

Program requirements for the delivery of therapeutic residential care in Victoria

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1. Introduction

1.1 Purpose

The purpose of this document is to outline the mandatory program elements of therapeutic residential care (TRC) to be implemented by community service organisations (CSOs) delivering TRC in Victoria. It also includes requirements to be performed by the Department of Human Services.

The program requirements have been developed to ensure consistency of service provision across the state and to ensure the integrity of the TRC model is maintained. They are the essential prerequisites for providing high-quality TRC placements for children and young people in out-of-home care. CSOs will also have their own operational and procedural documentation that outline how the mandatory requirements are implemented in specific TRC programs.

1.2 Background

International and national research indicates the trauma from abuse and neglect experienced by children and young people negatively impacts on their development and behaviour. A therapeutic environment can address these harmful effects and support recovery from trauma and achievement of good life outcomes.

Victoria piloted the TRC approach to residential care from 2008-12. The evaluation of the pilots¹ found that the TRC model achieves better outcomes for children and young people than standard residential care. These improved outcomes included reduced risk-taking, improved stability, improved emotional and mental health and behaviour, improved quality of contact between young people and their family and between young people and their carers, greater participation in education and in extra-curricular activities in the community, improved academic functioning and a significant improvement in sense of self. Children and young people in a comparison group in general residential care did not show this evidence of positive change.

The evaluation also confirmed the service elements that were essential to delivering an effective TRC program. These were collaboratively developed between the department and CSOs prior to the pilots and included specialised training, increased staffing levels, consistent rostering and therapeutic specialists attached to units.

In the 2012-13 State Budget, \$29.6 million was allocated over four years for the continuation and expansion of TRC. This provided ongoing funding for the TRC pilots and for the expansion of TRC to 140 placements across Victoria. This expansion includes TRC programs to be provided by Aboriginal Community Controlled Organisations for Aboriginal children and young people.

1.3 Context

The program requirements for TRC should be considered in the context of relevant legislation, policy, directions for out-of-home care, and residential care service delivery in Victoria.

¹ *Evaluation of the Therapeutic Residential Care Pilot Programs*, Verso Consulting Pty Ltd, 2011. Access at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf

Legislation

The *Children, Youth and Families Act 2005* (Children, Youth and Families Act) provides the legislative basis for an integrated system of services for vulnerable children, young people and their families. The Children, Youth and Families Act can be found at www.legislation.vic.gov.au.

In accordance with the Children, Youth and Families Act, CSOs delivering residential care must provide their services in a manner that is in the best interests of the child or young person. (Refer to section 1.7 of the Children, Youth and Families Act.)

The decision-making principles of the Children, Youth and Families Act highlight the importance of involving children and families in decision-making processes, and of providing them with assistance and support to do so in a meaningful way.

Additional principles (section 12 of the Children, Youth and Families Act) provide a framework for decision making in relation to Aboriginal children and families. These provide a stronger basis for ensuring Aboriginal children remain within, or connected to, their community and culture.

Policy

*Program requirements for residential care services in Victoria*² were released in July 2012 and provide the essential prerequisites for delivering a quality service for the children and young people in residential care. These requirements outline what CSOs providing residential care services need to do in order to meet service expectations including:

- service delivery and client care requirements
- environment and material goods requirements
- organisational and human resource requirements.

Individual CSOs operations and procedural documentation will also specify how the program requirements for residential care services are implemented.

CSOs delivering TRC must meet the overarching program requirements for residential care as well as the specific *Program requirements for the delivery of therapeutic residential care in Victoria*.

The program requirements for residential care and also for TRC should also be used in conjunction with the *Department of Human Services Standards*³ which are a single set of service delivery standards for a range of department-funded programs including residential care. CSOs are externally reviewed against these standards once every three years.

Victoria's vulnerable children: our shared responsibility

Changing the experience and life trajectory of vulnerable children and families is a shared responsibility across community, government, service providers and individuals. The *Victoria's vulnerable children: our shared responsibility directions paper 2012* (directions paper) highlights the five key action areas for protecting Victoria's vulnerable children:

² *Program requirements for residential care services in Victoria*, Department of Human Services, July 2012. Available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-residential-care-services-in-victoria>

³ *Department of Human Services Standards*, Department of Human Services, June 2011. Available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>

- building effective and connected services
- enhancing education and building capacity
- making a child-friendly legal system
- providing safe, stable and supportive out-of-home care
- introducing accountability and transparency.

The directions paper highlights that young people living in residential care have very complex needs and behaviours as a result of past trauma and outlines that TRC proactively reduces the impact of this trauma. A five year plan for out-of-home care and complementary five year plan for Aboriginal children in out-of-home care will be developed in 2013 setting out action across government to improve outcomes for these groups. Further consideration is also being given to what opportunities for therapeutic or trauma-informed approaches exist across other government and funded services that work with traumatised children, young people and their families.

The directions paper is available at <http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/victorias-vulnerable-children--our-shared-responsibility>

Residential care service delivery

Residential care is an out-of-home care placement option providing temporary, short-term or long-term accommodation and support to children and young people who have been removed from the family home.

Residential care has two funded activity levels: *residential care intermediate* (RP2) for children and young people who display a significant level of challenging behaviour or because they are a part of a large sibling group, and *residential care complex* (RP3) for children and young people who display a significant level of complex behaviour, have multiple and complex needs and engage in high-risk behaviours.

The majority of residential care placements in Victoria are managed by CSOs. These organisations can also provide case management services.

TRC has been a specific type of residential care in Victoria since pilot programs commenced in 2008. TRC placements may be RP2 or RP3 placements depending on the complexity of children's needs. Department Divisions, in collaboration with CSOs, determine whether TRC houses are to deliver RP2, RP3 or a combination of these activity types and this is reflected in CSOs' service agreements.

Service partnerships

Effective residential care service delivery in Victoria is based upon good working relationships between services, while working in partnership with families wherever possible. The decision to place a child into out-of-home care imposes responsibility on all those involved to ensure that at a minimum, the standard of care provided is significantly better than the care that they would otherwise have received at home.

The establishment of strong partnerships with other organisations and services is a key feature of TRC in order to provide a network of support around the children and young people, facilitate opportunities to engage with services and the community, and to provide specialist and ongoing supports to children and young people and their families.

Aboriginal Children and Young People

The Aboriginal Child Placement Principle requires that as a priority, wherever possible, an Aboriginal child must be placed within their extended Aboriginal family or relatives and where this is not possible other extended family. If placement within the child's extended family is not feasible or possible, the child may be placed with an Aboriginal family from the local community or another Aboriginal community. As a last resort the child may be placed with a non-Aboriginal family living in close proximity to the child's natural family. At all times the best interests of the child are paramount. Any non-Aboriginal placements must ensure the maintenance of the child's culture and identity through contact with the child's community.

Maintaining a cultural connection to the community is paramount for Aboriginal children and young people and every effort should be made to ensure they are able to actively strengthen and maintain their connection to their family, community, culture and land. Placement programs should recognise and value Aboriginal culture and history, adhere to a holistic definition of health and wellbeing and respect the skills and ability of Aboriginal people and organisations to make genuine decisions about the needs of local community.

2. Defining therapeutic residential care

“Therapeutic Residential Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs”⁴

TRC is a contemporary model of residential care that aims to improve outcomes and life trajectories for children and young people with complex needs who have experienced abuse or neglect related trauma. In TRC, every interaction between children and young people and residential care staff is recognised and valued as an opportunity to counter and heal the effects of past trauma and disrupted attachment.

In the Victorian context, TRC environments for children and young people must:

- be based on a guiding framework that incorporates theories of attachment, trauma and the neurobiological development of children and young people that can lead to complex, challenging and trauma-related presentations
- address the therapeutic needs of each child or young person based on specialised, comprehensive and ongoing assessment and the development of an individualised therapeutic treatment plan which responds to their particular characteristics and needs so they can heal, develop and grow
- seek to bring about directed and clinically significant change in the child or young person’s presenting issues through goal directed, planned and integrated therapeutic interventions using all interactions as opportunities for therapeutic gain and positive engagement
- ensure the environment provides a sense of safety, structure, acceptance and security at all times for children and young people and for staff
- offer a specially created multi-disciplinary and collaborative TRC team encompassing residential carers and supervisors, a therapeutic specialist, a program manager, case managers and the input and support of the whole organisation
- ensure the appointment of highly skilled professional staff who have substantial opportunities for training, reflective practice and professional development in order to provide unconditional, high quality, therapeutically focused care and never give up
- hear the voice of children, young people and their families and ensure they are supported to participate in decision-making about their therapeutic program and life
- be sensitive, respectful and actively seek to understand each child or young person’s unique circumstances, experiences, and culture, particularly Aboriginal children and others from culturally and linguistically diverse backgrounds
- have well-developed service networks to facilitate the provision of a broad range of specialist and ongoing supports to children and young people.

⁴ Source: National Therapeutic Residential Care Working Group as quoted in McLean, S. Price-Robertson, R and Robinson, E. *Therapeutic residential care in Australia: Taking stock and looking forward*, National Child Protection Clearing House Issues Paper No. 35 2011, Australian Institute of Family Studies, Commonwealth of Australia 2011. Available at <http://www.aifs.gov.au/nch/pubs/issues/issues35/index.html>

3. Program requirements for therapeutic residential care programs

Essential design elements⁵ for TRC were developed in 2007, in preparation for the pilot phase of TRC implementation in Victoria. These elements were tested through the pilots and the evaluation confirmed how important many of the elements were and provided advice about improvement. There has also been increasing research and analysis internationally and across Australia about practice approaches and elements that achieve positive outcomes for children and young people in residential care.

The essential design elements for TRC have now been refined and form the program requirements for TRC programs in Victoria. Through the evaluation of the TRC pilots and recent research⁶, the elements have a strong evidence base demonstrating they are critical to the success of TRC programs.

The program requirements for TRC programs cannot be implemented individually or in isolation from broader agency and service systems. They form a group of interdependent elements that must be delivered as a whole to ensure TRC programs fulfil their potential in achieving improved outcomes for highly vulnerable children and young people.

The program requirements should guide CSOs and DHS in planning, implementing and reviewing TRC programs to ensure all elements are incorporated into practice. As TRC expands in Victoria, they provide consistency of TRC model design and the framework to maintain the quality and integrity of the TRC model that has been demonstrated to be effective.

The program requirements for TRC programs are organised as follows:

- Section 4:** Organisational requirements
- Section 5:** Design requirements
- Section 6:** Service delivery requirements.

⁵ The TRC pilots essential design elements area available at http://www.dhs.vic.gov.au/data/assets/pdf_file/0010/587908/national-therapeutic-residential-care-essential-elements.pdf

⁶ For a summary of the research, refer to McLean, S. Price-Robertson, R and Robinson, E. *Therapeutic residential care in Australia: Taking stock and looking forward*, National Child Protection Clearing House Issues Paper No. 35 2011, Australian Institute of Family Studies, Commonwealth of Australia 2011. Available at <http://www.aifs.gov.au/nch/pubs/issues/issues35/index.html>

4. Organisational requirements

The organisational requirements relate to those elements that a CSO as a whole is responsible for establishing and maintaining in order for a TRC program to be effective. This includes the organisational philosophy, structures, practices and management arrangements.

4.1 Organisational congruence and commitment

The whole of the CSO at all levels from the TRC residential staff to CSO senior management must fully understand and be committed to the provision of TRC and have an explicit understanding of the fundamental values and beliefs of trauma-informed service delivery and the program approach. To be effective, the TRC program needs the commitment, respect, support and resources of the whole organisation which interact with each other and are interdependent.

This will be demonstrated by:

- a documented mission/vision statement and organisational values that are consistent with a commitment to a therapeutic approach to residential care
- a visible commitment by organisational leaders to the TRC program including a clear understanding of the structure, operational needs and functioning of the program
- organisational policies, systems, practices and culture that are compatible with trauma-informed service delivery and the CSO's capacity to provide a TRC environment
- appropriate allocation of and support by organisational and human resources to enable the effective functioning of the TRC program
- a commitment to pursue organisational cultural competence (congruent behaviours, attitudes and policies that come together and enable CSO staff to work effectively in cross-cultural situations)
- a high level of staff satisfaction where staff feel empowered to operate in a therapeutic mode and know they have the support of management
- strong collaborative relationships with regional DHS and external stakeholders/agencies fostered through deliberate and constructive engagement at all levels of the organisation and TRC program

4.2 Program governance and management

There must be clear CSO program governance and management arrangements for TRC programs in place demonstrated by:

- a clear commitment by the CSO's senior management to the development, establishment and ongoing management of the TRC program according to the program requirements
- establishment of an organisational governance structure for the program to support development, implementation, ongoing monitoring and improvement
- clear understanding by the governance structure of trauma-informed practices and therapeutic care requirements
- active participation in the regional DHS governance structure for all TRC programs in the region
- establishment of a program management team including a program manager (responsible for managing implementation and ongoing operation of the program), a team member

assigned the function of program designer in the initial stages of development and implementation (responsible for detailed program design and documentation) and the organisation's senior management

There must be clear DHS regional governance and management arrangements for TRC programs in place demonstrated by:

- establishment and maintenance of a regional governance structure for all TRC programs in the region consisting of regional and central DHS representatives, CSO representatives and other relevant stakeholders such as DEECD, Disability Services and organisations providing therapeutic specialists
- the regional governance structure ensuring the TRC programs are implemented in a manner reflecting the underpinning theories and principles of therapeutic care, the TRC program and funding requirements and monitoring the client and implementation issues in the TRC units.
- The regional governance groups having an agreed terms of reference consistent with statewide policy and a process to receive feedback and input from young people

4.3 Funding arrangements

There must be clear funding arrangements in place to enable the effective delivery of the TRC program and delivery of all the required service elements.

A therapeutic loading has been established for all TRC placements. This loading amount (\$71,500 per target in 2012-13) is in addition to participating CSOs' residential care base funding, which is regionally determined to be at an intermediate (RP2) or complex (RP3) level.

The therapeutic loading provides for the following:

- a 0.5 therapeutic specialist per TRC unit
- two additional residential staff as part of the TRC team
- the provision of stand up night staff

DHS regions must clearly specify the funding to be allocated to each TRC program including:

- the TRC loading amount that is paid above the base RP2 or RP3 funding that the CSO already receives for the residential care placements
- that the TRC loading will be provided for four targets per TRC unit unless otherwise agreed in advance with central office
- ensuring the funding base for the TRC unit matches the complexity of the client group that the region intends to refer to the program as the TRC loading amount is not intended to increase complexity of referrals.

4.4 Monitoring, review and evaluation

TRC programs must have program monitoring, review and evaluation mechanisms in place to ensure ongoing service quality and improvement including:

- a continuous service quality improvement framework including monitoring and review structures to ensure the level of service quality matches the aspirations of the mission/intent of the program and to monitor client outcomes

- feedback processes which ensure that the program is receiving the information and organisational support which enables effective service delivery and ongoing refinement and improvement of the program
- documented supervision, critical incident de-briefing, staff training and development and workplace based learning processes that will support the program
- analysis and review of responses to critical incidents, using these as opportunities for program improvement
- program level evaluation arrangements
- processes to ensure children and young people's feedback and input into program monitoring and improvement
- strategies to ensure that the program is responsive to the changing evidence base
- program monitoring and review tools embedded in routine organisational quality assurance and improvement processes including staff feedback opportunities.

4.5 Measuring outcomes of children and young people

TRC programs are required to measure the outcomes of young people who are in therapeutic residential care, with these outcomes reported annually to the Department of Human Services.

Therapeutic Specialists will lead this activity using the Strength and Difficulties Questionnaire (SDQ) and the Health of the Nation Outcomes Scales for Children and Adolescents (HoNOSCA), ,

Assessments of the young people in therapeutic residential care (using SDQ and HoNOSCA) should occur during their assessment and entry phase and subsequently at 6 monthly intervals. .

(refer also to sections 5.3.3 and 5.4)

5. Design requirements

The design requirements relate to those elements that must be included in the planning, model development, documentation and implementation of a TRC program.

5.1 Therapeutic framework

TRC programs must have a clearly articulated therapeutic framework which guides the structure and service delivery of the program. The model design documentation for each TRC program will include:

- a strong, referenced and well developed articulation of the trauma-informed philosophy and theory base on which the program is designed and how it is implemented
- reference to how the therapeutic approach is informed by and includes a significant service responsiveness to prior trauma and disrupted attachment
- program arrangements which are informed by resilience theory, and support/promote resilience through the development of positive relationships and nurturing
- evidence that the therapeutic approach is informed by other specific theoretical models which respond to the mental health and developmental needs of the children and young people in the context of their families and networks
- articulation of a culturally appropriate healing framework which provides for the assessment and management of Aboriginal children and young people and identifies how this is incorporated into the therapeutic model
- a well developed statement articulating the link between theory and practice and its application to the specific characteristics of the target client group for the individual TRC program
- articulation of how the Best Interests Case Practice Model⁷ is applied in the therapeutic service model.
- strategies to ensure all TRC staff members understand the agreed-upon philosophy, theories, policies and procedures and this is integrated into practice
- program arrangements which place value on strong, positive relationships between TRC staff and children and young people, and emphasise these relationships as integral to healing.

5.2 Program structure and therapeutic environment

CSOs must have TRC program documentation that reflects the program vision, target group and provision of the therapeutic care environment including:

- the vision and statement of the program's goals
- clear details of the client target group including:
 - age of children and young people

⁷ The Best Interests Case Practice Model documents are available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications>

- the number of children/young people to be cared for in the TRC unit
- gender/gender mix
- anticipated client presentation issues and means to effectively manage the mix of clients
- rationale for creating a TRC program for the specific target group including current level of presence in the out-of-home care service system in the region and endorsement of the target group by DHS
- how the program duration will be determined for each child or young person based on their individual needs and informed by TRC evaluation evidence of effective program length of approximately two years (but shorter or longer as individually required).
- a full description of the service model and therapeutic environment including day-to-day operations. This will outline the way children/young people and residential carers, supervisors, managers, therapeutic specialists, case managers and other professionals engage in all program activities particularly:
 - a home-like setting both inside and outside that provides a sense of normality and community, and ensures the physical and emotional safety of each child or young person where they are protected from re-traumatising experiences
 - a stable, predictable and consistent therapeutic environment/milieu which provides the opportunity to develop and learn new ways of experiencing interpersonal relationships and where every interaction is approached as part of a therapeutically intentional plan
 - regular dedicated reflective practice sessions to assist staff to evaluate their learnings and improve responses to trauma/pain based behaviour and emotions
 - role modelling and reinforcement for pro-social behaviour and positive peer culture where children and young people increasingly take responsibility for themselves and others
 - a clearly articulated balance between empowerment and limit-setting with clear routines, expectations, responses and sanctions
 - strategies and plans for each individual child or young person that facilitate the development of new skills and perspectives and help them to expand upon their strengths to facilitate healing and recovery
 - children and young people's participation in activities consistent with enriching their involvement and experience of their culture, family and community
 - active cultural support planning for Aboriginal children and young people
 - opportunities for participation in group/therapeutic community decision-making
 - engagement of children and young people in education programs and the development and implementation of an Individual Education Plan for each child or young person
 - engagement in extra-curricular activities such as recreational and sporting opportunities
 - engagement and involvement of family, significant others, friends and peers and community members

- service partnerships and linkages.

5.3 Staffing model and support

The staffing model, roles, responsibilities, qualifications, recruitment and selection processes, and use of relief staff for the TRC program must be fully documented by the CSO. Arrangements for the training, development and support of staff must also be outlined including the implementation of regular reflective practice.

5.3.1 Staffing model

The staffing model should be well documented and include:

- articulation of the link between the staffing model and the therapeutic intent and rationale of the therapeutic service model
- the minimum staff to client ratio being implemented
- a Therapeutic Specialist who guides staff interactions with children and young people, conducts assessments, develops therapeutic treatment plans and leads staff reflective practice to support staff to develop their therapeutic skills
- therapeutically trained TRC program staff including line-managers who are appropriately qualified and experienced and have completed mandatory staff training⁸ in trauma-informed care and the theory and practice of working therapeutically with children and young people
- increased number of residential carers to provide greater flexibility and capacity to respond to individual client needs including outreach capacity
- the provision for stand-up staff overnight in response to the needs of children and young people that have experienced trauma who have sleeping difficulties and require therapeutically intentional support during the night.

There may be some circumstances where it can be demonstrated that the children or young people in a TRC program at a particular time do not require stand-up night staff. The decision that stand up night staff is not deemed necessary at a particular time should be made with input from the Therapeutic Specialist.

A recommendation to deactivate stand up capacity will need the support of the Therapeutic Specialist and agreement reached with the regional Placement and Support Manager/Client Support Manager. These agreed arrangements should be regularly reviewed in partnership with DHS as the client group and circumstances change

- consistent rostering of staffing to provide:
 - the predictability, stability and opportunity to develop stable relationships that children and young people require such as ensuring that staff who are there when the child or young person goes to bed are the same as those who are there when they wake up

⁸ 'With Care' training is funded by DHS under the Residential Care Learning and Development Strategy (RCLDS) and delivered by Take Two in partnership with the Salvation Army Westcare. Further information is available at <http://www.cfecfw.asn.au/learn/rclds>

- sufficient staff on duty at any time particularly peak times to enable maximum opportunity to actively interact with children and young people and staff shifts that allow refreshment through adequate breaks
 - sufficient handover opportunities that increase communication, cooperation and coordination between team members and provide continuity of decisions and approach for children and young people
 - time to document reflections from the shift and facilitate the documentation of more complete information about each child or young person
 - reduced need to use relief staff who are unfamiliar to the children and young people
 - for vacancies, sickness and holidays being covered by extending the hours of existing part-time staff or using trained staff from other residential units or a pool of trained casuals
- arrangements which ensure adequate support and supervision for all staff
 - the Aboriginal and other cultural awareness, professional development and consultation strategies to be provided for staff
 - the plan to transition from the existing staffing model to the TRC model, where applicable.

5.3.2 Qualifications and experience

TRC program staffing documentation must specify the roles, responsibilities, qualifications and experience of each staffing role including:

- residential care staff:
 - it is expected that residential care staff will have (or the capacity and commitment to undertake) a recognised and relevant qualification in residential care⁹, social work, youth work, alcohol/other drugs (or other relevant qualification) and/or substantial experience in working therapeutically with children and young people
 - all residential care staff working in the TRC programs must undertake the foundational and TRC specific stages of the mandatory staff training¹⁰ in trauma-informed care
 - all residential care staff working in TRC must demonstrate a commitment to therapeutic approach and practices of the TRC and therapeutic framework which guides the structure and service delivery of the program
 - all residential care staff working in TRC must demonstrate culturally informed and respectful practice
- residential care supervisors:
 - it is expected that the supervisor will have a recognised and relevant qualification in residential care, social work, youth work, alcohol and other drugs (or other relevant

⁹ The preferred qualification for residential carers in Victoria is the Certificate IV in Child, Youth and Family Intervention (Residential and Out-of-Home Care)

¹⁰ 'With Care' training is funded by DHS under the Residential Care Learning and Development Strategy (RCLDS) and delivered by Take Two in partnership with the Salvation Army Westcare. Further information is available at <http://www.cfecfw.asn.au/learn/rclds>

The Therapeutic Specialist role is an essential, funded element of all TRC programs. Program documentation must clearly outline the role and responsibilities of the Therapeutic Specialist including:

- developing strategies in collaboration with residential carers to ensure children and young people are successfully transitioned and integrated into the TRC unit
- conducting thorough assessments and develop a therapeutic treatment plan for each child or young person that is regularly reviewed and updated and applies across all spheres of the child or young person's development including physical, emotional, social, educational/vocational, recreational, cultural and spiritual
- overseeing SDQ and HoNOSCA assessments for all young people upon entry to TRC and thereafter, in doing so using assessment results to coordinate annual reporting regarding the outcomes for young people in the TRC
- guiding residential carers in direct therapeutic work with children and young people so they gain a full understanding of the process of recovery and the therapeutic responses they will need to provide
- promoting the active participation of children and young people in developmentally appropriate decision-making about the operations of the TRC unit and their own therapeutic treatment plan
- leading reflective practice sessions with TRC staff to problem-solve and collaboratively develop and review strategies and approaches that promote children and young people's healing and progress towards desired outcomes
- assisting residential carers to have sensitive, reparative interactions with children and young people through reflective practice to enhance carers' understanding of the interpersonal aspects of providing therapeutic care and their capacity to self-manage their own responses so they can remain consistent in their approaches
- supporting staff to respond to crisis situations (incidents) in relation to the young person and to reflect on the triggers and other dynamics associated with the incident
- guiding broader CSO and DHS staff and broader stakeholders to develop consistent approaches to planning and working with individual children and young people
- developing service partnerships and linkages to promote joint therapeutic work, particularly with relevant Aboriginal services
- collating and disseminate advice about 'what works' in providing good quality therapeutic care via provision of written materials and training.

5.3.4 Therapeutic Specialist's Clinical Governance Arrangements

Therapeutic Specialists are usually employed by an organisation with specialist expertise in the provision of therapeutic services to children and young people. This enables Therapeutic Specialists to have access to appropriate clinical supervision and a clinical framework focused on highly-skilled assessments and a balanced approach to reflective practice.

The Therapeutic Specialist role works best with the support of a clinical team and resources around them as the role must add value over and above the residential and case management aspects of the TRC program. An externally employed Therapeutic Specialist also provides

substantial opportunity for CSOs to have independent input into program design and monitoring in order to maintain program integrity and consistency.

Subcontracting arrangements for employment of Therapeutic Specialist have been the most effective arrangements for delivery of this essential program component and have resulted in strong outcomes for children and young people as well as the CSOs delivering TRC. The Department however also recognises that there may be circumstances, where other arrangements may be proposed by organisations in relation to the engagement and employment of the Therapeutic Specialist. Where this is the case, organisations will need to submit to the Department their proposal that should include the clinical governance, employment and supervisory framework for the Therapeutic Specialist, the alignment to the Therapeutic objectives outlined in the Program requirements, and the appointee's credentials

Any alternative proposals regarding the Therapeutic Specialist governance must be submitted in advance of implementation of these alternative arrangements and receive DHS approval in writing prior to implementation.

CSOs must meet the following requirements when appointing Therapeutic Specialists:

- Therapeutic Specialists will be contracted from a specialised provider external to the TRC program or by other agreed arrangement between the Department and the CSO as outlined above
- the Therapeutic Specialist provider will deliver clinical support, resources, and a clinical framework to the Therapeutic Specialist so their focus remains on providing a good assessment of children and young people's trauma and attachment experience and their developmental needs, and that they are able to provide a balanced approach to reflective practice
- Therapeutic Specialists are required to work under the clinical supervision of appropriately qualified and experienced practitioners provided by the sub-contracted organisation.

5.3.5 Recruitment, selection and salaries

TRC staff must be specially selected through a documented selection process including:

- established position descriptions and selection criteria specially developed for all TRC roles with clear capabilities that staff should possess. Refer to Appendix 1 for example selection capabilities for residential carers and Appendix 2 for example selection capabilities for Therapeutic Specialists
- a range of selection approaches (possibly including psychological assessment) and stages providing opportunity for applicants to continue or withdraw from the selection process

CSOs must document how salaries to be provided to TRC staff are commensurate with the level of skill, knowledge and experience required by each role to perform the required responsibilities.

5.3.6 Relief staff

In the TRC model consistency of staffing and staff capability is a core feature that provides the predictability and stability that young people require. CSOs should employ a range of measures

through the rostering to provide the predictability required to achieve the desired client outcomes. Every effort should be made to minimise the use of relief staff, particularly agency labour hire staff, in the TRC units. eg. including managing handovers.

The CSO's policy with regard to using relief residential carers in the TRC program must be documented.

5.3.7 Training

The CSO's policy with regard to development of a learning culture, training requirements and provision for TRC staff must be documented including:

- mandatory participation in the foundational and specialist 'With Care' TRC training program for all staff including residential carers, supervisors and program managers to support an understanding of theoretical underpinning of the model and the practical application
- participation in cultural competence training to ensure appropriate skills to work with Aboriginal children and young people and those from culturally and linguistically diverse backgrounds
- additional training opportunities to understand trauma and attachment, provide a clear rationale for interventions and ensuring staff are able to identify specific behaviours and triggers as possible outcomes of trauma
- supervision and leadership training for those in supervisory and management positions
- how all TRC program staff and broader staff within the CSO will be trained in the TRC model and be involved in the delivery of the program
- opportunities for shared training and forums with other CSOs and DHS.

DHS regions must ensure the TRC model is well understood and supported by:

- participation of key regional DHS staff in the four day compulsory TRC training at the TRC service implementation stage and as staff change
- participation of key regional DHS staff in relevant shared training and forums.

5.3.8 Staff development and support

The CSO's policy with regard to staff development and support for TRC staff must be documented including:

- development strategies for staff including a commitment to providing ongoing professional learning opportunities at individual and group levels
- how reflective practice will be provided in the TRC program to allow staff the opportunity to reflect on their practice and hone their skills in therapeutically intentional interaction and interventions with children and young people
- arrangements for the provision of regular supervision of residential carers and other TRC program staff by an identified supervisor with the appropriate skills and qualifications for this task

- opportunities for TRC staff to develop and maintain self-care, resilience and wellbeing skills and practices including professional learning about vicarious trauma and collegiate responsibility for the team.

5.4 Client referral, selection, assessment and transition processes

It is essential that there is a clear understanding between the CSO and DHS region regarding the referral, selection and admission processes for all children and young people to the TRC program. This must be documented in a formal agreement endorsed by the DHS Child Protection Manager, DHS Placement, Support and Family Services Manager and the CSO Residential Services Program Manager. The CSO and DHS Region must jointly ensure the agreement outlines:

- Referral:
 - the process of referrals to the TRC program and the information that is required for the referral
 - the establishment of a referral and selection panel to be convened when there is a vacancy or anticipated vacancy in the TRC program – this panel may operate across multiple TRC programs in the region to consider potential referrals and select a match for the vacancy. Recommended panel members include: CSO Program Manager; TRC therapeutic specialist; DHS Placement Coordination Unit Manager; DHS Child Protection representative (Team Manager level minimum); and, a Program Manager from a relevant Aboriginal Community Service Organisation as relevant. Referring Child Protection workers should be invited to attend the panel to present individual referrals
 - that a range of suitable referrals options (at least 3) for a vacancy will be provided where possible to the CSO to maximise the likelihood of a suitable match, effective client mix and timely decision-making which takes into account the needs of the children and young people already in the placements as well as those of the referred children and young people
 - that vacancies in TRC programs are only available to appropriate referrals for the therapeutic model which excludes emergency and short-term placement referrals.
- Selection:
 - the target group for the specific TRC program, including any point-in-time parameters within the target group to ensure appropriate matching, for example, normally both genders, however, due to client mix issues only a particular gender can be matched for a period of time
 - the criteria for selection of referrals to the program and the process the referral and selection panel will undertake to select an appropriate match for the vacancy
 - how the selection of children and young people will be consistent with the theoretical basis of the program and prioritise children and young people with complex needs who are able to benefit from the trauma-informed therapeutic approach
 - that selection processes are to facilitate stability of placements and a strong commitment to provide enduring placements
 - how an appropriate client mix for the TRC program will be considered to maximise safety and opportunities for all children and young people to benefit from the therapeutic approach

- at what point the child or young person and their family would be engaged around placement in the TRC program.
- Assessment:
 - the theoretical approach, model and process of assessment that is neuro-developmentally informed and connected to broader assessments that children and young people should receive
 - how the assessment will provide a case formulation and inform the development of children or young people's therapeutic treatment plan to address the impact of trauma, attachment disruption and to enhance developmental opportunities that may have been interrupted
 - the role of the Therapeutic Specialist and other relevant staff in conducting the assessment and working with care teams in placement planning and developing therapeutic treatment plans
 - the assessment tools that may be drawn upon to guide assessment of attachment, dissociation, cognition, behavioural control, affect-regulation, biology, self-concept, memory, speech and language. These could include:
 - § Strengths and Difficulties Questionnaire
 - § Trauma Symptom Checklist for Children
 - § Trauma Symptom Checklist for Young Children for assessment and outcome measures
 - § Cultural Connection Assessment Tool for Aboriginal children and young people (note this tool can currently only be used by Take Two clinicians)
 - § Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA)
 - § Vineland Adaptive Behaviour Scales
 - § Clinical Practice Tools for the Neurosequential Model of Therapeutics
 - § Social Network Map.
 - the time frames to conduct therapeutic assessments within the TRC program that should take up to six weeks
 - how the assessment process will support the child or young person to positively transition into and out of the placement
 - the process and time frames to review and update the assessment.
- Transition into the TRC program:
 - the process and time frames to plan and undertake the transition of children or young people from their current placement into to the TRC program including engagement with care teams and families
 - development of a individual transition plan that:
 - § is based on the developmental needs of the child or young person but also informed by the needs of the other children and young people already in the placement

- § outlines how staff will engage with and form positive relationships the child or young person prior to moving into the TRC placement including visits and activities
- § outlines the schedule of introductory visits and overnight stays by the child or young person to the TRC program to meet the other children or young people and become familiar with the unit
- § identifies any practical issues such as extra staffing, preparing the room
- § articulates how the child or young person's family and workers will be involved in the transition
- § specifies the time frames for the child or young person to finalise their move to the TRC placements which should generally not be longer than four weeks.
- how the LAC assessment, care and placement planning records will be developed including time frames and linkages with other plans for the child or young person.

5.5 Physical environment and facilities

Standards and expectations of the physical environment and facilities of the TRC must be fully documented by the CSO including:

- the suitability of the unit's facilities and their capacity to support the therapeutic intent of the program
- for new programs, that consideration has been given to ensuring preference has been given (where practicable) to the program being undertaken in a location that maximises opportunities for success
- how the internal and external physical environment of the TRC unit will be home-like and personalised, and ensure physical and emotional safety, including opportunity for children and young people to personalise their rooms
- consideration of colour schemes which maximise peace and safety for children, young people and staff
- creation of reflective spaces for children, young people and staff
- that the program will not have a staff office from which to 'view' children and young people, therefore increasing the opportunity for interactions in the main areas of the unit
- arrangements in place for the prompt notification of minor maintenance and damage, and the facilitation of timely repairs in an ongoing manner
- how occupational health and safety obligations will be met by the physical environment and facilities.

5.6 Service partnerships

The development and maintenance of respectful, professional relationships and partnerships with a broad range of organisations that deliver services to children and young people is a critical success factor for TRC programs. An effective, holistic and coordinated therapeutic response to children

and young people can only be delivered if other organisations and programs are engaged in the planning and delivery of services.

CSOs must have a range of service partnerships in place, some of which will require formal agreements to ensure there is clear understanding between the organisations about roles and responsibilities.

At minimum, TRC program documentation must outline partnership arrangements with the following services:

5.6.1 Mental health

Program documentation must identify:

- arrangements that ensure children and young people have ready access to specialist mental health services
- the relationship and role distinction between the mental health service and the Therapeutic Specialist
- children and young people's access to trauma and loss counselling.

5.6.2 Drug and alcohol

Program documentation must identify:

- arrangements that ensure access to specialist drug and alcohol services unless not identified as relevant to the characteristics of the client group
- how staff can access consultation opportunities to ensure appropriate planning and service provision for children and young people with drug and alcohol issues.

5.6.3 Education, training and employment

Program documentation must identify:

- arrangements that ensure access to and effective relationships with schools or training providers
- how *The out-of-home care education commitment: a partnering agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria*¹¹ will be implemented and supported by the program including participation in Student Support Groups and development of Individual Education Plans for children and young people
- children and young people's access to other specialist educational support, training and employment providers, particularly services that work with vulnerable groups
- how children and young people will be supported to engage in education, training or employment including maintaining and recording regular attendance
- opportunities for the development of life skills.

¹¹ *The out-of-home care education commitment* can be downloaded at http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A4_partnering.pdf

5.6.4 Health services

Program documentation must identify:

- arrangements that ensure good access to a range of health service providers
- how children and young people's health records including vaccination records will be accessed and maintained
- how staff can access consultation opportunities to ensure appropriate planning and service provision in relation to children and young people's health needs.

5.6.5 Aboriginal Community Controlled Organisations and cultural specific services

Program documentation must identify:

- arrangements with local Aboriginal Community Controlled Organisations to ensure input into assessment and planning for Aboriginal children and young people placed in the TRC program, particularly cultural support planning
- arrangements with cultural specific services to ensure input into assessment and planning for children and young people from culturally and linguistically diverse backgrounds placed in the TRC program
- how staff can access consultation opportunities to ensure appropriate planning and service provision for Aboriginal children and young people or those from culturally and linguistically diverse backgrounds
- the process and responsibilities for Cultural Support Plans to be developed for Aboriginal children and young people to maintain their connections to their families, communities and culture¹².

5.6.6 Disability Services

Program documentation must identify:

- arrangements to ensure access to disability services for those children and young people with disabilities
- how staff can access consultation opportunities to ensure appropriate planning and service provision for children and young people with disabilities
- how physical modifications to the TRC unit will be arranged for any children or young people with disabilities as required.

5.6.7 Secure Welfare Services

Program documentation must identify:

- the links with Secure Welfare Services to facilitate communication and integrated services
- the responsibilities of TRC program staff with regard to communicating with Secure Welfare Services, visiting the child or young person and participating in relevant meetings.

5.6.8 Child Protection

¹² Program requirements for Cultural Support Plans are available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-the-cultural-support-plan-program>

Program documentation must identify:

- how the TRC program is linked effectively with regional Child Protection and the statewide After Hours Child Protection Emergency Service
- the expectations regarding Child Protection's involvement in care teams and care and placement planning processes.

5.6.9 Youth services and Youth Justice

Program documentation must identify:

- how the TRC program is linked effectively with regional youth services and Youth Justice to facilitate communication and integrated services
- how staff can access consultation opportunities to ensure appropriate planning and service provision for young people involved with youth services or Youth Justice.

6. Service delivery requirements

The service delivery requirements relate to the operational and process elements of a TRC program and the individual work with children, young people, their families and networks.

6.1 Care teams, planning and case management

TRC programs must have well-established care team, planning and case management systems in place to ensure children and young people's needs are identified and responded to in a planned and coordinated manner.

6.1.1 Care teams

Program documentation must identify and the TRC program must deliver:

- a care team approach to care planning, case coordination and decision making that will contribute to the therapeutic intent of the program
- processes to strengthen communication, collaboration and information sharing between care team members including TRC staff, DHS staff and other professionals
- the appropriate inclusion of children and young people and their families in care team processes including alternate communication strategies where inclusion is not appropriate
- for all Aboriginal children and young people, the inclusion in the care team of members of the Aboriginal community to which the child or young person belongs or a representative of an Aboriginal Community Controlled Organisation
- processes to ensure specialist services are included as part of the care team approach where required.

6.1.2 Case planning and care planning

Program documentation must identify:

- the role of Child Protection in establishing case plans and how strong links are to be maintained between Child Protection case planning and CSO care planning
- the approach to developing holistic care and placement plans (care and transition plans for young people aged 15+) which cover all aspects of the *Looking After Children* (LAC) life domains
- how the best interests case practice model and the LAC framework will be utilised in care planning
- that for Aboriginal children and young people, a Cultural Support Plan will be developed as part of care planning
- the planning that will occur for children and young people from culturally and linguistically diverse backgrounds to maintain their connections with family, culture and community
- the client record systems to be utilised by the program which contain all information required to look after a child or young person.

6.1.3 Case management

Program documentation must identify:

- under what circumstances it has been agreed with DHS that the CSO will take on case management of the child or young person. It would be usual, and recommended, for the CSO to take on case management for all children and young people who will reside in the TRC placement for a significant period of time. Funding of case management targets will be negotiated at the regional level for any requirements above existing case management targets.
- the role of the Therapeutic Specialist, TRC staff and broader CSO staff in contributing to case management functions and planning for children and young people.

6.2 Transition planning and post-placement support

Transition planning and post-placement support is a required element of TRC programs in order to ensure effective transitions to new accommodation and care arrangements and to continue the improvements experienced by children and young people placed in the program. The program must ensure:

- there are clear transition planning processes established to ensure early engagement of post-TRC or post-care supports and services
- comprehensive transition plans are developed at least six months prior to the child or young person's anticipated exit from the TRC placement where possible
- 15+ Care and Transition Plans¹³ are prepared for young people who are aged over 15 years and require specific transition planning for leaving out-of-home care in the future
- all children and young people transitioning from the TRC placement receive significant individually tailored post-placement support that may include contact with TRC staff, capacity for planned respite, ongoing clinical support for a period of time or whatever is most appropriate for the individual
- formal and informal opportunities to maintain relationships (therapeutic or otherwise) is encouraged with staff and significant others in the TRC program including return visits to the placement
- that post-placement support is provided in a timely manner. The type, duration and intensity of post-placement support must be based on the individual developmental and support needs of the child or young person but not be less than three months.

6.3 Individual therapeutic treatment plans

TRC programs are required to develop and implement individual therapeutic treatment plans for each child or young person placed in the program that guide the implementation of therapeutically intentional service delivery by all TRC team members. The program must ensure individual therapeutic treatment plans:

¹³ The 15+ Care and Transition Plan forms part of the Looking After Children Records and is available at <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/lac-in-practice/lac-records>

- address the therapeutic needs of each child or young person based on the specialised assessment process and responds to their particular characteristics and needs so they can heal, develop and grow
- seek to bring about directed and clinically significant change in the child or young person's presenting issues through goal directed, intentional, planned and integrated therapeutic interventions
- clearly define the child or young person's specific goals including:
 - improved relationships with family, peers and others
 - decreased involvement in activities that place them at risk of harm
 - successful engagement in school or an appropriate educational/vocational program or employment and improved academic functioning
 - engagement with therapeutic supports to deal with the impacts of complex trauma
 - improved interpersonal skills, confidence, motivation, life skills and capacity to learn
 - enhanced independent living skills, ability to keep themselves safe, and capacity for self care
 - improved connection to community and increased engagement in community and recreational activities
 - transition into a less intensive placement option, return to family, other kinship care or independent living arrangements¹⁴
- are based on contemporary research and evidence about the most effective therapeutic interventions with children and young people who have experienced abuse, neglect and trauma and uses strategies suited to the young person's underlying issues, presentation and developmental stage
- outline how all interactions can be used as opportunities for therapeutic gain and positive engagement
- include clear strategies to establish consistency, stability and safety for the child or young person based on their developmental needs and known history, informed by the balance between empowerment and limit setting that is individually appropriate for them
- are closely monitored, regularly reviewed and documented to track progress against goals, assess outcomes and to improve the plan where required
- include psycho-educational strategies for children and young people about the trauma they may have experienced and the ways in which it is currently affecting them in order to better understand and respond to their emotions and behaviours
- are built upon and reinforce the child or young person's own strengths, resources and coping skills
- recognise that for Aboriginal children, the maintenance of connections or reconnection with their culture and identity through contact with their family and community, is a key factor to their health and wellbeing and should be a key element of the plan

¹⁴ Adapted from Hurstbridge Farm: A therapeutic Care Program for Early Adolescents, Draft Program document, Department of Human Services, March 2007

- includes the role and responsibilities of other professionals contributing to the plan and other service systems such as disability, mental health. to ensure that services are complementary, integrated and utilise consistent therapeutic approaches

6.4 Engagement and participation of children and young people

In TRC programs, the positive engagement and participation of the children and young people with staff, the operations of the program and the broader community is an important and distinctive element of the program. The program must ensure:

- the voice of children and young people is heard and they are supported to participate in decision-making about their therapeutic program and life
- the rationale of their therapeutic treatment plan is clearly communicated to children and young people and opportunities to provide feedback is provided
- there is clear and genuine provision for involvement of children and young people in program planning, service delivery, monitoring and review processes
- children and young people have access to advocacy.

6.5 Engagement with family, community and culture

Strong engagement with family, community and culture is an important element of TRC programs in order to include all relevant stakeholders in working towards the therapeutic intent of the program and to provide children and young people with opportunities to establish meaningful ongoing connections and relationships. The program must ensure:

- that Aboriginal children and young people will be assisted to re-connect or maintain contact with their extended family and members and their Aboriginal community in-line with the development, implementation and monitoring of their Cultural Support Plan
- the child or young person's family, community and cultural background and connections are identified through the assessment phase and individual therapeutic treatment plans include actions to restore or maintain appropriate connections and relationships
- the engagement of specialist therapeutic services such as counselling, family therapy, group work and other specially directed services and family services which seek to establish the best possible outcomes in restoring family connectedness for the child or young person. This should include clarity about the differing roles between these services and the Therapeutic Specialist
- there are opportunities for children and young people to establish or re-establish secure long-term relationships and attachments with family (including siblings), extended family and other significant people
- assistance is provided for children and young people to identify their family networks and origins, their place in the family tree and a clear understanding of where they belong
- children and young people from culturally and linguistically diverse backgrounds have opportunities to remain engaged with cultural practices and relevant services or community members are engaged to support this

- children and young people's families and significant others are encouraged and supported to contact and visit and to engage with the program to promote positive interactions and relationships and become part of the therapeutic treatment plan
- there are opportunities for children and young people to engage in their local community and developmentally appropriate social and recreational activities suited to their individual interests and skills to provide a broad range social learning challenges
- linkages with relevant stakeholders and local community, recreational, sporting and educational organisations are cultivated and maintained to promote a broad range of activities for children and young people
- TRC staff receive training in working with and engaging families in the out-of-home care context.

7. Glossary

Best interests plan	The formal plan drafted following a case plan meeting that sets out general and specific goals to be worked towards for that children and young people in the coming year.
Care and transition plan	The LAC care and transition plan (used instead of a care and placement plan) is developed and updated by the care team for young people aged 15–18 years. This plan aims to capture the aspirations, individual needs and supports required for young people as they transition into adulthood. It aims to prepare young people to the best of their abilities for leaving care and for the expiry of a Children's Court order.
Care team (out-of-home care team)	In out-of-home care, the care team is defined as the group of people who jointly plan for and provide the care for a child or young person while that child or young person is in out-of-home care. The care team has a specific focus on meeting the child's needs – its members have a shared responsibility for the practical 24-hours-a-day, seven-days-a-week care of a vulnerable child/young person. A care team should always include the child or young person's case manager, key residential carers, the child or young person's parents (if appropriate) and any other adults who play a significant role in caring for the child/young person such as a relative or Take Two practitioner.
Case manager and contracted case manager	The person allocated the primary responsibility of overseeing implementation of the best interests plan (case plan). This can be a departmental employee or a CSO employee in the event that case management responsibility for a child or young person has been contracted to a CSO.
Children and young people	Child or young person aged 18 years or younger who is living in a residential care placement. Where 'young person' is used by itself, it refers to a young person aged 15 years and above.
Community service organisation (CSO)	Non-government organisation funded to deliver residential care services on behalf of government.
Design elements	Those elements that must be included in the planning, model development, documentation and implementation of a TRC program
DHS	Department of Human Services
Organisational congruence	A whole organisational commitment and understanding at all levels (from the TRC residential staff to CSO senior management) to the provision of TRC.

Reflective practice	Sessions (usually fortnightly) in which the Therapeutic Specialist leads discussion with residential carers to assist carers in having sensitive, reparative interactions with children through the process of reflective discussion that develops their capacity to understand the interpersonal aspects of caring for children who have experienced abuse and neglect and learn to take multiple perspectives. Carers develop awareness of both the children's emotional experiences and their own emotional processes in working with the children.
Residential care services	Services in which children or young people reside at a location where care is provided by direct care staff and authorised by the Minister as an approved community service.
Residential care staff/residential carers	Staff employed to care for children and young people in an out-of-home care residential setting.
Service partnerships	The development and maintenance of respectful, professional relationships and partnerships with a broad range of organisations that deliver services to children and young people is a critical success factor for TRC programs
Therapeutic residential care (TRC)	An enhanced response to providing residential care that is designed to create trusting, nurturing relationships with a small network of carers who, with the advice and support of the therapeutic specialist, can provide relational experiences that may help to modify a negative internal working model that affects relationship capacity, and to assist and support the child in developing ongoing relationships that are sustainable following the placement This model is programmatically supported by increased staffing levels and the therapeutic specialists.
Stability	Stability is a core dimension for considering a child's best interests. A child experiences stability through their positive connections to their parents or other primary carers, family, school, friends, community and culture. These connections are made by developing and maintaining a child's key relationships through opportunities to participate in the normal contexts of school, community and culture. All children need stability to thrive, develop and learn. Research shows that stability is a key factor in building resilience in children. Stability is the concept used to summarise the cluster of considerations referred to in the Children, Youth And Families Act for determining the best interests of the child in addition to the need to protect a child from harm, to protect his or her rights and to promote his or her development.
Supervision	Direction, performance monitoring and support, including teaching and accountability functions typically provided by a senior staff member to a less senior staff member.
Therapeutic framework	A clearly articulated therapeutic framework which guides the

	structure and service delivery of the program
Therapeutic treatment plan	Individual plans for each child or young person placed in the TRC program that guide the implementation of therapeutically intentional service delivery by all TRC team members
With Care training	Customised training in trauma informed practice and therapeutic residential care delivered by Berry St Take Two and Salvation Army Westcare under the auspices of the Residential Care Learning and Development Strategy

8. Resources and links

The following resources and links provide useful additional documents, websites and resource materials.

Aboriginal children and families

Aboriginal cultural competence framework (November 2008) can be found on the Department of Human Services website at:

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/children,-youth-and-family-services/aboriginal-cultural-competence-framework-2008>

Caring for Aboriginal and Torres Strait Islander children in out of home care can be found on the Victorian Aboriginal Child Care Agency website at:

<http://www.vacca.org/conferences-reports-and-guides>

Working with Aboriginal children and families: a guide for child protection and child and family welfare workers can be found on the Victorian Aboriginal Child Care Agency website:

www.vacca.org/conferences-reports-and-guides

Program requirements for Cultural Support Plans are available at:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-the-cultural-support-plan-program>

Best interests case practice model

The *Best interests case practice* model – summary guide 2010 and related resources can be found on the department website and via the Department of Human Services Victorian child protection practice manual at:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/best-interests-case-practice-model-summary-guide-2010>

<http://www.dhs.vic.gov.au/cpmanual/best-interests-case-practice/best-interests-case-practice-advice>

Case contracting

Advice to CSOs undertaking case management of children or young people in out-of-home care is available for download at:

<http://www.dhs.vic.gov.au/cpmanual/best-interests-case-practice/planning-for-best-interests/1315-case-contracting-processes/3>

Charter for children in out-of-home care

The *Charter for children in out-of-home care* can be found on the Office of the Child Safety Commissioner's website at:

http://www.kids.vic.gov.au/publications/parents_resources.htm

Child protection policy and practice manual

The Department of Human Services *Victorian child protection policy and practice manual* contains advice accessible to CSOs and may be accessed at:

www.dhs.vic.gov.au/cpmanual

Children Youth and Families Act

The *Children Youth and Families Act 2005* can be found on the Victorian Legislation and Parliamentary Documents website at:

www.legislation.vic.gov.au

Education

The out-of-home care education commitment: A partnering agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria can be found on the Department of Education and Early Childhood Development website at:

http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A4_partnering.pdf

Looking after children

Information and documentation for download related to LAC can be found on the Department of Human Services website at:

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac>

Service agreement

The *Service agreement information kit for funded organisations* can be downloaded from the Department of Human Services Funded Agency Channel at:

www.dhs.vic.gov.au/funded-agency-channel/home

Standards and program requirements

The *Department of Human Services standards* (June 2011) and the *Department of Human Services standards evidence guides December 2011* are available for download at:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>

The Department of Human Services *Program requirements for residential care services in Victoria* (July 2012) are available for download at:

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/program-requirements-for-residential-care-services-in-victoria>

Therapeutic residential care

Essential Service Design Elements: Therapeutic Residential Care specifies the essential service design elements for the design and delivery of the Victorian therapeutic residential care pilots and is available for download at:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0010/587908/national-therapeutic-residential-care-essential-elements.pdf

The *Evaluation of the Therapeutic Residential Care Pilot Programs, Verso Consulting Pty Ltd, 2011* is available for download at:

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf

Therapeutic residential care in Australia: Taking stock and looking forward, National Child Protection Clearing House Issues Paper No. 35 2011, Australian Institute of Family Studies, Commonwealth of Australia 2011 is available for download at:

<http://www.aifs.gov.au/nch/pubs/issues/issues35/index.html>

Victoria's Vulnerable Children

Victoria's vulnerable children: our shared responsibility directions paper is available on the Department of Human Services website at:

<http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/victorias-vulnerable-children--our-shared-responsibility>

Appendix 1. Example selection capabilities for TRC residential care staff

TRC Residential care staff:

- capacity and skills in engaging children and young people who have experienced significant trauma and demonstrate emotional and behavioural dysregulation
- strong understanding of the reasons behind traumatised children and young people's behaviour and ability to adapt engagement and communication strategies to the presenting developmental, rather than chronological, age
- demonstrated capacity to understand and establish enduring therapeutic care relationships
- high-level personal communication and networking skills and high level capacity to develop and work in a team and flexibly respond to changing program requirements
- commitment to personal growth and development and willingness to participate in regular supervision, training and reflective practice
- knowledge or capacity to readily attain knowledge of child/adolescent development
- capacity to engage with the child or young person's family where this is in the child or young person's best interests
- demonstrated commitment to the program and stability and quality of care for clients
- capacity to advocate, engage and negotiate with a child/ or young person's school/educational network
- highly-developed capacity for emotional self-regulation including the capacity to set and maintain consistent boundaries to provide safety, stability and consistency
- the ability to work for the best interests of the child or young person even when this is counter intuitive
- support the importance of providing a stable, trauma-informed, therapeutic care environment
- understand and committed to support program/service standards, therapeutic care model and program expectations that will be placed upon them
- able to play a key role as a member of the child or young person's care team
- understanding of the principles of community development and engagement and ability to use these to assist with the TRC unit's integration into the community
- demonstrated high-levels of commitment to role
- secure adult attachment style and capacity to engage in mature care relationships
- well-developed self-care skills and the ability to seek assistance when required.

Appendix 2. Example of selection capabilities for Therapeutic Specialists

TRC Therapeutic Specialists:

- demonstrated ability to provide leadership and direct service in the clinical trauma-informed assessment and treatment of children, young people and families
- a demonstrated history of achieving strong outcomes for children and young people who have experienced trauma, preferably in an out-of-home care environment
- capacity and skills in engaging children and young people who have experienced significant trauma and disrupted attachment and demonstrate extreme emotional and behavioural dysregulation
- excellent family engagement and skills in working therapeutically with families
- highly-developed ability to provide secondary consultation, training and advice to clinicians, residential carers, broader CSO and TRC staff and other professionals
- demonstrated ability to facilitate group work and to conduct reflective practice and coaching to build organisational capability
- strong commitment to working collaboratively and with the capacity to negotiate and liaise with DHS, other agencies and the community to engage relevant services and advocate for improved client outcomes
- a sophisticated understanding of the complexity of the child protection and out-of-home care service system and the issues involved in providing services to statutory clients
- excellent team work skills and the ability to cultivate productive working relationships and adapt communication and engagement strategies to the needs of the team
- high-level networking skills to increase community awareness and support for TRC and to facilitate service linkages and integrations at a system level
- demonstrated capacity to lead and manage in an area of challenging and complex practice, maintaining focus on the purpose and direction of the TRC program
- sophisticated assessment, report writing, written and verbal communication skills
- capacity to act as a role model by practicing own self-care and encouraging self-care in others
- ability to establish and maintain strong boundaries with clients and between work and personal life.

Appendix 3. Example Memorandum of Understanding for Therapeutic Specialist

MEMORANDUM OF UNDERSTANDING BETWEEN _____ AND _____¹⁵.

1. AGREEMENT

1.1 Description of role and services to be provided:

2. DESCRIPTION OF PARTNERING ORGANISATIONS

2.1 Community Service Organisation (Lead Agency):

2.2 Therapeutic Specialist provider:

3. PRINCIPLES AND VALUES UNDERLYING THIS MEMORANDUM OF UNDERSTANDING (MOU)

3.1 The parties agree that the provision of Therapeutic Specialist services is centred on the safety, health, development, learning and wellbeing of children and young people.

The parties will work together in accordance with the following principles:

3.1.1 equality, equity and mutual respect in all partnership activities

3.1.2 recognition and respect for the autonomy, history, cultures and qualities of each of the parties

3.1.3 commitment to collaboration and the highest standards of ethical practice in service delivery and business practices

3.1.4 shared recognition and respect for the cultural identity and connections of clients and staff

3.1.5 recognition of the complementary strengths, skills and resources that each party brings to the partnership and willingness to share these in achieving the aims and objectives of the service

3.1.6 willingness to build capacity and problem solving within the partnership through sharing of knowledge, skills and resources as necessary and appropriate

3.1.7 recognition of the limitations of this MOU and the legitimate activities and obligations of the parties outside this partnership.

4. LEAD AGENCY

4.1 The parties agree that _____ is the Lead Agency in the partnership and as such retains responsibility for the Funding and Service Agreement (FASA) with the Department of Human Services (DHS) (or other funder) in relation to the Therapeutic Residential Care (TRC) program at _____ in the _____ region. As the legal contracting party for the partnership, the

¹⁵ Adapted with permission from Berry St, Take Two

Lead Agency accepts responsibility for signing contracts on behalf of the parties and receiving and distributing funding in accordance with the FASA and any other relevant documents, achievement of the service accountabilities and reporting to DHS on behalf of the parties.

5. GOVERNANCE AND MANAGEMENT

- 5.1 The parties agree that each will appoint an authorised representative of its organisation to form a governance group. This group will oversee the development, implementation, monitoring and evaluation of the provision of services by the partnership within the parameters of the FASA with DHS. In particular, the group will deal with the following:
- 5.1.1 implementation and monitoring of this MOU, including annual review at the executive level
 - 5.1.2 development, implementation, monitoring and evaluation of the service, including annual review
 - 5.1.3 budget and resource allocation including regularly monitoring and reviewing performance against set budgets and ensure financial and other resources are allocated to each of the parties in order to undertake their operational and service responsibilities
 - 5.1.4 collaborating regarding staff position descriptions and competencies and operational procedures for the service
 - 5.1.5 monitoring of the reporting to DHS (or other funder) on the effectiveness and outcomes of the TRC program
 - 5.1.6 fostering collaboration between the partners as well as with DHS and other community agencies associated with the TRC program
 - 5.1.7 overseeing policies and operational protocols to ensure that they are consistent with and promote the principles and outcomes required of the TRC program
 - 5.1.8 overseeing the identification, collection and analysis of the data required to monitor the effectiveness of the TRC program in meeting its objectives
 - 5.1.9 overseeing the identification and consideration of policy and research relating to the service and making recommendation to DHS in this regard
 - 5.1.10 overseeing the development, implementation, monitoring and review of referral and service protocols with other relevant community agencies associated with the work of the TRC program
 - 5.1.11 the review and recommendation of any amendments to the MOU.
- 5.2 The parties have agreed responsibilities for the management and operational functions of the TRC, and specifically the provision of Therapeutic Specialist services.
- 5.3 The parties have agree to establish and implement arrangement protocols in relation to the following matters to facilitate the working relationship and to set out the business rules between them:
- 5.3.1 service development and implementation of the TRC program
 - 5.3.2 referral processes to the program and to each specific role, methods of service, delivery, etc

- 5.3.3 accountability, monitoring and evaluation setting out the requirements and mutual expectations on each of the parties for delivery of designated services, achievement of targets, maintenance and improvement of quality standards.

6. RESPONSIBILITIES OF PARTIES

- 6.1 The parties accept the following responsibilities as members of the partnership for the provision of the following components within the TRC program:
- 6.1.1 Lead Agency:
- 6.1.2 Therapeutic Specialist Provider:
- 6.1.3 Shared responsibilities:
- the parties will ensure that all staff, carers and volunteers involved with the service and placements understand and respect the roles of each of the other parties
 - the collaborative decision-making process of the care team will be supported, and all efforts will be made to resolve differences at this level in the best interests of the child of young person.

7. ACCOUNTABILITIES

- 7.1 Each party will retain accountability and management responsibility for performance of all tasks allocated under any contracted service as arranged and documented.
- 7.2 Each party must generate performance data quarterly (or more frequently if required under the contract arrangements) according to an agreed process. The parties are accountable for meeting their key performance indicators.
- 7.3 Each party agrees to be bound by the terms and conditions of all service contracts entered into by the partnership. The parties must undertake their contract responsibilities with diligence and the effort required to meet targets and other contract conditions. Contract monitoring will be through quarterly data reporting or as required to the partnership governance group. Where a party fails to meet targets, this must be disclosed to the partnership parties who shall offer reasonable support if and where required to assist the party achieve its targets.
- 7.4 It is a fundamental obligation of the parties to deliver services of the highest quality, meeting the expectations of the community and funding body.
- 7.5 The parties, together with staff, carers and volunteers working in the TRC program will seek to promote mutual respect and enhance the reputation and standing of the service.

8. INTELLECTUAL PROPERTY

- 8.1 The MOU intends that the parties will share knowledge of any proprietary, intellectual or service delivery products or methods developed jointly by the partnership or any individual member of the partnership directly relevant to the delivery of the contracted services.
- 8.2 All materials that have been or are developed by each organisation remain the property of that organisation.
- 8.3 Any material that is developed jointly will be jointly owned by the organisations and will not be distributed or published without joint consent.

9. FINANCES AND LIABILITY

- 9.1 The Lead Agency agrees to provide quarterly payments to the Therapeutic Specialist Provider for services rendered upon receipt of an invoice.
- 9.2 The Lead Agency agrees to pay the Therapeutic Specialist Provider at the rate of \$_____ per equivalent of full-time EFT with the understanding that this will increase each financial year based on CPI increases.
- 9.3 The Therapeutic Specialist Provider agrees to:
- send the Lead Agency separate quarterly invoices for each Therapeutic Specialist position
 - provide the Therapeutic Specialist with the appropriate clinical supervision, training and corporate support
 - provide back-up support and access to consultation if the Therapeutic Specialist is not available for some reason, such as annual leave or when position is vacant.

10. GENERAL AGREEMENTS

- 10.1 This MOU sets out the commitment of the parties to the delivery of contracted services in accordance with the contract with DHS. The parties will deliver services in a manner which complies with the terms of the FASA. No party bears responsibility for the financial or legal liability of the other parties.
- 10.2 The parties acknowledge that a conflict of interest may arise in the course of the implementation of this service. All information produced, prepared and exchanged at meetings or the parties constitutes the intellectual property of the partnership and is commercial in confidence. Intellectual property produced outside the partnership remains the property of the respective party. Any dealings which compromise the integrity of the partnership's confidentiality are to be tabled and managed accordingly. It is the responsibility of each party to advise the governance group when a potential conflict of interest arises.
- 10.3 The parties to this MOU, or their representatives, will have access to privileged, confidential and sensitive information about dealings and activities of the other parties. Each of the parties will show discipline and care in their observation of such matters and will maintain the confidence placed in them.

11. DISPUTE RESOLUTION

- 11.1 The parties recognise that, in light of the collaborative nature of the partnership, there may be differences of opinions between the parties from time to time in relation to the implementations of the service or the operation of the partnership or the expectations of one another under the MOU. Where this cannot be resolved, the parties agree that the persons who identify the dispute must provide details to the Chief Executive Officer (CEO), or delegate, of their respective organisations and the CEOs of the parties in disagreement must promptly confer and attempt to negotiate a decision.
- 11.2 If a solution is found, then all partnership parties must be notified of the agreed decision. If the matter remains unresolved after five business days, then written details of the dispute must immediately be referred to a Grievance Committee made up of the CEOs of the parties, or their nominees, who must seek to broker a solution.
- 11.3 If the Grievance Committee is unable to settle the dispute on the basis of a

unanimous agreement within five business days, then the parties in dispute must attempt to resolve their differences by mediation. The mediator must be appointed by the Grievance Committee.

- 11.4 If the matter remains unresolved for 20 business days after or was first referred to the CEOs of the organisations in disagreement, then the dispute may be referred to an agreed arbitrator for determination. The decision of the arbitrator is final and binding.
- 11.5 The parties acknowledge that where a dispute relates to clinical interventions or decision making in regards to the child's care or other arrangements, the matter will be referred to _____.

12. SUPPLEMENTARY DOCUMENTS

- 12.1 The parties recognise that this MOU may not contain all the terms and conditions governing the relationship between them in their capacities as members of the partnership for the purpose of providing Therapeutic Specialist services
- 12.2 The parties agree to supplement this MOU with additional provisions or to vary it with revised provisions as the circumstances require, and if considered appropriate in the future, the parties may replace this MOU. Decision on variations to this MOU, and any further replacement document, must be made by the CEOs of the partner organisation, or their nominees, by consensus.
- 12.3 Unless and until this MOU is replaced or varies, the parties intend that it have legal effect as a contract, conditional always upon the partnership receiving funding from DHS (or other funder) for the TRC program. This MOU will terminate should the partnership be advised that it will not receive such funding.

Executed this _____ day of _____ 201_

Signed on behalf of the Lead Agency

Signed on behalf of the Therapeutic Specialist Provider