

## 7.19 Residential Care Services

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### Policy

#### Purpose

To provide information for child protection workers regarding the procedures and approval process involved in placing a child in a Residential Care Service.

#### Legislative Authority

[Children and Community Services Act 2004 - Section 2 Determining the best interests of the child](#)  
[Children and Community Services Act 2004 - Section 10 Principle of child participation](#)  
[Children and Community Services Act 2004 - Section 12 Aboriginal and Torres Strait Islander child placement principle](#)  
[Children and Community Services Act 2004 - Section 29 Power of the CEO to arrange placement](#)  
[Children and Community Services Act 2004 - Section 31 Consultation before placement of Aboriginal or Torres Strait Islander child](#)

#### Standards

[Better Care, Better Services - Standards for Children and Young People in Protection and Care](#)

### Practice Requirements

- All children in the CEO's care must have a placement plan, documented and reviewed as part of the care planning process, which is recorded in the Child Information Form (CIF) Referral in Assist.
- In metropolitan areas all referrals to Residential Care Services must be made via the Central Referral Team (CRT). In Country areas all referrals to Residential Care Services must be made via the relevant district director (or a designated senior officer).
- If the placement arrangements for an Aboriginal child, the child protection worker must consult with the Aboriginal practice leader (or other relevant Aboriginal officer) – refer to s.81 of the *Children and Community Services Act 2004* (the Act).
- All placement arrangements are to be made in consultation with the team leader and the senior child protection worker - placement services (SCPWPS), and ideally planned in advance.
- Child protection workers must undertake an assessment of the child's needs to determine the most appropriate placement to meet them.
- Child protection workers must commit to ongoing, collaborative work with the residential care service, including exit and transition planning.

### Process Map

#### Procedures

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#### Procedure - 7.19 Residential Care Services

##### Overview

The Department's Residential Care Services comprises of residential group homes (metropolitan and country), non-government family group homes (metropolitan and country) and the Kath French Secure Care centre. For information relating to Secure Care refer to Chapter 6: Secure Care Arrangements.

Residential Care Services provide time limited therapeutic residential care, which focuses on creating and sustaining care environments capable of healing the traumatic impact of abuse and neglect and the disrupted attachment that ensues. It is an environment intended to be healing for the child, and safe for the child and staff. The *Residential Care (Sanctuary) Framework 2012* (the Framework) provides a sound theoretical and practical base to guide residential group home's (RGH) work with abused children whose trauma severely impacts their behaviour and development.

Non-government family group home (FGH) service providers are also expected to provide a sound theoretical and practical base to guide their trauma informed care framework and work with children in their services.

Effective therapeutic care requires a shared understanding of the child's developmental and therapeutic needs and the best way to respond to those needs. Residential care services staff and child protection workers have a shared responsibility to address the complex interrelated needs of children who have been traumatised - by providing unconditional high quality, focused care based on the Framework.

A placement for a child in a residential care service should be considered a time limited option and generally less than two years. In some circumstances child protection workers may consider the need for an extension for a child to remain in a FGH beyond the two year period. Further information is available in related resources under *Family Group Home Placement Extension Process*.

Residential care services provide placement for up to four children. Child protection workers should make a submission for a fifth child to be placed in a FGH if there is a larger sibling group. Further information is available in related resources under *Family Group Home Fifth Child Funding Process*.

#### Referral to residential care

For further information child protection workers should refer to the *Residential Care Referral Process Map* in related resources.

As a requirement of referral to a residential care service, children and young people must have an active child protection worker assigned to their case.

#### Referral during working hours

1. The child protection worker must complete an assessment of the child's needs to determine the type of service required and complete the standard CIF referral form.
2. The CIF must be quality assured and signed by the senior child protection worker - placement services and team leader.

Request for placement must be endorsed by the district director.

3. The completed and signed CIF must be forwarded (with appropriate supporting information) to:

- the CRT for review and potential placement within metropolitan residential care services, or
- the designated senior officer (assistant district director or other suitable director designated senior officer) for review and potential placement within country residential care services (residential group homes and family group homes).

4. Consultation to confirm the suitability of the placement being considered must occur as follows:

- *Metropolitan residential group home services* - assistant directors residential care.
- *Metropolitan family group home services* - senior child protection worker - placement services CRT (and the Assistant Director Residential Care (FGH) if required).
- *Country residential group home services* - assistant district director and the relevant FGH service provider or residential group home manager.

5. The CRT will confirm metropolitan placement options with the senior child protection worker - placement services as soon as practicable.

6. Offers of placements are made by the assistant director residential care directly to the district. This includes information and acknowledgment of the risks by case managers and team leaders.

7. If a child is referred from a country district and offered a place in a metropolitan residential care service, the referring district must have successfully negotiated the allocation of a co-worker with the relevant paired office. For further information refer to Chapter 1: Case Transfers and Requests for Co-Working or Services.

Note: The Assistant Director Residential Care (FGH) will mediate the final determination on a placement should there be disagreement with the service provider.

#### Out of hours referrals

1. The Crisis Care Unit (CCU) must assess the child's needs to determine the type of service required (Note: FGH's have no after hours capacity).
2. CCU can place a child in a RGH should a bed be available but must consult the on-call residential care manager if the homes are at capacity.
3. CCU must complete the standard CIF Referral and send to the relevant service as soon as practicable.
4. CCU staff should arrange transport for the child and accompany the child to the residential service.
5. CCU should arrange for the child/young person to be transported to the district office the following working day for further assessment of child's needs.

Where a placement in a residential care service is not considered the most appropriate placement the district will be notified in writing by residential care services as to the reasons why.

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#### **Placement in residential care**

Whenever possible, placement of a child or young person into a residential care service should occur in a planned manner. The child protection worker and appropriate district office staff must commit to initial and ongoing assessment, review and planning and the provision of resources as required, to assist the residential care team in the implementation of an agreed therapeutic plan.

Whenever possible, the child protection worker and child should plan a visit to the house to meet the manager and residential care staff/specialist carer prior to admission.

The child protection worker must accompany the child to the residential house. Residential care staff/FGH staff and the child protection worker must actively support the child's transition into the home environment.

Child protection workers must provide detailed information on the child's medical history, placement history, contact arrangements and any other relevant information.

The district where the child is case managed is responsible for all case support costs while the child is placed in a residential care service.

#### Safety Plan

A residential care safety plan should be completed in consultation with the RGH/FGH when making a placement in a residential care service.

If a child is admitted without a current safety plan, one must be developed immediately by the residential care service in consultation with the district office. Any risks identified as part of the assessment process must be considered in the context of the proposed placement and form the basis of developing a safety plan.

The child must be encouraged and supported to participate in the development of the plan, as appropriate.

#### Support for children who have an acute mental health episode

The Acute Response Team (ART) is a metropolitan service that operates 24 hours per day, seven days a week. The service conducts acute mental health assessments in emergency departments and community settings in the metropolitan area, from Clarkson to Peel.

The ART can be a first response option when a young person has psychosocial issues and a child protection worker or residential care staff believe the young person requires immediate intervention – for example, the young person is self-harming or a suicidal risk. The ART can be contacted on 1800 048 636.

Two flowcharts are available in related resources that step out the process if a young person requires an immediate mental health assessment:

- *The Acute Response Team – Referral Pathway* (mental health information and triage), and
- *PMH Emergency Department Contact Process for Children in Care* (including mental health intervention).

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**Residential Care Plans**

The residential care plan must be developed by the care team with reference to the child or young person's care plan and identify areas that will be the focus for staff/specialist carers during the child/young person's stay in the residential care service.

Residential care plans must be developed at the admission meeting or within 10 days (or two days in transitional homes) of the child being admitted and be informed by the child's care plan, child protection worker and district team leader.

The residential care plan must identify the agreed placement goals, actions and tasks, who is responsible (including resources), the time frame and a measure of the child's progress. It must be signed off by both the residential care service manager and district team leader.

Plans must be reviewed at least once every three months or more frequently if necessary, by the residential care service manager, child protection worker and district team leader.

The residential care plan review document is the basis for reporting back to the child protection worker on agreed placement goals. A copy of the review document must be provided to the child protection worker and a further copy placed on the child's file.

**Individual Therapeutic Plan**

Individual therapeutic plans should be developed and implemented collaboratively by the care team. The residential care service manager, in consultation with the residential care service's psychologist/therapeutic specialist, is responsible for the development, implementation and review of individual therapeutic plans for all children in their care.

An individual therapeutic plan must identify the child's specific behavioural and emotional needs and forms the framework from which all residential care staff will engage with the child to address those needs.

Planning must be informed by and linked to the residential care plan, be reviewed regularly by the residential care team and amended accordingly. Progress must be reported to the district through the residential care plan review process.

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**Exit and transition from a Residential Care Service**

Transition to exit is an integral part of the care planning process. An exit planning meeting must be conducted prior to the child/young person exiting the program so that processes are in place for a smooth transition to the next placement.

Initial planning for transition to a more permanent placement commences on admission and remains part of the ongoing assessment, planning and review process. All relevant stakeholders should be involved in the planning however, the child protection worker is responsible for the transition of the child to their future placement. Decisions regarding placement change are care planning decisions and must be made in accordance with s.89 of the Act.

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