way all foster care should be.

It is very hard and demanding at times, but the rewards are great too. It’s hard work, but the support is great in my situation.

Respite was an element of The Circle Program that was not provided.

Generalist foster care respondents felt that they did not have anything to add as a final response with eight of the 27 respondents stating that they had nothing more to add. The idea most frequently expressed was how rewarding being a foster carer is: ‘I love being a foster carer, would recommend it to anyone.’; ‘It’s addictive, once you have been a foster carer, I think it’s hard to stop being one!’ Another responded that ‘the foster care system is in crisis and the current carers will soon be too old’.

The improvements recommended by the Circle Program carers included the need to extend the program, especially access to therapeutic support:

Increase funding so that there is even more that can be achieved because therapy costs a lot of money and if there weren’t these types of programs the children currently in my care would not have achieved all they have in the two years they have been in this stable placement.

Other Circle carers felt that more could be achieved if there was opportunity to be a full-time carer and not have to be in paid employment:

It would be helpful for us as carers to have the ability to remain at home full time as a couple. If the reimbursements were slightly higher and in line with a professional full time wage then we could achieve this.

The importance of respite care for children and carers and the need to ensure that it is readily available was another issue raised by some Circle Program carers (see below).

I think it would also encourage other potential respite carers to commit the time to regular respite which would make a huge difference to the ability for us to take better care of our own needs and those of our biological children.

I feel that respite should be readily available to all Circle Program families.

It is extremely hard work and I do sometimes feel that the care team do not realise how hard and demanding it is. I think that every child in The program should have someone appropriate and available to give respite when needed.

All of the comments made were underpinned by a view that The Circle Program worked and that carer experiences with gains made by their cared-for children were clear evidence of how well it worked.

This question about being a carer and improvements generated a range of responses from generalist foster carers, which could be categorised into three key areas:

- timely decision-making;
- carer training and support; and
- system improvements.
Generalist foster carers expressed frustration at the lack of timely decision-making in respect of the children for whom they cared and what seemed to them a prioritising of parental rights over what was in the children's best interests. Frustration was also expressed in the delays in day-to-day decision-making, such as funding for school supplies.

Carers had many suggestions as to how they could be trained and supported better with pre-service training, including information provided by experienced foster carers discussing real situations and clarifying ways of responding and who might act as mentors for new carers developing informal support links. Ongoing training suggested included training in 'loss and grief' and 'strategies to heal the child's emotional wounds'. Support for carers needed to include better financial supports and access to volunteers who could assist with transport and baby-sitting. Carers also had many ideas for system improvements: listening to the carers who have the day-to-day care of the children, ensuring that all foster care is 'therapeutic', improved communication channels between all stakeholders and increased resources.

Summary
The overall tenor of the responses to the online surveys directed to Circle Program and generalist foster carers was a very positive and optimistic one, although carers did acknowledge that they faced many challenges, not least dealing with the uncertainty about what would happen to the children in their care in the longer-term. The four variables identified by Circle Program carer respondents as key to the success of The Circle Program were:

- ongoing training;
- levels of support;
- care team; and
- therapeutic interventions.

Generalist foster carers' survey responses demonstrated a strong commitment by them to the provision of a quality foster care program. Most had been carers for more than two years and had cared for a number of children, with most planning to remain foster carers and encouraging others to become foster carers. Overall, they were very clear that the child in their care had made considerable gains across a range of domains, and there were few unplanned placement terminations with this cohort.

The challenges for the generalist foster carers were categorised into three main themes:

- Communication between key stakeholders – carers did identify that they were involved in care team meetings (when they were scheduled) and were mostly afforded a role as an effective member of the team. However, they expressed concerns about the challenges in getting things happening for their cared-for children and the pace with which the system achieved things. Carers also felt that they were left to navigate the system at times, which was a very frustrating (and time-consuming) process.

- Support for carers. Although some carers acknowledged that the system was overloaded, which impacted upon worker caseloads, they often felt there was little support given to them, and for some, their contact with their agencies was very limited. It appeared that long-term placements did not attract much worker input as they were often categorised as stable. However, carers are volunteers and are in need of ongoing support and recognition.

- Managing the children and young people's challenging behaviour. Carers were often confronted by challenging behaviour and may lack information about what the child or young person's needs were and how best to address them. As well, carers had many competing demands to manage.

The surveys of generalist foster carers and Circle carers indicate that there are clearly perceived differences between the two programs, with the result of greater carer satisfaction and more positive outcomes reported for children and their families in The Circle Program.

3.4 Survey of professionals associated with The Circle Program
A survey was undertaken to understand the experience of professionals associated with The Circle Program in relation to the work they do with the children in their care and their experience of the support and service system surrounding the child. Like the two carer surveys, the professional survey was designed and implemented on ‘Survey Monkey’, an accessible online survey program (http://www.surveymonkey.com). All contact with potential survey respondents was conducted through the foster care providers and the Victorian Department of Human Services (DHS). The questionnaire is included at Appendix 4.

The survey was returned by 56 professionals, including foster care workers and child protection practitioners. Not all professional respondents answered all questions. Survey questions covered the following areas:

- characteristics of respondents;
- key features of The Circle Program;
• outcomes for children and young people;
• outcomes for the child or young person’s family;
• effects on carer retention;
• current and future challenges in delivering The Circle Program;
• outcomes for the organisations; and
• the professionals’ experience of The Circle Program.

The following quotation highlights the key themes that will be further brought out in the survey findings:

_The Circle approach is amazing on so many levels with regard to increased family involvement, carer participation and better outcomes for clients over all. All children in out of home care ought to be able to benefit from the Circle way._ (CSO Manager)

**Characteristics of professional respondents**

Most of the professional respondents were employed in the community services sector but with different responsibilities in relation to the Circle program.

**Table 28: Respondents’ roles in The Circle Program (n=56)**

<table>
<thead>
<tr>
<th>Position held</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Team Leader/Program Manager</td>
<td>18</td>
</tr>
<tr>
<td>Foster care worker</td>
<td>14</td>
</tr>
<tr>
<td>Therapeutic specialist</td>
<td>10</td>
</tr>
<tr>
<td>DHS Team Leader/Unit Manager</td>
<td>6</td>
</tr>
<tr>
<td>DHS Child Protection Worker</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Team Leader – Take Two</td>
<td>1</td>
</tr>
<tr>
<td>Agency Senior Manager</td>
<td>1</td>
</tr>
<tr>
<td>Manager – Therapeutic care</td>
<td>1</td>
</tr>
<tr>
<td>Program and Service Advisor (DHS)</td>
<td>1</td>
</tr>
<tr>
<td>Case Manager – Out-of-Home Care (OoHC)</td>
<td>1</td>
</tr>
<tr>
<td>Manager Placement and Support (DHS)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Key features of The Circle Program**

Respondents were given a list of features of The Circle Program that have been identified from the literature and Circle Program documentation and asked to nominate which of these they considered to be key features of the Program. They could tick as many of the features as they wished.

**Table 29: Key features of The Circle Program identified by professional respondents (n=54)**

<table>
<thead>
<tr>
<th>Key features</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting the child to form and maintain relationships</td>
<td>46</td>
</tr>
<tr>
<td>Communication and coordination of care</td>
<td>46</td>
</tr>
<tr>
<td>Offering a predictable style of parenting</td>
<td>45</td>
</tr>
<tr>
<td>Assisting the child to regulate their strong emotions</td>
<td>43</td>
</tr>
<tr>
<td>Offering a stable and safe home</td>
<td>40</td>
</tr>
<tr>
<td>Supporting the child to engage in learning</td>
<td>30</td>
</tr>
<tr>
<td>Supporting the child to participate with peers</td>
<td>28</td>
</tr>
<tr>
<td>Supporting the child to develop patience</td>
<td>17</td>
</tr>
<tr>
<td>Other responses</td>
<td>22</td>
</tr>
</tbody>
</table>

The importance of the feature ‘supporting children to form and maintain relationships’ was seen alongside the feature of ‘communication and coordination of care’. The former feature fits with what Perry (2006) identifies as the key goal of trauma-informed practice: the development of ‘healthy relational interactions with safe and familiar individuals (which) can buffer and heal trauma-related problems’. Recognition of the importance of coordinating service delivery and that communicating effectively to all stakeholders is pivotal to good practice is highlighted here. Care team meetings provide an effective vehicle for effective communication with its bringing together of all stakeholders, including the family of origin. The importance of providing a child with a ‘stable and safe home’ is also a key goal of The Circle Program.

The professional respondents were also asked what training components they identified.

**Table 30: Key training components identified by professional respondents to the survey (n=49)**

<table>
<thead>
<tr>
<th>Training components identified</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic specialist and placement workers conduct regular specialist Circle Program carer training according to the training package guidelines</td>
<td>49</td>
</tr>
<tr>
<td>Care team meetings</td>
<td>4</td>
</tr>
<tr>
<td>Therapeutic specialist training</td>
<td>4</td>
</tr>
<tr>
<td>Three-day mandatory training for carers</td>
<td>2</td>
</tr>
<tr>
<td>Refresher courses offered</td>
<td>2</td>
</tr>
<tr>
<td>Trauma-informed practice</td>
<td>2</td>
</tr>
</tbody>
</table>
A number of respondents identified additional training opportunities for ongoing training and support. The value of the care team is a recurring theme throughout the surveys, and respondents viewed the meetings as time to ‘reflect on practices and sort out problems as they arise and in a timely manner’; as ‘an avenue for thinking and learning about the application of training in specific, circumstances’; and to provide opportunities for ‘incidental learning that occurs in the course of care team meetings’.

The professional respondents were asked to identify from a list provided the components of the Circle program they considered to be ‘key’ in relation to the child or young person. ‘Feedback to child, carer and family’ was considered the primary monitoring component with additional comments made about the monitoring role played by the care team. The care team is emphasised in these responses as the focal point of service delivery – the ‘feeding back’ to the family is recognition of the inclusive approach to the family of origin that is part of The Circle Program.

Table 31: Key process/monitoring components of The Circle Program identified by professional respondents to the survey (n=51)

<table>
<thead>
<tr>
<th>Monitoring components identified</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback to child, carer and family</td>
<td>40</td>
</tr>
<tr>
<td>Minimum of fortnightly meetings between placement worker, carer and child</td>
<td>36</td>
</tr>
<tr>
<td>Face-to-face weekly meetings between Circle placement worker and carer</td>
<td>35</td>
</tr>
<tr>
<td>Weekly face-to-face meetings between therapeutic specialist and carer</td>
<td>30</td>
</tr>
<tr>
<td>Therapeutic provider offers support to the on-call placement worker out of ordinary working hours and on public holidays by prior arrangement</td>
<td>14</td>
</tr>
</tbody>
</table>

The professional respondents were asked to identify effective aspects of service delivery from a list provided, drawing upon their experience of the program. They could check all the components they considered to be effective program aspects and add others.

Table 32: Effective aspects of service delivery identified by professional respondents (n=51)

<table>
<thead>
<tr>
<th>Key components</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical underpinning</td>
<td>45</td>
</tr>
<tr>
<td>Care team internal communication/coordination</td>
<td>45</td>
</tr>
<tr>
<td>Carer therapeutic competencies</td>
<td>44</td>
</tr>
<tr>
<td>Role of therapeutic specialist</td>
<td>43</td>
</tr>
<tr>
<td>Quality of professional support of carers</td>
<td>43</td>
</tr>
<tr>
<td>Assessment procedures</td>
<td>35</td>
</tr>
<tr>
<td>Review processes</td>
<td>33</td>
</tr>
<tr>
<td>Length of program involvement</td>
<td>30</td>
</tr>
<tr>
<td>Intake guidelines</td>
<td>20</td>
</tr>
<tr>
<td>Reason for termination</td>
<td>5</td>
</tr>
</tbody>
</table>

The theoretical underpinnings of the program were considered to be the most effective aspect of service delivery by nearly all of the respondents. The program design underpinned by a strong theoretical framework was seen as being a key contributor to the development of effective service delivery. The importance of the care team is again noted in these responses. Additional issues were also raised by the professional respondents (see below).

The complex assessment of the child guides the care team’s goals.

Building a strong relationship with teacher and school to ensure that the child can maintain academic involvement and learning despite some behavioural issues.

Improved commitment from carers and enhanced placement stability for children and young people.

Have not had feedback on the effectiveness of service delivery. In the region we did have an issue where the Circle carers only wanted babies or infants, which limited the effectiveness of the program.

Cannot see any actual difference between this program and generalist foster care program. The carers and workers function at the same level with obvious extra financial reimbursement for carers.

Often DHS involvement is more ‘hands on’ when cases are part of The Circle Program.
The child’s experience is placed at the centre of all care team discussions and processes – The Circle Program has encouraged and facilitated collaboration and consistency between carer and natural parent which greatly benefits the child in settling emotionally – the therapeutic specialist provides an essential third role that can hold/support the foster care worker and foster carer through periods when minor tensions could otherwise challenge the stability of their working relationship.

Distance between carers and workers can be an issue in remote areas like ours. This program has been designed quite ‘city centric’ and does not take into account travel for carers.

Adequate resources to enable the above aspects.

Perhaps there is little difference between effective aspects of Circle and those of generalist foster care.

Outcomes for children and young people in The Circle Program

Professional respondents were asked to indicate how successful they considered The Circle Program to be in relation to outcomes for the children and young people in the Program.

There was strong agreement as to the effectiveness of the Program across a range of domains, especially in respect of placement stability. There was some dissent from statutory workers who may not have had much ongoing contact with The Circle Program. In contrast, therapeutic specialists’ responses were located at the high end, citing Circle Program success. Respondents also strongly identified that, in their experience, The Circle Program was effective in improving outcomes for Aboriginal and Torres Strait Islander children and young people.

Case example 5 ‘Sharon’

Sharon is a two-year-old Aboriginal girl who had been removed from her mother’s care and placed into a Circle placement with a non-Aboriginal family. The care team immediately identified the need to work closely with Sharon’s mother and extended family and to seek to identify the whereabouts of her father. The VACCA worker became a critical stakeholder in the care team meetings, eventually facilitating family participation on a regular basis. Through the VACCA worker, the therapeutic specialist was able to communicate the key developmental challenges that Sharon was facing, as a result of longstanding emotional neglect. Sharon’s mother gained valuable insight into her daughter’s needs, at the same time as dealing with her own needs for healing and recovery from substance use issues.

Some eight months following placement, Sharon was successfully reunified with her mother, with significant support from her family and community and ongoing contact with her Circle ‘Aunty’. Two years on, Sharon continues to thrive at home in her mother’s care.

Table 33: Outcomes of The Circle Program as rated by professional respondents (n=51)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Ratings: (Not at all – Very much)</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving children and young peoples’ emotional and social health and wellbeing</td>
<td>2.0% (1) 0.0% (0) 7.8% (4) 33.3% (17) 56.9% (29)</td>
<td>51</td>
</tr>
<tr>
<td>Improving placement stability for children and young people</td>
<td>2.0% (1) 0.0% (0) 11.8% (6) 15.7% (8) 70.6% (36)</td>
<td>51</td>
</tr>
<tr>
<td>Improving family relationships</td>
<td>3.9% (2) 9.8% (5) 23.5% (12) 31.4% (16) 31.4% (16)</td>
<td>51</td>
</tr>
<tr>
<td>Achieving education stability for school-aged children</td>
<td>2.0% (1) 0.0% (0) 13.7% (7) 45.1% (23) 39.2% (20)</td>
<td>51</td>
</tr>
<tr>
<td>Successfully engaging families</td>
<td>2.0% (1) 12.0% (6) 20.0% (10) 42.0% (21) 24.0% (12)</td>
<td>50</td>
</tr>
<tr>
<td>Improving reunification rates where applicable</td>
<td>14.6% (7) 10.4% (5) 22.9% (11) 27.1% (13) 25.0% (12)</td>
<td>48</td>
</tr>
<tr>
<td>Improving outcomes for Aboriginal &amp; Torres Strait Islander children and young people</td>
<td>10.9% (5) 2.2% (1) 37.0% (17) 26.1% (12) 23.9% (11)</td>
<td>46</td>
</tr>
</tbody>
</table>
The professional respondents were asked to indicate, based on their experience, which age groups of children and young people they thought benefitted most from The Circle Program. They could select more than one group.

Table 34: Professional respondents views of age groups of children and young people most likely to benefit from The Circle Program (n=45)

<table>
<thead>
<tr>
<th>Age</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two years and under</td>
<td>35</td>
</tr>
<tr>
<td>Three to five years</td>
<td>39</td>
</tr>
<tr>
<td>Six to nine years</td>
<td>37</td>
</tr>
<tr>
<td>10 to 12 years</td>
<td>31</td>
</tr>
<tr>
<td>12 to 15 years</td>
<td>19</td>
</tr>
<tr>
<td>15 years +</td>
<td>15</td>
</tr>
</tbody>
</table>

Children aged up to five years old were seen as most likely to benefit from participation in The Circle Program. This fits with The Circle’s early intervention focus. Children provided with trauma-informed care and all the Program offers would have the chance to heal and recover so that more intensive options are not required later. There was also one negative response stating that they were ‘unable to comment due to opinion that Circle Program is not of benefit to the children.’

The next question asked respondents to identify which group of children and young people – those new to OoHC or those with a history of one or more prior placements – would most benefit from The Circle Program. Respondents could tick more than one category. One of the criterion of The Circle Program model is to place two-thirds of children new to the system, but the professional respondents believed that there was no difference to the benefit offered to those children who had been in care and those who were new to care. This might reflect the respondents’ views that The Circle Program has much to offer all children in care.

Table 35: Professional respondents views of Children and young people most likely to benefit from Circle Program (n=51)

<table>
<thead>
<tr>
<th>Children’s status</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difference between groups</td>
<td>38</td>
</tr>
<tr>
<td>Children and young people who have previously been in care</td>
<td>8</td>
</tr>
<tr>
<td>Children and young people who are new to OoHC</td>
<td>5</td>
</tr>
</tbody>
</table>

Professional respondents were also asked to identify the needs of children and young people they thought would benefit most from The Circle Program. They could tick more than one.

Table 36: Professional respondents views of the needs of children and young people best met by the Circle Program (n=51)

<table>
<thead>
<tr>
<th>Children’s needs addressed</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of trauma</td>
<td>48</td>
</tr>
<tr>
<td>Early attachment disruption</td>
<td>46</td>
</tr>
<tr>
<td>Experience of neglect</td>
<td>46</td>
</tr>
<tr>
<td>Experience of family violence</td>
<td>45</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>44</td>
</tr>
<tr>
<td>Experience of physical abuse</td>
<td>43</td>
</tr>
<tr>
<td>Parental mental health or intellectual disability</td>
<td>40</td>
</tr>
<tr>
<td>Experience of sexual abuse</td>
<td>40</td>
</tr>
<tr>
<td>Alcohol or other drug misuse within the family/ by the young person themselves</td>
<td>35</td>
</tr>
<tr>
<td>Child with a disability</td>
<td>23</td>
</tr>
</tbody>
</table>

Professional respondents considered that the Circle Program met the needs of children and young people with a range of risk factors. These risk factors included drug and alcohol-related issues, experience of trauma stemming from family violence, attachment disruption and neglect and abuse. The Circle Program utilises a trauma-informed practice model and it would be expected that respondents identified that traumatised children’s needs were best met by the program. However all presenting issues were considered to be well addressed by the Program. There were some dissenting voices suggesting that the Circle Program did not relate to Child Protection Service clients and that it did not promote reunification. Other aspects, each raised by a single respondent, included the following:

- Circle Program does not appear to relate to Child Protection clients that are usually exposed to all of the above;
- [a]bandonment, homelessness, fractured relationship experiences and exposure to serious life threatening events i.e.: client being subjected to house fire as a result of severe neglect
- have not seen any direct evidence based outcomes which would support any of these areas;
- [t]he program is not inclined to work in a positive manner on reunification cases and
• I have identified concerns with carers forming inappropriate attachments to children at the expense of family of origin connections.

The professional respondents were asked, based on their experience, to comment upon what they considered to be the variables of The Circle Program that affected outcomes for the children and young people. More than a quarter of the respondents identified variables that could be categorised as depicting the ‘care environment’, acknowledging the primacy of the role played by the therapeutic specialist. The appropriateness of the ‘care environment’ in facilitating the child’s wellbeing and recovery required programs to accredit carers with ‘dedication and willingness to work with the family of origin’. The ‘skill level’ and ‘qualities’ of the carer were also commonly cited as key variables, which again are attributes of the care environment.

Other variables cited by respondents included the care team, timely decision-making, access and communication. The role of the care team is an integral Circle Program component, and four respondents commented upon its centrality to outcomes for children. Another four respondents noted the importance of communication, and the importance of ‘high levels of cooperation, communication and understanding between partnership members in the provision of services’. Another set of four responses expressed concern about the lack of timely decision-making in respect of children having to wait for their status to be decided so that plans could be put into action. This lack of timeliness resulted, workers stated, in unnecessary anxiety in carers while also slowing decision-making for basic services for children. It was unclear as to whether or not this lack of timely decision-making emanated from the slowness of the Court process or decision-making within DHS. There were two references to the length of time that children had been in care previously and the effect of multiple placement disruptions. The age and stage of the child or young person placed was not cited as a major variable in respect of outcomes achieved.

Respondents were asked to identify the factors, including the individual assessments for children, which have contributed most to the outcomes achieved. Three themes were derived from the responses:

- conducting quality assessments was considered the basis for practice;
- good communication between all members of the care team; and
- the importance of training for carers pre-accreditation as well as providing ongoing access to training.

The comments below effectively summarise these themes.

- Shared understanding by all care team members of therapeutic care e.g. providing a secure base/safe relationships and interventions imperative.
- Taking the time to support care team members in understanding therapeutic care is worth the time invested.
- Support to care team by therapeutic specialist.
- Engaging parents positively, where they feel supported and part of care team. Ongoing support to carers.
- Ongoing professional development/training and understanding of Developmental Trauma and how to provide therapeutic care for healing of children.

A recurring theme from the survey of professionals was the key role of the therapeutic specialist and the coordinated activity of the care team in making a difference for the carers and child or young person in their care.

Professional respondents’ experience of working with The Circle Program
The following tables provide information about the professional respondents’ experience of working with The Circle Program.

Professional respondents’ awareness of child or young person’s time in care
The professional respondents were well aware of the long-term involvement of many of the children and young people in The Circle Program.
Twenty-six of the children and young people were new to foster care, and 20 had previously been in care. The number of children and young people new to care was higher but only slightly so in this group.

Professional respondents’ awareness of cultural identity

Table 38: Cultural identity of child or young person as reported by professional respondents (n=45)

<table>
<thead>
<tr>
<th>Cultural identity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo-Celtic</td>
<td>33</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>8</td>
</tr>
<tr>
<td>Sudanese</td>
<td>1</td>
</tr>
<tr>
<td>Greek-Australian</td>
<td>1</td>
</tr>
<tr>
<td>Indian-Australian</td>
<td>1</td>
</tr>
<tr>
<td>Arabic</td>
<td>1</td>
</tr>
</tbody>
</table>

Respondents were asked whether or not they had undergone any cultural training and how they had utilised this training. Of the 42 professionals who responded to this question, 28 had undertaken cultural training and the remaining 14 had not. Workers identified that they had found the cultural training to be of great benefit and utilised it in their practice. For some respondents, their organisations made cultural training mandatory and they had completed it prior to any involvement with The Circle Program.

Professional respondents’ reflections on health, behaviour and development

Respondents were asked to comment upon children and young people’s health, behaviour and development at entry to The Circle Program and to rate the degree of concern they had at that time.

Children’s relationship to their carer family was the least impacted of the key domains, suggesting that the foster child quickly became part of the household.

Respondents were also requested to comment upon the children and young people’s health, behaviour and development after they had been in The Circle Program and to rate the level of development that had occurred.

Respondents identified that there had been significant gains made across all domains after the children and young people entered The Circle Program to the extent that there were few children still considered to have major concerns. This is a strong theme in the findings of the capacity of The Circle Program to achieve positive outcomes for children and young people.

Professional respondents’ report of placement termination

The professional respondents were asked if they had experienced a placement termination in The Circle Program and if so how it was managed.

Most respondents had not experienced a placement termination, and of those who had, several found that there had been efforts made to minimise the impact upon the child or young person, stating that ‘all transitions are therapeutically informed’. Two of the comments made by some of the 42 respondents are outlined (see page 61).
Plan was reunification with the father. Father had made significant changes and child was reunited. Agency and carers wanted non reunification, based on no direct evidence and they were very negative about case planning decision and the biological father.

Following a two year placement with a therapeutic carer the placement ended due to the carers changing circumstances and inability to continue to meet the young person’s needs. The young person was transitioned to another therapeutic carer who had been providing regular respite care for her. As this young person had experienced numerous placement breakdowns prior to entering therapeutic care, considerable effort was made to ensure a smooth transition with a focus on preserving the relationship with the previous carer. The transition was very successful and the young person is stable within her new placement, the level of planning was able to be put in place, a high level of support was offered to all involved.

Professional respondents’ comparison of Circle Program and generalist foster carers

Respondents were invited to comment directly upon how Circle Program foster carers compared to generalist foster carers in the areas listed.

Except in respect of their potential to convert to permanent care, respondents identified that Circle carers had higher retention rates, felt better supported and felt they were more included in decision-making. The findings here support the identification of the importance of the ‘care team’ in its capacity to provide support, facilitate carer participation in decision-making and enable opportunities to reflect and debrief in ways less available to generalist foster carers.

Table 40: Child or young person’s health, behaviour and development after placement in The Circle Program

<table>
<thead>
<tr>
<th>Behavioural domain</th>
<th>Level of concern Major – No concern</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning and development</td>
<td>4.4% (2)</td>
<td>13.3% (6)</td>
</tr>
<tr>
<td>Behaviour</td>
<td>4.4% (2)</td>
<td>24.4% (11)</td>
</tr>
<tr>
<td>Emotional and social health and wellbeing</td>
<td>6.7% (3)</td>
<td>20.0% (9)</td>
</tr>
<tr>
<td>Family relationships within foster families</td>
<td>6.7% (3)</td>
<td>8.9% (4)</td>
</tr>
</tbody>
</table>

Table 41: Circle Program placement termination

<table>
<thead>
<tr>
<th>N/A</th>
<th>Rating: Very badly – Extremely well</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well the termination was managed</td>
<td>50.0% (21)</td>
<td>2.4% (1)</td>
</tr>
</tbody>
</table>

Table 42: Professional respondents’ comparison of Circle Program carers and generalist foster carers

<table>
<thead>
<tr>
<th>Foster carer aspects</th>
<th>Rating: Less likely – More likely</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are better able to manage their stress</td>
<td>4.4% (2)</td>
<td>2.2% (1)</td>
</tr>
<tr>
<td>They are more likely to feel supported</td>
<td>2.2% (1)</td>
<td>6.7% (3)</td>
</tr>
<tr>
<td>They are more likely to feel they have participated in decisions</td>
<td>2.2% (1)</td>
<td>6.7% (3)</td>
</tr>
<tr>
<td>They are more likely to continue as foster carers</td>
<td>4.5% (2)</td>
<td>2.3% (1)</td>
</tr>
<tr>
<td>They are more likely to convert to Permanent carers</td>
<td>9.3% (4)</td>
<td>7.0% (3)</td>
</tr>
</tbody>
</table>
Professional respondents’ views of outcomes for the child or young person’s family

Respondents were asked to rate the experience for families of foster children in The Circle Program compared to families in generalist foster care.

Table 43: Professionals’ rating of Children and young people’s participation in decision-making (n=42)

| To what extent have the families of children and young people felt more respected and experienced greater participation in decision-making when compared to generalist foster care? | Rating: Not at all – Very much so |
|---|---|---|---|---|
| 2 | 4 | 8 | 9 | 19 |

Families of the children and young people in The Circle Program were considered by the professional respondents to be more engaged and included than in generalist foster care. The care team approach, which includes families, provides them with a voice and the opportunity to be part of the decision-making team.

Respondents were asked to identify the variables that most affected outcomes for the family. The most frequently cited variables from the 41 responses were the provision of support provided to families, good communication and their attendance at care team meetings. It was seen as incumbent upon both caseworkers and therapeutic specialists to ‘persist’ despite ‘limited responses’ to keeping families within the care team. Supporting parents, keeping them ‘informed, involved and included’ were core to improving outcomes. Some workers commented that this process of support also needed to be delivered with a non-judgemental frame. However, another wanted the family to ‘accept the harm they have done’. Developing parental insight into their own behaviour and the impact on the children of what they had experienced were also considered key variables by two respondents. These responses were consistent with key variables cited above.

In addition, there were a number of responses that could be categorised as ‘parent capacities’, which included references to understanding the family of origin’s own experiences of welfare services, the level of insight they had or didn’t have into their own behaviour, their intellectual capacity to participate in therapy themselves and any other challenges, such as substance abuse, which might impact upon their capacities to participate. The ‘parents do best when provided with similar therapeutic approaches’ and ‘acknowledge their own childhood trauma and its effects on their brains and relationships’.

Case example 6 ‘Sharni’

Sharni came into The Circle Program at eight weeks of age. Her mother was a sole parent with a diagnosed mental health history. Post-birth, Sharni’s mother had experienced a recurrence of a number of mental health concerns and she had sought for Sharni to be removed from her care.

Sharni engaged well with her Circle carers and their family and showed early signs of positive attachment and growth. She did, however, demonstrate early signs of ‘shutting down’ or dissociating at times of stress. The care team were able to identify this quickly and assist the carers in implementing responses to Sharni at these times, which assisted her to feel safe and re-engage with those caring for her.

The Circle care team was able to engage with Sharni’s mother, and when access was re-established, this allowed for careful monitoring of Sharni’s responses to occur. A relationship was built between the care-giver and the mother to allow them to share important information about Sharni’s progress and needs. They attended medical appointments together supported by the Circle worker and were able to maintain a shared focus on Sharni’s needs.

Sharni was transitioned home to her mother over a number of weeks after approximately six months in The Circle Program. This process was a comfortable and relaxed one involving all members of the care team and ongoing monitoring and discussions with all.

Sharni remains at home with her mother seven months later and is reported to be progressing well.

In summary, in this situation, The Circle Program was able to:

- Identify a trauma-based response – dissociating – and assist the care-giver in responding therapeutically to this to ensure it didn’t become a learned, ongoing pattern for Sharni.
- Play an active role in the development of a transition plan alongside DHS – ensuring that it met Sharni’s needs and was manageable for her.
- Provide education to the mother around parenting and also support her emotionally (one-to-one work with therapeutic specialist) throughout the transition period.
- Stay involved for six weeks post-placement to ensure that the mother was coping and has access to any required supports.
• Prepare the carer and support her in her ongoing relationship with Sharni’s mother throughout the transition period.

• Ensure both mother and carer were implementing similar therapeutic responses to Sharni’s needs, which resulted in less confusion for Sharni moving between the two environments during the transition period.

The key ingredients identified in enabling The Circle Program to effectively intervene were the availability of the therapeutic specialist and foster care worker, the access to specialist knowledge via the therapeutic specialist, and a well-functioning, committed care team that engaged in regular reflective discussions.

Professional respondents’ views of challenges in delivering The Circle Program

The professionals were asked to identify what, if anything, had proved challenging in delivering The Circle Program.

For workers, the greatest challenges were meeting the multiple demands on their time and managing the cross-sectoral partnerships. The additional responses identified challenges in bringing child protection practitioners into the team, but identified the usefulness of having the allocated child protection practitioner attend. Given the focus upon the cross-sector partnerships as a core challenge, it may be that all stakeholders need greater understanding of each other’s role and caseloads. The naming of time management identifies the challenges in meeting conflicting demands. Recruitment of carers (and in some instances therapeutic specialists) was identified as a key challenge. Including the child or young person’s family was also identified as a challenge to achieve and required ongoing support and encouragement.

<table>
<thead>
<tr>
<th>Potential challenges</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-sector partnerships</td>
<td>18</td>
</tr>
<tr>
<td>Recruiting and retaining carers</td>
<td>17</td>
</tr>
<tr>
<td>Including family of origin</td>
<td>15</td>
</tr>
<tr>
<td>Time management</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
<tr>
<td>Working in a care team</td>
<td>7</td>
</tr>
<tr>
<td>No real challenges</td>
<td>5</td>
</tr>
<tr>
<td>Therapeutic skills</td>
<td>5</td>
</tr>
<tr>
<td>Conflict resolution skills</td>
<td>5</td>
</tr>
<tr>
<td>Liaison skills</td>
<td>4</td>
</tr>
<tr>
<td>Long-term commitment</td>
<td>3</td>
</tr>
</tbody>
</table>

Professional respondents’ view of the strengths of The Circle Program

The professional respondents were asked to indicate whether and how working in The Circle Program had improved their practice in working with traumatised children, young people and their families.

Respondents clearly identified high levels of professional satisfaction and increases in their levels of competency in working with traumatised children, young people and their families. The program model with its strong theoretical underpinnings, care team approach and opportunities for professional development and reflection are all key elements in contributing to these high levels of professional satisfaction.

The professional respondents were also asked to identify, if any, the greatest strengths of The Circle Program.

Table 45: Worker practice in the Circle Program reported by professional respondents

<table>
<thead>
<tr>
<th>Rating:</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all – Very much</td>
<td></td>
</tr>
<tr>
<td>To what extent has involvement in The Circle Program improved your level of competency in working with traumatised children and young people and their families?</td>
<td>4.8% (2) 2.4% (1) 11.9% (5) 21.4% (9) 59.5% (25)</td>
</tr>
<tr>
<td>To what extent have you as a professional experienced satisfaction with delivery of The Circle Program</td>
<td>4.8% (2) 2.4% (1) 7.1% (3) 28.6% (12) 57.1% (24)</td>
</tr>
</tbody>
</table>
Report

Table 46: Strengths of The Circle Program identified by professional respondents

<table>
<thead>
<tr>
<th>Potential strengths</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved outcomes for children and young people</td>
<td>41</td>
</tr>
<tr>
<td>Improved outcomes for carers</td>
<td>38</td>
</tr>
<tr>
<td>Improved professional satisfaction for workers</td>
<td>35</td>
</tr>
<tr>
<td>Improved outcomes for families</td>
<td>27</td>
</tr>
<tr>
<td>Higher rates of successful family reunification</td>
<td>13</td>
</tr>
<tr>
<td>No change</td>
<td>2</td>
</tr>
</tbody>
</table>

Respondents very clearly identified that The Circle Program’s strengths were the achievement of better outcomes for children and young people, their families and carers, as well as promoting increased worker satisfaction. Open-ended responses included a comment about the need to work harder to produce better reunification rates and that parents need additional support to achieve this.

Responses identifying variables that affected the outcomes for the organisations represented were categorised into the following themes:

- the organisation’s commitment;
- carer-related issues; and
- the organisation’s relationship with DHS.

Respondents cited the importance of their own organisation being committed to the delivery of The Circle Program, including what could be referred to as maintaining ‘program integrity’. As one respondent (a therapeutic specialist) commented, ‘prioritisation of the program with designated workers who work solely within the program - sticking to the Circle guidelines’. This theme was also acknowledged by other respondents identifying the importance of their organisation’s understanding of ‘therapeutic work’, citing the need for organisations to be ‘congruent’, adopt practices throughout the organisation that were consistent with the therapeutic approach delivered by the Program. One respondent (foster care worker) summarised the idea more precisely: the ‘agency environment that is supportive of the therapeutic and healing goals of The Circle Program and where these ideas are embedded in the culture of the whole team not just The Circle Program’.

The responses categorised as ‘carer issues’ identified the challenges in recruiting carers into the program given the demands on ‘Circle carers’, and the challenge in maintaining the high levels of support and ongoing training needed to maintain the integrity of the program and ensure the ‘retention of quality carers’.

The relationship that organisations had with DHS was also commented upon in several responses. Reference was made by respondents to ‘changing workers at DHS’ and how important information about a child or young person can be lost through multiple handovers in a case. In respect of the organisation’s relationship to DHS, the comments were broad based and reflected system issues rather than the relationship: ‘Often our recommendations are challenged by the court system … Department of Human Services workers are often feeling immense pressure by the court system which then undermines their ability to advocate for the child’.

Professional respondents’ views on the benefits and consequences for children and young people

Professional respondents were asked if there had been any benefits or unintended consequences for children and young people placed with The Circle Program. The overwhelming response was that there were ‘no’ unintended consequences, with nearly a third of respondents stating that they could not cite any unintended consequences. One respondent commented on what must have been an unexpected rather than unintended consequence on the developmental improvements made by an infant considered ‘failure to thrive’.

A number of themes emerged in responses to this question. Placement stability and the view that the program had contributed to ‘improved reunification outcomes’ were noted by more than one respondent.

General feedback from Circle carers indicates that carers have a far greater sense of satisfaction with their role. They believe and are acknowledged for the positive impact they are having in the lives of children and families. There is a greater sense of achievement and collaboration. (Agency Team Leader/Manager)

Most respondents considered that carers identified that they were well supported and had achieved more respect and position in The Circle Program than would be afforded them in other contexts (such as generalist foster care). The training in trauma-informed practice was considered supportive in its capacity to assist carers to understand children’s behavior: ‘I feel the carers are better supported to understand trauma-based behaviours and support children in addressing the trauma they have experienced; They feel much better appreciated which aids their ability to “keep going” when times get tough’.
Other comments focused on the increase in status for carers in The Circle Program: ‘they have gained respect and status and are more likely to be consulted on the needs of the child’, ‘self-awareness, professionalism of the role, acknowledgement of the vital influence they have’, ‘feel part of the care team, feel that they have a voice, are listened to and part of the planning for children’.

The provision of support was considered a primary factor, with respondents overwhelmingly identifying that this was a key factor in improving retention rates and that carers had reported that support had been appreciably higher than they had previously experienced in generalist foster care. Also noted was the opportunity for reflection of developments within the care team. Higher reimbursement was also considered a factor by two respondents.

Two respondents were unsure that The Circle Program had in effect improved retention rates, with one commenting that ‘some carers have felt affected, or even disregarded, by some critical members of the care team offering less support and input than the guidelines prescribe’ (Agency Team Leader/Manager).

The challenges for carers identified by respondents were:

- time demands on carers/intrusive nature of being a Circle carer;
- uncertainty about children’s futures – court orders that contradict care team assessments/lack of stability planning;
- employing a ‘new template’ in respect of caring for children that is trauma-informed;
- managing the challenging behaviours of children;
- lack of timely decision-making; and
- obtaining respite for carers.

Respondents were aware that there were enormous demands placed upon the carers, and although The Circle Program model was designed to provide maximum support and input to the carer, the impact on the carer household could not be underestimated.

Respondents considered that there were actions that could be taken to address some of the challenges outlined above. However, the recommendations cited do not correlate directly to the challenges cited. For example, there are no references to how to support carers more given the time demands on them, nor reference to offering more respite to carers.

A key recommendation was the allocation of a dedicated DHS Circle worker or dedicated DHS Circle team whose task it would be to promote the approach that underpins Circle and to influence decision-making. Better assessment of carers would mean that only those carers able to meet the demands of the Program would be recruited and that they should be provided with ongoing training and support. Another key element would be establishing greater clarity around roles and responsibilities for all members of the care team. This latter point was also made when respondents identified cross-sectoral relationships as a challenge for them as workers.

The areas identified by the respondents in respect of organisational challenges related to the challenges identified in respect of carers. Time management was a key one, as was the request that the Program be an organisational priority. Realistic workloads (therapeutic specialists have a workload of 12 cases), the active engagement of families and working in partnership with other agencies were offered as suggestions.

A final question asked respondents if there was anything else they would like to report in respect of The Circle Program. Twenty three responses were made. Some of the responses are outlined below and are commendations about the value of The Circle Program in meeting its stated purpose of better outcomes for children and their families.

---

**All infants in care should be placed in a Circle placement as a matter of priority.**

**Absolutely brilliant program – congratulations to therapeutic specialist’. (Agency Team Leader/Manager)**

**Circle Program is an excellent program which should be extended to all foster care.**

**The Circle approach is amazing on so many levels with regard to increased family involvement, carer participation and better outcomes for clients over all. All children in out of home care ought to be able to benefit from the Circle way. (Therapeutic specialist)**

**We need this rolled out across the state in every foster care program!!**

**The Circle Program has made a huge difference for children in care and their carers. As a worker I feel much more supported with having a therapeutic specialist’. (Foster care worker)**
Summary

The professional survey respondents identified a strong commitment to The Circle Program, citing its commitment to training, the development of a therapeutically informed carer role with strong theoretical underpinnings and the care team model as core ingredients that make it effective. The coordinated and integrated approach that operates from a strong evidence-based practice approach and that delivers the intended outcomes was recognised and celebrated. There are identified challenges in ensuring the recruitment of appropriate carers, as well as ensuring that care team members attended meetings regularly, but respondents identified that the program was effective and of value to all children in foster care. They expressed a need for more cross-sectoral understanding about the demands placed upon the statutory workforce as well as how the court system operates.

Key themes from the professional respondents’ survey are:

1. Client outcomes

The capacity, strengths and qualities of the carer, a dynamic and committed care team, good communication between all stakeholders and timely decision-making are critical to good client outcomes, according to the professionals surveyed. The case example of ‘Ruby’ detailed in Case example 1 highlights very clearly the strength of outcomes that have been noted for children in The Circle Program. Ruby’s initial school-based diagnosis of ‘disability’ was fought by her committed care team. The care team comprising professionals who were all trauma-informed and understood the impact of trauma on the developing brain worked to promote Ruby’s development. She has made enormous gains academically over the two years in The Circle Program as well as having made gains in the relationship, health and development domains.

2. Outcomes for families

According to the professionals surveyed, concerted and persistent attempts to recruit the child or young person’s family into the care team, opportunities for parents to obtain therapeutic supports to address their own trauma and supporting parents and keeping them informed, involved and included are critical for good outcomes for families. Jean, a Circle carer, supported her foster son prior to his kinship care placement with his grandparents, driving him regularly to the grandparents’ home, spending time with him there and even staying overnight on several occasions to ensure that he was as familiar as he could be with his grandparents and their house prior to the move. He has now been with his grandparents for three years and is very stable, and Jean maintains contact with both him and his grandparents.

3. Organisational outcomes

Finally, according to the professionals surveyed, organisational commitment to delivery of an ‘authentic’ Circle Program, the ability to recruit carers and an organisation’s relationship to DHS are factors critical to the success of The Circle Program.

These three key themes highlight the impact of the components of The Circle Program and their integrated application. As anticipated in The Circle Program Guidelines (DHS 2009, p. 1), this is in contrast to the usual experience in generalist foster care.

3.5 Matched sample analysis of Circle and generalist placement files

In this section, quantitative case data from an analysis of matched Circle Program and generalist foster care placements is presented. Data for this component of the evaluation was supplied by the Victorian Department of Human Services (DHS), from their Client Relationship Information System (CRIS), in January 2012. The de-identified data for children and young people in both generalist and Circle foster care placements was matched by DHS for time of entry to care, age, gender, LGA, Aboriginal and Torres Strait Islander background and name of foster care agency managing the placement. Comparison between these two groups provides evidence of any difference between them.

Data-set

The matched data-set provided for this analysis included 200 children allocated to The Circle Program and 202 children whose foster care arrangements were delivered following standard protocol (referred to here as the MS Group). On checking of the data, it was found that a number of these cases were duplicates; for example, their records were entered twice in the Circle file or they occurred as cases in both the Circle and MS files. To ensure that the Circle and MS cases were mutually exclusive groups, these individuals were omitted from the working file, leaving 182 Circle cases and 186 MS cases, giving a total of 368 cases in the data-set to be analysed. Children in the ‘matched’ cohort were purposively selected and matched for age, gender and local government area.

Placement outcomes

The majority of children (68.8 per cent of the MS Group and 72 per cent of The Circle Program Group) were recorded as having a planned exit from their first placement. These proportions were not statistically significantly different (p=0.291, see Table 46). However, the
proportions of each group recorded as having unplanned exits were significantly different, with those in the MS Group recording higher number of unplanned exits of any category: 26 (14 per cent) compared with 11 (6 per cent) in the Circle Group (p=0.009). The analyses also indicated that those in the MS Group were more likely to have unplanned exits as a result of care-giver withdrawal compared with the Circle Group: 9.1 per cent compared with 4.4 per cent.

**Placements for Aboriginal children**
The number of Aboriginal children in both the Circle and MS groups is set out below.

**Final placement type for Aboriginal children**
The final placement type for Aboriginal children in the MS and Circle Program groups is shown in Table 49.

**Ages at first placement**
Boys and girls were almost equally represented in the Circle Program. Ages at first placement were estimated by subtracting the year of birth from the year of first placement. Overall, the mean age of first placement was estimated to be 3.8 years, median age was two years and the age range was 15 years.

**Table 47: First placement outcomes for MS and Circle groups**

<table>
<thead>
<tr>
<th>Placement outcome</th>
<th>MS Group</th>
<th>Circle Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Planned exit</td>
<td>128</td>
<td>68.8</td>
<td>131</td>
</tr>
<tr>
<td>Reunited with parents</td>
<td>10</td>
<td>5.4</td>
<td>16</td>
</tr>
<tr>
<td>Unplanned exit – care-giver withdrawal</td>
<td>17</td>
<td>9.1</td>
<td>8</td>
</tr>
<tr>
<td>Unplanned exit – agency withdrawal</td>
<td>5</td>
<td>2.7</td>
<td>3</td>
</tr>
<tr>
<td>Unplanned exit – client withdrawal</td>
<td>4</td>
<td>2.2</td>
<td>0</td>
</tr>
<tr>
<td>Administration end date</td>
<td>7</td>
<td>3.8</td>
<td>15</td>
</tr>
<tr>
<td>No information</td>
<td>15</td>
<td>8.1</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>186</td>
<td>100</td>
<td>182</td>
</tr>
</tbody>
</table>

**Comparison of percentages with specific outcomes**

<table>
<thead>
<tr>
<th>Placement outcome</th>
<th>No</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned exit</td>
<td>58</td>
<td>31.2</td>
<td>51</td>
<td>28.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>128</td>
<td>68.8</td>
<td>131</td>
<td>72.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any unplanned exit</td>
<td>160</td>
<td>86.0</td>
<td>171</td>
<td>94.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>14.0</td>
<td>11</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unplanned exit – care-giver withdrawal</td>
<td>169</td>
<td>90.9</td>
<td>174</td>
<td>95.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>9.1</td>
<td>8</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunited with parents/kinship care</td>
<td>176</td>
<td>94.6</td>
<td>166</td>
<td>91.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>5.4</td>
<td>16</td>
<td>8.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 48: Placements for Aboriginal children in Circle and MS groups**

<table>
<thead>
<tr>
<th>Number of Aboriginal and/or Torres Strait Islander children</th>
<th>MS Group</th>
<th>Circle Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>21</td>
<td>11.3</td>
<td>30</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>9</td>
<td>4.8</td>
<td>4</td>
</tr>
<tr>
<td>Torres Strait Islander</td>
<td>1</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>Total in these three groups</td>
<td>31</td>
<td>16.7</td>
<td>34</td>
</tr>
<tr>
<td>Neither Aboriginal nor Torres Strait Islander</td>
<td>155</td>
<td>83.3</td>
<td>149</td>
</tr>
</tbody>
</table>

---

A La Trobe University Department of Social Work and Social Policy for the Centre for Excellence in Child and Family Welfare
Table 49: Final placement type for Aboriginal children in Circle and MS groups

<table>
<thead>
<tr>
<th>Final placement type</th>
<th>MS Group</th>
<th>Circle Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Adolescent Community Placement – General</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Adolescent Community Placement – Intensive</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>Home-based care (of any type)</td>
<td>22</td>
<td>71.0</td>
<td>25</td>
</tr>
<tr>
<td>Kinship care</td>
<td>3</td>
<td>9.7</td>
<td>3</td>
</tr>
<tr>
<td>Permanent care</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Residential care</td>
<td>6</td>
<td>19.4</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>

Table 50: Age at first placement by sex for Circle Group

<table>
<thead>
<tr>
<th>Estimated age at first placement</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>.00</td>
<td>21</td>
<td>23.3</td>
<td>19</td>
</tr>
<tr>
<td>1.00</td>
<td>20</td>
<td>22.2</td>
<td>14</td>
</tr>
<tr>
<td>2.00</td>
<td>10</td>
<td>11.1</td>
<td>10</td>
</tr>
<tr>
<td>3.00</td>
<td>6</td>
<td>6.7</td>
<td>3</td>
</tr>
<tr>
<td>4.00</td>
<td>5</td>
<td>5.6</td>
<td>6</td>
</tr>
<tr>
<td>5.00</td>
<td>9</td>
<td>10.0</td>
<td>5</td>
</tr>
<tr>
<td>6.00</td>
<td>7</td>
<td>7.8</td>
<td>8</td>
</tr>
<tr>
<td>7.00</td>
<td>3</td>
<td>3.3</td>
<td>2</td>
</tr>
<tr>
<td>Sub total 0–7 years:</td>
<td>81</td>
<td></td>
<td>77</td>
</tr>
<tr>
<td>8.00</td>
<td>1</td>
<td>1.1</td>
<td>4</td>
</tr>
<tr>
<td>9.00</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>10.00</td>
<td>4</td>
<td>4.4</td>
<td>5</td>
</tr>
<tr>
<td>Sub total 8–10 years:</td>
<td>5</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>11.00</td>
<td>1</td>
<td>1.1</td>
<td>3</td>
</tr>
<tr>
<td>12.00</td>
<td>2</td>
<td>2.2</td>
<td>1</td>
</tr>
<tr>
<td>Sub total 11–12 years:</td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>13.00</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
</tr>
<tr>
<td>14.00</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>15.00</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Sub total 13–15 years:</td>
<td>1</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Total all ages:</td>
<td>90 (49.5%)</td>
<td>100.0</td>
<td>92 (50.5%)</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>3.1</td>
<td>3.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Median age</td>
<td>2.0</td>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>Age range</td>
<td>13 years</td>
<td></td>
<td>15 years</td>
</tr>
</tbody>
</table>
Numbers of concerns about children
Analysis of the numbers and types of areas of concern reported for children in MS and Circle groups was undertaken. There is no significant difference in the mean number of areas of concern reported for the children in these two groups. The Circle Group includes a non-significant higher number of children with more than 10 areas of concern.

Areas of concern about children
The number of children in each group for whom particular categories of areas of concern were reported is set out in Table 51. There is a slightly higher incidence of ‘absence of or abandonment by carer’ in the Circle group. There were no other significant differences between these two groups in the types of concerns reported.

Table 51: Number of areas of concern listed for children in Circle and MS groups

<table>
<thead>
<tr>
<th>Count of areas of concern</th>
<th>MS Group</th>
<th>Circle Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>None</td>
<td>109</td>
<td>58.6</td>
<td>101</td>
</tr>
<tr>
<td>One</td>
<td>14</td>
<td>7.5</td>
<td>10</td>
</tr>
<tr>
<td>2–5</td>
<td>16</td>
<td>8.6</td>
<td>19</td>
</tr>
<tr>
<td>6–10</td>
<td>19</td>
<td>10.2</td>
<td>20</td>
</tr>
<tr>
<td>11 or more</td>
<td>28</td>
<td>15.1</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>182</td>
<td>368</td>
</tr>
<tr>
<td>Mean number (SD)</td>
<td>4.81 (9.3)</td>
<td>5.42 (10.2)</td>
<td>p=0.545</td>
</tr>
</tbody>
</table>

Note: There is no significant difference in the distribution of numbers of areas of concern between the two groups.

Table 52: Areas of concern listed for children in Circle and MS groups*

<table>
<thead>
<tr>
<th>Areas of concern</th>
<th>MS Group</th>
<th>Circle Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Absence of carer/abandonment</td>
<td>No</td>
<td>182</td>
<td>97.8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Emotional/intellectual development</td>
<td>No</td>
<td>138</td>
<td>74.2</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>48</td>
<td>25.8</td>
</tr>
<tr>
<td>Parent or carer capability</td>
<td>No</td>
<td>167</td>
<td>89.8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>19</td>
<td>10.2</td>
</tr>
<tr>
<td>Physical development or health</td>
<td>No</td>
<td>179</td>
<td>96.2</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>7</td>
<td>3.8</td>
</tr>
<tr>
<td>Physical injury</td>
<td>No</td>
<td>185</td>
<td>99.5</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No</td>
<td>183</td>
<td>98.4</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>None of the above</td>
<td>109</td>
<td>58.6</td>
<td>101</td>
</tr>
</tbody>
</table>

Note: There is a slightly higher incidence of carer absence/abandonment in the Circle group, other than this, there is no significant difference in the types of concerns reported for each group.

* Since one child can have more than one area of concern, the sum of these areas will be higher than the number of individuals.
** Cell numbers are too small to calculate probability values.
Duration of placement
Length of placement for children in both the MS Group and Circle Program foster care was compared. Overall children had been in foster care in their first placement for an average of 120.7 days with a range of 0 to 3890 days recorded (10.6 years). Children in Circle care had a higher median duration of placement than those in the MS Group (21 days compared to eight days). This was not found to be statistically significant. (p=.240)

Summary
The Circle program provides for better outcomes for children through significantly fewer unplanned instances of termination of placement. Further, more children placed in The Circle Program go on to kinship placements. There was no significant difference between the Circle Group and the MS Group in relation to number of abuse types, suggesting that the degree of risk is much the same in each group.

3.6 Comparative costs and benefits of therapeutic foster care

Performance against established targets
Regional updates presented by the Victorian Department of Human Services (DHS) regional offices and agencies to the Program Development Advisory Group (PDAG) over time indicate that performance against established targets, at 12 places per region, was initially variable. The capacity to recruit carers was cited as the greatest constraint. From February 2010 onwards, the majority of regions reported that they were operating at, or close to, maximum capacity. Two regions reported consistent ‘over performance’ against targets. Some regions agreed to fund additional Circle Program placements locally.

Framework for comparison
The approach taken in this report has been to develop a framework for considering the range of program impacts and costs for TFC programs and to discuss the comparison with generalist foster care where data is available.

The first part of the framework focuses on the range of client, carer and family outcomes achieved in The Circle Program objectives and some of the additional broader service system benefits or potential benefits identified. This will address the following factors:
- stability of care;
- improved short- and long-term client outcomes;
- increased rate of return home and retention when returned;
- retention of foster carers; and
- broader service system benefits.

The second part of the framework will focus on Circle Program cost factors.

The Circle Program benefits
Benefits addressed in the framework include the client and foster carer outcomes identified in the Project Brief, reflecting The Circle Program objectives concerning client, carer and family outcomes.

Circle Program and generalist foster care costs
The second part of the framework focuses initially on four clusters of unit cost factors, namely:
- fixed cost components;
- care-giver reimbursement costs;
- brokerage or flexible component for additional placement support;
- flexible component care-giver training and support.

To provide an example of costs, Table 55 provides a direct comparison for a child aged 0–7 years, assuming carer reimbursements for both placements are funded at Intensive (Level 2) Level. This is the funding level for all Circle Program placements. Combined Intensive (Levels 1 & 2) placements make up 30 per cent of generalist foster care placements. From data presented previously (Table 55), we know that children aged 0–7 years represented the majority (87 per cent) of the 182 Circle Program clients examined in the comparative data analysis.

There is a differential of $17,880 between Circle care and generalist care for a child under eight years with care-giver reimbursement at an Intensive (Level 2) level of complexity/risk. A comparative cost analysis against a foster care placement with a care-giver reimbursement for a ‘General’ level placement would demonstrate a greater differential of approximately $28,000, and against a Complex level placement, the differential would range from negligible to a lower cost for the Circle placement, depending on the level of complexity/risk.

It is also noted that the use made in generalist foster care of new placement loadings, brokerage and additional agency resources, including senior clinicians, cannot be determined in this study. Despite these limitations, the evaluators consider that the cost benefit of The Circle Program shows up strongly in comparison with generalist foster care when outcomes for children and the care system are taken into account. Uncosted benefits include...
Table 53: Comparison of length of first placement for children in Circle and MS groups (days)

<table>
<thead>
<tr>
<th>Measures for length of first placement</th>
<th>MS Group (n=178)</th>
<th>Circle Group (n=175)</th>
<th>Total (n=353)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>140.0</td>
<td>101.0</td>
<td>120.7</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>8.0</td>
<td>21.0</td>
<td>16.0</td>
<td>0.240</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>392.9</td>
<td>194.2</td>
<td>310.9</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>0–3898</td>
<td>0–1021</td>
<td>0–3890</td>
<td></td>
</tr>
</tbody>
</table>

Number with first placement:

<table>
<thead>
<tr>
<th></th>
<th>MS Group (n=178)</th>
<th>Circle Group (n=175)</th>
<th>Total (n=353)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;180 days</td>
<td>147 (82.6%)</td>
<td>149 (85.1%)</td>
<td>296 (83.9%)</td>
<td>0.514</td>
</tr>
<tr>
<td>≥180</td>
<td>31 (17.4%)</td>
<td>26 (14.9%)</td>
<td>57 (16.1%)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Information is not available for 15 children.

Table 54: Framework for Circle Program (TFC) outcomes

1. Achievement of greater stability of care
   The data indicates that there are significantly fewer unplanned exits from TFC compared with a matched sample of children and young people from generalist foster care.

2. Improved short- and long-term client outcomes (including clients' emotional, social, health and wellbeing)
   Carers and professionals report improvement in these areas. A more detailed outcome evaluation for children is required.

3. Improved family relationships
   It would appear that parents are more engaged with the process in The Circle Program. Parents did not participate in the evaluation.

4. Increased rate of return home (where appropriate) and increased retention when returned
   There are more children returning home to their families or kinship care from The Circle Program, but it is not a significant difference at this stage.

5. Retention of foster carers
   There are significantly fewer placement breakdowns related to carer withdrawal in The Circle Program than in generalist foster care. Focus group data highlights the higher degree of satisfaction of Circle carers and their plans to continue as carers. The level of support in The Circle Program is identified as a key factor.

6. Broader service system benefits
   The planned use of care teams working within the theoretical framework and the availability of the therapeutic specialist to discuss and guide intervention are benefits to the system. Another benefit is the training of the carers and other professionals in TFC.

Table 55: Comparative costs for a child aged 0–7 years in a Circle Program and generalist foster care placement

<table>
<thead>
<tr>
<th>Costs at 2011–2012 rates</th>
<th>HBC (Circle) (0–7 years)</th>
<th>HBC Intensive (Level 2) (0–7 years)</th>
<th>Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSO unit price</td>
<td>$20,637</td>
<td>$20,637</td>
<td>$0</td>
</tr>
<tr>
<td>Therapeutic clinician</td>
<td>$10,496</td>
<td>$10,496</td>
<td></td>
</tr>
<tr>
<td>Care-giver reimbursement (1)</td>
<td>$11,355</td>
<td>$11,355</td>
<td></td>
</tr>
<tr>
<td>Loading – carer attending team meetings (1)</td>
<td>$2867</td>
<td>$2867</td>
<td>$2867</td>
</tr>
<tr>
<td>Flexible component – placement support (2&amp;3)</td>
<td>$1694</td>
<td>$1694</td>
<td></td>
</tr>
<tr>
<td>Flexible component – training and support</td>
<td>$2823</td>
<td>$2823</td>
<td></td>
</tr>
<tr>
<td>Educational and medical allowance</td>
<td>$960</td>
<td>$960</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$50,831</td>
<td>$32,952</td>
<td>$17,879</td>
</tr>
</tbody>
</table>

Note 1: Circle carer loading supports carer to attend care team meetings.
Note 2: Support to maintain placement and attend additional treatment needs, as agreed by the care team.
Note 3: All children in out-of-home care placements may access a range of flexible or other financial supports as per the case planning process. Generalist carers may be eligible for a new placement loading to an annual maximum of $708. These costs have not been included in this comparison.
the development of the training model that is already in use in generalist foster care and the development of knowledge of effective approaches to working therapeutically with vulnerable children throughout the service system.

3.7 Key informant interviews

These interviews served primarily to clarify information in relation to program implementation and to provide key contextual and background briefing. Information emerged that there may be some difference in emphasis in the implementation of the functions of the therapeutic specialist role, as outlined in The Circle Program Guidelines. All therapeutic specialists maintain a role that is primarily one of consulting to and guiding the carer and the care team process, while some also engage in direct clinical work with the children.

Caseload discrepancy

There is an issue of a discrepancy in caseloads among care team members. Foster care workers had a ‘cap’ of eight cases, but therapeutic specialist had a ‘cap’ of 12 cases, with the child protection practitioners managing a caseload reported to be higher than this. The therapeutic specialist caseload was identified as a source of stress, given that therapeutic specialists were required to attend to a wide range of complex tasks within each case in a timely manner.

The size of the caseload of the therapeutic specialist was seen by key informants as a potential barrier to responding fully to provide therapeutic services to meet the needs of the children. A further examination of this issue is warranted.
Chapter 4: Evaluation findings

This chapter provides an overview of the findings of the evaluation, including a proposal for further development of The Circle Program conceptual framework to link with and support consistent assessment processes and outcome measures across the program. The seven research questions identified in the Project Brief are addressed, as summarised in the following table. The findings highlight the strengths of The Circle Program and identify issues and constraints. The results of the evaluation demonstrate that The Circle Program is working effectively, supporting carers and leading to positive outcomes for children and young people and their families. It should be noted that, under the parameters of the Project Brief, direct feedback from children and families was not permitted.

Table 57: Focus of The Circle Program evaluation

<table>
<thead>
<tr>
<th>Research questions</th>
<th>Location of findings (Chapter/section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Theoretical underpinnings: An examination of the evidence base as found in the international literature for the effectiveness of therapeutic foster care (TFC)</td>
<td>• Appendix 1: Literature review</td>
</tr>
<tr>
<td>2. Program content/processes: An examination of the effectiveness of existing operational guidelines and protocols</td>
<td>• 4.2 Circle Program targets and targeting outcomes</td>
</tr>
<tr>
<td>3. Client outcomes: A review of the extent to which identified client outcomes for children, young people and their families have been achieved</td>
<td>• 4.5 Processes and outcomes for children and young people [Recommendation 8]</td>
</tr>
<tr>
<td>4. Foster carer outcomes: The extent to which identified outcomes for carers have been achieved</td>
<td>• 4.6 Processes and outcomes for carers [Recommendation 9]</td>
</tr>
<tr>
<td>5. Family outcomes: The extent to which the families of children and young people in The Circle Program are perceived to be feeling more respected and experiencing greater participation in decision-making</td>
<td>• 4.7 Processes and outcomes for families [Recommendation 10]</td>
</tr>
<tr>
<td>6. Cost comparison: A comparison of Circle Program and generalist foster care benefits and costs</td>
<td>• 4.8 The Circle Program compared with generalist foster care programs</td>
</tr>
<tr>
<td>7. Program improvements: Recommendations for improvements to therapeutic and generalist foster care programs</td>
<td>• Chapter 5: Recommendations</td>
</tr>
</tbody>
</table>

Overall, The Circle Program implementation appears to have been consistent with the program design and has remained largely true to program guidelines. This was evident from analysis of training, review of documentation and data from survey, focus groups and discussion with key informants.

Challenges within The Circle Program implementation that were identified during the evaluation relate to carer recruitment, cultural issues (training and planning), inconsistencies in care team member roles and professional caseloads, inconsistencies in assessment, monitoring and review processes and in some Victorian Department of Human Services (DHS) and program data. The findings from each stage of the evaluation identify that, despite these constraints, The Circle Program is...
strongly focused on the needs of the child or young person, which drives the intervention and assists in achieving the program aim to improve outcomes for children and young people who have experienced abuse and neglect. In particular, professional survey respondents cited the importance of their own organisation being committed to the delivery of The Circle Program and in doing so maintaining ‘program integrity’.

4.1 Development of The Circle Program conceptual framework

This section presents a review of the conceptual framework and suggestions for its development. In developing the framework, the research team has a particular focus on how the framework can support measurement of outcomes for children and young people in the program.

The strong theoretical foundation of Circle Program implementation is a major strength of the program and one that distinguishes it from most generalist foster care placements. This feature was identified by carers and professional staff in the surveys and focus groups. It was also evident in the comparative analysis of training and program documentation. To stay relevant and valid, a conceptual framework needs to be responsive to development of knowledge, feedback from practice experience and changes in context and to be supported by an outcomes framework and evidence. Hence, any framework in this area needs to be seen as continually evolving.

The overall aim of The Circle Program is the ‘provision of stable, consistent and therapeutic care and secure attachment for the traumatised child or young person’. It may be a positive step to refer to this overall aim as the ‘primary task’. In considering the conceptual framework of The Circle Program, the research team found that there were five key domains of the program that were co-dependent on each other:

- enhanced training;
- intensive foster carer support;
- therapeutic service to family members;
- specialist therapeutic support; and
- network of child or young person support.

These domains combine to provide services around the child or young person in placement; as the child or young person benefits from these interactions, so the carer also engages and develops as an informed and confident care provider. In turn these domains are engaged in the primary task, which is congruent to all.

Figure 1 indicates that the domains do not stand alone, but that they are reliant on each other, and as such those involved in delivering on the domains need coordination. The circle that surrounds the domains is secured by the primary task. It is this congruent approach that is the essence of The Circle Program. The research project has identified, through the qualitative and quantitative evidence collated, that the best outcomes for children and young people placed has been achieved through the congruence of professionals and carers working together. There has, traditionally, been a difficulty in considering foster carers as professionals; in many ways, it has suited professionals to maintain a distance from carers and a need for them to be treated as providers rather than as partners in the care solutions.

Society has high expectations of foster carers, and we believe these expectations can only be fully met by a continued professionalisation of the role and recognition that these people are the experts in looking after vulnerable children and young people. Regular training in difficult areas, such as understanding through a developmental lens trauma, challenging behaviour, substance abuse or even the ever-changing language young people use to describe what is going on in their lives, is vital if the good work that foster carers do is to be given the status it deserves (Sheridan 2009).

Building on the research undertaken by the research team, and in particular reviewing the conceptual framework for The Circle Program presented in the Program Guidelines (DHS 2009), we are suggesting an enhanced model. This enhanced model brings together the five domains as a congruent service and allows for the development of an Outcomes Model to measure
outcomes, service delivery and service excellence. We have set out the domains below with a definition and a series of questions that have the potential to develop into a coherent evidenced-based assessment approach. It can be noted that this framework includes therapeutic work with the child or young person's family. While it is acknowledged that this work is not undertaken within The Circle Program currently, the evaluation provides evidence that, when a parent or parents can appropriately and effectively be part of the care team, this can support positive outcomes for the child or young person.

Domains
This section defines the five domains and poses questions that could be addressed to provide an outcomes framework for therapeutic foster care (TFC). It will be noted that these questions have been addressed in the evaluation. They are posed again within the framework to assist in understanding how the different components link to promote positive outcomes for the child.

Enhanced training
Definition: Therapeutic foster parents are provided with essential training in areas such as child development, attachment, trauma and managing challenging behaviour. The training assists carers in supporting the underlying needs of the children and young people in their care. With underpinning knowledge, carers can respond to the needs of their child rather than focusing on the presenting behaviour.

The DHS commissioned the Australian Childhood Foundation (ACF) and Berry Street Take Two as the therapeutic providers to The Circle Program. The two therapeutic specialist providers designed the training for foster carers and professionals and have been responsible for training since the commencement of the program.

Questions:
• What training is delivered?
• How is the training impact measured?
• Is the training certified?
• Is the training refreshed?
• Is the training linked to the placement and congruent to the task required of the carer?

Intensive foster carer support
Definition: Therapeutic foster carers are expected to participate in decisions affecting the lives of children and young people placed in their care.

Questions:
• What do The Circle Program carers need to meet the needs of the children and young people placed?
• What do The Circle Program carers need to meet their needs?
• What constitutes a Circle Program carer?
• How are the Circle carer’s performance, attitude and development measured?

Therapeutic service to family members
Definition: Wherever possible and appropriate, the child or young person’s family of origin, both immediate and extended, will be engaged in a process of planning for the achievement of enhanced and supportive family relationships between the child or young person, foster carers and family members. In some cases, this will require therapeutic provision to the family of origin members to assist, where appropriate, opportunities for rehabilitation, positive access, separation or long-term engagement in line with the care plan. This may be done outside The Circle Program where the focus is driven by the needs of the child or young person. However, it is an important piece of the complex jigsaw that needs to be addressed.

Questions:
• What is the role of the therapeutic specialist outside the needs of the placement?
• How are the parents and family of origin involved in decision-making?
• How are the parents and family of origin offered and delivered specific therapeutic intervention?
• What role does empowerment play in The Circle Program team?

Specialist therapeutic support
Definition: Effective multi-disciplinary work through the mechanism of the care team is ‘driven’ by the therapeutic specialist as educator and facilitator and initiator of ‘continuous conversations’ about the child. This work in turn ensures that the ‘care environment’ is the relationships, home, family, school and networks created by the primary carers with the support of other members of the care team (DHS 2009, p. 7).

Questions:
• What role does the therapeutic specialist have in directing and evaluating the impact of the intervention?
• How does the therapeutic specialist support the carer in the development of their understanding of the child?
• How does the therapeutic specialist contribute to the safety and continuity of the placement?

Culture and network of child or young person support

Definition: Support for the child or young person’s culture and the engagement of informal networks of support for the child or young person, foster carers and child or young person’s family greatly enhances achievement of positive outcomes for the child or young person.

Questions:

• How has The Circle Program designed informal networks for the children or young people inside the scope of the placement and the family of origin?
• What avenues are available for the children and young people to maintain contact with their culture and community?
• What avenues are available for the children and young people to maintain contact with their networks?
• How do members of The Circle Program promote opportunity for the child or young person placed?
• What measures are taken by members of The Circle Program to assist the child or young person to achieve positive outcomes?

The model highlights the domains of TFC and suggests questions to be posed in order to identify outcomes in each domain. Further development of the model will involve the identification of appropriate outcomes measures and linking with the assessment framework developed for The Circle Program (see Appendix 6).

A recommendation to develop an evidence-based outcome model for The Circle Program arises from this development of the conceptual framework and from the evaluation findings throughout and is presented in the following chapter (see Recommendation 1).

4.2 Circle Program targets and targeting outcomes

The initial Circle Program target of 12 children per region (later expanded to 13 children in the Southern Metropolitan Region) was monitored regularly by the Program Development Advisory Group (PDAG). Data from the community service organisations involved indicate that in most regions targets were met or exceeded by July 2011.

In those areas where targets were not met, the recruitment of suitable carers was identified as the main difficulty. It is evident that, when recruitment has not created difficulties, regions (two) have consistently exceeded targets, leading to an extension of placements through local arrangements to fund additional Circle Program places.

The second aspect of the target reflects the preventive focus of The Circle Program that prioritises children and young people who are entering care for the first time. It is noted, however, that implementation of this eligibility criterion for children and young people referred to and accepted into the Circle program has not remained strictly faithful to the Guidelines. The Program Guidelines state:

The clients of this program will include both new entrants to care and existing clients of the out of home care system, with at least 2/3 of the target group made up of new entrants to care … the intention of this program is to provide an early intervention option so children initially coming into care are prevented from having multiple and poor placement experiences. In the continuum of home-based care programs, this distinguishes The Circle Program from complex care and TrACK program. (DHS 2009)

While in some regions this requirement was reported to have been rigidly adhered to, in others an argument was made in relation to those children in greatest need being prioritised for Circle referral. Rather than a formal review of the referral requirements, an informal practice emerged where, in the absence of an evaluation of the pilot implementation of The Circle Program, it was decided locally to use the limited resource in a different way.

It appears that this has influenced the median age of children who are placed, which was found to be two years (mean 3.8 years, see Table 50). In addition, foster parents were reported as having a strong preference for babies and toddlers. Due to the program structure, older children who are more likely to have experienced multiple placements are frequently ineligible for The Circle Program. This is in direct contrast to similar programs in the USA and the UK, where therapeutic foster care (TFC) is aimed at the multi-placed and dissociated child or young person and very few children under five are placed within these resources (Thomas & Philpot 2009).

The eligibility criterion may be seen as a strength in that it provides for an intensive service to be offered to those who have just entered the care system, potentially
increasing the opportunity that those children may have to heal from the effects of trauma and return to their parents or extended family (Perry 2009; McClung 2007). There are many stories available in relation to infants who have experienced early trauma as a result of exposure to substance use in utero, exposure to significant family violence and extreme neglect of basic physical and emotional needs. The focus groups and surveys highlighted signs of success where children who were previously in grave danger of developing long-term trauma-related difficulties were seen to develop and thrive in The Circle Program.

At the same time, stories have been told by respondents and key informants about the value of The Circle Program for children and young people with more entrenched difficulties. In some of these cases, young people who were seen as potentially ‘unplaceable’ because of their extreme and high-risk behaviours were stabilised and nurtured in a Circle Program placement, with clear evidence of positive outcomes.

The findings of this evaluation suggest that The Circle Program has the potential to be an excellent early intervention program that can help prevent children and young people from becoming entrenched in the care system. The Circle Program as an early intervention program can also successfully attend to problems and difficulties before they become deep-seated and can achieve a higher return home rate where issues of concern have been resolved. Evidence from the focus groups suggests that The Circle Program has demonstrated that it can also achieve excellent results where children with a history of Out-of-Home Care (OoHC) experience complex and entrenched difficulties. This finding is consistent with international TFC outcome research (Fisher et al, 2009a; McClung, 2007; Ryan, 2007). As one focus group participant stated:

"Circle is a step up from generalist foster care … you would hope that there would be Circle availability for all children."

A recommendation to expand The Circle Program is based on these findings (see Recommendation 2).

4.3 Effectiveness of The Circle Program Guidelines and service model

The existing program guidelines, dated May 2009, were described by key informants as the foundation upon which the program was developed and implemented on a statewide basis, integral to the successful operation of the program. This view was consistently held across key stakeholder groups, with some notable exceptions where professionals and carers did not appear to be aware of the existence of the program Guidelines document. The key informant interview and focus group data reveals a number of core areas where the existing program Guidelines were not consistently adhered to:

- The Circle Program eligibility target requiring that two-thirds of children are in their first Out-of-Home Care (OoHC) placement, as discussed above.
- The second major area for consideration concerning the existing program Guidelines is in relation to assessment of children (DHS 2009, section 4.7, p. 14). Therapeutic specialists are charged with the responsibility to lead and coordinate the assessment process and that ‘assessment will be guided by the needs of the child or young person and previous assessments conducted to date’ (DHS 2009, p. 15). The assessment process is outlined in some detail in the Guidelines (see Appendix 2) and includes reference to a number of standardised tests to consider for implementation throughout the assessment process.

The evaluation found, first, that adherence to the requirement to review standardised assessments of children in a timely manner was limited. Specifically, of the 29 children whose assessment reports were analysed, re-testing using the same instruments was seldom reported. Secondly, while the Guidelines do allow for professional judgement to be exercised in relation to the selection of assessment instruments, there did not seem to be agreement across the program as to which instruments will be consistently used.

As a result of the limited review of standardised measures, there is limited quantitative data of ‘outcomes’ for the children and young people who have experienced a Circle placement. DHS Client Relationship Information Data (CRIS) data was able to indicate rates of carer and child stability and an increased likelihood of kinship placements only, both very encouraging findings. Qualitative data generated by focus groups, interviews and surveys did provide rich stories of success, stability and hope. A recommendation to ensure a consistent assessment and review process for Circle children and young people is seen as an important program implementation issue, rather than a program Guideline concern. In addition, the Program Development Advisory Group (PDAG) meeting minutes indicate a desire to design an agreed, consistent, statewide data-set for future review. Recommendation 3 proposes the introduction
... of additional monitoring processes for The Circle Program.

- The most commonly cited reason for the failure to review standardised assessments was therapeutic specialist workload. That is, while Circle foster care workers manage a maximum of eight cases per worker, therapeutic specialists are required in the current Guidelines to manage 12 cases per worker. They are required to participate in care team meetings for each of these cases and to visit the carers on a regular basis to offer therapeutic support.

In addition, some therapeutic specialists work directly with schools and offered direct therapeutic work to children. For some, this requires many hundreds of kilometres of travel per week and is identified by the supervisor of one regional therapeutic specialist as an occupational health and safety concern. A proposal to review the role of therapeutic specialists is presented in Recommendation 4.

- The role of care team professionals, although outside the main focus of this evaluation, also raises Guidelines and implementation issues. The need to review the work, role and workload of the therapeutic specialists as well as child protection practitioners is seen as both a program Guidelines and program implementation issue. Some, not all, therapeutic specialists are actively involved in therapeutic work with children and advice to schools. While this may be seen as within the scope of the Guidelines ‘… to take the lead in the assessment of the child or young person and the development and monitoring of individual therapeutic care plan’ (DHS 2009, p. 19), this is not clearly specified as a requirement. A concern in relation to the number of cases carried by therapeutic specialists was a consistent theme across focus groups and key informant interviews and was seen to be associated with delays in completing assessment and review report requirements. On the other hand, a caseload cap of eight for foster care workers is seen as helpful, allowing them space to attend to appropriate detail in relation to the child or young person. Recommendation 5 is a proposal for reduced caseloads for therapeutic specialists.

- Similarly, the high caseloads of child protection practitioners were seen by some informants as a reason for their uneven participation by in care team meetings. Child protection practitioners were described by other professionals as holding a limited understanding of program requirements, including the need for regular care team meetings involving carers and child protection practitioners. The need to include child protection practitioners as key stakeholders in a successful care team is noted. The Guidelines outline the role of the Child Protection Service in some detail (DHS 2009, section 8.1) and do not appear to require amendment. The concern is noted in relation to improved implementation of this aspect of the Guidelines in future.

At the same time, the findings suggest that, where child protection practitioners were actively involved in The Circle Program, very positive results were seen. In a positive example, an arrangement was described involving an identified ‘Circle’ child protection practitioner for the region. This was described as a successful means of engagement and was actively supported by convening all of the relevant care team meetings on a particular day of the week. This example clearly indicated the possibilities for excellence in care team practice including all key stakeholders. Recommendation 6 addresses the issue of uneven participation by child protection practitioners in The Circle Program care teams.

The nature of practice associated with The Circle Program, based on a child-centred premise, is tailored to meet the identified and at times changing needs of the individual child. It is within this context that there may be variability across the state in terms of the nature of practice, with some regions emphasising particular components of the program. The evaluation findings suggest, however, that the core elements are usually implemented and include:

- Specific attention to the child or young person’s experience prior to entry to care, with a view to developing a detailed understanding of the child’s strengths and difficulties and requirements as a result to recover from the effects of abuse or neglect. This includes infants where the trauma experienced may have been inter-uterine developmental insults as a result of exposure to alcohol, drugs and violence.

- Effective multi-disciplinary work through the mechanism of the care team, ‘driven’ by the therapeutic specialist as educator and facilitator and initiator of ‘continuous conversations’ about the child.

- Families are welcomed, respected and valued for their unique knowledge and role as a member of the care team. This practice enables, where appropriate, timely reunification of Circle Program children and their families.

Consultations with key informants and focus group discussions in particular highlight the value of the Guidelines and service model, while indicating the above areas for review.
4.4 Other program design and implementation issues

While The Circle Program has appeared to be implemented successfully on a statewide basis with significant results for the provision of stable, nurturing and trauma-informed care, a number of issues or challenges have been identified in relation to program design and implementation. These are:

• A number of regions identify a lack of suitable Circle carers and difficulty attracting carers. This is particularly the case for children aged three years and over. One region did not identify this as a constraint and in fact held a waiting list of prospective Circle carers who had not been assessed because the local targets had been exceeded. This region identified ‘word of mouth’ among carers and their networks as a key factor in attracting an abundance of potential carers. Recommendation 6 presents a proposal for enhanced Circle carer recruitment.

• Strong inter-agency relationships and ‘buy in’ to Circle, as well as high levels of communication, cooperation and partnership were identified by focus groups and survey respondents in particular as a key feature of The Circle Program.

• A final emerging implementation issue is that of throughput, where, for example, the majority of Circle Program placements in the Southern Metropolitan Region were made at the inception of the program and have remained stable. Further discussions as to the long-term planning for these children (maintaining their stability while examining the need for intensive ‘Circle’ support) is required, with specific inclusion in Circle Program Guidelines in relation to this issue. Effective resolution of the issue of throughput may allow for a more flexible Circle resource in the longer-term. This finding further supports the expansion of The Circle Program to include all children in foster care discussed above.

4.5 Processes and outcomes for children

While a consistent set of pre- and-post test results were not available, rich descriptions of gains in children and young people’s development, in particular, their emotional development, enhanced capacity to form relationships, enhanced educational stability and a capacity to participate in normative community activities, were offered. In summary, the themes emerging from the findings highlight real gains in children’s stability, attaining in some instances developmental milestones where there had been marked delay and the capacity to offer continuity of care to children who were experiencing ongoing instability as a result of their legal status and successful reunification with families. The findings are discussed below in further detail. Once again, these outcomes are consistent with international research evidence of the effectiveness of therapeutic approaches to foster care (Smith et al 2010; Chamberlain et al 2008; Westermark 2008; McClung 2007; Ryan 2007; Pecora et al 2006).

Outcomes for Aboriginal and Torres Strait Islander children

The high percentage of Aboriginal and Torres Strait Islander children and young people participating in The Circle Program is consistent with the over-representation of these young people in Out-of-Home Care (OoHC) across Australia. There does not appear to be a difference in outcomes for the Aboriginal children in The Circle Program compared with outcomes for other children. However, the evaluation has not assessed the cultural issues and outcomes for these children. Their placements in therapeutic foster care (TFC) have remained comparatively stable, and the children’s socio-emotional needs appear to be well met. This is especially encouraging in terms of relational continuity and nurture. While it is noted that the respondents to the carer survey were not a randomly selected sample, it is of concern that a number reported Aboriginal children in their care without a Cultural Support Plan. Also, from the same respondents, few carers appeared to be receiving cultural support. It is not possible within the scope of this study to generalise these findings to The Circle Program population; however, it is a concerning factor that requires further investigation. Recommendation 7 proposes that cultural support processes for Aboriginal and Torres Strait Islander children, young people and their carers be reviewed.

Enhanced stability

One of the key findings is that of an enhanced experience of stability for The Circle Program foster children compared to those in generalist foster care. This stability is the basis from which the child can begin to progress forward, as reported in the literature (Perry 2009; Fisher et al 2009; Kessler 2008; McClung 2007; Pecora 2006; Bryant 2004; Barber & Delfabbro 2003). According to the current Victorian legislation, stability is a concept that goes beyond place of residence and incorporates a consideration of emotional and behavioral development, education, family and social relationships and identity (Child Youth and Families Act 2005, s 169(e) (CYFA)).
The Circle Program has contributed to stability for school-aged children. This is clearly central to positive educational and psycho-social outcomes, as highlighted by Smith et al (2010) and Westermark et al (2010). Although the majority of Circle Program placements are pre-school children, there was a strong message from the therapeutic specialists in the focus groups that an important aspect of their role is liaising with schools and supporting teachers to manage difficult behaviour in the classroom. The focus groups participants stated that their intervention guided the development of appropriate strategies for teachers to use in the classroom. Success was described in some circumstances as ‘the child being able to attend and maintain concentration in the classroom setting for longer periods’, to examples of significant results academically that were attributed to involvement in The Circle Program.

**Significant developmental gains**

According to the focus group and survey data, Circle Program foster children made gains in their capacity to form relationships, regulate their emotions and participate in community activities. They also demonstrated stronger cultural identity and enhanced family or origin relationships. The latter correlates positively to potential family reunification or ongoing positive family relationships in local and international research literature (Bromfield & Miller 2007; McClung 2007).

The timeliness of responses to a child’s need was frequently mentioned as a core component of The Circle Program. Dramatic stories involved children who had experienced such severe neglect that they were unable to sit, crawl or walk, where these milestones were well overdue. Infants have been described as having to receive intensive support and input to learn how to chew food (see Case example 4 ‘Sam’), to communicate with adults and to establish normative sleeping patterns.

The role of the therapeutic specialist in promoting a regular, educative and reflective process that facilitated these outcomes was highlighted. The common goal, to establish and maintain a secure base for children and to facilitate healing, was clearly articulated in respect of the service that children were receiving. There were differences reported with reference to the therapeutic specialists’ direct work with children. Some reported a direct contact role with children, while others described the role as more closely aligned to the care team and the carer. The reason for this difference needs to be further investigated. It may be the preference of individual therapeutic specialists or a different conceptual understanding of the role.

**Continuity of care**

For some time, there has been convincing international and local evidence of the critical importance of continuity to achieving positive foster care outcomes (Fisher et al 2009b; Kessler 2008; McClung 2007; Pecora 2006; Bryant 2004). Carer survey respondents and focus group participants described children in their care as having frequent disruptions to their routines, particularly with requirements to travel to and from frequent access visits with biological parents. High-frequency visitation, sometimes four or more visits per week, where children were being transported to supervised access visits is identified elsewhere as a concern expressed by focus group participants. It is within this context that the importance of continuity and the limitation of disruption to a child who has already experienced attachment disruption were discussed. Potential solutions offered included examples where carers and other care team members played an important role in ensuring that a limited number of adults was involved in these visits. This practice promoted stability of relationships for children, in particular, infants who otherwise may have experienced being ‘handled’ by multiple adults in the course of a week.

Circle Program carers in some regions were described as transporting their Circle foster children to access visits themselves, and in some situations, supervising the visit, and this was seen as an important component of their role. In other situations, the relevant foster care worker was described as consistently taking on that role. This was described as occurring as a result of care team discussions about the child’s need for continuity of care and the potential for distress caused by multiple adults becoming involved.

**Reunification with families**

A clear goal of The Circle Program is for children to reunify with their families where appropriate. A number of focus group participants described reunification with families as a positive outcome for children in The Circle Program, involving active inclusion by the families in the care team process. These comments are supported by a trend identified in an analysis of the quantitative data where children and young people in The Circle Program were seen to be more likely to reunify with their family or go to kinship care than children in a generalist foster care placement.

While overwhelmingly the findings suggest that there have been positive processes and outcomes for children who experience a Circle placement, a number of issues have been identified:

- Some carers and professional staff described a frustration about ‘the system’ working against the
therapeutic goals for the child, in particular, delays in decision-making (often as a result of court delay) resulting in a lack of certainty and/or stability for children.

- Requirements ‘set’ by the Children’s Court or the case planning processes were not always identified as in the child’s best interests. Examples usually involved frequent supervised access visits with biological parents and extensive travel to and from these visits for the children.

- The Circle Program Guideline preventing groups of three or more siblings being placed together were challenged by some focus group respondents, in particular, carers who were of the view that the children in their care should be reunited with their siblings.

4.6 Processes and outcomes for carers

Overwhelmingly, the results indicate that Circle carers are well trained, well supported and as a result better placed to provide a healing environment for children and young people who have experienced trauma. The training provided to Circle carers was identified as an important component in supporting and guiding their work with the children in their care. Carers spoke, at times passionately, of their commitment to their role as a Circle carer, highlighting the experience of support, training and ongoing education and access to flexible ‘brokerage’ funds as critical elements. The egalitarian nature and common purpose of the care team were features mentioned by a number of focus group participants (see below).

A consistent message in the carers’ level of satisfaction was related to being a valued member of a team and the belief that their opinion is heard and their expertise valued. This has been demonstrated internationally to be a critical element contributing to the success of therapeutic foster care (TFC) programs (Staines et al 2011; Eaton & Caltabiano 2009; Chamberlain et al 2008; Fisher et al 2008). Evidence from the surveys indicates that carers reported strong levels of satisfaction for their participation in The Circle Program, whereas those in generalist foster care reported low levels of satisfaction. A number of carers contrasted The Circle Program with their previous, often long-standing experience with generalist foster care, which they frequently described as unsupported and isolating.

As noted above, the recruitment of suitable carers was identified as the main difficulty implementing The Circle Program in some regions. It is also noted that recruitment has not created difficulties in two regions, which have been consistently exceeding target placement numbers.

Respite care would appear to have an especially important role to play in supporting TFC placements of children and young people with complex needs. Focus group and survey respondents emphasised both the importance of access to and continuity within respite provision. Notwithstanding the fact that respite care has not been available to all Circle carers, it was highlighted by some as an essential component of carer support. This is consistent with findings of the Respite Care Project Consortium’s Victorian Scoping Project (Ochiltree, McNamara et al 2010). Some examples were offered that described extended family members of both the carer’s family and the child’s family having a role to play in the provision of respite, thus offering a ‘normalising experience’ for the child. Recommendation 9 is a proposal to increase the access of Circle Program carers to trained and paid respite care.

Carer retention

Carer retention is clearly central to the success of TFC (Eaton & Caltabiano 2009; Schmied & Tully 2009; Centre of Excellence for Child and Family Welfare – Carer Recruitment and Retention Strategy, 2010 and 2009). The stories from Circle carers of their experience of support, education and respect for their work were consistent with a key finding from the quantitative data analysis in relation to carer withdrawal. Carers were found to be much more likely to withdraw from the generalist foster care program in an unplanned manner than from The Circle Program. Specifically, the findings indicate that 4.4 per cent of 182 Circle carers had been identified as withdrawing from the role, creating an unplanned exit from The Circle Program for the child or young person. This was in contrast to 9.1 per cent of 186 generalist carers identified as withdrawing from the role of carer in an unplanned manner. The evaluation found that The Circle Program carers were significantly more likely to remain in the role of carer, hence better placed to offer an experience of stability for the child.
The carer’s voice is heard, valued and respected

Carers’ level of satisfaction is related to being a valued member of the team and to the belief that their opinion is heard and their expertise valued. A key factor contributing to carers’ success in The Circle Program was feeling ‘listened to’, having their opinions are ‘valued’ and being ‘supported’ in their role as foster carers. One carer highlighted the value of carer reports that, as a requirement of The Circle Program, enabled her to regularly update key players in the child’s life. Carers in the focus groups discussed their role and participation in The Circle Program with passion and enthusiasm.

Professional status of Circle carers

The Circle Program was described by some as elevating the role of the foster carer to one that is equal with the other professionals on the care team. This, combined with The Circle Program training, has professionalised the role of foster carer, and some carers reported increased levels of confidence in their competence.

While overwhelmingly the findings suggest that enhanced carer retention results from an experience of support by a knowledgeable team, a number of issues and challenges have also been identified:

- Some carers specifically identified that their relationship with DHS was a constraint. This was described in terms of fundamental communication difficulties and barriers at a pragmatic yet often important level; for example, permission for a child to participate in a school excursion.
- Other carers spoke about a difference in perspective, where the care team had a focus on development goals and the child protection practitioner was focused more on issues of risk and safety.
- Still others talked about a difference in understanding of The Circle Program, with a number of child protection practitioners apparently unfamiliar with the theoretical base, program Guidelines and requirements and responsibilities; for example, participation in regular care team meetings. It was suggested by some that this might be overcome by including relevant child protection practitioners in Circle training, to provide orientation to the program along with the theoretical overview. Again, where child protection practitioners were actively engaged, the reverse was true, with a description of pro-activity on their part in response to bureaucratic requirements. Carers also spoke of enhanced outcomes when child protection practitioners were recognised care team members. There were a number of examples of the positive impact where the essential role of the child protection practitioner clearly enhanced the outcomes for the child.
- Some carers highlighted the impact of caring for a traumatised child on their own biological children, with one carer describing a placement breakdown where a 13-year-old boy, placed within The Circle Program, was too violent to remain in the foster family home. Interestingly, in this example, the young boy was then placed in residential care in the region, where he had been encouraged by the carer to maintain regular contact. Professionals involved in this situation described this young man’s current relationship with the Circle carer as his first significant relationship with a trustworthy adult.

Carer wellbeing

While focus group participants, survey respondents and key informants articulated the focus on the Circle child in placement, the wellbeing of carers was also described as a conscious and constant point of focus of the care team. This had a clear rationale in that a well-functioning carer would be better placed to care for a child. This approach appears to be strongly supported by international evidence (Sheras 2011; Staines 2011; Eaton & Caltabiano 2009; McClung 2007; Lipscombe & Farmer 2007; MacDonald & Turner 2005). The focus took the form of active promotion of respite and other measures to impact on wellbeing, as well as continuous education and support for the carer in the role of frontline therapeutic support person for the child. One carer stated that at the care team meeting someone always asks her how she is, and ‘they really want to know how I am?’ This attitude was highlighted by a number of carers and professionals, with a clear implication that carers were encouraged and supported to manage their own health and wellbeing, which includes utilising respite care services.

Carer involvement in decision-making

A consistent message in carers’ level of satisfaction was related to being a valued member of a team and the belief that their opinion is heard and their expertise is valued (Staines et al 2011). When asked to rate their involvement in decision-making in generalist foster care as opposed to The Circle Program, with one indicating ‘little or no influence over decision-making concerning the child’ and 10 indicating ‘equal power to other care team members in the decision-making process’, carers variously reported ratings of between one or two out of 10 for their experience of generalist foster care, and between eight or nine out of 10 for The Circle Program. As a worker from the Victorian Department of Human Services (DHS) noted, ‘Some carers are now saying to us, “What did we do before Circle?”.’
4.7 Processes and outcomes for the child or young person’s family

The information in respect of families is necessarily limited to reports by professional staff and carers, since the evaluators did not interview children or young people in care or their families of origin. A key message from the focus groups was that The Circle Program has been more successful in engaging families than the generalist foster care model. This appears to have been assisted by the process of regular care team meetings that include the families when possible. The care team meetings were said to provide an opportunity for families to engage and develop relationships with other members of the team. Attending the care team meetings ensured that family members remained involved and informed about their child’s situation and gave them the opportunity to participate in discussion and decision-making processes (see below).

The way the parents are treated and welcomed and their unique knowledge are recognised contributes to the success of Circle. (Therapeutic specialist)

Families generally don’t come to every meeting but we encourage their attendance when they do come. In generalist foster care a carer has to be very assertive to create relationships with birth families, but it’s a much more natural process in Circle because of care team meetings. (Foster care worker)

We drive her (birth mother) to the station if it’s raining. (Carer)

The clear trend towards greater rates of reunification with parents or extended family has been highlighted earlier.

Some issues have been identified in relation to processes and outcomes for the child or young person’s family:

- Engagement of families may not be systematically implemented as a core component of The Circle Program, with some locations identifying limited success in involving families in planning and decision-making.
- Families are more likely to attend and participate in care team meetings when there is a reunification plan.
- Families may come to the care team at a ‘double’ disadvantage, since they are not involved in any of the Circle training.

4.8 The Circle Program compared with generalist foster care

Evaluation findings indicate that not any single component of The Circle Program can be identified as making the critical ‘difference’ between therapeutic and generalist foster care. Rather, it appears to be that all of the components of The Circle Program working as an integrated and interactive whole have been implemented on the platform of significant cultural cross-sector change. This change is premised on a strong mutual commitment by each of the care team members to participate fully and to act as a ‘team around the child’, with a specific brief to support the carers to provide therapeutic care. In addition, the strong theoretical foundation of The Circle Program is a major strength of the program and one that distinguishes it from most generalist foster care.

Care teams in The Circle Program are generally distinguished from those in generalist foster care by the central role of the therapeutic specialist, the focus on relationships and what is happening with, and around, the child and the carer. There are differences in the frequency and accessibility of Circle care team meetings, including their accessibility for the child’s parents and extended family when this is appropriate. The expectations that parents will be involved in the care team process and will be respected and identified as valued participants are other key features of The Circle Program. Implicit in this is that, where appropriate, the parent and carer will be known to each other and will have a common focus on the child or young person.

These features of therapeutic foster care (TFC) do include raised expectations of carers. This is clearly specified and documented in the program Guidelines document and includes a reduced ratio of children to carers during the placement and significantly over time (as evidenced by carers being paid during the initial time the child returns home, to keep the placement open should an early breakdown occur). This promotes new thinking about the expected longevity of the relationship between child and carer, promotes the concept of carers as potential ‘Mirror Families’ should the child return to their family or extended family and allows for carers to have a small
number of high-quality relationships with children. Traditionally, in generalist foster care, workers and carers have indicated a sense of pride in the enormous number of children that have passed through their home. However, carers also report dissatisfaction with high turnover and the subsequent lack of ‘knowing what happened’ to the child, and not being involved when children re-present to the Out-of-Home Care (OoHC) system. Research from the Victorian Department of Human Services (DHS) for the Family and Placement Services Sector Development Plan (DHS 2005b) indicates that the high turnover of children was often cited as a frustration and a reason why foster carers left the system.

The Circle Program model requires that each of the components works together with the driving force of the therapeutic specialist who is an integrated member of the therapeutic system. The therapeutic specialists begin their engagement and relationship with carers at the point of initial carer training and continue this through to placement matching and implementation of the therapeutic care process. While the limitations of implementation in terms of Child Protection Service participation have been identified, lowered caseloads have been seen as a key ingredient for foster care workers in The Circle Program. We recommend that these numbers could be further reduced for therapeutic specialists to allow for a consistently high standard of therapeutic input across the program, including timely presentation of case assessment and review reports (see Recommendations 4 and 5).

Thus, the foster care worker and the therapeutic specialist form a cohesive partnership: they engage with carers from their earliest contact with the agency, being the source of training, assessment and support through that process. The carers, therapeutic specialist, foster care worker and child protection practitioner should then form a core of each care team, which integrates the parents and significant others (extended family members, education and health workers) to provide a holistic approach to the ongoing care of the child or young person. Low caseloads for the workers and placement of a single child or sibling group allow the carer and the care team to focus and respond to the needs of the child and the parents. Brokerage was initially a part of the resources offered to the care team, and this was integrated into its ability to provide a tailored, flexible response and support to the needs of the child or young person.

The benefits and costs analysis presented in Section 4.6 identifies Circle Program benefits in relation to the following:

- greater stability of care;
- improved short- and long-term outcomes for the children;
- improved relationships with families and increased return home or kinship care;
- greater placement stability and retention of foster carers; and
- benefits to the OoHC service system.

Analysis of the costs for Circle and generalist foster care identifies an annual differential of $17,880 per child for an equivalent placement for a child aged 0–7 years with carers reimbursed at Intensive Level 2 complexity/risk level. The main cost differences are for the therapeutic specialist, carer attendance at care team meetings and flexible loadings for training and support and placement support.

This section has highlighted the cohesive elements of The Circle Program and identified differences in relation to generalist foster care programs. In particular, The Circle Program is structured with the central role of the therapeutic specialist first to provide leadership and knowledge assisting the carer and all care team members to fulfill their roles effectively, and secondly to lead the therapeutic assessment and planning processes for the child or young person.

Summary

This chapter has proposed the further development of The Circle Program conceptual framework and highlighted the strengths of the program as a way to address the needs of children and young people who have been traumatised by abuse and suffered disruptive attachments. It has also highlighted the importance of engaging the child or young person’s family in the therapeutic process. The central roles of carers, foster care workers, therapeutic specialists and child protection practitioners have been examined with emphasis on their essential contribution to the program, individually and working together. The key characteristics of therapeutic foster care (TFC) distinguish The Circle Program from generalist foster care, which, while it may have many of the same components, does not have an informed therapeutic approach and does not usually integrate all of these features.
Chapter 5: Recommendations

The Project Brief required the evaluators to suggest recommendations based on the findings of the study. The findings of this evaluation suggest that The Circle Program can achieve excellent early intervention results for children at risk of becoming entrenched in the system and suffering developmental harm and can also achieve excellent results where children in Out-of-Home Care (OoHC) experience complex and entrenched difficulties. There are, however, some constraints to achieving these outcomes, including recruitment of carers, experience of high caseloads by therapeutic specialists and the demands on the Child Protection Service limiting their engagement with the program in some instances. Moreover, the lack of outcome measures makes determination of effectiveness more difficult.

Throughout Australia, the overall rate of children in OoHC continues to increase at a higher rate than exits from care, with an increase nationally of 7 per cent over the past five years. In Victoria, 56468 children were in some form of OoHC on 30 June 2011. Of these children, 1406 (27 per cent) were in foster care placements. It is clear that, with only 97 places available across the State of Victoria, The Circle Program is an extremely finite resource and can only be experienced by 7 per cent of children in foster care.

Recommendation 1: Development of an evidence-based outcome model

The research indicates the need to develop an evidenced-based outcome model, which seeks to engage the voice of the Circle carers, children who are able to contribute (four years old plus), family of origin members, education professionals, clinical therapeutic specialists and health and child protection practitioners. This outcome model would need to align with the models currently offered through the therapeutic specialist providers – Berry Street and the Australian Childhood Foundation (ACF) – and involve all parties of The Circle Program to contribute and design action plans to promote the best interest of the child and young person placed. This will result in clear goal and outcome measures for children and young persons in The Circle Program, to be consistently used in planning, review and closure processes.

Recommendation 2: Expansion of The Circle Program

It is recommended that The Circle Program be expanded so that the program is an option for all children and young people entering foster care.

The findings of this evaluation suggest that the creation and engagement of a therapeutic team and inclusion of the five core components of The Circle Program does offer a system of foster care that can benefit all children and young people who come into foster care. In addition, The Circle Program has demonstrated that it can effectively meet the needs of children and young people who have been in the OoHC system for some time and who may have entrenched and complex difficulties.

Enhancement of the service system for children in foster care in Victoria should be considered a priority; however, there are challenges that need to be understood and successfully overcome. Acceptance of this recommendation will have immediate implications in terms of the limited foster carer numbers, potentially exacerbating difficulties faced by some agencies in recruiting appropriate carers for The Circle Program.

Recommendation 3: Program implementation and monitoring processes

A number of additional program implementation and monitoring issues have arisen leading to recommendations that:

- a common set of program implementation metrics is developed and agreed by the therapeutic specialist agencies;
- data-sets measuring outcomes for children and young people in The Circle Program are agreed and collected as part of assessment, review and closure processes by both therapeutic specialist agencies, with a view to informing any future evaluation work; and
- inclusion of identification of exit pathways that include options to optimise stability for the child or young person.

These and subsequent figures in this paragraph provided by Department of Human Services on 27 February 2012.
Recommendation 4: Examination of the role of therapeutic specialists in The Circle Program
The critical role of the therapeutic specialist has evolved further as The Circle Program has been implemented. It is recommended that there be further exploration of the therapeutic specialist role to assist in further development of evidence-informed best practice and impacting upon positive outcomes for children in therapeutic foster care (TFC).

Recommendation 5: Therapeutic specialist caseloads
The concept of capped caseloads has been identified as an effective component of The Circle Program for foster care workers. There is a discrepancy, however, where foster care workers carry a 'capped' caseload of eight children while the therapeutic specialists carry a caseload of 12. Although a detailed role and workload analysis was outside the scope of this evaluation, an excessive therapeutic specialist workload was seen to be one of the reasons for delays in reporting. It is recommended that further examination of this issue in relation to the therapeutic specialist’s workload be undertaken.

A caseload of 10 appears a more realistic workload for therapeutic specialists, based on the information provided by focus group members, survey respondents and key informants.

Recommendation 6: Strengthen child protection practitioners’ role in The Circle Program
The role of the Child Protection Service in The Circle Program needs to be strengthened in order to allow for consistent good care team practice that is inclusive of all key members of the team. Examples of ‘best practice’ in this area were offered and lessons learned from them.

It is recommended that The Circle Program Guidelines regarding the engagement of child protection practitioners be reviewed either to:

• ensure that current requirements are met; OR
• amend the Guidelines to require a specific allocation of Circle Program children to a limited number of child protection practitioners in any region and that these practitioners participate in Circle training alongside prospective carers and other Circle Program professionals prior to undertaking this role.

Recommendation 7: Enhancement of Circle carer recruitment
It is recommended that the statewide foster carer recruitment strategy, funded through the Centre of Excellence for Child and Family Welfare and community service organisations, be enhanced. The difficulty of recruiting suitable carers for The Circle Program was noted in the evaluation. The research suggests that emphasis should be placed on the benefits of the support systems of The Circle Program and TFC. Such recruitment should highlight the positive experiences of existing Circle carers and their development and understanding within their role. Recruitment should be regionally themed to attract potential carers.

The research suggests that Circle carer recruitment would be enhanced if the Circle carers themselves were involved in training and market activity (based on the positive feedback received from contributors to the online surveys).

Recommendation 8: Cultural support for Aboriginal and Torres Strait Islander children and their carers
The findings indicate that a significant number of Aboriginal and Torres Strait Islander children are in Circle Program placements. It is a concern that some of these children do not have Cultural Support Plans in place. It also appears that some carers do not have cultural support. It is recommended that this issue be further explored in order that Aboriginal and Torres Strait children can fully benefit from TFC.8

Recommendation 9: Access to trained respite carers
All Circle carers should be offered accessible respite care. Therapeutic respite should be considered at entry to care. The level of respite that carers are able to access to support a specific placement needs to be assessed individually and matched to perceived need. To preserve the continuity of relationships and the environment for the child or young person, consideration should be given to utilising the same respite carers for every therapeutic respite placement the child or young person requires.

It is recommended that respite carers are considered members of the child’s network and receive training in principles of TFC. It is also recommended that therapeutic respite carers receive reimbursement at a level of reimbursement to match the level of payment to Circle carers.

Recommendation 10: Inclusion of children and their families in future evaluation
It is recommended that this evaluation should be extended to gather feedback from children and their

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8 The announcement by the Minister on 20 January 2012 of the funding of TFC for Aboriginal and Torres Strait Islander children / young people addresses the need identified in this evaluation.
families to provide their important perspective and experience of the impact of The Circle Program in future evaluations.

**Conclusion**

The findings of this evaluation confirm that there are positive outcomes for the children and young people referred to The Circle Program. A key message from the evaluation is that The Circle Program works for children and young people. The concept of the care team surrounding the child is working well. These positive outcomes are related to the overall therapeutic approach facilitated by the training of carers as well as professional staff to ensure knowledge of the theoretical basis for care of the children. In addition, the critical role of the therapeutic specialist in providing a therapeutic care plan and supporting the therapeutic care team and carer is noted.

Carers perceive themselves as equal partners in the care team and feel supported by the therapeutic specialist, the foster care worker and other members of the care team. The consequence of greater retention of the carers compared to generalist foster care needs to be further explored. Structural obstacles to the child protection practitioner being fully engaged in the care team have been noted. It is also noted that, when the child protection worker can be fully engaged, there are significant benefits for the children or young people concerned. Ongoing research regarding The Circle Program implementation and the outcomes for children and young people is needed.
The findings of this evaluation suggest that The Circle Program has the potential to be an excellent early intervention program that can help prevent children and young people from becoming entrenched in the care system. The Circle Program as an early intervention program can also successfully attend to problems and difficulties before they become deep-seated and can achieve a higher return home rate where issues of concern have been resolved. Evidence from the focus groups suggests that The Circle Program has demonstrated that it can also achieve excellent results where children with a history of Out-of-Home Care (OoHC) experience complex and entrenched difficulties. This finding is consistent with international TFC outcome research (Fisher et al, 2009a; McClung, 2007; Ryan, 2007).
References


Oregon Social Learning Centre (http://www.oslc.org) (accessed 1/12/2012)


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