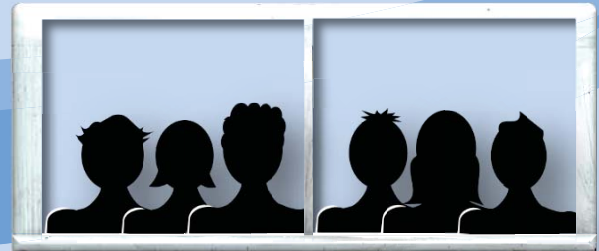


Trauma-informed therapeutic framework
for residential care project



Final Report (Stage One) Attachment One:

Proposed
Hope and Healing
Framework for Residential Care

31st August 2015



PeakCare
Queensland Inc.



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Acronyms and abbreviations used in this Attachment

| | |
|----------------|---|
| CALD | culturally and linguistically diverse |
| CARE® | Children and Residential Care Experiences |
| CSO | Child Safety Officer |
| the department | Department of Communities, Child Safety and Disability Services |
| EAG | Expert Advisory Group |
| HSQF | Human Services Quality Framework |
| OOHC | Out of home care |
| SILS | Supported Independent Living Services |

Terminology

The term '**organisation**' is used in this report to refer to organisations or agencies providing residential care services.

The term '**service**' is used to refer to residential care service outlets, that is, a residential care service provided within a house (usually) or other type of accommodation.

Typically, **organisations** providing residential care services are responsible for more than one **service**, and may operate many residential care services across different regions.

The term '**residential care workers**' is used in this report to refer to workers in residential care services rostered to provide direct care services to young people (or direct support, in the case of SILS).

The term '**residential care staff**' is used to refer to the wider staff group of a residential care service, including (as relevant) managers, supervisors, team leaders and clinical supervisors, as well as residential care workers. 'Residential care staff' includes staff employed on-site and off-site with direct responsibilities related to the residential care service.

THE HOPE AND HEALING FRAMEWORK

This document outlines the *Proposed Hope and Healing Framework for Residential Care*. It is Attachment A to the Final Report of stage one of the Trauma-informed Therapeutic Framework for Residential Care project. The Final Report details the consultations, expert advice and literature review, and the rationale for the development of this framework.

Introduction

The *Proposed Hope and Healing Framework for Residential Care* sets out the foundation for caring and working with young people in residential care in a way that understands and responds to trauma and is therapeutic in approach. This recognises that, while not all young people in residential care require specialist therapeutic care, all have experienced trauma.

For the purposes of this framework, the concept of trauma is inclusive of disrupted attachment, complicated grief and loss, and other deleterious developmental impacts.

The components of the proposed framework, and the emphasis given to each, have been informed by the consultation for this project, the input of the Expert Advisory Group, the input of young people with lived experience of residential care, and the literature review, as discussed in the Final Report of this report.

The *Proposed Hope and Healing Framework for Residential Care* will be implemented in the context of the wider child protection system in Queensland. The residential care of young people is a specific part of that system, and so the vision, principles and fundamental components of this framework are specific to residential care. They are also consistent with the wider *Strengthening Families Protecting Children Framework for Practice* (Department of Communities, Child Safety and Disability Services 2014) which applies to work with all young people in out of home care and their families.

1 VISION

Young people in residential care are safe, are connected to friends, family, community and culture, and are supported towards realising their hopes, dreams and full potential.

2 PRINCIPLES

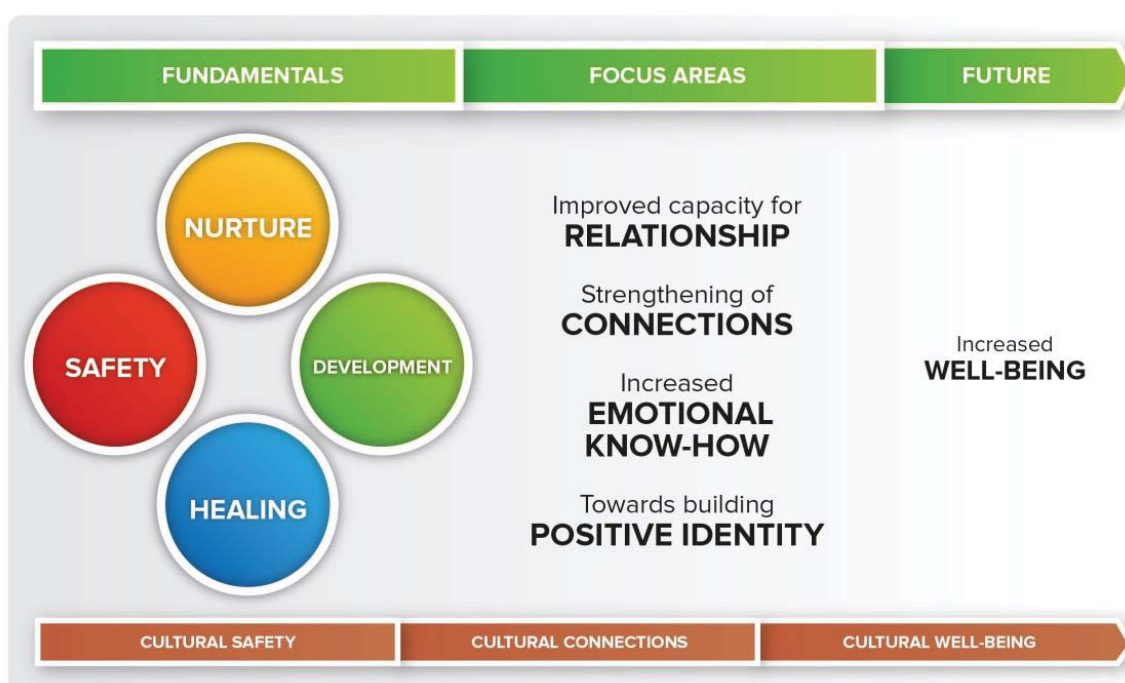
A trauma-informed therapeutic framework is underpinned by these common practice principles which apply across all types of residential care and all cohorts of young people. The practical application of these principles shapes the way in which care is defined and understood:

- Care is individualised, taking account of age, stages of development and cognitive functioning and abilities
- Care is relationship-based
- Care promotes engagement in decision making and life choices
- Care occurs within the context of family
- Care supports links with community
- Care is culturally safe and culturally proficient

- Care supports Aboriginal and Torres Strait Islander cultural identity
- Care supports culturally and linguistically diverse identities
- Care understands and responds to behaviour as communication
- Care provides unconditional commitment (persistent allegiance)
- Care is collaborative and integrated across all services involved with each young person.

3 NEEDS-INFORMED CARE

Diagram 1: Young person needs informing practice in residential care



The needs-informed approach (see *Diagram 1*) of the *Proposed Hope and Healing Framework for Residential Care* incorporates:

- **fundamentals** of care – applied as part of everyday care throughout a young person's journey in care
- **focus areas** – core elements of a therapeutic approach
- **future** orientation – a goal focused approach incorporating young peoples' hopes and dreams.

The components of the framework as outlined in *Diagram 1* relate to young people's needs, and directly inform practice. They are inter-related – some are pre-requisites for others (for example, safety is foundational and attention to cultural needs is imbedded throughout) but meeting a young person's needs in relation to any one of these components will have positive flow-on impacts in other areas. Within the different phases of a young person's journey in care (discussed below) some needs may take precedence at certain times; *Diagram 1* therefore represents an ongoing integrated approach rather than phases of care.

3.1 Fundamentals of care

Residential care must attend to young people's fundamental needs for:

- **safety**
- **nurturance** (includes positive relational and practical care)
- **development**
- **healing** (includes healing related to trauma, loss, attachment issues).

Safety is the necessary foundation or base. It incorporates the overarching need for cultural safety.

Physical, emotional and cultural safety are pre-requisites to all other efforts to support the young person. Stability is a core aspect of emotional safety.

Cultural safety requires that practitioners working with young people move beyond cultural awareness to become culturally responsive to the needs of young people of diverse cultures and in particular Aboriginal and Torres Strait Islander young people, to create a physical and inter-personal environment which is welcoming of and respectful of each young person's culture (VACCA 2008).

The everyday care of young people in all residential services requires attention to young people's fundamental needs for *Nurturance*, *Development*, and *Healing*. These fundamental elements inform all interactions with young people during all facets of care, on an everyday basis, throughout their journey in care:

- **Nurturance** is about meeting young people's needs for nurturing relationships and physical care (good food, clothing, being 'looked after', having 'normal' things and experiences, feeling 'like a home')
- **Development** is about attention to young people's developmental needs relevant to their age, stage and capacity (including educational opportunity as well as physical and emotional development)
- **Healing** is about being attuned to the impacts for all young people of pre-care and in-care trauma, loss and attachment issues, and meeting the more intensive needs of some young people. Healing occurs in the context of restorative relationships.

Figure 1: Fundamentals of residential care



3.2 Focus of a therapeutic approach

Underpinned by care consistent with meeting these fundamental needs, for all young people a therapeutic approach incorporates attention to the four focus areas of:

Relationship

Connections

Emotional Know-how

Positive Identity.

With the fundamentals in place, these are the focus areas for practice that enable young people who have experienced trauma to move towards increased well-being.

For a therapeutic approach, everyday care is purposeful and individualised in assisting the development of young people in these areas:

- **Relationship** refers to a young person's capacity to experience reciprocal relationships, modelled on residential care workers' efforts to work through relationship. Elements of relationship are trust, empathy, positive regard, reliability, and emotional care
- **Connections** refers to a young person's sense of belonging and underpins the development of identity. Connections refers to feeling part of family and community, and having a strong cultural identity
- **Emotional know-how** is necessary for a young person's mental health, age-appropriate behaviour and higher order learning. It enables young people to gain mastery over how they cope with the emotions and psychological impacts of trauma and other causes of internal stress. In practice, the concept incorporates supporting young people in ways of adaptively coping with internal and external stresses
- **Positive identity** is related to a young person's sense of self and feelings of self-worth. It includes young people building a sense of competence, gaining mastery in areas of interest to them, and belief in their own capacity to realise their aspirations.

These focus areas are inter-related. Working from the basis of relationship is central. Support to develop healthy relationships helps a young person to feel safe, build trust and belonging, and to feel worthy, which in turn enables a young person to strengthen connections to family and community and develop positive identity.

Young people's readiness to build capacity in each of these areas depends upon incremental and sequential development (for example, a sense of security – emotional safety – precedes increased capacity for emotional self-regulation). Residential care workers must be aware of the individual young person's age- and stage-dependent readiness in each of these focus areas and support development in each area. The concept of developmental turning points is important here – engendering experiences which can positively influence the trajectory of a young person's development.

3.3 Future oriented

A therapeutic approach is goal oriented in working towards the increased well-being of young people, and identifying windows of opportunity. This includes opportunities, relevant to their age and capabilities, to develop their potential through educational and other aspirational goals and (for older young people) towards adult independence. The outcomes sought in working with individual young people are specific – they include individualised goals for both the 'here and now' and the future, incorporating young people's own hopes and dreams. A future oriented approach is relevant even if a young person's stay in a residential care service is a short one. Every young person's positive future is built on incremental positive steps.

Figure 2: Focus of a therapeutic approach

4 THE PHASES OF CARE

A trauma-informed therapeutic approach is always informed by the components of needs-informed care outlined above, but the practical application and emphasis of each component varies at different phases of a young person's journey in residential care. These journeys vary – for some young people residential care is a brief experience; for others it will span years and different settings. Throughout their journey, a focus on transitions of all types is important, supporting young people to deal with the new, and with uncertainty. For some young people living with significant cognitive impairments, their developmental capacity is a core factor.

These phases are not discrete or definitive, and are not linear – healing occurs throughout a young person's journey in care and multiple transitions may occur, so that the phases overlap and may be more 'circular' than linear as young people take steps towards gaining mastery while also sometimes regressing. The 'phases' represent a way of conceptualising the changing emphases of healing-based work with young people as they recover from trauma and disruption and move forward. The four core overlapping phases for this framework are as outlined below.

4.1 Transition in

- ***therapeutic focus: establishing safety***

The young person is welcomed into the residence and helped to feel a sense of belonging as one of the group (if in congregate care). Structure, reliability and consistency are important to engender a sense of safety; testing of boundaries is part of testing 'safety', while fear and a lack of trust in adults may underpin very challenging behaviour (CCYP 2013). Workers provide an external locus of non-punitive regulation of intense feelings when young people themselves are unable to manage this. The work of building relationships commences. Information about individual needs, strengths and aspirations is gathered.

4.2 Stabilising

- ***therapeutic focus: relationship, stabilisation, developing emotional know-how***

The young person is supported to recognise and understand emotions and to gradually make choices (as age-appropriate) about the behaviour with which they express these feelings. Relationship is core – for healing to take place, the young person must experience feeling cared about, and trust that they will be emotionally safe while dealing with trauma-related feelings. Stabilising is essential for healing, which takes time – young people with very complex issues need this time. Participation in predictable everyday experiences which include the routine, the challenging, and fun, can be restorative. Residential care workers provide reliable 'parenting', responding to even very challenging behaviour in ways which gradually strengthen the young person's capacity for emotional self-management.

4.3 Strengthening connections

- ***therapeutic focus: re-connection and strengthening connections, identity and belonging***

The young person is supported to rebuild and/or strengthen the relationships which are likely to endure throughout their lives. Identity is closely related to a young person's sense of belonging. Where this cannot be provided by immediate family members, other wider family relationships can often be fostered and the young person supported to manage optimal connections with family members who are important in their lives but who may also be destructive. Connection with community and with culture are important with the young person assisted to learn how to sustain such relationships as they move back into the community and (as relevant) on to independence. In supporting this for Aboriginal and Torres Strait Islander young people, workers must ensure that protocols and cultural relationships are observed.

4.4 Transition out

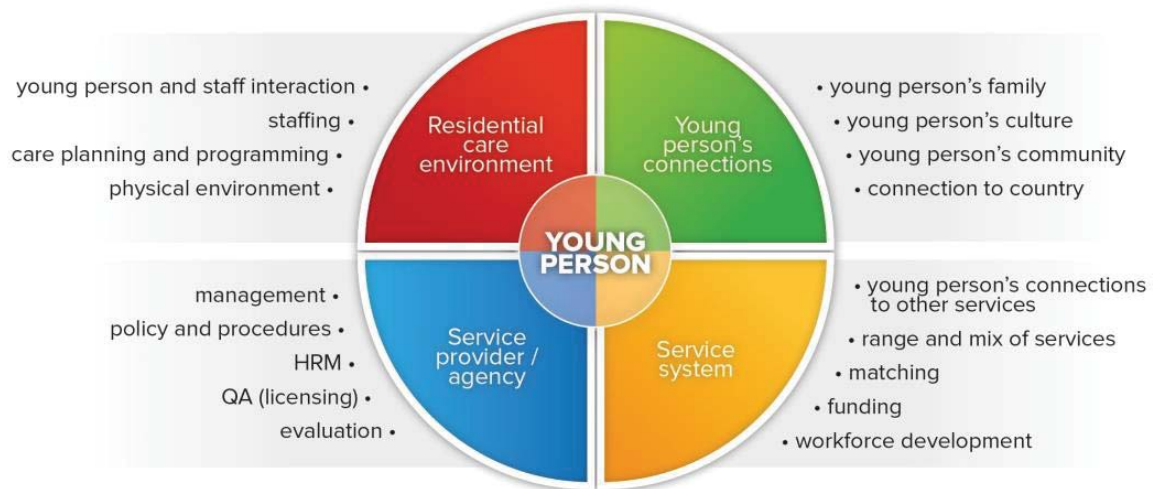
- ***therapeutic focus: reintegration, positive self-regard, hope and aspirations***

The young person is supported to internalise a sense of themselves as a worthwhile person with a story of their past which is understood and integrated as well as a story of their hopes for the future. They are coached to internalise a positive sense of self which helps them to be more resilient to life's challenges. They are supported in their move to their next place of living, or towards independence, in a way which enables existing connections to remain in place while they establish new ones. Transition is not re-traumatising and the young person is able to move forward with confidence. Preparation, rituals which acknowledge loss and support letting go, and emotional support to make change are all important.

5 THE DOMAINS OF RESIDENTIAL CARE

The young person's experience of residential care is impacted by their contact with other parts of the service system involved with the young person and their connections while in residential care. These 'domains' are separate but inter-related – congruence within the service system is important to a young person's sense of security and healing, promoting continuity of service delivery and stronger partnerships between organisations providing support services. With the young person as the central focus, the four domains of residential care all have a role in applying the framework, working together to help meet each young person's needs. These domains (*see Diagram 2*) are:

- the residential care environment including day to day care, interactions between young people and between staff and young people, care planning, programming and the physical environment
- the connections to the young person's world including family, community, culture and country
- the service provider/organisation providing residential care including governance, management, policies and procedures, human resource management, quality assurance and evaluation
- the service system including the young person's connections to other services including health and education, matching (individual and population), range and mix of services, funding, partnerships and workforce development.

Diagram 2: The domains of residential care

OVERARCHING ACROSS ACTIVITY IN EACH DOMAIN:
CULTURAL PROFICIENCY / CONGRUENCE

5.1 The young person

The young person and their experience of being in care and living in residential care is at the centre of all efforts to ensure their safety and well-being in day to day care, to provide services to meet their needs, and to support their engagement with family and community and the broader service system.

Young people living in residential care are a diverse group in terms of their age, gender, sexuality, stage of development, abilities, and cultural background. Residential care is individualised whilst being attuned to the needs of other young people living in the home.

Care is planned and identifies and meets young people's needs for safety, nurturing, development, and healing. These needs are understood in the context of their family, community, culture and country.

The rights of young people in residential care are promoted in line with the requirements of the United Nations Convention on the Rights of the Child (1990) and the Charter of Rights for a Child in Care (*Child Protection Act 1999*). The Charter of Rights sets out what young people can expect from people involved in caring for them and working with them whilst they are in care:

- To be provided with a safe and stable living environment
- To be placed in care that best meets their needs and is most culturally appropriate
- To maintain relationships with their family and community
- To be consulted about, and to take part in making decisions that affect their life (having regard to their age or ability to understand), particularly decisions about where they are living, contact with their family and their health and schooling
- To be given information about decisions and plans concerning their future and personal history, having regard to their age or ability to understand

- To privacy, including, for example, in relation to their personal information
- If the young person is under the long-term guardianship of the Chief Executive, to regular review of their care arrangements
- To have access to dental, medical and therapeutic services, necessary to meet their needs
- To have access to education appropriate to their age and development
- To have access to training opportunities and help in finding appropriate employment
- To receive appropriate help with the transition from being a young person in care to independence, including, for example, help about housing, access to income support and training and education.

The Statement of Standards (*Child Protection Act 1999*) for the care of young people also precludes the use of behaviour management techniques which include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.

The young person's age, capacities and stage of development are critical in determining how their rights are conveyed to them and how their participation is maximised. All have the right while in residential care to health needs being met, to disability services as required, and to receive learning and education appropriate to their age and developmental needs. The young person's core right to be treated with respect includes age-appropriate rights to privacy and to participate in decision-making about their care, balanced with safety considerations.

5.2 The young person's connections

Every young person is part of a family, and entered out of home care from within the context of family and community. For Aboriginal and Torres Strait Islander young people the context of family includes that of community, culture and country. The residential care service system cannot interface with the young person in isolation from family and community. The inclusion of the young person's connections as one of the domains of residential care recognises this. It recognises the necessity of residential care staff working in partnership with family wherever possible and family participating as part of the young person's community when location enables this. Where the young person's location is some distance from the family, efforts are made to ensure that other means (for example Skype, if available) are used to connect regularly with their family.

5.3 The residential care environment

The residential care environment relates to the young person's lived experience of everyday care while in non-family-based and/or congregate care, including interactions with residential care staff, interactions with other residents, how they are 'looked after' including nourishing food, the physical surroundings in which they live, and the programmatic and recreational activities in which they engage. The combination of these factors provides a milieu which supports healing. These factors must be congruent, for example respectful staff interactions with young people which are not power-based will be consistent with a physical environment that is not 'controlling'. Each factor also has a part in creating a culturally safe environment, and each provides opportunity for the participation of young people in helping define their environment.

The residential care environment includes the way in which the young person's day is structured, with predictable routine which engenders security, balanced with the flexibility to respond to individual needs while maintaining group cohesion. Programming is purposeful and responsive to different cohorts of young people. It includes 'rituals' which reinforce belonging and requirements that reinforce good habits for individual self-care and social interaction (Holden 2009).

The physical environment plays a significant part in creating a healing milieu. This includes location and use of space both internal and external to the building. It includes how furnishings and fittings, signage, décor, upkeep and even choice of vehicles can influence the way in which a young person feels about themselves within the space and responds to the messages inherent in these environmental factors. It includes space for privacy as well as group activity and for the security of individual belongings as well as shared items.

5.4 The residential care service provider

The domain of the residential care provider concerns the governance and management actions taken by residential care service providers which influence the way in which care is provided and ensure that the needs of young people are met. It includes each organisation's policies and procedures, service design and development, staffing of the residential, rostering arrangements, programming, providing appropriate housing, working in collaboration with other stakeholders, ensuring quality, and evaluating outcomes.

It is important that governance and management actions reflect an understanding of care and the delivery of residential care services to young people, value the role of residential care staff in providing care and working with young people, and ensure congruence at all levels of the organisation.

5.5 The wider service system

The wider service system includes the policy and programmatic framework within which residential care is located as part of the wider child protection and out of home care system. It includes the policies and programs that together form an integrated whole-of-government system for meeting the needs of young people in residential care, including their health and educational needs. Non-residential community-based services also play important roles in helping meet the needs of young people in residential care and their families, for example in providing family support services and cultural support programs.

The wider service system directly influences which young people are cared for in a residential setting, what service types are available, how the system is resourced, and how the workforce that directly provides residential care is viewed and developed.

The wider service system includes, in particular:

- Child Safety in its roles of statutory custodian and protector, funder and purchaser, and regulator
- the health system, including Queensland Health, general practitioners and community-based and private providers
- the education system, included state schooling and non-state schools
- Disability Services

Final Report Attachment One: *Proposed Hope and Healing Framework*

- Recognised Entities and other Aboriginal and Torres Strait Islander agencies working with young people in care and their families
- legal and advocacy services
- Queensland Police Service
- Youth Justice
- Office of the Public Guardian
- non-government agencies providing out of home care
- community agencies providing a range of support services for young people and families
- 'informal' and 'formal' community networks and groups (including recreational and sport, faith based support and services, and interest groups).

As direct service providers to all young people in residential care, the government agencies responsible for child safety, health and education have particular roles in meeting the needs of young people in residential care.

THE FRAMEWORK IN PRACTICE

In considering application of the framework in practice, it is useful to broadly consider roles and responsibilities directly related to the care of young people, as well as the roles which promote a functional service system to enable care to be provided:

- ***Caring with the young person in mind*** – the practical ways in which residential care staff and others across the domains take actions and make decisions in relation to the caring and planning for young people as individuals and as members of groups
- ***Supporting child-focused care*** – the essential aspects of an integrated service system which support the provision of residential care informed by the needs of young people
- ***Supporting a consistent approach*** – the practical means by which residential care workers and other workers within an integrated system maintain consistency and collaborate, including shared tools and guidelines.

6 CARING WITH THE YOUNG PERSON IN MIND

A range of people are involved in directly and indirectly caring for and working with young people in residential care as individuals and/or as a group. These include residential care workers and other staff working within the residential care service, residential care service providers, Child Safety Officers and other Child Safety staff, health providers and education providers. The following identifies the roles of each of these groups as they relate to providing and supporting care in ways which directly influence the young person's experience of care.

6.1 Role of residential care staff

The role of residential care workers and supervisory staff in direct contact with young people is to lead and guide young people including:

- ensuring their **safety**
- providing **nurturance**
- providing **developmental** opportunities
- where trauma has occurred, attending to **healing** needs.

The role is one of purposeful caring, akin to that of a thoughtful 'parent' rather than a youth worker. We therefore refer to the direct care role as 'residential care worker'.

Residential care workers have a key influence in creating an environment which contributes to young people feeling welcome in the residence, feeling 'at home' while there and feeling valued. This relates to individual and group interactions as well as to how physical space is used. Residential care workers have in mind that this is the young person's home and are mindful of this in their use of the space. They support young people to develop the skills to successfully live with others. For young people in SILS placements, residential care workers provide support for the young person to make it 'their' place, again in the role of a guiding 'parent' figure.

The care provided to young people is individualised based on assessment of their needs, care planning, purposeful action and review of progress.

For Aboriginal and Torres Strait Islander young people, direct care is respectful of their culture, with residential care staff ensuring their awareness of individual young people's needs related to culture including spiritual beliefs, and caring in a way which seamlessly includes these cultural needs.

For culturally and linguistically diverse (CALD) young people, residential care staff must be attuned to their specific cultural needs and protocols.

For young people with a disability, understanding of the individual young person's capabilities, desires, communication plan (as applicable) and special needs is essential.

As core care team members for individual young people, residential care staff liaise continually with other core care team members to share information in working with the young person.

On a daily basis, residential care workers as a team help create the care environment that enables young people to experience and benefit from the fundamentals of care. Residential care workers focus on:

- **Relationships** – establishing positive, respectful relationships with young people
- **Connections** – maintaining and strengthening young people's connections with peers, family, community, culture and country
- **Emotional know-how** – establishing structures, routines and expectations, which assist with emotional regulation; promoting young people's understanding of feelings and the links between stressors, feelings and behaviours; assisting young people to problem solve
- **Positive identity** – promoting a sense of self, self-worth and hope for the future; providing opportunities for young people to achieve, reaching for their potential.

The emphasis or focus at a given time will depend upon the phase of the placement and the young person's progress, as well as their capacities and stage of development. Different cohorts of young people have different needs, and the purpose of residential care may differ. While the specifics of the roles of residential care staff may vary accordingly, the above focuses remain relevant for all young people.

6.2 Role of service provider organisations

Service provider organisations have roles and responsibilities outside the residential care setting which relate directly to ensuring that care provided to young people meets the requirements for a trauma-informed therapeutic approach. These responsibilities include:

- Recruit, train, mentor, supervise and support residential care workers and their supervisors to ensure capacity to provide care consistent with the framework, including engaging Aboriginal and Torres Strait Islander workers to care for and work with Aboriginal and Torres Strait Islander young people

- Provide rostering arrangements for residential care workers that facilitate relationship-building, young people feeling secure, and a home-like environment
- Consider how best to configure other staffing arrangements, within flexible options which respond to the needs of young people and of residential care workers. This includes considering the cultural backgrounds of workers to match the needs of young people
- Seek information from Child Safety and other agencies about each young person to enable needs-focused care integrated with the work of other agencies
- Work with Child Safety to develop/review individualised care plans based on assessment of each young person's strengths, needs, vulnerabilities and dreams
- Support the residential care environment being inclusive of family, peers, community and culture – both reaching out and linking in. 'Reaching out' includes building connections between the residential and relevant cultural leaders and groups; for example, a local elders group can assist the service to ensure culturally appropriate care and connections are maintained for Aboriginal and Torres Strait Islander young people. 'Linking in' requires the residential to welcome the visits of family and friends, as well as community cultural representatives
- Develop and resource programs which assist residential care staff to provide care for different cohorts of young people in ways which are consistent with the framework
- Provide a physical environment that meets the care needs of young people, taking account of ages, special needs, and the way in which space and physical factors can influence the therapeutic milieu
- Establish protocols (as appropriate) with other government and non-government services to support young people's access to required services and promote effective coordination.

6.3 Role of Child Safety

The role of Child Safety in relation to the direct care of young people in residential care is part of the department's role in providing protection to and working with young people and their families. The responsibilities of Child Safety staff include:

- Provide information about each young person's assessed needs on entering residential care and the purpose of the placement in the context of the young person's and family's case plan
- Specifically, provide information to support meeting a young person's needs in relation to cultural identity and cultural connections, including cultural support plans
- In partnership with residential care service providers, consider the match between the needs of a young person to be placed and the needs of other young people already placed in a proposed service, with a view to the physical and emotional safety of all

- Identify additional resources required to meet the needs of individual young people, and to address any risks to other young people. This includes the special needs of young people with disabilities
- With residential care staff, and with therapeutic services as relevant, develop/review individualised care plans based on ongoing assessment of each young person's strengths, needs, vulnerabilities and dreams
- Work with residential care workers as care team members in planning with and working with young people in residential care, including to support transitions in and out of residential care
- Ensure care planning and decision making is timely in responding to the needs and requests of individual young people.

6.4 Roles of other services providers

Other service providers have direct roles in relation to the care of young people in residential care, depending upon the young person's existing involvement in these services and their assessed needs, including any need for specialist assessment. All young people, as age-appropriate, have the right to educational services and all have routine health needs. The roles and responsibilities of other service providers, in particular Health and Education (including non-state schools) and (as relevant) Disability Services, therefore include:

- Work with young people, their families and their carers to help ensure that young people's rights to education and to health services are met
- Work in partnership with other service system members, based on openness, respect and mutual accountability, to achieve positive outcomes for young people
- Contribute as part of care teams to information-sharing and integrated support of young people
- Provide information about the assessed needs of young people to assist residential care workers and others to understand and respond to these needs
- Seek information from Child Safety and from residential care services to assist with individualised responses to the young person's needs
- For Aboriginal and Torres Strait Islander young people and culturally and linguistically diverse young people, provide services in ways which recognise and respond to cultural issues, and which engage families and involve community-based cultural services as appropriate
- Recognise the impacts of trauma on young people and provide services accordingly and congruently with residential care services.

6.5 Care teams

It is proposed that for each young person placed in residential care, a core care team is identified, including at minimum the young person's CSO and a nominated residential care staff person. This will constitute a small group of people closely involved with the young person, akin to a 'shared parenting' group. The care team does not refer to the wider group that has responsibilities in care planning for the young person.

The core care team members maintain close contact with each other and the young person, conferring with senior staff as necessary for guidance and decisions – they are an on-the-ground day-to-day care team, linking in with the broader Child Safety and residential teams. The care team is part of the care planning processes for the young person and works together to provide information to inform care planning, and to implement the plan. They have a role in tracking the goals and outcomes for each young person, asking 'is this young person doing better than they were?'

It is envisaged that other members of a young person's core care team (see *Diagram 3*) will include (but not be limited to):

- a family member (this is the default position, i.e. a family member is involved unless there are reasons why this is not possible or not in the young person's interests)
- the young person's school teacher, guidance officer or other school personnel who know the young person well, if they attend school
- a therapist or other clinician if the young person is in need of specialist therapeutic assistance
- a cultural advisor for the young person, if they are an Aboriginal or Torres Strait Islander young person or a culturally and linguistically diverse young person, that is, a person or persons engaged on an individualised basis to maintain and promote the young person's engagement with their culture.

When a young person has a disability requiring specialist care, a relevant disability specialist should be part of the care team.

When care plan meetings are held to review and decide the care plan for the young person, core care team members are joined by other personnel as relevant, e.g. a Child Safety Placement Services Unit officer, Child Safety Service Centre Team Leader, the residential care manager, a clinical advisor. These persons are involved as delegated officers and senior representatives with decision-making capacity, and will bring knowledge of the young person's situation and expertise to the care planning process. In implementing the care plan, the essential role of the core care team is to work closely with the young person, ensure the young person's views are heard if they are not present, and keep the young person informed. They know the young person's current circumstances well, and are able to work together to help ensure consistency across the domains as experienced by the young person.

Diagram 3: Core Care Team, linked to relevant parts of the wider service system



7 SUPPORTING CHILD-FOCUSED CARE

Across the service system for residential care, a range of agencies play a part in ensuring a functional system, providing the infrastructure and broader processes which support care. This section considers the essential ways in which these agencies must support care provision, if it is to be child-focused and consistent with the framework. Their contribution will depend upon their particular role within the service system.

7.1 What residential care staff require to do their job

Ensuring residential care workers are equipped for their role is an important responsibility of others within the wider service system. The purpose of a particular residential care service will inform the specifics of the role of workers in that service. However to provide care consistent with the framework, all residential care workers need:

- Shared understanding of the core concepts (the values, fundamentals and focus areas of the framework) – what these mean and why they are important, with shared language that reinforces the concepts and promotes consistency
- Knowledge and skills – foundational knowledge and core skills for working in ways which are consistent with the fundamental requirements and focus areas of the framework, as well as understanding about how these translate into practice – ‘what you do’. This includes specific knowledge and skills relating to working with Aboriginal and Torres Strait Islander young people and culturally and linguistically diverse young people

- Process guidelines consistent with the core concepts. These are not ‘policies and procedures’, which are the organisation’s responsibility, but guidelines for key processes which apply across all residential care in applying the core concepts in practice
- Tools to support the core processes. While tools need not be identical across different services, consistent implementation of the framework requires that the intent and content of suggested templates are adhered to
- Ongoing support, professional supervision, training and mentoring, and opportunities for reflection as individual workers and as a team, along with access to specialist practice support
- To be valued and supported by their organisation and recognised by others in the service system as partners in planning for the young person and working with the family.

7.2 Role of residential care service providers

To help meet requirements of the residential care worker role, and to implement the framework across their residential care services, service providers need to:

- Articulate and implement a model of service consistent with the trauma-informed therapeutic framework, and implement programs in ways which are consistent with the framework
- Demonstrate a program logic for their residential care service that incorporates the desired outcomes, key indicators and core process requirements of the framework
- Commit at all hierarchical levels to providing care that meets young people’s needs across the core components, i.e. congruence between direct carers, managerial and clinical staff, program and policy staff, and corporate governance.
- In line with the above, develop shared understanding of the framework across management and leadership positions, including an understanding of why the core components are important, and what residential care workers need
- Provide clear policies and procedures consistent with the framework, to guide staff and facilitate consistent care, including systems and processes for:
 - actively engaging young people, families and significant others
 - individualised assessment, care planning and review
 - connecting the residential with family, community, culture and country
 - collaborating with other service providers
- Develop organisational structures and define roles that best enable the performance of functions and tasks that reflect the framework and support effective communication
- Recruit, select, support and train residential care workers to provide care consistent with the framework including:
 - recognising the role of residential care workers as crucial to the provision of care consistent with the framework
 - identifying attributes, knowledge and skills of staff required to provide care

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- matching characteristics of target groups with characteristics of staff required
- providing support and supervision to staff including an emphasis on reflective practice and self-care
- (In respect of service providers that are not community-controlled) develop localised linkages with relevant Aboriginal and Torres Strait Islander elders, advisory groups and/or individuals to provide input and training to build both:
 - the awareness and knowledge amongst residential care staff of the care requirements specific to individual Aboriginal and Torres Strait Islander young people, and
 - the self-awareness and capacity of residential care staff to ameliorate, as far as possible, the deleterious impact of their own cultural background, beliefs and practices on the care they provide
- Develop linkages with culturally and linguistically diverse (CALD) community groups and/or individuals, as relevant to the needs of young people being cared for
- As required, provide access to therapeutic specialists or clinicians from within the organisation and/or externally sourced
- Integrate the delivery of residential care services with other relevant services provided within the organisation and with services provided by other organisations
- In collaboration with the department, implement processes to measure and report upon the quality of care provided and the outcomes achieved for young people
- Provide mechanisms for engaging young people and families in service design and review, including options to support participation in decision-making about services and to elicit feedback
- Engage staff in decision making processes that affect the work they undertake with young people, their families and other service providers.

7.3 Role of Child Safety

Child Safety is responsible for the protection and care of young people under child protection orders granting custody or guardianship to the chief executive, or subject to departmental intervention which includes residential care. The department is also responsible for the procurement and funding of residential care services, for service system development, regulation, contract management and quality assurance of service provision. These multiple roles can bring confusion to the relationship between the department and residential care service providers making role clarity important in relation to particular processes.

In relation to the child protection role:

- Support CSOs to be active members of care teams caring for and working with young people in residential care
- Devolve appropriate 'parenting' decisions to residential care service to support timely responses to young people's requests and needs
- Ensure mechanisms (care plan co-ordination meetings) are in place to enable the needs of the resident young people to be considered as a household, including how they might be supported to live effectively together and responding to common needs and critical incidents.

In relation to the service development role:

- Locate the role and function of residential care as a flexible part of an integrated care system, thereby facilitating smooth and supported transitions in and out of residential care services that meet young people's needs
- Promote the purpose and role of residential care within the out of home care and broader child protection service system.

In relation to the resourcing role:

- Allocate sufficient funds to provide the range and mix of residential services required to meet the diverse needs of young people in care, including young people with special needs, Aboriginal and Torres Strait Islander young people and CALD young people
- Enable the flexible use of available funding for residential care to increase flexibility across the service system and support young people's transition between different types of care (for example, moving from shared residential care to family-based care)
- Support the provision of cultural advice and support to enable residential care services to access cultural advisors.

In relation to the regulator role:

- Provide mechanisms to engage young people and families in residential care program design and review
- Integrate relevant core indicators of application of the framework, as part of licensing requirements under the HSQF.

7.4 Shared roles across the wider service system

As part of the service system that supports residential care, all relevant government and non-government organisations have parts to play in building the capacity of that system to provide care consistent with the framework. This includes capacity-building at both the state and local levels. All involved government and non-government agencies, and in particular Education and Health and (as relevant) Disability Services, have responsibilities, as relevant to their role, to:

- Work in partnership to ensure access to the government and non-government services required to meet the needs of young people, including through the development of shared protocols, structures and processes
- Participate in strategic planning of the residential care service system at a local and regional level to ensure a service mix responsive to identified needs and place-based issues
- Support workforce development to increase the capabilities of residential care workers to provide care consistent with the framework
- Participate in the evaluation of outcomes achieved through application of the framework, including gathering evidence around core indicators, and using these results collaboratively to improve service delivery.

8 SUPPORTING A CONSISTENT APPROACH

Successful implementation of a consistent trauma-informed therapeutic framework for residential care requires collaboration between stakeholders. At the system-wide level, shared responsibility for outcomes will be promoted by:

- sharing the same overarching framework
- processes which reduce existing silos between services and across stakeholders
- increased collaboration and partnerships within and across non-government and government stakeholders.

The proposed system supports outlined below are part of a more collaborative service system. It is proposed that specific practical supports to help achieve consistent application of the framework should include:

- guidelines to ensure that processes occur in ways that are consistent with the framework
- the development of common tools and templates to support consistency of approach in applying the framework
- development of electronic means for sharing information about young people (see below)
- structures to support care teams, including definitional and functional consistency
- structures to support cultural work with individual young people
- initial and ongoing core training in application of the framework.

Each of these proposals requires further in-depth consultation with residential care service providers and others across the wider service system.

8.1 Process guidelines

It is proposed that practical implementation of the framework will be supported by guidelines which inform the roles of relevant personnel around the processes of, for example:

- referral
- matching
- preparation for transition into residential care
- transition from residential care
- shared caring
- care planning
- behaviour guidance (individualised and group), incident reporting and positive behaviour support
- cultural mapping
- family connections.

The proposed guidelines will help ensure that processes occur and decisions are made in ways which are consistent with the framework. These would not replace policies and procedures of the department or service provider organisations. However to the extent that existing procedures or practices are inconsistent with the guidelines, the department and/or organisations may need to review existing procedures.

8.2 Tools / templates

A selection of core tools is required to support implementation of the framework and help ensure consistency of approach. These need to be considered in the context of existing tools and plans (for example, departmental support plans) and the extent to which these are currently facilitating sharing of information and timely planning. Subject to further consultation, the tools to support application of the framework may be seen as resources for optional use if their core purposes are met in other ways by organisations or the department.

Core tools/templates may include:

- tool/s to conduct or guide detailed assessment, including initial assessment for all young people and referral for more detailed specialist assessment as indicated (for example, mental health assessment). The assessment tool/s would be consistent where relevant with the family Collaborative Assessment and Planning Framework
- a tool to support the gathering and maintaining of cultural information, building on and/or adapting the current cultural support plan
- tools to gather and up-date information from the young person, i.e. to facilitate the young person's participation in care planning and to help elicit their own hopes and dreams. These may include some of the *Strengthening Families Protecting Children Framework for Practice* tools (Department of Communities, Child Safety and Disability Services 2014)
- communication plans, especially for young people with cognitive disabilities who require specific support for effective communication
- a proposed on-line accessible 'One Child Care Plan' – one transferable care plan which is able to be updated in real time by all key service providers
- a version of the care plan designed to be held by the young person or available to them, incorporating the young person's wishes and their views of important information.

8.3 Electronic information sharing

It is proposed that a system is developed to facilitate information sharing between all core government and non-government agencies working directly with a young person, to ensure that information is available to all and is thorough and up-to-date. This envisages that core information is held in a protected environment accessible to approved service providers who would also add to the available information as they work with the young person and their family. While agencies would continue to hold their own working documents while working with the young person, the proposed core 'One Child Care Plan' would be transferable between agencies rather than separate care plans held by each agency as the young person transitions.

8.4 Supporting care teams

It is proposed that the structure and process requirements for care teams are subject to consistent guidelines. To the extent possible, care team members would remain consistent (or overlap) as the young person transitions between agencies. For care teams to be supported, regional structures for the care planning for each young person must be clear and reasonably consistent. It is these care planning structures which ensure that a care team is in place and support and back-up the day to day work of care teams. Leadership of care planning structures currently rests with Child Safety as the consistent agency in each and the agency with legal custodian/guardianship responsibility.

8.5 Supporting cultural work with individual young people

As part of more consistent and streamlined information sharing, young person's cultural support plans can be expected to be more thorough and up-to-date. However to support the information gathering and family- and community-based consultation which is part of ensuring accurate information for each Aboriginal or Torres Strait Islander young person, appropriate services such as the Recognised Entities must be resourced to do this work. In addition, the supports (such as linkages to an elders advisory group) to enable residential care services to liaise with the appropriate communities for each Aboriginal and Torres Strait Islander young person must be built into the system.

The same is required for each CALD young person. Resources need to be available to put in the effort to gather the relevant general and specific cultural information.

8.6 Training

Implementation will require initial state-wide orientation training of all stakeholders directly involved in the provision of residential care to develop shared understanding of the framework and of how it is applied in practice. This is part of the change process in implementing the framework and will require considerable commitment of resources. Target groups for implementation training would include:

- residential care staff, supervisors and key personnel, within all residential care service providers
- Child Safety staff, other government agencies, and other relevant stakeholders such as non-state school personnel.

Successful implementation will require whole of organisation orientation training, e.g. through e-learning resources accessible across organisations for various personnel including governance personnel.

On an ongoing basis, practice-based training in the core requirements of a trauma-informed therapeutic approach to residential care will need to be accessible to all residential care staff to ensure continued consistency in understanding of and use of the framework. Options to achieve this will require further consultation, but may include:

- developing or adopting one or more standard training packages which all residential care workers and supervisory staff must complete
- identifying basic requirements, against which organisations may report compliance in the training of their residential care personnel.

REFERENCES

The following are references for texts referred to in this Attachment. For a full reference list of literature considered in the development of the framework, see *References* in the Final Report of the project.

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