Human Services
Community Services

OUT OF HOME CARE SERVICE MODEL

THERAPEUTIC SECURE CARE PROGRAMS

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THERAPEUTIC SECURE CARE PROGRAMS

Summary

Therapeutic secure care is a placement option for a small group of children and young people in out-of-home care who require intensive care and support to protect them from extreme risk taking or life threatening behaviour that can only be effectively provided in a secure setting. The aim of therapeutic secure care is to keep the child or young person safe while their behavioural, emotional and health needs are assessed, their case plan is reviewed and linkages to appropriate support services and treatment are established or enhanced to reduce the risk to the child and return him or her to a community placement as quickly and safely as possible.

To ensure appropriate oversight of therapeutic secure care placements, applications for therapeutic secure care will be considered by the Director Intensive Support Services who will then convene a case conference. The case conference will recommend whether or not an application for a therapeutic secure care order should be made to the NSW Supreme Court. The length of stay in therapeutic secure care is determined by the NSW Supreme Court.

The key features of a therapeutic secure care program operating under this service model include:

- *care of residents in secure group residence with 24 hour supervision*
- *individual case planning based on comprehensive assessment of needs*
- *delivery of services by multidisciplinary teams of professionals (including direct care staff, and a range of mental health, education and medical professionals)*
- *a philosophy of care with a therapeutic focus guided by evidence-based practice*
- *a maximum number of 4 residents per program*
- *highly skilled direct care staff who receive ongoing on-the-job training and have access to regular supervision*
- *staffing rosters that allow for a minimum ratio of 1:2 direct care staff to residents*
- *placement and placement duration determined by the Supreme Court of NSW*
- *a focus on developing the capacity of children and young people to live safely in less restrictive settings*
- *effective transition planning to facilitate a safe and sustainable move for the child or young person into a less restrictive setting*
- *ongoing evaluation of the effectiveness of the program in achieving positive outcomes.*

Contents

1. Introduction

This paper outlines the key components of a therapeutic secure care service model for children and young people in out-of-home care (OOHC) who pose an immediate and substantial risk of harm to themselves. The therapeutic secure care service model has been developed as a placement option for these children and young people in order to keep them safe, to provide interventions to reduce the risks the child or young person poses to themselves and to return them to a community placement as quickly and safely as possible.

2. Definition of a therapeutic secure care program

Secure care programs for children and young people in a child welfare context vary greatly between jurisdictions. Programs differ in overall purpose and approach, client group and legislative frameworks. This service model refers to secure accommodation used in exceptional circumstances for children and young people in OOHC who are at significant risk of harm to themselves because of their extreme risk taking and life threatening behaviour. Therapeutic secure care in this context refers to the compulsory confinement of a child or young person in group residence that aims to protect the child or young person from imminent risk and danger arising from their behaviour through 24 hour supervision, intensive case management and access to specialist services.

The program involves confining the child or young person safely in a secure therapeutic environment guided by a comprehensive therapeutic philosophy while their behavioural, emotional and mental health needs are assessed, their case plan is reviewed, and linkages to appropriate support services and treatment are established or enhanced. The goal of the placement is to reduce the risk the child or young person poses to themself so that they can exit the placement as quickly and safely as possible and continue to access intervention services in a community setting.

3. Research findings

There is limited research on the use of therapeutic secure care in a welfare context. A selection of relevant resources is listed in the research bibliography (Appendix 1).

4. Aims of a therapeutic secure care program

- Protect the child or young person from their extreme or life threatening risk taking behaviour in the short-term with 24 hour supervision in a small secure group residential care setting that has a clearly defined therapeutic philosophy.
- Assess the behavioural, emotional and mental and physical health needs of the child or young person.
- Provide intensive case management and specialist services and supports in response to the child or young person's identified needs.
- Provide the child or young person with a care team including direct care staff who facilitate behavioural change through daily interactions consistent with the child or young person's case plan goals and the therapeutic philosophy of the program.

- Establish or enhance linkages to appropriate support services and treatment to reduce the risks to the child or young person so that he or she can return to a community placement as quickly and safely as possible.

5. Outcomes of therapeutic secure care program

A therapeutic secure care program should achieve the following outcomes:

- the child or young person receives appropriate supports and services to address their behavioural, emotional, educational and mental and physical health needs.
- the child or young person demonstrates skill development and positive behavioural change associated with his or her case plan goals, for example, greater emotional regulation, greater coping strategies to deal with interpersonal conflict and stressful situations and reduced incidences of self-harm.
- the risk to the child or young person arising from their behaviour is reduced to the extent that it can be effectively managed in a community setting.
- the child or young person is able to make a successful transition to a less restrictive community placement setting at the earliest opportunity, such as intensive therapeutic residential care, intensive foster care, supported independent living, relative or kinship care or family restoration.

6. Target group for the model

Only a small number of children and young people are expected to require a therapeutic secure care placement.

The defining feature of the target group is behaviour which places the children or young person's life at extreme risk of harm. It is serious risk of harm to self, rather than overall levels of assessed need, which places a child or young person in the target group for therapeutic secure care.

Behaviours that are so extreme they cannot be safely managed in a less restrictive setting and may lead to a child or young person entering therapeutic secure care include:

- serious or life threatening self-harming behaviour
- serious risk taking behaviour that leads to severe abuse and exploitation, particularly sexual exploitation
- drug or substance abuse that leads to severe harm or risk of death

While there may be a particular crisis that leads to an application for secure care, children and young people in the therapeutic secure care target group will often have a history of chronic risk taking behaviour that places them at significant risk of harm and may frequently present in a state of crisis. Children and young people within this target group might also have multiple challenging behaviours and may have been resistant to previous treatment interventions.

Prior placements of children and young people admitted to therapeutic secure care may include foster care, relative or kinship care, intensive foster care, residential care, supported independent living or homelessness. It is likely that many children and young people admitted to therapeutic secure care will present with a similar range of challenging behaviours and social/emotional difficulties outlined in the target group for the intensive residential care service model.[1] However, not all children and young people in the intensive residential care target group will require therapeutic secure care.

Only children and young people likely to benefit from the program should be placed in therapeutic secure care. It must be clear that the child or young person will receive treatment and other services that will ensure their safety in the short-term and will assist them in the long-term to deal with the problems that have led them to present such a danger to themselves. In making this assessment, it must be considered whether alternative placements are more suitable for the child or young person than a therapeutic secure care placement. For example, for a child or young person who is a refugee or asylum seeker with a history of detainment, a therapeutic secure care placement may be inappropriate.

A child or young person cannot be placed in a therapeutic secure care program operating under this model without an order of the NSW Supreme Court. Child welfare legislation in NSW does not allow involuntary confinement of children and young people in out-of-home care at the discretion of the Chief Executive of Community Services. Judicial oversight of therapeutic secure care placements reflects the serious nature of involuntarily containing a child or young person and the exceptional circumstances where such measures are required.

To be the subject of a therapeutic secure care application, the child or young person must be under the case management responsibility of Community Services. Where a child or young person is under the case management responsibility of a non-government service provider but is considered to be in need of more intensive assistance, including therapeutic secure care, the non-government agency should contact its local child and family regional unit to discuss transferring case management responsibility to Community Services. For further information see the Draft Service Provision Guidelines.[2]

Children and young people with a significant, complex mental health condition who require close psychiatric monitoring and treatment will need to be carefully assessed when considering placement in therapeutic secure care. Those eligible for involuntary treatment under the *Mental Health Act 2007* because of a mental illness or disorder defined under the Act should be treated by health professionals in accordance with the Act. Residents of a secure care program operating under this model may be admitted for involuntary treatment under the *Mental Health Act 2007* for a short duration if necessary.

In summary, the target group for therapeutic secure care includes children and young people who are:

- in the parental responsibility of the Minister for Community Services or the care responsibility of the Director-General, Department of Human Services or under an interim order which will lead to permanent care
- under the case management responsibility of Community Services

[1] *http://www.community.nsw.gov.au/docswr/_assets/main/documents/oohc_model_residential_int.pdf*
[2] http://www.community.nsw.gov.au/docswr/_assets/main/documents/oohc_serv_provision.doc

- aged between12 and 17 years of age
- at extreme risk of harm to themselves and the risk cannot be safely managed in a less restrictive setting
- likely to benefit from placement in a therapeutic secure care program
- the subject of a Supreme Court Order authorising a therapeutic secure care placement.

7. Applications for therapeutic secure care

A child or young person in out-of-home care can only be placed in therapeutic secure care by an order of the NSW Supreme Court. Placing a child or young person in therapeutic secure care is a very serious intervention to take. A therapeutic secure care placement should only be sought when all other placement options have been unsuccessful or when alternative placements have been considered and deemed inappropriate because the child or young person will be at significant risk of harm.

Before Community Services applies to the Supreme Court for a therapeutic secure care order, the case must first be referred by a Regional Director to the Director Intensive Support Services.

The referring Regional Director must provide the Director Intensive Support Services with:

- the child or young person's legal status and copy of relevant court orders;
- relevant history of the child or young person
- current assessed needs, strengths and diagnoses
- a copy of the child or young person's case plan
- current placement details
- details on the most recent placement review and outcomes of previous placements
- the rationale for why a placement in therapeutic secure care is considered the most appropriate placement for the child or young person
- a discussion of the alternatives to a therapeutic secure care placement that have been considered and why these are not appropriate
- the desired outcomes of the therapeutic secure care placement for the child or young person

The Director Intensive Support Services will review the available material and discuss the placement options for the child or young person with the referring Regional Director. If the Director Intensive Support Services agrees that therapeutic secure care is the preferred placement option, the Director Intensive Support Services will convene a Case Conference to discuss the referral either in person or via teleconference. The case conference will include:

- The referring Regional Director
- The casework team involved with the child or young person
- Treating professionals (for example psychiatrist, psychologist)
- Program Manager, Therapeutic Secure Care

- Clinicians who provide services to residents of the Therapeutic Secure Care Program
- Other relevant people as appropriate.

Where a child or young person being considered for a placement in therapeutic secure care is Aboriginal the case conference must include an Aboriginal caseworker from Metro Intensive Support Services and the Director Aboriginal Services Branch. In addition, consultation must occur with relevant members of the child's family, kinship group, representative organisation or community in accordance with section 12 of the *Children and Young Persons (Care and Protection) Act 1998.*

Where the child or young person is from a CALD background input to or participation in the case conference by a culturally appropriate person must be considered by the Director of Intensive Support Services.

Where the child or young person is a refugee or asylum seeker with a history of detainment and/or refugee related trauma, input to or participation in the case conference by a refugee health specialist (for example a psychologist or counsellor) must be included. These workers can advise on the needs of the child or young person, the suitability of the placement for the child or young person and the supports required.

The case conference will consider:

- the application for therapeutic secure care
- the purpose of the therapeutic secure care placement
- how the placement fits into the child or young person's overall case plan
- how the placement will meet their needs and reduce the risks to the child or young person
- the feasibility of alternatives to a therapeutic secure care placement including accessing services in a community setting
- the outcome of consultation with the child or young and his or her carers and/or family
- the views of the Aboriginal caseworker and the Director Aboriginal Services Branch and relevant members of the child's family, kinship group, representative organisation or community if the child or young person is Aboriginal
- the views of a refugee health specialist if the child or young person is a refugee or asylum seeker, or the views of a culturally appropriate person, if required, where the child or young person is from a CALD background.
- which child or young person is in greatest need of a therapeutic secure care placement where demand for therapeutic secure care exceeds the number of placements available.

In crisis situations, a case conference may not be held and the views of each member of the case conference will be sought individually by the Director Intensive Support Services.

The decision of the case conference and any advice received from consultation about the placement should be recorded on the child or young person's file.

If the members of the case conference recommend the child or young person be placed in therapeutic secure care, the Director Intensive Support Services will seek approval for the placement from the Chief Executive of Community Services. If approved by the Chief Executive, the Director Intensive Support Services will arrange an application to the NSW Supreme Court seeking approval to place the child or young person in therapeutic secure care. If approved, the Director Intensive Support Services will arrange the child or young person's placement in conjunction with the current casework team and the Therapeutic Secure Care Program Manager.

If the Chief Executive does not approve the application for therapeutic secure care the case is referred back to the Regional Director for further discussion with the Director Intensive Support Services and other members of the child or young person's care team.

Alternative arrangements to ensure the safety of the child or young person must be made by Intensive Support Services while Court proceedings are in place.

8. Extension of therapeutic secure care order

The NSW Supreme Court makes an order for therapeutic secure care on an interim basis only. The Justice presiding over the case sets the review dates for each matter and provides instruction on what information must be provided at the next review.

The placement must also be monitored and regularly reviewed by the child or young person's care team. The care team comprises Manager Client Services Metro Intensive Support Services, the child or young person's caseworker, youth worker, psychologist or psychiatrist, the therapeutic secure care program manager, as well as any other professional involved in the ongoing care of the child or young person invited by the child or young person's case worker. The care team must carefully consider the progress of the child or young person against his or her case plan goals and must consider whether continuing the child or young person's placement in therapeutic secure care is necessary and in his or her best interests. The findings of the review should be presented to the subsequent Court hearing.

If a longer term placement is being considered for an Aboriginal child or young person the care team, including the Aboriginal caseworker, must seek the views of the Director Aboriginal Services Branch. In addition, consultation must occur with relevant members of the child's family, kinship group, representative organisation or community in accordance with section 12 of the *Children and Young Persons (Care and Protection) Act 1998.*

9. Key program features

The key features of a therapeutic secure care program in the NSW context are described below.

9.1 Therapeutic orientation

A therapeutic secure care program must have a guiding philosophy of care. The philosophy of care should have a therapeutic focus that attempts to address the underlying causes of the child or young person's behavioural and emotional difficulties, with the goal of outcomes for the child or young person that will minimise the serious or life threatening behaviour and allow them to move to a community setting, presumably for further treatment. The philosophy should be based on evidence-based treatment approaches for children and young people with significant emotional and behavioural difficulties. Examples of common therapeutic approaches used for children and young people in out-of-home care in residential care settings internationally include:

- approaches based on trauma and attachment theory
- behaviour modification approaches, including the use of points systems and "token economies"
- milieu therapy or therapeutic community approaches
- cognitive behaviour therapy
- approaches focussing on the development of appropriate social skills, including anger management strategies.

In practice, therapeutic secure care services can incorporate a combination of these approaches into their overall program. Whichever approach is adopted it is important that the interventions provided in the program are congruent with the guiding philosophy of care. While research on therapeutic models of care for children and young people in out of home care is limited, the underpinning philosophy and treatment approaches should be evidence based wherever possible.

In addition, the philosophy of care must be clearly articulated, understood and applied consistently by staff. The underpinning philosophy of treatment should guide staff in their interaction with residents and in making choices about the interventions for addressing individual behavioural, social and emotional issues following admission to the program.

Additional components of a therapeutic secure care program that contribute to a therapeutic approach include:

- comprehensive needs assessment
- individualised case planning based on identified needs and strengths subject to regular monitoring and review involving the child or young person's family and professionals from a range of disciplines as required
- a care team approach involving highly skilled direct care staff who work collaboratively with a range of professionals as part of a multi-disciplinary team in achieving the child or young person's therapeutic and other goals identified in their case plan
- planned day programs incorporating the child or young person's therapeutic and other goals identified in their case plan

- regular contact between the child or young person, their family and significant others where appropriate
- maintenance of the child or young person's community and cultural connections as far as possible whilst they are in therapeutic secure care
- case plans that include a cultural support/commitment component for Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse communities
- regular involvement of an Aboriginal caseworker for Aboriginal and Torres Strait Islander children.
- the creation of a safe, stable, consistent and therapeutic living environment
- comprehensive transition planning and support for children and young people exiting the program into a less restrictive setting.

9.2 Interagency coordination

A therapeutic secure care program must provide supports and services to address the child or young person's identified needs including health, mental health and educational services for the duration of the therapeutic secure care placement, and be able to access specialist support services from a range of professions. Specialist support services may be sought from other NSW Government agencies such as education, health, juvenile justice and disability services, from the non-government not-for-profit sector and from the private sector. The child or young person's caseworker and the therapeutic secure care program manager must ensure that there is appropriate communication, consultation and cooperation between each resident's care team to strengthen case planning and review.

9.3 Eligibility and exclusion criteria

A therapeutic secure care program must have explicit entry and exclusion criteria based on the target group described above. A service may further define or narrow their entry criteria based on the particular program design and therapeutic philosophy. The decision to accept a child or young person into the program should be based on a thorough assessment process that considers:

- whether or not the child or young person meets the eligibility criteria
- the needs of the child or young person
- the ability of the program to meet those needs
- the views of the child or young person about undertaking the program
- the compatibility of the child or young person with other residents and the style of the program itself.

9.4 Program duration

A primary goal of a therapeutic secure care program is to reduce the serious risk taking behaviour to a point where the child or young person can return to a community placement as quickly and safely as possible. The exact duration of a child or young person's stay in therapeutic secure care is determined by the NSW Supreme Court and is subject to regular review by the Court.

The behaviour(s) that place a child or young person at such significant risk of harm so extreme that they require a placement in therapeutic secure care are often caused by problems related to their history of abuse, trauma and problems with attachment. These problems will likely require a long-term therapeutic intervention tailored to suit the needs of the individual child or young person. The duration of therapeutic secure care should not be for the length of the child or young person's therapeutic intervention, rather it should be only as long as is necessary to manage to the risk that the child or young person poses to themselves. Once that risk can be safely managed in a non-secure setting the child or young person should be placed in a community setting and should continue to receive supports and services tailored to his or her needs.

Longer placements in a highly structured, restricted and controlled environment such as therapeutic secure care increase the risk of institutionalisation and should be considered cautiously.[3]

9.5 Number of residents

The number of residents in the program will be up to 4 given that it is a placement used only in exceptional circumstances and those in need of therapeutic secure care require individualised care and intensive support. While placing children or young people who are at serious risk of harm to themselves together increases the complexities of managing the group dynamics, small groups are preferred over single placements. There are concerns that single placements cause social isolation by isolating the child or young person from peers, a lack of normalcy and the potential for maladaptive relationships between residents and staff.[4]

9.6 Physical environment

The physical environment of a therapeutic secure care facility should maximise its primary functions of safety, therapy and security. It is important that while achieving safety and security, through close 24 hour supervision in a secure environment and removing objects to minimise opportunities for self-harm where necessary, a therapeutic secure care facility also focuses on the child or young person's sense of well-being. As far as possible the physical environment should promote a therapeutic environment and a home-like setting. Residents should be provided with opportunities to personalise their space, particularly their bedrooms.[5]

The physical environment should include a range of educational and recreational spaces and facilities such as large outdoor spaces, sporting and exercise facilities, art and craft and cooking facilities. Adequate spaces for residents to meet with families and significant others are also important.[6]

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[3] S Yeo 'Legislated Residential Treatment of Emotionally Disturbed Chronic Runaways – A contentious approach'. *Child Abuse Review,* vol. 7, 1998, p 238; I Young, J Sigafoos, J Suttie, A Ashman and P Grevell, ' Deinstitutionalisation of persons with intellectual disabilities: a review of Australian studies', *Journal of Intellectual & Developmental Disabilities* vol. 23, 1998, pp.155-70; D Richmond, (Chair), *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, Sydney, 1983.

[4] C Flynn , S Ludowici, E Scott and N Spence, *Residential Care in NSW.* ACWA, Sydney, 2005, p.47.

[5] The Special Residential Services Board, *The Impact of Placement in Special Care Unit Settings on the Wellbeing of young people and their families,* Centre for Social and Educational Research, Dublin, 2004, pp. 49-50; Ofsted, *Life in secure care*, Office of the Children's Rights Director, London, 2009, p.7 &13.

[6] The Special Residential Services Board, p.56; Ofsted, p.7 &13.

Building layout that allows close supervision in a way that does not appear intrusive and maximises the freedom of young people to move around the facility is important. Being confined in a small space can make children and young people feel worse about their placement and overcrowding can contribute to aggression and tension.[7]

Some therapeutic secure care facilities have building layouts with the option of closing or separating sections or wings if necessary. Such a layout can assist management of the unit by separating staff areas from other areas of the residence and can be useful in managing crisis situations.

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, the likelihood of disturbance to neighbours and the need to make the service as home-like as possible.

There may be advantages in locating the therapeutic secure care service in a purpose-built property. The advantage of purpose-built properties is that they can be designed to take into account the particular safety and program-specific features for residents and staff that may be difficult to include in standard community properties without extensive modifications.[8] Alternatively, existing properties may be modified to better achieve the objectives. Properties could be either rented or owned by the agency operating the service.

9.7 Culturally Competent Service Delivery

To ensure adequate safeguards for Aboriginal and Torres Strait Islander children and young people, the decision to place an Aboriginal or Torres Strait Islander child or young person in therapeutic secure care must only be made after consultation has taken place with appropriate representatives from the child or young person's family, kinship group, representative organisation or community. An Aboriginal caseworker and the Director Aboriginal Services Branch must also be involved in the decision-making process. If an Aboriginal child or young person enters therapeutic secure care, an Aboriginal caseworker must be involved in ongoing casework and cultural support planning.

Similarly for children and young people from a refugee background consultation needs to occur with family and/or community and a refugee health specialist. Many people from a refugee background may have experienced incarceration and torture in their past and for these children and young people, therapeutic secure care placements may not be in their best interests. Refugee health specialists can advise on the needs of the child or young person, effects or otherwise of secure care, and support required. Specialist refugee health services include the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors and the Trans-cultural Mental Health Service.

Cultural support planning must occur for children and young people in therapeutic secure care including Aboriginal children and young people, Torres Strait Islander children and young people and children and young people from culturally and linguistically diverse communities.

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[7] The Special Residential Services Board, p.54; Ofsted, p.13.

[8] Examples of properties purpose built for secure care of children and young people include the Victorian Department of Human Services Secure Care Unit for females and the Lakewood Regional Secure Care Centre in Northern Ireland.

In addition policies and procedures of the therapeutic secure care unit may need to be adapted to suit the needs of Aboriginal or Torres Strait Islander children and young people. For example, consideration may be given to Aboriginal residents sharing a room for their safety and wellbeing.[9] Specialist support services for Aboriginal and Torres Strait Islander might include accessing services specific to the Aboriginal community including Aboriginal mental health programs and services. Program managers and staff should also be mindful that different cultural groups may have different needs in relation to gender appropriate practices and dietary needs.

Where necessary, staff may need to use interpreters and other language services to support children or young people from non-English speaking backgrounds. Specialist support services for children and young people from culturally and linguistically diverse backgrounds might include specialist refugee torture and trauma services and ethnic specific support and counselling services.

9.8 Staffing

9.8.1 Program Manager

The role of the program manager is crucial to:

- ensuring that service delivery remains faithful to the underlying program philosophy and therapeutic orientation
- maintaining a focus on improving outcomes for residents
- maintaining staff morale.

Key responsibilities of this position include:

- undertake work associated with seeking a Supreme Court Order for therapeutic secure care
- oversee the running of the service in accordance with Out-of-Home Care standards specified by the NSW Office of the Children's Guardian and the NSW Service Provision Guidelines[10]
- develop policies and procedures for the program
- actively promote a positive culture within the service
- ensure the program goals and guiding philosophy is understood and implemented by all staff
- effectively supervise all staff with the aim of supporting them in providing a consistent quality service
- facilitate ongoing staff development and training
- supervise the day to day care and service delivery for residents
- ensure that the service delivery is culturally appropriate for residents
- ensure appropriate day programs are in place for residents
- manage critical incidents.

[9] Royal Commission into Aboriginal Deaths in Custody, National report, Australian Government Publishing Service, Canberra, 1991, Volume 5, Recommendation 144.

[10] http://docsonline.dcs.gov.au/docsintwr/_assets/main/document/oohc/oohc_service_provision_guidelines.doc

Minimum 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 in therapeutic contexts, and (c) significant management experience, particularly management of staff who regularly face crisis situations in the course of their work.

9.8.2 Direct care workers

Direct care workers play a crucial role in assisting the child or young person reach their case plan goals including therapeutic goals. Key responsibilities include:

- day to day care and supervision of the child or young person
- arrange and participate in activities with the child or young person to assist the achievement of case plan goals
- create a therapeutic care environment consistent with program's therapeutic philosophy and work with the child or young person in a way that facilitates their therapeutic goals
- implement behaviour management plans
- model appropriate behaviour in daily interactions with children and young people to promote the development of social skills
- effectively respond to crisis situations.

A minimum requirement for the position is a qualification in Youth Work with an expectation that there would be involvement in on-going training to further build on existing knowledge and skills. Experience in working with children and young people with challenging behaviours would also be essential, with demonstrated ability in areas such as communication with children and young people who have experienced trauma, and implementation of individual behaviour management interventions.

9.8.3 Caseworker

Case management services to residents in therapeutic secure care are provided by Intensive Support Services Caseworkers. Prior to placement in therapeutic secure care, if a child or young person is not managed by Intensive Support Services, a case management transition will occur.

Key roles of the Intensive Support Services caseworker include:

- maintain contact and effectively work with the child or young person and provide ongoing support and advice to the child or young person
- ensure the child or young person has their needs assessed
- ensure the child or young person has an individual and comprehensive case plan including clear goals in all case planning areas, a description of key tasks, allocation of responsibilities and timeframes
- ensure the child or young person has an appropriate level of contact with family and/or significant others during their placement
- work collaboratively with the child or young person's care team, family and appropriate cultural and community representatives to ensure that all relevant parties are involved in case planning and review processes

- coordinate 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 child or young person's care team are maintained
- arrange regular meetings of the multi-disciplinary team to review progress in meeting the objectives and goals of the case plan
- maintain comprehensive care records ensuring that reasons for key decisions are recorded and important events and achievements during the placement are also recorded
- facilitate contact between the child or young person and family members and significant others
- cultural support planning for the child or young person where necessary
- involvement of an Aboriginal caseworker for Aboriginal and Torres Strait Islander children and young people.
- comprehensive transition planning to prepare the child or young person for a less restrictive setting and ensure appropriate supports and services are available after exiting therapeutic secure care.

The Caseworker position should have as a minimum requirement a degree in Social Work or Psychology, together with demonstrated experience working with children and young people with similar characteristics to the target group.

9.8.4 Clinical Specialists

A clinical psychologist with significant experience working with children and young people with challenging behaviours is an essential member of the child or young person's multidisciplinary care team.

The psychologist will provide assessment and intervention services for residents in the program, as well as consultation and support to staff about the child or young person's needs and a range of issues arising around program implementation and development.

Key responsibilities of the psychologist include:

- conducting assessments of residents to inform the case planning and review process
- developing a behaviour management plan for each resident in consultation with the child or young person and their care team
- provide advice and guidance to staff on the implementation of a behaviour management plan
- monitor and review behaviour management plans
- individual, group or family counselling for each resident
- staff training and support
- contributing to the ongoing review and development of the therapeutic program.

Other clinical specialists may be engaged to provide services to the program. These may include but are not limited to:

- Child and adolescent psychiatrist to provide consultation around diagnosis and management of children/young people who present with significant mental health issues and to prescribe and monitor medication
- General Medical Practitioner
- Specialist counsellors to provide counselling in specific areas such as Alcohol and Other Drug issues, or Sexual Assault issues.
- Forensic Psychologist
- Dentist
- Speech pathologist

There are a number of options for engaging the services of clinical specialists for the program:

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

Wherever possible, service providers should engage specialists who provided services to the child or young person before their placement in therapeutic secure care.

9.8.5 Specialist teachers/tutors

The therapeutic secure care service should work in close collaboration with the Department of Education and Training (DET) and/or non-government educational agencies regarding the education of each child or young person and the development and implementation of his or her individual learning plan.

For residents excluded from school, participation in a NSW Government approved distance education school or centre should be arranged. Where a distance education program is being implemented, services should ensure appropriate supervisors and education facilities are available.

Specialist education staff should be engaged to support the individual education plans of children/young people in the program and to provide individualised tutoring support if necessary..

For residents who are excluded from school and for whom distance education is not appropriate, a registered home education program should be established in line with the *Education Act 1990* and the Board of Studies NSW requirements.

9.9 Staffing rosters

Programs should adopt a rostered staff model because of the intensive nature of work in therapeutic secure care programs. Staffing rosters should be designed to ensure the safety of the children and young people at all times. Staffing rosters should ensure the direct care worker/resident ratio does not exceed 1:2 during waking hours. Staffing roster should also ensure that there is at least one worker qualified in first aid on duty at all times.

9.10 Management of crisis situations

Given that risk taking behaviour placing the child or young person at significant risk of harm is a defining feature of the target group, programs will need to implement a comprehensive crisis management program. Crisis management programs should include:

- written procedures on crisis management that provide step by step guidance to staff on how to respond to a crisis situation, advice on Police involvement, access to on-call management advice and support when a crisis occurs and debriefing provided to staff following a crisis
- staff training on the management of crisis situations should be provided, for example *Therapeutic Crisis Intervention* and *Professional Assault Response Training.*[11] Training should include understanding crises, crisis communication, early identification and de-escalation of potential crisis situations, use of safe, appropriate physical restraint and isolation during a crisis and assisting the child or young person in recovering from a crisis.

9.11 Transition planning and post-placement support

Transition planning should commence as soon as a child or young person enters therapeutic secure care. The child or young person's behaviour(s) that place them at risk are often caused by problems related to their history of abuse, trauma and problems with attachment, which require long-term therapeutic intervention tailored to suit the needs of the individual child or young person. Given that a therapeutic secure care placement is used only for the shortest amount of time possible a child or young person will require ongoing treatment and support services upon release. Transition planning should identify appropriate step down placements that provide high levels of support tailored to the needs of the individual to maintain and build on any stabilisation achieved in therapeutic secure care and aim to prevent re-entry into therapeutic secure care.

Transition planning is also crucial because the child or young person's prior placement may no longer be available to them and a new placement may need to be found. Common exit ("step-down") pathways could include placement in a small residential care setting, an intensive foster care placement or supported independent living.

Particular considerations should be given when considering placing a child in a rural or remote area after their placement in secure care. The care team must ensure that the child or young person will be able to access the services and supports he or she requires in their step-down placement.

[11] H Bath, 'Residential care in Australia, Part II: A review of recent literature and emerging themes to inform service development', *Children Australia*, vol. 33, no. 2, 2008, p34.

It is important that the child/young person is aware of, and engaged in the process of planning for their likely future placement after therapeutic secure care. The child or young person's family and/or carer must also be involved in transition planning where appropriate.

There should be close liaison between the therapeutic secure care program and the following placement provider, in order to promote information exchange between the services regarding the child or young person's needs. Wherever possible, continuity of service providers should be sought when transitioning a child or young person to their step-down placement. For example, specialists who treated a child or young person while in therapeutic secure care should be engaged to deliver services to the child or young person in their step-down placement if possible.

9.12 Participation of children, young people, and their families

The therapeutic secure 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
- provide children, young people and their families with information (in a manner and language that they can understand) which facilitates their participation
- Keep the child's family informed about his or her progress and development.

9.13 Promoting the rights of children, young people and families

The therapeutic secure 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 confidentiality for children, young people and their families is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*
- have policies and procedures in place to appropriately process complaints and appeals by children, young people and their families within clearly stated timeframes.

9.14 Community Visitors

To provide additional independent oversight and ensure the wellbeing of residents is maintained, Community Visitors will visit therapeutic secure care programs from time to time.

Official Community Visitors are statutory appointees of the Minister for Community Services, under the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.

The primary focus of the visitor's work is the welfare of residents. Official community visitors:

- inform the Minister for Community Services and the NSW Ombudsman about matters affecting the welfare, conditions and interests of residents
- promote human and legal rights of residents
- consider issues raised by residents
- provide information to residents about advocacy services available to them
- help resolve complaints.

The Community Visitor may speak in private with individual residents or staff. In addition the Visitor may request to see records and documents such as communication books including daily and shift reports, incident report records, residents' files, case plans or individual files, medication charts and records, financial records of resident's funds, and memos/directives and policies relating to the conduct of the service.[12]

9.15 Program evaluation and continual improvement

Given the limitations of the research base for therapeutic secure care, it is imperative that services are carefully evaluated and that program features are refined in the light of this evaluation process. The evaluation should be outcomes-focussed and include key performance indicators that reflect the intended outcomes outlined in section 5 of this model.

Program managers should ensure that practice and procedure and the underpinning therapeutic philosophy of the program remain up to date and reflect current best practice and research developments. Changes in philosophy and practice should be clearly articulated and implemented by staff at all levels.

[12] For further information about Community Visitors, see the NSW Ombudsman's website http://www.ombo.nsw.gov.au/aboutus/coordnteoffcommvstrprog.html.

APPENDIX 1: RESEARCH BIBLIOGRAPHY

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