



NSW Department of  
Community Services

## **OUT-OF-HOME CARE SERVICE MODEL**

### **RESIDENTIAL CARE**

This service model for Residential Care has been developed by the NSW Department of Community Services in consultation with the non government sector. The paper describes the key elements of a Residential Care model which are considered to reflect best practice. As such, the service model is not designed to be prescriptive but should be read as a guide to current service development priorities.

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## RESIDENTIAL CARE MODEL

### **Summary**

*The residential care model described in the paper provides a placement option for children and young people (in the parental responsibility of the Minister, or in the care of the Director General) who are unsuited to family-based placements because of their challenging behaviour and high support needs or their preferences.*

*The key features of this model include:*

- creation of a home-like, safe environment in a community-based setting;*
- a maximum number of 5 residents per program;*
- minimum age for entry is 12 years, although younger children could be considered if assessment indicates they have special needs that could not be met in a home-based setting;*
- highly skilled direct care staff who receive ongoing on-the-job training and have access to regular supervision, clinical consultation, and advice/support when crisis situations arise;*
- case planning based on comprehensive assessment of needs, and subject to regular review of the effectiveness of interventions for individual children and young people;*
- multi-disciplinary specialist services (e.g. psychologist, psychiatrist, drug and alcohol counsellor) engaged to address particular areas of need for individual children and young people and to provide consultation for staff;*
- an emphasis on developing educational/vocational skills;*
- a focus on preparing children and young people to function with increased levels of confidence and independence in their future placement;*
- placement duration determined on the basis of assessed individual need; and*
- careful transition planning and consideration of the supports required post placement.*

## 1. Introduction

This paper describes the key components of a residential care model for children and young people in out-of-home care who are unsuited to family-based placements (with relatives or un-related foster carers), either because of their extremely challenging behaviours and high support needs or their strongly expressed preference not to live with a family. Attempts to place these children and young people in foster care often result in placement instability which can compound existing underlying behavioural and emotional difficulties.<sup>1</sup> The residential care model outlined in this paper provides an alternative out-of-home care placement option that better matches the needs and wishes of this client group.

## 2. Definition of residential care

For the purposes of this model, residential care refers to placement of a small number of children or young people (in the range 2 - 5), in a property owned or rented by an agency, and staffed by direct care workers employed on a rostered basis<sup>2</sup>. The behavioural, emotional, social, physical and educational needs of the children and young people in placement are identified through a comprehensive assessment process, and are addressed in individualised case plans which are subject to regular review. In addition, the service takes into account the group dynamics within the residence in the development of interventions and activities for residents.

The interventions and support offered by direct care staff and other personnel involved in the case plan (e.g. psychologists, counsellors, psychiatrists, education specialists, medical specialists) form the basis of an outcomes focused program designed to assist children and young people to achieve stability and to develop the skills to enable them to progress towards independence. Although this model has a broad therapeutic focus, it differs from an intensive residential treatment program in terms of:

- the intensity and comprehensiveness of the therapeutic program provided; and
- the length of placement in this model type. Whereas the intensive residential treatment program is time limited (6 -12 months), this model provides a placement option available for as long as required according to individual case plans.

## 3. Research

The main research resources relied on to develop this model are listed in the research bibliography (Appendix A).

## 4. Outcomes

It is intended that the residential care service will improve all aspects of the development of the children and young people placed in the service, so that:

<sup>1</sup> Barber, JG & Delfabbro, PH (2004) *Children in Foster Care* London: Taylor and Francis.

<sup>2</sup> This closely follows the definition of residential care adopted in the report on *Residential Care in NSW* (ACWA, 2005).

- they are progressively able to function with decreasing formal supports;
- they progress towards meeting the level of skills and competencies appropriate to their age/developmental level;
- they progress towards meeting age/developmental appropriate educational and/or vocational goals;
- the risk to the child/young person and to others of their behaviour is reduced; and
- they are able to make a successful transition to a less restrictive placement setting, independent living, or family restoration.

## 5. Target group

The target group for residential care is children and young people with medium to high support needs for whom parental responsibility has been allocated to the Minister, or who are in the care of the Director-General.

The minimum age for entry into the program will generally be 12 years, although younger children could be considered for admission if comprehensive assessment indicated they had special needs that could not be adequately met in a home based option.

The children and young people in the target group will have in many cases experienced multiple and/or traumatic placement disruption and abuse histories, and may present a range of challenging behaviours and social/emotional difficulties, often in combination. These difficulties may include one or more of the following:

- poor impulse control and/or stress intolerance
- high risk-taking behaviours
- alcohol and other substance abuse
- poor self image
- self-harming behaviours
- social isolation and limited capacity to form relationships with peers and/or adults
- sexually inappropriate behaviour
- anti-social behaviours, including aggression and or violence towards people, and, in some instances, criminal behaviour
- mental health issues
- physical health issues
- intellectual disability
- educational difficulties.

These behavioural and emotional difficulties have significant adverse impacts across a range of social settings. For example, mainstream educational services are often unable to effectively deal with these children and young people due to the combination of their learning difficulties and challenging behaviours. Many face disruption to their education due to repeated periods of exclusion from school, or have not attended school for some years.

The frequency and intensity of the challenging behaviours presented by these children and young people can lead to multiple, crisis-related placement changes that often exacerbate underlying behavioural and emotional issues. The behaviours presented by the target group are likely to be chronic, long-standing and resistant to interventions.

## **6. Key features of the proposed service**

The program should have an evidence and theoretical basis that takes into account the characteristics of the target group, and is clearly articulated and documented. This provides a common set of values and principles for guiding program development and staff/resident interaction.

Anglin (2002)<sup>3</sup> has identified 3 broad central tasks or goals that a residential care unit should strive to achieve:

- creating a home-like environment but without the intimacy and intensity of a family environment;
- understanding that the challenging behaviour of residents often has its basis in past traumatic experiences, and that this is taken into account when responding to the behaviour so as to avoid inadvertently inflicting further trauma; and
- preparing residents to manage successfully in more normative living situations.

These goals provide an overarching framework for the model components that are described below.

### **6.1 Duration of placement**

Placement duration will vary according to individual case plan goals. For some children and young people, placement in residential care will be short to medium term and transitional in nature, for example where placement in intensive foster care or supported independent living is the longer term case plan goal. For others, the placement may be longer term, where it is assessed that placement stability is a priority. This model is not primarily designed to provide short-term emergency/crisis placements, as these have the potential to disrupt the stability of the living environment for the children and young people placed on a longer term basis in the residential care unit.

### **6.2 Referral for entry into the service**

DoCS, or the agency running the service, has responsibility for referral of children and young people to the service, taking into consideration their views and compatibility with other residents in the residential care unit. The agency providing the service has responsibility for developing processes for receiving referrals as well as responsibility for assessment, case management and case planning.

### **6.3 Number of residents**

When determining the number of residents in a unit, services should make an appraisal of their capacity to effectively address the individual needs presented by residents, as well as taking into account the compatibility of the residents group as a whole. It is unlikely that any facility could accommodate more than 5 children at any one point in time. Although a higher number of residents in a program may increase the complexities of managing the group dynamics, it may also increase the opportunities for using peer group interactions in a therapeutic way<sup>4</sup> where this is needed.

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<sup>3</sup> Anglin J *Pain, Normality and the Struggle for Congruence: Reinterpreting Residential care for Children and Youth* Haworth Press, 2002 pp 54-56

<sup>4</sup> This is the rationale underlying the Positive Peer Culture approach (Vorrath and Brendtro, 1985).

This model is **not** aimed at individual ('one-on-one') residential care placements. The benefits of these placements, which usually revolve around safety considerations, are generally outweighed by the costs, including possible adverse impacts on the child/young person<sup>5</sup>.

## 6.4 Physical environment

The program will be community-based. The living environment needs to comply with requirements for safety, and to promote, as far as possible, a home-like setting that offers individual privacy<sup>6</sup>. In choosing the location of properties, consideration should be given to selecting sites that take into account factors such as the availability of mental health, medical and educational services, and the likelihood of disturbance to neighbours. Properties could be either rented or owned by the agency operating the service.

## 6.5 Staffing

### 6.5.1 Manager

Key functions of this position include:

- actively promoting a positive culture within the service, which is reflected in the organisation's policies and procedures;
- overseeing the running of the service in accordance with DoCS policies and Out-of-Home Care standards specified by the NSW Office of the Children's Guardian;
- ensuring that the program's goals and philosophies are understood and implemented by all staff;
- providing effective supervision that supports direct care staff in delivering a consistent quality service;
- facilitating ongoing staff training; and
- ensuring the service is provided in line with the service specifications provided by DoCS.

Essential requirements for this position include (a) a degree in social work or psychology, (b) significant experience working with children and young people with behavioural and emotional difficulties, and (c) significant management experience, particularly management of staff who regularly face crisis situations in the course of their work.

### 6.5.2 Direct care workers

In addition to ensuring that basic care and accommodation needs are met, direct care workers play a crucial role in supporting children and young people to achieve their individual case plan goals. They are key agents in the development and implementation of behaviour management plans. Through their daily interactions with children and young people in the program, and modelling appropriate behaviour, they promote the development of social skills across a range of domains.

Direct care workers should be suitably qualified, with an expectation that there would be involvement in on-going training to further build on existing knowledge and skills.

<sup>5</sup> These concerns are summarised in: Flynn, C., Ludowici, S., Scott, E., & Spence, N. *Residential Care in NSW* Association of Children's Welfare Agencies, 2005, pp 14-16

<sup>6</sup> OCG NSW Out-of-Home Care Standards (2A.1, 2A.2, 2.10); Children and Young Persons (Care and Protection) Regulation 2000, Schedules 2 and 3.

Experience in working with children and young people with challenging behaviours would also be essential, with demonstrated competencies in areas such as communication with children and young people who have experienced trauma and rejection, implementation of individual behaviour management interventions in a planned, systematic way, effectively dealing with crisis situations, and applying social learning principles in promoting social skills development.

### 6.5.3 Casework

Agencies are responsible for undertaking case management functions and performing casework tasks in accordance with the each child's case plan, the Office of the Children's Guardian's Out-of-home care standards and policies, the *Children and Young Persons' (Care and Protection) Act* and *Regulations* and the Service Agreement and Specifications.

Key case management tasks include:

- working in collaboration with other agencies, relevant professionals, children, young people, families and appropriate cultural and community representatives to ensure that all relevant parties are involved in case planning and review processes;
- coordinating the range of services identified in the case plan so that they are provided in a timely way, and effective channels of communication between the service providers are maintained;
- arranging regular meetings to review progress in achieving the objectives and goals of the case plan, and recording the outcomes of these meetings;
- developing a leaving care plan in conjunction with the young person and significant others;
- maintaining comprehensive care records and ensuring that the content accurately reflects the reasons for key decisions made whilst in the placement, and important events and achievements during this period;
- implementing the cultural placement principles of the *Children and Young Persons (Care and Protection) Act 1998*. This includes the principles relating to culture, language, religion and other components of diversity, and the Aboriginal and Torres Strait Islander principles of self-determination, participation and placement<sup>7</sup>; and
- addressing cultural issues in the case plan for children and young people from culturally and linguistically diverse family backgrounds

Key casework tasks include:

- providing advice and support to children and young people;
- involvement in delivery of particular therapeutic interventions for individual children and young people, as a member of the multi-disciplinary team;
- facilitating contact arrangements with family members, siblings and other significant people as outlined in the case plan in order to promote the maintenance of identity, culture and religion and to meet the identified needs of children and young people;
- undertaking activities that support the child or young person in maintaining their identity through, for example, regular life story work; and
- arranging or providing timely and appropriate transitional and/or aftercare services for young people who exit the residential care placement.

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<sup>7</sup> Sections 9 (c), 9 (e) 11,12, and 13 of the *Children and Young Person's (Care and Protection) Act* 1998

A degree in Social Work or Psychology, together with demonstrated experience working with children and young people with similar characteristics to the target group, would be essential requirements for Caseworker positions.

## **6.6 Specialist supports**

In order to effectively address the needs of children and young people it will be necessary to engage appropriate support services across a range of disciplines.

### **6.6.2 Psychological services**

A psychologist is able to provide assessment and intervention services for individual children and young people, as well as consultation and support to staff about the range of issues arising around program implementation and development.

The psychologist's role may include:

- providing advice about behaviour management issues, including the development of individual and group behaviour management plans;
- individual, group or family counselling;
- staff training and support;
- conducting assessments of children and young people as part of the case planning review process;
- contributing to the ongoing review and development of the therapeutic program.

There are a number of options for engaging the services of a psychologist for the residential care service:

- the agency operating the service may choose to employ a psychologist specifically for the program, or allocate a psychologist already employed within their organisation to the service; or
- the agency may enter into agreements with a government provider, such as the Department of Health, or the Department of Ageing, Disability and Home Care (DADHC), about the provision of psychological services;
- the agency may enter into an agreement with DoCS about utilising the services of a DoCS psychologist; or
- the agency may enter into a contract with a psychologist in private practice to provide services on a sessional basis.

These options are not necessarily mutually exclusive.

### **6.6.3 Other clinical or counselling specialists**

Other clinical specialists may be engaged to provide services to individual children and young people, or as a general consultant for the service. These may include:

- *Child and Adolescent Psychiatrist:* To provide consultation around diagnosis and management of children/young people who present with significant mental health issues, to prescribe and monitor medication when this is part of the management plan;
- *General Medical Practitioner:* To monitor the physical health needs of residents;
- *Specialist counsellors:* To provide counselling in specific areas such as Alcohol and Other Drug issues, or Sexual Assault issues.

Their services will usually be engaged by either:

- agreed arrangements negotiated with a government provider (i.e. Department of Health, Department of Ageing, Disability and Home Care (DADHC)); or
- contracted sessional arrangements with private practitioners.

### **6.6.3 Educational supports**

The service should work in close collaboration with the Department of Education and Training (DET) and/or non-government educational agencies to support children and young people in school placements. Whenever possible, it is preferable that children and young people attend schools in the community, but for those excluded from school, home-schooling programs need to be developed to assist them in reintegrating back into school or to provide them with vocational skills. Home schooling programs should be endorsed by the Department of Education and Training. Where a home-schooling program is being implemented, there needs to be appropriate accommodation for this purpose, preferably providing some degree of physical separation from the day-to-day living environment.

Specialist education staff should be engaged to support the individual education plans of children/young people in the program. These will include:

- suitably qualified and experienced teacher(s) to facilitate the home-schooling program for excluded children and young people, and/or to provide individualised tutoring support for those attending school;
- youth worker(s) to support the teacher facilitating the home-schooling program.

### **6.7 Staffing rosters**

Staffing rosters should be designed to ensure the safety of the children and young people at all times. Overnight “awake” shifts are likely to be required for groups of children and young people where there is a high risk of disruptive, challenging behaviour. However, the need for overnight “awake” shifts should be periodically reviewed, especially where the resident group is stable and settled.

### **6.8 Management of crisis situations**

Direct care workers need to be provided with training and support in dealing with crisis situations that may arise. Strategies for achieving this include:

- ensuring that each child or young person has an individual critical incident management plan included their case plan;
- clear guidelines around the involvement of the Police in response to crisis situations, with an understanding that attempts should be made to minimise Police involvement wherever possible;
- developing written procedures to be followed in the event of, and following a crisis;
- clear guidelines around when it might be appropriate to separate a child or young person from the group program, and how such separations should be managed;

- access to training around management of crisis situations (e.g. the Therapeutic Crisis Intervention (TCI) training program<sup>8</sup>). Key topics that need to be included in this training include: early identification and de-escalation of potential crisis situations, use of safe, appropriate physical restraint during a crisis, assisting the child or young person in recovering from a crisis, and self-management in the aftermath of a crisis;
- provision of on-call management advice and support when a crisis occurs; and
- access to appropriate debriefing for staff following a crisis.

It should be noted that secure care is not included as a crisis management strategy in this model.

### 6.9 Post-placement support

It is important that the child or young person is aware of, and engaged in the process of planning for their likely future placement when they leave the residential care placement. A major focus of planning is the development of the range of social, educational/vocational and practical living skills to enhance the opportunities for the child or young person to cope successfully in their subsequent placement.

All children and young people exiting a residential care placement should be provided with regular caseworker support during the period of transition. This will entail residential care staff working collaboratively with the key people who will be supporting the child or young person in the placement to which they are exiting. The form of support will vary according to individual need. The frequency of contact would generally reduce over time, as the child or young person settles in the new placement, and the support systems are consolidated.

There are a number of possible exit pathways from residential care.

- *Independent living arrangements, including Supported Independent Living:* Young people moving to independent living arrangements should be provided with caseworker support (subject to their agreement once they have formally exited out-of-home care) in order to help them to negotiate the range of challenges they are likely to face as they move towards adulthood. The frequency and form of caseworker contact will vary on a case by case basis, according to assessed need.<sup>9</sup>

The types of support that can be provided include:

- (1) Provision of information about available resources and services
- (2) Counselling about personal issues and practical advice/advocacy
- (3) Assistance based on an assessment of need including:
  - (a) Financial assistance
  - (b) Obtaining accommodation

<sup>8</sup> Bath, H. (1998) *Therapeutic Crisis Management: Training Manual* Canberra, Marymead Child and Family Centre

<sup>9</sup> OCG Benchmark Policy 6.2 (Leaving Care – After Care Support) recommends a contact schedule of “at least once within the first month of leaving out-of-home care, every quarter for 2 years, and then 6-monthly for 3 years.” After care for high needs young people exiting residential care may need to be at a higher level, at least in the initial stages after leaving care or during periods of crisis.

- (c) Setting up house
  - (d) Education and training;
  - (e) Finding employment
  - (f) Legal advice
  - (g) Accessing health services
- *General or intensive foster care:* The primary source of post-placement casework support for the child or young person would generally be the caseworker supervising the foster care placement. However, it is important that the residential care service supports the transition to the new placement, working collaboratively with the foster care service. This may involve:
    - participation in meetings to plan for transition to foster care;
    - supporting the child or young person during the period of transition; and
    - providing consultation to foster care staff around strategies for managing behaviour.
  - *Restoration:* The residential care service should work collaboratively with the child or young person, their family, and relevant agencies that will be providing post-restoration support services during the transition period. This may involve:
    - participation in meetings to plan for transition to restoration;
    - supporting the child or young person, and their family during the period of transition; and
    - providing consultation to services providing support to the child or young person and their family around strategies for managing behaviour.

#### **6.10 Participation of children, young people and their families**

The residential care service will:

- conduct genuine, ongoing consultation and facilitate participation of children, young people, and their families in the making of decisions that affect them; and
- provide children, young people and their families with information (in a manner and language that they can understand) which facilitates their participation.

#### **6.11 Promoting the rights of children, young people and their families**

The residential care service will:

- inform children, young people and their families of their rights (in a manner which is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the *Children and Young Persons (Care and Protection) Act 1998* and information about complaint and appeals processes;
- provide all children and young people with the *Charter of Rights* and ensure the agency advances and complies with the Charter;
- ensure that the privacy of children, young people and their families is respected, confidentiality is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*; and
- have policies and procedures in place to appropriately process complaints and appeals by children, young people and their families within clearly stated timeframes.

## APPENDIX 1: RESEARCH BIBLIOGRAPHY

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