



# Foster Care Information Pack

*For prospective carers*



Believing In  
Children,  
Young People,  
Families &  
Their Future.

## About Fostering

For children who are unable to live with their parents or other family, we want them to experience safe, continuous and stable homes with supportive foster care families, to develop positive relationships and to thrive and achieve their potential.

Sometimes foster care is needed for children for a short period of time, until they can safely return to their families.

Other times fostering families provide long term care, that builds on, rather than competes with children's relationship with their own families.

With all types of foster care, carers must always actively promote and maintain the child's connection to their culture and community.

If the child is Aboriginal, there will be a cultural plan which sets out how the child's connections to family, community and culture will be maintained and what the carer is required to do to support the plan.

### What types of foster care are there?

#### Respite care

This involves short-term or intermittent care of children living with full-time foster or kinship carers, (e.g. one or two weekends a month, during school holidays or as required), to provide full-time carers with respite and provide a positive experience for the child.

#### Emergency care

This is the care of a child who requires immediate care due to concerns for their safety. Because these arrangements are urgent, there is usually very little notice before a child or young person is placed with the carer. They can often occur in the night.

#### Short term foster care

Short term care is limited in time, ranging from overnight up to about six months. Children and young people requiring short-term care are often reunified with their parents or may be placed with extended family at the end of the foster care arrangement.

Short term care may be needed because of:

- an emergency e.g. illness or other family crisis
- intervention by Child Protection, where a child is removed from their parents to ensure their safety and well-being.

During short term care, the carer has an important role in promoting the child's contact and connection with their family and community.

#### Long term foster care

This is care where a child or young person cannot return home for some time. It may also cease when a permanent care order is made, or when the child or young person reaches adulthood and becomes independent. Unless specified by the Children's Court, children in long-term care maintain contact with their families.

#### Therapeutic foster care

Therapeutic foster care is where foster carers, identified through additional post-accreditation selection criteria and provided with additional specialist training and support work closely with a team of professionals to provide care for children and young people who need therapeutic responses to their specific needs.

#### Voluntary care

Voluntary care is available when a parent who is unable to care for their child at home due to illness or unforeseen circumstances, makes these arrangements directly with the agency. At other times, Child Protection may agree to a voluntary placement in which a written care agreement is negotiated between a parent or young person who is over 16 years, the agency and the foster carer. This child can then be placed with a foster carer. In this type of care the birth parents remain the guardians.

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

##### Caring skills – demonstration of five key competencies

Assessment of potential foster carers is based on five key competencies identified as essential when undertaking effective foster caring:

- **Safety:** providing a safe environment that is free from abuse
- **Attitudes and connections:** values, beliefs, cultural practices and current circumstances will enable good care to be provided to children
- **Personal resilience:** demonstrating personal readiness to become a carer
- **Child-focused nurture:** promoting the positive development of children in care
- **Working with others:** the ability to work as part of a team.

##### Assessment and safety screening checks

Full assessment and safety screening of applicants is mandatory. This includes adult partners (including new partners) in two person households. Safety screening checks of all

other adult household members and adults who regularly stay overnight in the house or property is also required.

Applicants then attend an information session

Applicants and all household members (including children) must then participate in a face to face visit, either in the home or via zoom. All adults in the household who have a parenting role must also undertake mandatory pre-service training in Shared Lives Victoria 2019 or Our Carers for Our Kids prior to being assessed and accredited.

#### Age

Minimum age of applicants is 21 years. It is expected that carers providing long-term care for a child will be able, if necessary, to continue care until the child is able to live independently and at least 18 years old.

#### Relationship Status

An applicant's relationships, whether they are single or in a heterosexual, same-sex or other relationship, are considered in confirming that the applicant(s) can provide a safe and stable home environment for children coming into their care. Spouses or partners (including new partners in the home) must also submit an application and be fully assessed. Non live-in partners must undertake safety checks. They must also be considered in the assessment of the applicant if they will have a caring role or contact with the child.

#### Age of child of applicant

If an applicant has children, where possible emphasis will be placed on placing children as the youngest in the family, compared to the applicant's own children. Research has shown this assists in ensuring that the foster care family can provide the necessary focus on the particular needs of the child in care.

#### Health

An applicant's health (both physical and mental) must be assessed to confirm that he or she is fit and able to undertake the task of fostering. It is also to ensure we consider the carers health needs when matching. For applicants for long-term care, this may involve raising the child to adulthood. An applicant must provide evidence that they are medically fit including provision of a medical report from their General Practitioner. Health conditions do not necessarily exclude you from becoming a carer. We may ask for further information.

#### Financial resources

Applicants for foster care may be employed full or part-time, unpaid workers, students, retired or those not working. Applicants will be required to demonstrate that they are able

to provide adequate time, financial resources and suitable accommodation for the child or young person in their care. For example, it may be possible to work and still be a foster carer, but this may not be possible if the child has particular needs.

Carer's receive a care allowance from the Department of Health and Human Service to contribute to the costs of caring for a child in foster care.

#### Accommodation and home environment check

Applicants should have adequate, safe accommodation for a child, that complies with the Step by Step home environment check and provides a natural family home environment. This does not mean that applicants must own their own home. A separate bedroom must be available for the child, though this can be shared with siblings if appropriate and an area to study if school aged. Sleeping arrangements must be age appropriate and meet the child's individual needs including privacy.

#### Residence

Applicants must live in the following geographic area to apply with Berry Street:

- Hume region
- South Eastern region
- Western region
- Gippsland region
- Northern region.

#### Involvement with Berry Street

Applicants must be willing to participate in training and the assessment process. Applicants must demonstrate a capacity to work with Berry Street in order to meet the changing needs of a child or young person. This will involve a willingness and ability to communicate with Berry Street and participate in planning and reviewing of the child's care and their work with Berry Street.

#### Supporting the child and their family to maintain contact

Applicants must demonstrate an understanding of the importance of the origins, culture, community and past experience of the child or young person in their care. Applicants must also demonstrate a willingness to work with their case worker to accommodate contact and connections between a child in their care and that child's family and community.

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

If a child coming into care is Aboriginal, the Aboriginal Child Placement Principle placement hierarchy requires Aboriginal children wherever possible to be placed with Aboriginal extended family, and if that is not possible, other extended family. If that is not possible, the child should be placed with Aboriginal carers in the child's community or if not available in another Aboriginal community in close proximity to their family so they have the best possible chance to retain links with their culture.

If a child is unable to be placed with extended family, Berry Street has a legislated commitment to placing Aboriginal and Torres Strait Islander children and young people with carers who share their cultural background.

Discussion will occur with applicants who identify as being Aboriginal or Torres Strait Islander, to understand the community to which they belong to enable appropriate placement matching where ever possible.

When a suitable Aboriginal carer is not available, Aboriginal children are sometimes placed with culturally safe non-Aboriginal carers. Those carers do additional training to help them understand some of the particular issues relating to caring for Aboriginal children and will be required to demonstrate how they will maintain a child's connections with culture and community.

## Appropriate discipline of children or young people

Carers are expected to work closely with Berry Street staff in developing appropriate discipline strategies for the particular child or young person in their care. Foster carers are **not allowed** to use any form of inappropriate discipline such as:

- corporal punishment, that is, action which inflicts physical pain or discomfort on the child
- any form of psychological pressure intended to intimidate or humiliate the child.

In plain English this means:

- you are not allowed to spank, slap, smack, shame, isolate, seclude or ridicule children in care.

You must never use physical force or use any form of psychological pressure to intimidate or humiliate a child in care under any circumstances. Applicants must demonstrate an ability to effectively discipline children without the use of physical punishments e.g. hitting or psychological pressure or intimidation. It is very important that children in care are disciplined in a way that sends a strong message to them that they are cared for in spite of

their behaviour. Experience has shown that hitting, other physical punishment or psychological pressure is not effective in dealing with children particularly when they have experienced abuse or neglect in the past and experienced inconsistent parenting.

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

#### Health and hygiene standards

Carers are expected to conform to guidelines designed to ensure that children are being cared for in a healthy and hygienic environment. Such guidelines include practicing good personal and home hygiene, infection control and ensuring that there is no smoking within the home or car or near the child at any other time. Pre assessment training is provided to carers about health and hygiene standards.

#### Foster care application to other agencies

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

Applicants will be asked for permission for Berry Street to contact others to whom you have previously applied to discuss your application and the outcome.

#### What is the process of becoming a carer?

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

We would like you to read this pack carefully. If you are still interested in applying to be a carer, please book into an information session where you will hear from an experienced carer.

We then have a face to face 'Information Sharing Session' which gives you and the people in your household an opportunity to meet with workers from Berry Street.

After this session you can decide whether you wish to continue the process of becoming a carer by participating in a face to face training program, undertaking safety screening checks and a series of assessment interviews. The assessment interviews are not something you pass or fail. We work with you to discover together whether fostering is a suitable option for you at this time.

A formal foster care panel will consider your application and decide whether foster caring is right for you. The foster care panel will decide on your accreditation for:

- the type of care (for example, respite, emergency, short or long-term care)



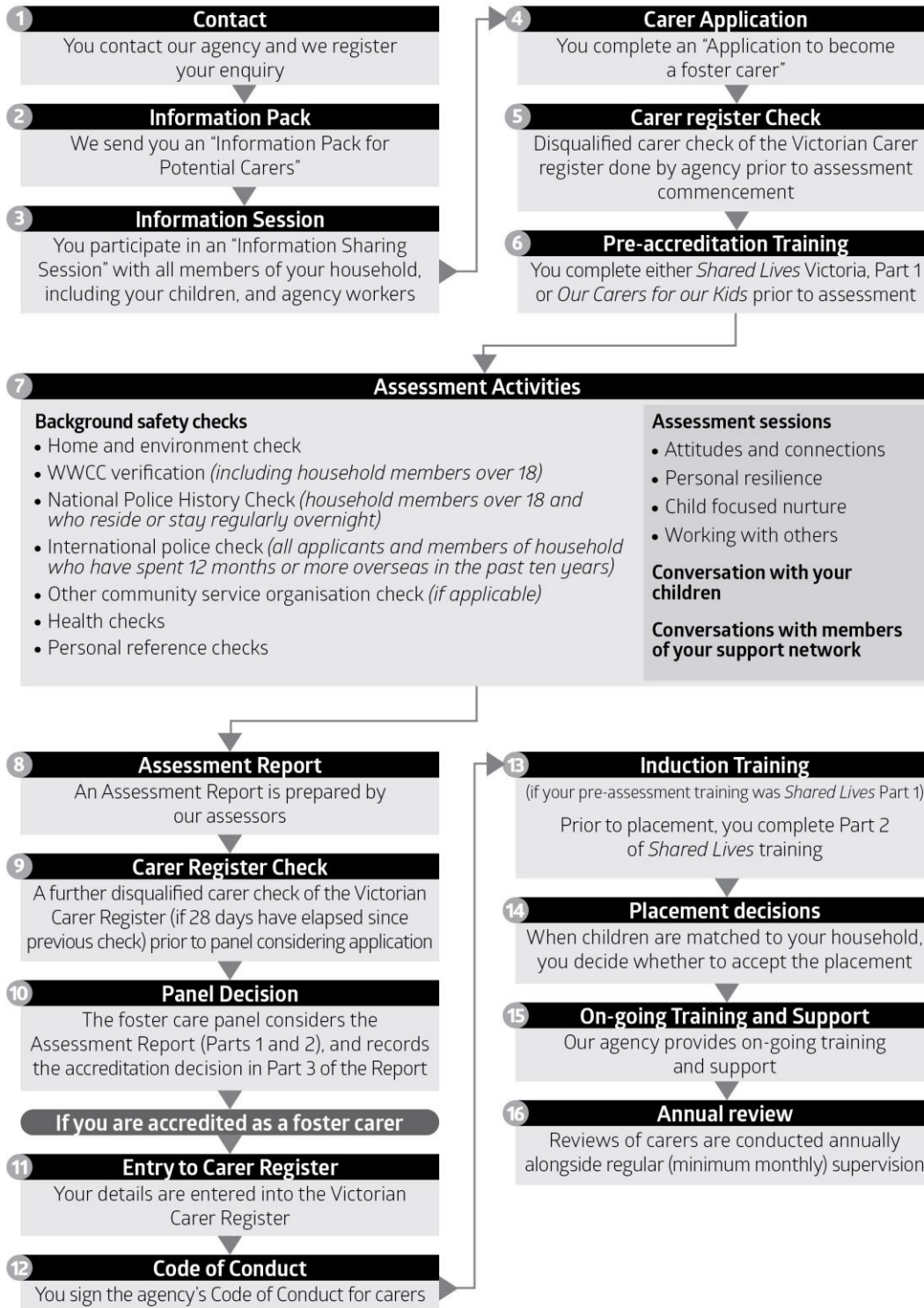
- ages and genders of the children and the number of children you are able to care for at any one time.

The panel will also identify any special conditions attached to the accreditation such as additional training or support needs.

Once you have been accredited as a foster carer, you will be contacted when a child or young person requires the type of care you can provide. You will be provided with all information that is known at the point of placement and that is reasonably necessary to decide whether you can care for this child/young person. You will have the opportunity to discuss any issues that may be raised for you and your household if you accept the placement of that child or young person.



## Flowchart of assessment activities



## Details of the assessment process

### Does the assessment process involve doing tests?

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

### What will the assessment sessions cover?

Because being a foster carer is such an important role you will be asked about many aspects of your life relevant to being a foster carer. In particular, we will look at your ability to

- draw from and apply your own personal experiences to the tasks of fostering
- provide good quality day to day care for children and young people
- provide a safe and nurturing environment
- work with other people, particularly staff from Berry Street, other organisations and the parents and family of a child in your care.

### What does the medical check involve?

During the assessment:

- you will be asked to complete a Health checklist and provide evidence that you are medically fit including providing a medical report from your doctor
- your doctor will be asked to complete a Medical Questionnaire.

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

- physical health
- psychological and emotional health
- current and past illnesses and medical problems
- use of drugs (prescribed and unprescribed)
- smoking and alcohol intake.

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

#### What does the home and environment check involve?

As part of the assessment at least one home visit will be conducted to undertake a home and environment check. This is a check to ensure that you are able to provide a home that is physically safe and suitable. The check is carried out by a member of the assessment team using a home and environment checklist

The check must also be undertaken if an applicant has a secondary property, where they will regularly spend time, such as a holiday or weekend home.

The home and environment check is also conducted post accreditation, on an annual basis or if the carer moves addresses.

#### What should our references cover?

You will be asked to provide the names of three unrelated people who have known you for at least two years and with whom you are still in contact, who can comment on your experience and ability to care for children and your personal character. Your referees must have observed and be able to comment on your interaction with children. We may also speak to other people who have contact with you.

Direct contact will be made (face-to-face or telephone) with your referees.

#### What background safety checks are done?

When you have completed a formal application to become a foster carer (not just registered your interest) you need to provide a current Working with Children Check number for all adult members of your household (18 years and above). We will provide you with information about how to obtain this number.

If an adult member of your household does not have a current Working with Children's check, they will be required to apply and obtain one.

Berry Street must also undertake National Police History Checks of all people in your household or staying on your property 18 years or above and those who regularly stay overnight.

A National Police History check may also be undertaken, with a parent's approval for household members under 18, if required. e.g. if the young person is subject to a court order for an offence.

If you or other adult household member has spent 12 months or more overseas during the past ten years, an International police check will be required. If this is not possible, three additional referee checks from people who knew you while in that country must be conducted.

Having a criminal record does not automatically disqualify you or a family member from being a carer family. However, any criminal convictions that affect your ability to care safely for a child or young person will mean your application is not able to proceed.

Other background checks that will be conducted relate to:

- your contact with any other agencies where you, or members of your household, have previously applied or been accredited as carers
- if you have previously been disqualified as a carer.

[Can I appeal if my application to be a foster care is not approved by Berry Street?](#)

Yes. You are entitled to be given reasons why your application has been rejected and have the decision reviewed by Berry Street. You are entitled to see all the material collected in the process of assessment, except for personal references which may be treated as confidential.

## Responsibilities and rights of foster carers

### **Foster carer responsibilities:**

- put the best interests of the child or young person first
- provide a safe and nurturing home
- respect and proactively maintain a child or young person's connections to family, community and culture, according to their case plan
- support the permanency objective for the child or young person
- provide culturally appropriate care to children and young people who are Aboriginal or from culturally diverse backgrounds
- encourage the child or young person's learning and educational achievement
- support the child or young person's wishes and views and advocate for their healthy development
- maintain open communication with other care team members to keep them informed
- uphold the child or young person's, and their family's right to privacy
- fulfil your role within the care team and understand the role of other care team members
- actively seek opportunities to develop your skills and knowledge to care for the child or young person
- actively participate in developing the Care and Placement Plan and other Looking After Children tools

### **As foster carer, you have the right to expect Berry Street and/or the department to:**

- action your needs as soon as possible, to assist you in caring for the child or young person
- include you in planning and seek your views in care team meetings
- consider and respect the health and wellbeing, culture and religion of you and your family
- consider your safety when planning about the disclosure of your address to parents of the child or young person

- provide timely information to you about court decisions and other issues that affect you and the child or young person in your care
- establish regular channels of communication with you and provide you with important documentation, such as the instrument of authorisation and cultural plans
- give prompt advice to you about changes to contact arrangements
- provide all relevant available information to enable you to make an informed choice about caring for a child or young person
- respond to issues and complaints in a timely manner, and treat you fairly
- manage quality of care matters with sensitivity and understanding of the emotional impact on you and your family

## Background about Berry Street



We believe in people.

We believe that children, young people and families should be safe, thriving and hopeful. As one of Australia's largest independent family service organisations, this belief is the heartbeat of our organisation. It defines our purpose, reflects our 140-year history and guides our future.

It is a belief that unites our staff, inspires our partners and donors, and enables us to deliver the best possible outcomes for the people we work alongside.

Berry Street exists to ensure all children have a safe and secure home. Through our family support services, we help to build stronger families so they can better provide for their children's needs. Berry Street works tirelessly to help children, young people and families who have experienced and been traumatised by the impacts of family violence, abuse and neglect to heal, with hope for the future.

We also advocate for policies that keep families safe and secure, and happy and healthy, allowing children and young people to reach their full potential while remaining engaged with their culture and communities.

Above all, we see, hear and respond to the experiences and voices of those with whom we work to make a positive impact on their lives.

To learn more about Berry Street visit our website at [berrystreet.org.au](http://berrystreet.org.au)



## Matthew's story

### *Jenny and Olivia*

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

This was a scary experience for both girls and months later they are showing signs of post-traumatic reaction. The girls have bad dreams that involve dogs. They are vigilant when out, looking to see if there is a dog nearby and they become upset if a dog approaches them. However, Mum and Dad are patient. They tell the story of the day Jenny's arm was bitten by a dog many times. They also notice that the girls act out what happened with their toys. They use this as an opportunity to show them how the parents and the doctors were on hand to help them, and that this kept them safe. Slowly and gradually they introduce the girls to a range of trusted dogs owned by friends. By the time Jenny is eight years old this incident is well behind them and the girls frequently pester for a dog of their own!



### *Luka*

Compare Jenny and Olivia's experience to that of Luka. As a young child Luka witnessed the destruction of his home city of Sarajevo. He became used to staying alert for snipers on his daily trip out to collect bread and water for his family. He witnessed the death of his uncle and cousin when a bomb landed on the block where the apartment was. Throughout this Luka experienced a sense of belonging within his family and community. His immediate family survived the siege but the experience left him troubled by his dreams even years later. Additionally, he never lost the vigilance to danger that he developed during those war years. Even a distant car backfiring would have him running for cover. Despite this Luka grew up to be a successful worker and father.

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

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



### Matthew

Children in foster care rarely have this early parenting experience.

Let us reflect on Mathew's life. Even before he was born, he was hearing the violent arguments between his parents. His mum could barely soothe herself, as she was alert for the next beating. She had no space to keep her developing baby in mind. Her high stress levels led to increased levels of stress hormones, which surrounded Matthew as a foetus. After he was born the arguments continued. Sometimes Matthew was held between his fighting parents. At least once he was snatched from his mum's arms and flung onto the bed by his dad. As a baby Matthew instinctively signalled his distress to his parents by crying and screaming. But when he did, at best he was met with no response from his parents. Worse they yelled at him, told him to shut up and even on occasion hit him. Matthew learned not to signal when he needed soothing, but with no capacity to soothe himself all he could do was sleep through his distress.

One night, police were called by neighbours to Matthew's home. They found Matthew in physical danger while his parents fought. Matthew was removed in the middle of the night to a foster placement. He was found to be a 'good' baby, no trouble to care for, spending large amounts of time asleep. When he 'woke up' in his toddler years, he was highly active, prone to tempers and unusually self-reliant, with both his carers and his birth parents, who he saw every couple of months. He rarely turned to his carers for comfort, even when he experienced pain or distressing experiences.



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

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

Matthew also experiences emotions such as sadness, anger or worry more intensely when he thinks his carers are unavailable or, worse, if they argue or became stressed. For Matthew these are a reminder of the more intense arguments and stress of his mum and dad. His carer telling him "no" or being displeased with him can cause sadness, anger or worry, which can lead to the triggering of a memory of his early childhood trauma experience. This reinforces Matthew's need to be self-

reliant. It moves Matthew further away from being able to seek comfort from his carers who he sees as both the source of the distress and unavailable as comforters.

Matthew is a difficult child to parent. How he learnt to cope with neglectful and frightening parenting early in his life and to cope with the subsequent separation and loss of these parents and his emergency foster carers affects his ability to make good attachments. His need to stay in control means that he is not open to a reciprocal, loving relationship with his carers. He works hard to be self-reliant; to hide his need for comfort. But when his stress reduces, he continues to demonstrate coercive, attention-needing behaviours, demanding that his carers remain attentive to him.

Belinda and Mike are Matthew's long-term carers. They have an older birth child, Daniel, whom they have parented successfully. When parenting Daniel, his parents felt safe and competent. They enjoy being with him but can also recover easily from times of conflict when Daniel is more oppositional. Belinda and Mike always make sure to repair their relationship with Daniel following such times, and so he experiences unconditional love. Belinda and Mike feel rewarded in the parenting task, want to approach and interact with their child and are able to tune into his needs and make sense of his behaviours and their responses to them. They are able to provide Daniel with warmth, openness and empathy as well as providing boundaries for his behaviour and sufficient structure to help him stay safe.

With Matthew, all of these parenting abilities are challenged. Whilst they offer the same unconditional love as for Daniel, Matthew does not trust this. Structure and boundaries can trigger his fears of being hurt or abandoned again and he responds with rage and terror. It is hard to enjoy being with Matthew as Belinda and Mike find themselves waiting for the next rage-filled episode. They try to attune to Matthew's needs, but his behaviour leaves them feeling confused and helpless. They try to give love and warmth, but it never feels like it is reciprocated. They offer nurture but Matthew rejects this in favour of his feelings of control.

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

Fortunately, Belinda and Mike can think, plan and self-monitor even at their most stressed with Matthew. They are also able to seek and use the support of friends, family and professionals. This self-awareness and ability to draw upon support allows them to stick with Matthew, rather than rejecting him.

Belinda and Mike found some good professional support and this, combined with good friends and some supportive family members, helped them withstand the worst times. Belinda had the hardest time as Matthew feared her love the most and rejected her attempts to connect with him. It was particularly tough in his early years when only she witnessed this side of him whilst to everyone else



he was charm itself. At eight years of age, Matthew struggled to make sense of his experience of being in care. He figured “I must be a bad kid!” and dreamed of parents who would not have rejected him. The increased stress that this brought meant his anger and rage became visible to everyone. Even the smallest of boundaries and the kindest of ‘no’s’ led to a fear that he would be rejected and would lose this family too. Belinda and Mike worked with their professional supporters to understand this and to remain connected with Matthew even when he was fighting them. Most difficult for them was balancing Matthew’s enormous needs with those of their older son, so that Daniel also got what he needed from his parents. With support and therapeutic help they managed and they had some calm years.

There were some good family times as Matthew began to believe in what was on offer. They could not be as spontaneous as they would have liked, change and transition would always be difficult, but there was laughter and fun. It was also good to see Matthew’s developing friendship with Daniel, and to watch the two of them enjoying finding their feet in the wider world.

It was seat belt time as Matthew hit his teens. All the old doubts and fears seemed to resurface as Matthew again tried to figure out who he was and where he belonged. For a while the old Matthew was back with his need to control, reject and hate within the family. Luckily their professional support was on hand ready to mobilise and together they all figured out what was going on. Belinda and Mike revisited old strategies. At night they watched him sleeping and remembered the love they would always have for him. A therapist worked with all of them so that Matthew could experience his carer’s acceptance and understanding of his biggest rages and worst fears.

Matthew left home when he was ready, which was in his mid-20s. He came back often, sharing with them his success as an engineer. As he approached 30 he found a steady partnership with Ruth. The proudest moment of Belinda and Mike’s life was watching Matthew hold his small infant son. As they watched the two gaze at each other they knew that despite the ups and downs, they had got there and that Mathew no longer had to carry the legacy of his early days.

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

*Reflections*

The experience of trauma is unfortunately common amongst children placed in foster care. It can have a devastating impact, and those children who need the most help to recover, have a range of difficulties that affect their ability to elicit or use 'parental' support. These children are difficult to parent and can be resistant to the support that carers can offer.

Matthew's story focuses on the trauma he experienced within his family, but it is important to remember that removing a child from his or her family is another source of trauma. Matthew was removed not just from his parents, but from his wider circle of family, community and culture.

Potential carers need to be clear about the impact of trauma on children and on the adults that care for them. They will not only need to be able to understand the experience of the child and the impact of this on their behaviour, but also need to be prepared to adjust their parenting to take into account the impact of this early experience. Flexibility and adaptability in the face of challenges will be important attributes when parenting children who have experienced developmental trauma.

Carers should be mindful of not contributing to further loss and trauma for children by ensuring they are curious, open and Carers need to appreciate the history of relationships and culture that a child, even a baby, brings with them. Carers need to be mindful that they do not contribute to on-going trauma for the child and be curious, open and accepting of the child's family and cultural connections.

Carers need a particular resilience if they are to stay open and engaged in their parenting of a traumatised child like Matthew. Only then will they be able to avoid feelings of defensiveness in their parenting and continue to offer warm, nurturing care even in the face of rejecting and controlling behaviours. They will learn to understand and accept the child's inner life and to recognise and meet their hidden as well as his expressed needs. In this way, and with good support, they are able to remain receptive and open in their parenting.

The challenges that developmentally traumatised children display can be powerful reminders of past difficulties. Carers will need good self-awareness and resilience in light of these past difficulties if they are to stay present for the children. Dealing with a challenging relationship can place strain on anyone's resources. Living with two challenging relationships in one can overwhelm even the most secure of carers.

This is why an exploration of past relationship history, including early attachment experience, is an important part of the assessment of potential carers. It is not so much the quality of this past experience that is important, but how far the potential carers have been able to process this experience. Are they able to reflect on this experience from a distance and reach an understanding of how it might have influenced the person that they have become? This means that the carer is able to function in the present without being taken back to old struggles. They will be able to respond to the child in an attuned and sensitive way.

Carers need the capacity to understand complex, challenging and often quite perplexing behaviours of children in care. They will need to be open to support from skilled professionals who can join with them in making sense of the children. They will additionally need the emotional resources to retain this understanding under stress, and the self-awareness to know when emotional resources are running dry so that they can look after themselves and maintain some emotional resilience.

Carers who are open to self-care and recognise the importance of this in order to remain open to the parenting challenge being presented are likely to be more resilient over the long term than parents who

see themselves as at the bottom of the list when it comes to having support for themselves. Prioritising the children's needs is an important quality in a potential carer, but being able to prioritise their own needs is equally important. Getting the balance between self-care and the care of others is an important attribute for successful parenting.

Self-awareness is a key concept to understand as part of the assessment of potential carers. It not only helps the potential carers during the assessment process, but more importantly it will help prepare them to better recognise and understand the emotional impact of trauma in members of the carer's family.

Parenting developmentally traumatised children is a challenging task; it can take carers to places that they did not know existed as they absorb the rage, hopelessness and fear of their young children, and experience their sense of inadequacy. It is also a rewarding task: watching a child gradually learn to trust and accept care; feeling their hand in yours for the first time; smiling when they tell you 'I love you' and mean it; watching them finally get invited to a birthday party and managing it without a meltdown! All of these small experiences can bring an exquisite satisfaction that can only be experienced when a carer has lived through the lows and hard times of caring for a child who lacks trust and rejects care. The journey is up and down, and adolescence has the carers hanging on with their fingertips again, but the small moments of success make the journey worth it.