



Evaluation of The Circle therapeutic foster care program in Victoria, Australia: Outcomes and implications

Dr Patricia McNamara* (presenter)

p.mcnamara@latrobe.edu.au

*Associate Professor Margarita Frederico**

*Maureen Long**

*Lynne McPherson**

*Kathy Gilbert**

***La Trobe University**

and Richard Rose, Child Trauma Intervention Services, UK



**International Foster Care Network
Padua ITALY September, 2013**

Contact for report on The Circle: Centre for Excellence in Child and Family Welfare (Melbourne)

<http://www.cfecfw.asn.au/>

Case Example: 'Sam'

Sam was removed from his birth 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 He had experienced extreme neglect in his family of origin and presented as very withdrawn, significantly delayed and unable to cue adults in to his needs at all.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 had made very little progress in these placements. Sam would rarely smile, still couldn't crawl and struggled to cue adults into his physical or emotional needs. He then entered The **Circle Program at two years of age.**

The focus of the Care Team in the early months: **Educating the members of the care team about Sam's history, and understanding what 'purpose' his current behaviours served. **Advocating** for access between Sam and his birth family (both birth mother and maternal grandfather) to occur in the vicinity of his carers home as Sam became unwell in the car. The Therapeutic Specialist **Encouraged and supported** the caregivers to implement 'therapeutic' responses and specific strategies. This included the whole family crawling around on the floor to encourage Sam to begin to learn to crawl, and to practice chewing food as a game to encourage Sam to join in.**

Sam made rapid progress in the months after entering The Circle Program. He learnt to crawl, started to verbalize 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 has continued to progress and make positive gains supported by the Care Team. He also continues to have regular contact with his maternal grandfather and a positive relationship has formed between them with support and guidance; there is a positive relationship between his caregivers and his grandfather.

Frederico M, Long, M, McNamara, P, McPherson, L and Rose R, *Evaluation of The Circle Program – a Therapeutic Approach to Foster Care* La Trobe University Melbourne, Victoria for Centre for Excellence in Child and Family Welfare

Outline of presentation



- What is therapeutic foster care (TFC) in Victoria, Australia?
- What does it aim to achieve?
- What are the components of TFC
- What is *The Circle* Program?
- What training is offered to Circle Carers?
- How was the program evaluated?
- What are the outcomes?
- What are the lessons learned?

Therapeutic foster care

- Therapeutic Foster Care in Victoria was introduced with the '*intention to establish an alternative approach to the existing model of care to better meet the needs of children requiring out of home care*' (DHS Guidelines 2007).
- The aim is that each child placed in this alternative care approach would benefit from a therapeutically focused care environment.

Key findings from literature

A snapshot of recent research findings in therapeutic foster care includes:

- *Outcomes are positive for children and young people and Carers, but limited research available in relation to Birth Parents*
- *Lower level of stress and cortisol levels in Carers*
- *Lower level of stress and cortisol levels in children*
- *Lower placement breakdown*
- *Increase in successful permanency attempts*
- *Decrease in sleep disruption in younger children*
- *Decreased rates juvenile pregnancy*
- *Decreased rates of offending*
- *Decreased rates of substance use*

Goal of *The Circle*



To improve outcomes for children by providing a needs driven therapeutic program in which:

- child's needs are paramount,
- carer is supported as a member of a functioning care team
- birth family are engaged
- there is a therapeutic plan for the child.

The Circle Program



- Commenced in 2009
- **97 places statewide**
- Training of Carers was developed and undertaken by Australian Childhood Foundation (ACF) and Berry Street - Take Two.
- A **Therapeutic Specialist** provides therapeutic assessment, intervention and consultation in relation to each child.
- **Care Teams** are established for each child
- **2/3 of the children are new entrants** to out of home care
- **1/3 children already in care** who have experienced placement breakdown.

Department of Human Services. (2007, copyright 2009). *Circle Program Guidelines*. Melbourne: Government of Victoria.

Theoretical underpinnings of *The Circle*



- overarching conceptual frame of reference for *The Circle* Program has an **ecological-developmental** orientation (eg Bronfenbrenner, 1979; Belsky, 1993),
- informed by knowledge of **trauma and attachment** and attachment (Bowlby, 1988; Perry, 2009)
- guided by the ***Best Interests of the Child*** framework (Victorian Department of Human Services, 2010).

The ecology of childhood



Child serving systems

Step 1: Commitment: by all to share child's journey

Step 2: Personal support/networks: essential to sustain personal resilience, source of sanity

Step 3: Professional supervision: provides overview of system/directions, alerts to risk / system solutions

Step 4: Working with therapeutic network: moves child to safety/warmth of attachment relationships

Child's healing is effected if all above are in place



Key elements of *The Circle*

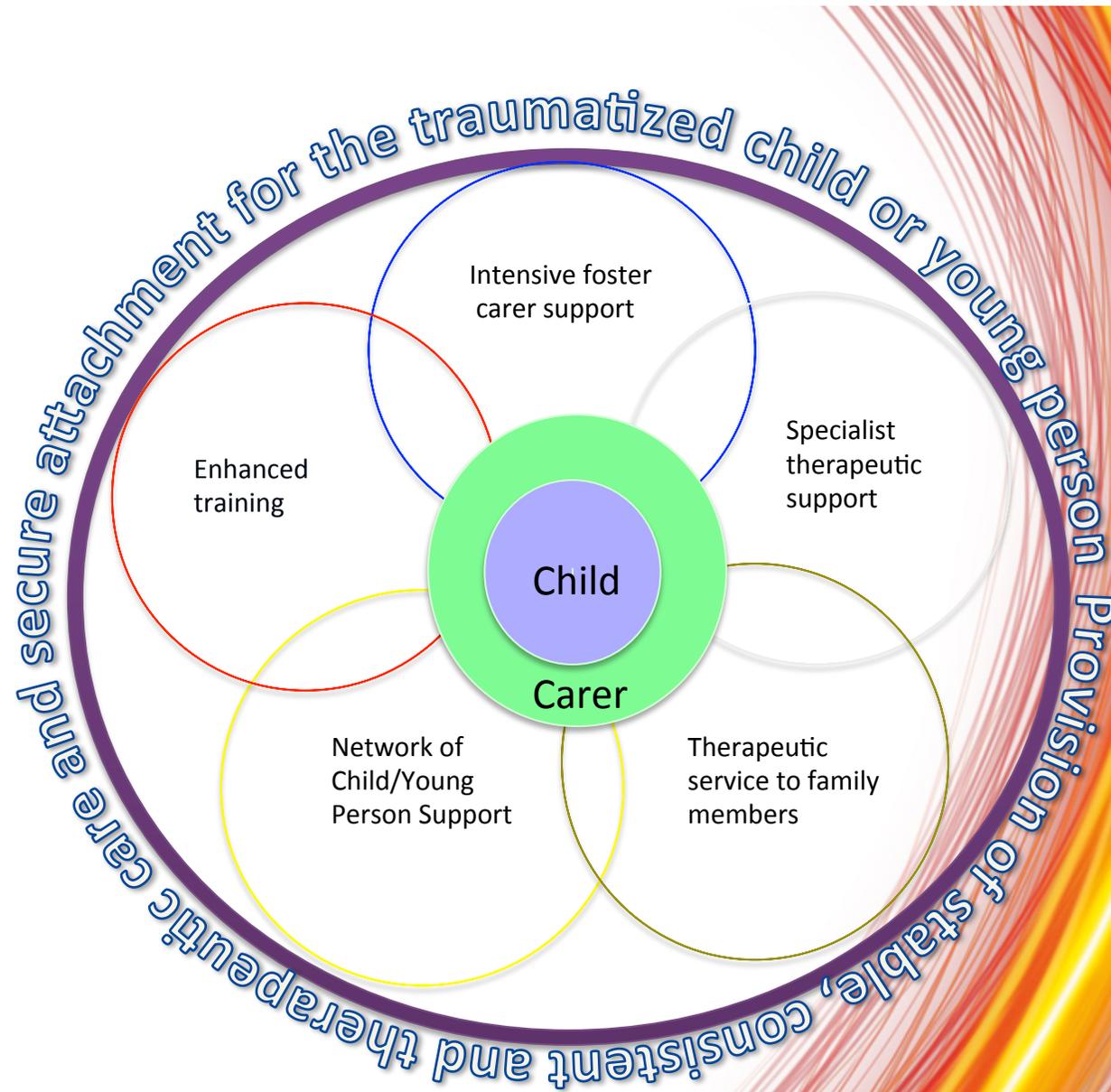
- The child is **positioned at the centre** of the program.
- Primacy of the **carer-child relationship** with focus on the carers ability to provide skilled **therapeutic parenting**
- **The care environment is the relationships**, home, family, school and networks created by the primary caregivers with support of other care team members.(DHS 2009 p2-5)

The core Care Team includes:

- Therapeutic foster care worker
- Carer
- Therapeutic specialist
- Child Protection Worker
- The child's parents or other family members as appropriate
- Other professionals such as schools, counsellors and volunteer support people as required

Role of the Care Team

- The development of supportive and consistent responses needs the combined knowledge of carers, birth families, placement workers, therapeutic specialist and significant others
- Care team is the “collective parent” and consists of all who contribute to the parenting decisions for the child



Conceptual Map of The Circle program

What does Circle training look like.....?





Agenda day 1

- Setting the context
- Overview of the Circle Program
- Exploring the child's world



Agenda Day 2

From 'caring to understanding'

- Beek and Schofield: Videos eg "Being available to the child"

Attachment

- Daniel Hughes: Video "The Cycle of Attachment"
- Internal working model

Attunement

- Circle of Security (Cooper et al)



Agenda Day 3

- **Caring for the Carer** – regulation, self regulation, support
- Self care
- **Therapeutic parenting practices**
- **Safety**

Re-construction

Integration

Challenging moments

- Video (Dan Hughes) P-A-C-E (Playfulness, Acceptance, Curiosity, Empathy)
- **Managing hyper-arousal and dissociative responses to trauma**
- Assisting children to **regulate emotions** through co-regulation of affect

'the number, quality, and stability of relational interactions matter to the child. Removing children from abusive homes also may remove them from their familiar and safe social networks....and worse, the presence of new and unfamiliar individuals can actually activate the already sensitized stress-response systems in these children, making them more symptomatic and less capable of benefiting from our efforts to comfort and heal. Our well-intended interventions often result in relational impermanence for the child: foster home to foster home, new schools, new case workers, new therapists as if these are interchangeable parts. They are not. Even "best-practice" therapeutic work is ineffective in an environment of relational instability and chronic transition'.

Perry, 2009: 248

Evaluation

- Undertaken between mid-2011 and early-2012 by LTU team with Richard Rose
- The **purpose** of the process and outcome evaluation was to describe the implementation process and to **identify outcomes for children**
- An additional focus was to explore **differences** in outcomes between **generalist and therapeutic foster care.**

Methodology

- Literature Review
- **Quantitative Analysis** of available client system data
- Document **review**
- **Focus Groups for Carers**, foster care workers and therapeutic specialists
- **On-line Surveys** for Generalist Carers, for Circle Carers, for foster care workers and child protection workers.
- **Case Studies**
- **Consultation with expert informants**
- The evaluation team was **not** able to have direct contact with **children or families of origin**.

Summary of Evaluation Findings

- Effectiveness of the Program Guidelines and **Service Model**
- Process and outcomes for **children**
- Process and outcomes for **carers**
- Process and outcomes for **birth families**
- **Comparison with generalist foster care**

Effectiveness of program guidelines

- The importance of the strong theoretical underpinnings and the principles of the program were described by all key stakeholders as **integral to the program effectiveness.**

Process and outcomes for children



- **Enhanced stability in placement**
- **Significant developmental gains**
- **Continuity of care**
- **Reunification with families**

Process and outcomes for birth families



- Engagement in care teams
- Trend to greater rates of reunification

Processes and outcomes for carers

- Trauma informed training and support
- Role of Therapeutic Specialist
- Engagement in the Care Team
- High degree of satisfaction
- Increased retention



Carers Survey

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

Being valued as a carer	19
Access to important information	19
Enhanced understanding of trauma and attachment	21
Being engaged in decision-making	24
Achievement recognized by others	21
Personal sense of achievement	14

*'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).

Care Team meetings

- Valued++ by all
- **More reports of inclusion of the family of origin** for Circle meetings than in generalist
- Circle Care Team meetings more strongly focused on **therapeutic needs**.
- Circle Care Team meetings appeared to occur **more frequently** than generalist Care Team meetings.



Experiences of the Care Team

- *All members of the care team are equal* (Carer)
- *'Everyone on the care team is holding the child in mind'* (Therapeutic Specialist)
- *'Everyone is on the same page'* (Foster Care Worker).
- *'Care teams themselves operate in such a way that supports consistency that winds up aspiring to something special.'* (Foster Care Worker)



Reflective Space



- Focus group participants frequently valued the **'reflective space'** to consider the child in the context of their developmental history, family relationships and current care environment as a key component.
- The responsibility for **'driving' the critical reflection** appeared to often rest informally with the Therapeutic Specialist; sometimes however, it rested with the foster care agency or whole Care Team.
- The 'reflective space' was provided an opportunity to identify and discuss the **practical needs of children**
- An opportunity for some to **deepen knowledge** about the child, about **development and trauma**
- Brainstorm the most **appropriate therapeutic response**

Therapeutic Specialist

- **clinical** and knowledgeable support to all stakeholders.
- **guides** the therapeutic work with the child
- advocate for the child
- enhances educational outcomes
- The Therapeutic Specialist and Care Teams' work with schools *'has a real impact on children's educational progress within the school setting'* (Focus Group participant)
- Carers reported being supported by the Therapeutic Specialist

Experience of Foster Care professionals

- **Increased job satisfaction** reported by foster care workers related to decreased case loads, feeling more a part of a team because of the inclusion of the therapeutic specialist.
- **Theoretical underpinning** of the program highly valued by professionals
- Professionals reported increased level of **competency** and majority experienced **personal satisfaction**
- The majority of surveyed professionals reported that carers are more able to **manage their own stress, feel supported and more likely to continue on as foster carers.**

Circle Professionals Survey

Key features of The Circle Program N=54

Supporting the child to form and maintain relationships	46
Communication and coordination of care	46
Offering a predictable style of parenting	45
Assisting the child to regulate their strong emotions	43
Offering a stable and safe home	40
Supporting the child to engage in learning	30
Supporting the child to participate with peers	28
Supporting the child to develop patience	17
Other responses:	22

Circle Professionals Survey

Successful outcomes of The Circle Program (n=51)						
Outcomes	1 Not at all	2	3	4	5 Very much	Response Count
Improving children and young peoples' emotional and social health and wellbeing	2.0% (1)	0.0% (0)	7.8% (4)	33.3% (17)	56.9% (29)	51
Improving placement stability for children and young people	2.0% (1)	0.0% (0)	11.8% (6)	15.7% (8)	70.6% (36)	51
Improving birth family relationships	3.9% (2)	9.8% (5)	23.5% (12)	31.4% (16)	31.4% (16)	51
Achieving education stability for school age children	2.0% (1)	0.0% (0)	13.7% (7)	45.1% (23)	39.2% (20)	51
Successfully engaging birth families	2.0% (1)	12.0% (6)	20.0% (10)	42.0% (21)	24.0% (12)	50
Improving reunification rates where applicable	14.6% (7)	10.4% (5)	22.9% (11)	27.1% (13)	25.0% (12)	48
Improving outcomes for Aboriginal & Torres Strait Islander children and young people	10.9% (5)	2.2% (1)	37.0% (17)	26.1% (12)	23.9% (11)	46

Challenges in delivering *The Circle Program* N=43 professionals

Potential challenges	Responses
Cross sector partnerships	18
Recruiting and retaining carers	17
Including Family of Origin	15
Time management	14
Other	14
Working in a Care Team	7
No real challenges	5
Therapeutic skills	5
Conflict resolution skills	5
Liaison skills	4
Long term commitment	3

Framework for Circle Program (Therapeutic Foster Care) outcomes

1. Achievement of greater stability of care.	The data indicates that there are significantly fewer unplanned exits from foster care compared with a matched sample of children/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 birth parents are more engaged with the process in the Circle Program. Birth 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 birth 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 GFC. 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 TS to discuss & guide intervention are benefits to the system. Another benefit is the training of the carers and other professionals in TFC.

Comparison between *The Circle* Program (Therapeutic Foster Care) and General Foster Care unit cost factors

Identified Cost factors	Circle Program	General Foster Care
1. Fixed cost component:		
CSO payment	\$20,637.00	\$13,758.00
Senior clinician	\$10,496.00	<i>note: whilst not formally a component of General Foster Care, DHS Regions and Agencies report that they are purchasing Senior Clinician services on a case by case basis, as it is seen to be required. Costs where this purchase is made would be comparable to Circle costs.</i>
2. Care giver reimbursements (annualised)		
2.1 Complexity/ risk levels - Client percentages:	100% of Circle Carers receive reimbursement at Intensive level 2 level.	<i>60 % of General Carers receive reimbursement at General level 30 % of General Carers receive reimbursement at Intensive level 10 % of General Carers receive reimbursement at Complex level</i>
General		
Intensive (Levels 1 & 2)		
Complex		
2.2 Age range categories & complexity levels		General Intensive (1) Intensive (2)
0-7 years	\$14,183.00	\$7,019.00 \$8,481.00 \$11,335.00
8-10 years	\$15,177.00	\$7,331.00 \$9,229.00 \$12,352.00
11-12 years	\$17,728.00	\$8,326.00 \$11,169.00 \$14,913.00 \$11,229.00
13 + years	\$23,724.00	\$15,963.00 \$20,930.00
		Complex: \$22,695.00 - \$35,482.00
2.3 New placement loading (where applicable)	n/a Circle Carers do not receive this payment	Annual maximum \$708.11
3.1 Placement Support funding (annualised)	\$1,694.00	<i>Flexible Funds are available on application for children in General foster Care placements. (Focus Group reports) Costings in relation to the unit price per child per annum were not available.</i>
3.2 Pre and Post accreditation carer training & support	\$2,823.00	<i>From July 2011 a three day post accreditation training program;' Fostering Hope 'will be delivered in each Region over a three year period. Whilst not mandatory training, Carers are encouraged to participate. Costing per unit has not been available but could be estimated on the advice of the Centre for Excellence as the 'equivalent' of the three day Circle training.</i>

Matched data set

- 182 Circle cases and 186 matched set cases = 368 cases
- 0 – 15 years
- Matched for **time of entry to care, age, gender, ATSI, LGA, foster care agency managing child**

First Placement outcomes for MS and Circle groups

Placement Outcome	MS group		Circle Group		Total	
	Number	%	Number	%	Number	%
Planned exit	128	68.8	131	72.0	259	70.4
Reunited with parents	10	5.4	16	8.8	26	7.1
Unplanned – caregiver w/draw	17	9.1	8	4.4	25	6.8
Unplanned – agency withdrawal	5	2.7	3	1.6	8	2.2
Unplanned – client w/drawal	4	2.2	0	0.0	4	1.1
Administration end date	7	3.8	15	8.2	22	6.0
No information	15	8.1	9	4.9	24	6.5
Total	186		182		368	
Comparison of percentages with specific outcomes					P	
Planned exit	No	58	31.2	51	28.0	.291
	Yes	128	68.8	131	72.0	
Any unplanned exit	No	160	86.0	171	94.0	.009
	Yes	26	14.0	11	6.0	
Unplanned exit- caregiver withdrawal	No	169	90.9	174	95.6	.054
	Yes	17	9.1	8	4.4	
Reunited with parents/kinship care	No	176	94.6	166	91.2	.141
	Yes	10	5.4	16	8.8	

Recommendations

- **Increase targets**
- Cultural Safety Plans for **Aboriginal and Torres Strait Islander** Children and Cultural Support for carers
- Circle Carers should be involved in **training and market** activity
- A common set of **program implementation metrics** is developed and agreed by the Therapeutic Specialist agencies.
- Inclusion of identification of **exit pathways** which include options to optimize stability for the child.
- A **caseload of 10 for the Therapeutic Specialist** would appear to be a more realistic workload, based on the information provided by focus group member, survey respondents and key informants.
- It is important that **Respite Carers** are considered members of the child's network and receive training in principles of Therapeutic Foster Care
- **Child Protection engagement** in The Circle Program needs to be able to be more accessible in order to allow for consistent good Care Team practice
- further exploration of the **Therapeutic Specialist Role** to assist in informing evidence informed best practice and impacting upon positive outcomes for children.
- develop an **evidenced based outcome model**, which seeks to engage the voice of the Circle Carers, children, and family of origin members, education professionals, clinical therapeutic specialist, and health and child protection practitioners

Lessons learned....

It is **not any single component** of The Circle Program that can be identified as making the **critical 'difference' between therapeutic and general foster care.**

All components, working as an integrated whole have been implemented on the platform of **significant cultural cross sector change.**

This change has been premised on a strong mutual commitment to participate fully, and to act as a 'team around the child', to support the **Carers** to provide the therapeutic care.

The process is supported by the **Therapeutic Specialist** and a **knowledge base** which is made accessible to all through training.

Case vignette – RUBY



“The (8 year old) child'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; 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. At review she no longer meets the criteria.

Caution is recommended to ensure that the specialist team now assembled around this child/young person is replicated in her permanent placement to proactively avoid regression.”

References

- Bowlby, J., 1988. *A Secure Base: Clinical Applications of Attachment Theory*, Routledge
- Belsky, J. (1993). The Etiology of Child Maltreatment: A Developmental-Ecological Analysis. *Psychological Bulletin*, 114, 413-434.
- Bronfenbrenner, U.(1979). *The Ecology of Human Development Experiments by Nature and Design*. Cambridge: Harvard University Press
- Cairns, K. (2002) *Attachment, Trauma and Resilience: Therapeutic Caring for Children*. BAAF, London.
- Circle of Security <http://circleofsecurity.net/> Accessed 12/8/12
- Department of Human Services (2010) '*Cumulative Harm: Best Interests Practice Model, Specialist Practice Resource*'. Melbourne: Government of Victoria.
- Department of Human Services. (2007, copyright 2009). *Circle Program Guidelines*. Melbourne: Government of Victoria.
- Frederico, M., Jackson, A., & Black, C. (2010). *More than Words – The Language of Relationships: Take Two – Third Evaluation Report*. School of Social Work and Social Policy La Trobe University: Melbourne.
- Frederico M, Long M, McNamara P, McPherson L, Rose R and Gilbert K (2012) *The Circle Program: Evaluation of a therapeutic approach to foster care* Melbourne Victoria: Centre for Excellence in Child and Family Welfare
- Hughes D (2000) *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioral Change in Foster and Adopted Children* Aronson
- Osborn, A., & Delfabbro, P. H. (2006). *National comparative study of children and young people with high support needs in Australian out-of-home care*. Adelaide: University of Adelaide.
- Perry, B. (2009). Examining Child Maltreatment Through a Neurodevelopmental Lens. *Journal of Loss and Trauma*, 14, 240–255.
- Perry, B. D. (2006). The neurosequential model of therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children. In N. Boyd Webb (Ed. pp. 27–52). *Working with traumatized youth in child welfare*. New York: Guilford Press.
- Schofield G and Beek M (2008) *Handbook for foster care and adoption* London UK : BAAF