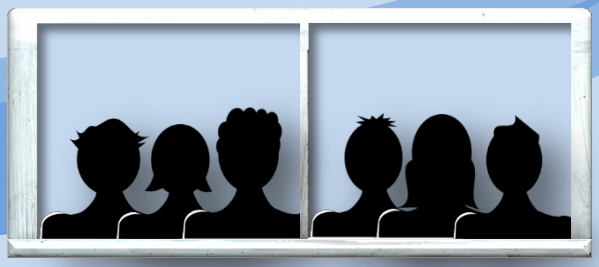
Trauma-informed therapeutic framework
for residential care project



Final Report (Stage One) Attachment Two:

Implementation of the Hope and Healing Framework for Residential Care

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Acronyms and abbreviations used in this attachment

CRC-PaS	Child Related Costs – Placement and Support
the department	Department of Communities, Child Safety and Disability Services
HSQF	Human Services Quality Framework
ICMS	Integrated Client Management System
OASIS	Online Acquittal Support Information System
OOHC	Out of home care
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
SILS	Supported Independent Living Services
TCI	Therapeutic Crisis Intervention
TRC	Therapeutic Residential Care

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.

IMPLEMENTATION ISSUES

For the implementation of the *Hope and Healing Framework for Residential Care* to be more than a statement of desired principles and methods, it will require a comprehensive implementation plan (to be further considered in stage two of this project). This Attachment provides an overview of some of the issues which need to be addressed as part of state-wide implementation of the framework. These relate to:

- service system development
- workforce development
- ongoing monitoring and review
- evaluation
- resources
- interface with wider system development.

1 Service system development

Essential service system development issues integral to implementing the framework include:

- system support structures required to consistently implement a state-wide framework (these have been discussed in the section of the Final Report 'The framework in practice', for example, consistent practice tools)
- matters for attention by organisations providing residential care to ensure adherence to the framework (for example, staff supervision)
- change facilitation processes.

Key 'practice support' requirements to be met by organisations providing residential care services will include:

- supporting introduction of the requirements through their integration within each organisation's wider frameworks (for example, having a clear model of care which incorporates the activities of the framework)
- staffing structure implications (for example, rostering adjustments)
- staffing support implications (for example, to ensure staff supervision)
- governance structures and processes (for example, assessing organisational capacity and planning and monitoring implementation of the framework)

Support may be required around the capacity of non-government organisations to meet the requirements of the framework, including assessing organisational capacity, reviewing models of service delivery, organisational structures and staffing arrangements (for example, type of staff, rostering arrangements and use of casuals), internal training and supervision, and planning and monitoring implementation.

Implementing the framework requires change across the system, including varying levels of change for government and non-government stakeholders. System change will not occur without effort to ensure that all stakeholders are aware of and embracing of the proposed changes. Intensive consultation and change facilitation work will be required to support a commitment to a shared framework and imbed its implementation across the service system.

2 Workforce development

Significant workforce development will be required to support the provision of residential care which meets the framework requirements. This work will need to be undertaken in close consultation and collaboration with the Queensland Family and Child Commission, which is leading the development of a workforce development strategy as a collaboration between government, the non-government sectors and the vocational education and training sector and universities (Recommendation 10.7 of the Queensland Child Protection Commission of Inquiry, 2013).

Workforce development strategies will need to address the issues outlined below.

2.1 Valuing the residential care worker role

Notwithstanding the importance of the residential care worker role in caring for and working with young people living in residential care, feedback from the consultations indicates that the role is not sufficiently valued in terms of day to day decision making, involvement in care planning, contact with other stakeholders, access to support and supervision, access to initial and ongoing training, remuneration, and career pathways. As a result, non-government organisations report difficulties in retaining staff. A number of organisations have more recently adopted models of trauma-informed therapeutic care that seek to address some of these issues from an internal perspective but are not able to address the broader systemic issues involved.

2.2 Supplying the number and type of staff required

As at January 2015, there were 27 organisations providing 149 grant funded residential care services and 28 organisations providing over 119 CRC-PaS residential care services (departmental data). Staff of grant-funded services were reported (OASIS data) to number in excess of 1,100 for the quarter ended 31 December 2014. The addition of CRC-PaS residential care staff would significantly increase this number.

The number of organisations and services currently involved in providing residential care, the number of staff required per service and the geographic spread of services highlights the large number of staff (both direct care and support staff) required to provide residential care across the state. Further work is required to estimate the current and projected workforce demands.

2.3 Accessing sufficient ‘suitable’ staff

Understanding of the role of the residential care worker and the needs of young people requiring residential care continues to evolve. Services report difficulties in recruiting staff with the necessary attributes, knowledge and skills required to provide trauma-informed, therapeutic care to young people. Further work is required to identify the range and mix of staff, with the attributes, knowledge and skills they require to care for and work with young people in residential care, and with a range of cultural backgrounds.

In particular, the small number of Aboriginal and Torres Strait Islander staff comparative to the proportion of Aboriginal and Torres Strait Islander young people placed in residential care needs to be addressed.

2.4 Identifying minimum qualifications

The current approach to qualifications for residential care workers varies considerably across the state. The scoping survey of residential care services found that:

- 8 of 34 organisations require a qualification. Five require a minimum Certificate IV and three required a Certificate III
- certificates qualifications mentioned included youth work, community services, disability or a 'relevant' certificate
- of these 8 organisations, if they employ casual staff (the majority do), all but one require casual staff to hold the same qualifications
- most services require residential care workers to have a Certificate IV and/or relevant life and/or work experience
- 12 organisations stated that 'qualifications are preferred but not all staff have them'. Certificate III and IV, or Diploma were nominated as the preferred qualifications
- a further 12 organisations stated that 'no formal qualifications' were required
- 2 organisations that operate Safe Houses responded 'some staff who bring particular qualities, such as Indigenous staff, are engaged despite not having preferred qualifications'.

Across the consultation there was general agreement that there should be a minimum qualification for residential care workers, staff in supervisory roles and managers. However, a number of points were raised that require further consideration:

- The importance of attributes for caring as well as knowledge and skills
- The need to value cultural knowledge and skills as 'qualifications'
- The need to provide career pathways for people without qualifications, in particular people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds
- Variations across the state in accessing suitably qualified staff
- The relevance of current courses and qualifications to the work
- The need to consider minimum qualifications in the broader context of access to trauma-informed, therapeutic care training
- The need to introduce minimum qualifications over time.

An initial review of courses/units approved by the Community Services and Health Industry Skills Council indicated that a number appear to include content that directly or indirectly addresses recognising and responding to trauma. Further discussion is required to identify the required attributes, knowledge and skills, required qualifications, and availability of and access to these courses. This discussion should occur in the context of the Queensland Family and Child Commission's work in leading the development of a workforce development strategy, which includes 'a staged approach to the introduction of mandatory minimum qualifications for the non-government sector, with a particular focus on the residential care workforce'.

2.5 Accessing appropriate training across the state

There is no standard training program available to train residential care workers in trauma-informed therapeutic care. In 2008, the department introduced 'Transforming Care' for foster carers. This training program was developed by the then Thomas Wright Institute (now known as Therapeutic Welfare Interventions - TWI). Whilst developed for foster carers, the department and non-government organisations rolled out the program to a broader range of stakeholders including residential care workers.

It is understood that funding for 'Transforming Care' ceased in 2010. Discussions with TWI indicate that this training program has been updated to reflect more recent developments. Its title is 'The Three Pillars of Transforming Care'. TWI advised that there is no longer a formal arrangement with the department regarding delivery of the updated program. A small number of non-government organisations indicated that they are accessing the updated training program.

Organisations providing residential care report drawing on a range of internal and external training programs. The scoping survey asked whether training specifically about therapeutic care was provided to residential care workers within each service. Across the 34 organisations:

- 10 responded 'No, not specifically'
- 5 stated that this type of training is provided by both internal and external facilitators
- 9 stated that such training is provided by an external facilitator
- 21 responded 'provided in-house by our agency'.

Note: these figures include multiple response types within 9 organisations.

The 10 respondents who replied 'No' included some that provide care primarily for young people with disabilities.

Responses from different residential care services within the same organisation were generally consistent. However, for 9 organisations different responses were given (for example, both 'yes' and 'none specific' in relation to different services within the same organisation). This possibly reflected regional differences but may also indicate some lack of clarity on the part of respondents about their organisation's training.

Current training: Twenty-three (68%) of the 34 organisations responding to the scoping survey stated that training for their staff in providing 'therapeutic' care was provided by their organisation in-house (as well as externally for some). Given that only 9 (26%) of the organisations described a model of care with a therapeutic approach when asked about their model, it seems likely that not all of the 68% are providing training with a specific therapeutic focus, despite these responses. However, it is acknowledged that some organisations have well-developed training programs which do cover this content on an ongoing basis.

It was noted during the consultation that external providers of training used by residential care services include Evolve Therapeutic Services (Queensland Health) and external providers of Therapeutic Crisis Intervention training.

Victoria appears to be the only state that provides standard training in trauma-informed, therapeutic care for all staff of therapeutic residential care services. 'With Care' (CFECW) training involves five days of training: a two day 'Foundations of Therapeutic Care' program and a three day 'With Care Building Practice' program. The training is provided by the Centre for Excellence in Child and Family Welfare and funded by the Department of Human Services. It is understood the training is part of a broader residential care learning and

development strategy, which was developed in 2001 in recognition of the link between staff competency and client outcomes. Strategies used include state forums for workers, training (core training, specific training and master classes), specific purpose online conversations, scholarships, awards and study tours.

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

- developing or adopting one or more standard training packages in which all residential care workers, staff in supervisory roles, clinical and other specialist staff and managers must participate
- identifying basic content (knowledge, skill, processes) requirements against which organisations would report compliance in the training of their residential care personnel.

The advantages of a standard training package include:

- control over the content of the training
- control over the delivery of training including greater capacity for 'joint' training
- consistency across services and organisations.

The advantages of identifying basic content requirements and reporting compliance include:

- flexibility in the delivery of training at a local level
- consistency within services and organisations through integration with existing training packages.

It is proposed that a 'five year' residential care workforce[1] development strategy be developed and implemented including:

- valuing the role of residential care workers
- identifying attributes, knowledge and skill requirements to provide care
- identifying current and projected numbers of staff required
- developing recruitment strategies
- resourcing ongoing training to support staff in providing quality care
- considering the staged introduction of minimum qualifications
- developing career pathways to promote access to qualifications
- working with tertiary institutions to promote inclusion of relevant material, for example in course content and/or access to 'electives' in courses.

3 Ongoing monitoring and review

Ongoing monitoring and review of the framework is required to ensure that the key elements are being applied across residential care services, the statutory child protection system and the broader service system in the way it is intended.

[1] Reference to 'residential care workforce' includes residential care workers, staff with supervisory roles, clinical and other specialist staff and managers.

3.1 Residential care service providers

Consideration is required of how the framework can be monitored and reviewed within the existing regulatory and funding arrangements for residential care services and what changes, if any, need to be made. In brief, the current arrangements are:

- All out of home care services are regulated under the *Child Protection Act 1999* including requirements to be licensed (S123-130) to ensure that they provide care that meets the *Statement of Standards* (S122) and to obtain an independent evaluation to inform the licensing decision (*Child Protection Regulation 2011 S4*)
- An independent audit is conducted by a certification body accredited by JAS ANZ and contracted by the organisation against the *Human Services Quality Standards* (HSQS) (known as certification), which occurs every three years
- The HSQS include mandatory requirements that are specific to child protection placement services
- Licensed non-family based care services are monitored by the department on a six monthly basis
- The intent of funding, service users, service types and service delivery requirements for placement services are set out in the *Child Protection (Placement Services) Investment Specification* (2014)
- Services to be delivered by funded organisations and funding to be provided are set out in a *Service Agreement*.

The key requirements of the framework for residential care services are set out in the section of the Final Report 'The framework in practice'. Examples of issues for consideration include how to best reflect requirements for organisations to:

- articulate and implement a model of service delivery
- demonstrate a program logic
- ensure staff participate in appropriate training.

Aspects of such requirements could be reflected within investment specifications, service agreements, and/or mandatory requirements for child protection placement services under the HSQS.

In Stage 2 of the project, the requirements of the framework should be mapped against the regulatory and funding arrangements to identify required changes to support effective monitoring and review of the framework.

It is noted that licensing covers grant funded residential care services and fee for service (CRC-PaS) funded residential care services if the primary function is to provide out of home care. It does not cover fee for service (CRC-PaS) funded residential care services if their primary function is not providing out of home care. Further work is required to:

- identify the number of organisations and residential care services that are not required to be licensed
- consider other strategies for monitoring and reviewing application of the framework.

3.2 Child Safety

Consideration is required of how the framework can be monitored and reviewed within the existing regulatory, policy, program and practice arrangements for Child Safety services and what changes, if any, need to be made. In brief, the current arrangements include:

- the *Child Protection Act 1999*
- the *Child Protection Regulation 2011*
- departmental policies and procedures including the Child Safety Practice Manual
- CSSC, regional and program reporting arrangements
- Regional Child and Family Committees
- Annual Report
- Child Protection Reform Leaders Group
- Senior Officers Group
- Queensland Family and Child Commission Annual Report.

The key requirements of the framework for Child Safety are set out in the section of the Final Report 'The framework in practice'.

In Stage 2, the requirements of the framework should be mapped against the regulatory and funding arrangements to identify required changes to support effective monitoring and review of the framework.

3.3 Disability Services

Consideration is required of how the framework can be monitored and reviewed within the existing regulatory, policy, program and practice arrangements for Disability Services and what changes, if any, need to be made. In brief, the current arrangements are:

- relevant legislation, policies and procedures
- existing arrangements between Child Safety and Disability Services
- Regional Child and Family Committees
- Annual Report
- Child Protection Reform Leaders Group
- Senior Officers Group
- Queensland Family and Child Commission Annual Report.

The key requirements of the framework for Disability Services are set out in the section of the TITFRC Final Report 'The framework in practice'.

In Stage 2, the requirements of the framework should be mapped against the regulatory and funding arrangements to identify required changes to support effective monitoring and review of the framework.

3.4 Health and Education

Consideration is required of how the framework can be monitored and reviewed within the existing regulatory, policy, program and practice arrangements for Health and Education and what changes, if any, need to be made. In brief, the current arrangements are:

- relevant legislation, policies and procedures
- existing arrangements between Child Safety and Health and Education
- Regional Child and Family Committees
- Annual Report
- Child Protection Reform Leaders Group
- Senior Officers Group
- Queensland Family and Child Commission Annual Report.

The key requirements of the framework for Health and Education are set out in the section of the Final Report 'The framework in practice'.

In Stage 2, further work is required to:

- identify the respective roles and responsibilities of Health and Education providers
- identify how the framework intersects with existing projects and programs
- identify how monitoring and evaluation requirements intersect with current data exchange processes
- map requirements against the regulatory and funding arrangements to identify required changes to support effective monitoring and review of the framework.

4 Evaluation

The implementation of the framework (process) and achievement of the intended outcomes of the initiative (impact) need to be evaluated to ensure that the framework has been adopted by residential care service providers, that the broader systems development required to support the provision of trauma-informed therapeutic care has been completed, and that the intended outcomes of the framework have been achieved.

It is proposed that the development of an implementation plan (stage two) includes an evaluation framework. Issues relating to ongoing monitoring and review are discussed below.

4.1 Implementation

It is proposed that progress with initial implementation of the framework be evaluated after a period of 12 months and that indicators to support the evaluation be identified in Stage 2 of this project.

The identification of indicators should consider practice, organisational and systems elements which will contribute to effective implementation.

The workforce development strategy should have outcomes and performance indicators specified. The strategy should be evaluated in line with the broader evaluation of implementation.

4.2 Outcomes

It is proposed that an evaluation of outcomes be conducted after 18 months of operation.

An evaluation framework should be developed during Stage 2 of the project. A program logic framework has been drafted to inform the development of an evaluation framework – see Appendix A.

5 Resources required

An initial identification of potential costs in implementing the framework has been developed. These are discussed below.

5.1 Transition

Additional costs may be incurred by residential care service providers in transitioning from their current arrangements to proposed arrangements, e.g. undertaking a self-assessment and implementing required changes to structures, systems and processes, and change management processes to lead change.

5.2 Service delivery

Additional costs may be incurred by residential care service providers in delivering services under the framework including the costs of staff hours around involvement in:

- pre-transition activities to ensure clarity of understanding of young people's needs prior to transitioning into the residential care service
- increased access to practice reflection and supervision
- care teams
- connecting young people with family, community, culture and country
- transitioning young people from the service to their new care and support arrangements (reunification with family, alternative out of home care, or supported independent living).

Additional costs may also be incurred in relation to minimum qualifications. Within the broader service system, costs may be incurred in ensuring access to cultural advisors.

Further consideration is required in Stage 2 of the project of possible costs for Health and Education in implementing the framework.

5.3 Training about the framework

Costs of state-wide training about the framework (non-recurrent) may include:

- development, implementation and review of the training strategy
- training package development and delivery
- back filling of residential care workers.

5.4 Workforce development costs

Costs of developing, implementing and reviewing the workforce development strategy may include the ongoing training of residential care staff and other stakeholders in trauma-informed residential care. Costs will include the release of residential care staff for training and backfilling of staff to provide care.

The costs will vary subject to the training option chosen – either the use of an existing training package or the development of a new training package.

5.5 Evaluation resources

Costs will include conducting state-wide evaluation of implementation of the framework and a state-wide evaluation of outcomes.

Further costs will relate to residential care service providers supporting ongoing evaluation – linked to requirements for organisations to reflect the evidence base, promote continuous improvement and improve outcomes for young people.

6 Interface with the wider service system

Issues of a broader scope which are likely to impact on the implementation of the framework and therefore require consideration are outlined below.

6.1 Policy and program development

The scope, purpose, role and targeting of residential care within the out of home care and broader child protection service system need to be clarified and promoted.

The number, range and mix of residential services and provider organisations required to meet the diverse needs of young people in care including adequate access to and spread of services need to be identified and mapped against existing arrangements. In particular, the over representation of Aboriginal and Torres Strait Islander young people in residential care must be a significant determinant in policy and program development. In view of the historical removal of Aboriginal and Torres Strait Islander young people and their placement in institutional care, particular attention must be given to the use of residential care for Indigenous young people and children in general, and for children under 12 years of age in particular. The outcomes of the review of Safe Houses may further inform this consideration.

Residential care needs to be located as a flexible part of an integrated care system, thereby supporting transitions into and out of the service that meet young people's needs.

6.2 Funding

Funding processes need to be reviewed to support greater flexibility in the design and delivery of residential care services and their integration in the local service system. This requires consideration of how to support and resource effective collaboration between services and organisations.

Funding allocations need to be reviewed to ensure sufficient funds are allocated to provide the range, mix and spread of services required to meet needs.

6.3 Interface with other Commission of Inquiry recommendations and reforms

There is significant reform occurring in Queensland's child protection system in response to the recommendations of the Child Protection Commission of Inquiry and related reforms. It is therefore important that the development of a trauma-informed, therapeutic framework for residential care is integrated within those reforms. The relevant recommendations are listed below.

Recommendations relating to ongoing development of the child protection framework (7.1) and the organisational ability of non-government organisations to respond to this child protection reform include:

- improved procurement arrangements between government and the non-government sector (6.4)
- non-government organisation capacity building strategy (6.6)
- workforce planning and development strategy (10.7)
- capacity building plan for Aboriginal and Torres Strait Islander- controlled non-government organisations (11.7)
- reduce impact of government processes on non-government organisations (12.16)
- cultural change strategy(12.15).

Recommendations relating to wider OOHC developments include:

- provision of cultural support (culturally and linguistically diverse groups) (7.6)
- comprehensive health and developmental assessment within three months of placement (7.7)
- identification of the needs of children in care and the capacity of current placement types to match the assessed needs (8.1)
- transitionally funded (CRC-PaS) residential placements to be subject to the same level of oversight as grant funded services (8.2)
- use of kinship care (8.3)
- evaluation of the therapeutic residential care program (8.8)
- review of Safe Houses (11.2)
- considering ceasing licensing of out of home care services (12.17).

Recommendations related to the development of Aboriginal and Torres Strait Islander services and responses include:

- Aboriginal family decision making (7.3)
- inclusion in cultural support plans a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background (7.5)
- provision of cultural support (7.6)
- Aboriginal and Torres Strait Islander Child Protection Service Reform Project (11.2)
- integration of regional Aboriginal and Torres Strait Islander Child and Family Services program (11.6).

Implementation of the framework must interface with ongoing development of the child protection framework (7.1) and wider workforce development (10.7).

6.4 Interface with other inquiries

As previously noted, the reports of the Senate Standing Committee on Community Affairs inquiry into out of home care (2015) and the Victorian Commission for Children and Young People (2015) have recently been released, whilst the Royal Commission into Institutional Responses to Child Sexual Abuse is due to report in December 2015.

Collectively, these initiatives are likely to continue the spotlight on residential care and have further implications for reform.

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APPENDIX A

Draft Program Logic

Inputs	Program activities	Outputs	Program outcomes	Social Outcomes
Service Users Children and young people aged 0-17 years for whom non-family based congregate care would best meet their safety and well being needs. *Service types* Residential care Therapeutic residential care Safe Houses Supported Independent Living	Residential care environment • Matching • Induction • Assessment, planning and review • Behaviour guidance • Programming • Family, community and cultural engagement • Transition Residential Care Provider • Service development • Physical environment • Staffing • HRM • QA • Evaluation Child Safety • Referral • Matching • Case planning • Funding • Regulation Health • Assessment, planning and review Education • Assessment, planning and review	Examples No. of young people receiving a service % of young people matched in accordance with agreed principles % of young people with a care team % of young people with a current care plan % of young people with a current case plan % of staff training in trauma informed care % of organisations with a documented model of service and program logic % of young people with a comprehensive health plan % of young people with an education plan % of young people exiting residential care in accordance with case plan	Children and young people in residential care have improved: • Personal safety • Capacity for relationship • Connections to family, community, culture and country • Ability to manage emotions • Positive identity	Children and young people in residential care have improved whole of life well being